



Who knows best how to improve our Health Service?

December 2001

Health Services
National Partnership Forum



WORKING TOGETHER IN



PARTNERSHIP



We do...

no one knows more about the changes that need to take place in the Health Service than the experts on the ground...

...and they are the managers, staff and their representatives who deal with the day-to-day realities of hospitals, health boards, support services, outpatient clinics, day care and other facilities.

We are now in an era of rapid development in health care and increasing consumer awareness. To deliver the service we need in the 21st century, we need a new way of working together, a way to cross the dividing lines and pool our resources. We've found it – in the partnership process.

Each local issue that is resolved, each short-term goal reached, is a solid advance in the journey toward a high-quality service for all who receive health care and treatment, and genuine job satisfaction for those who deliver that service. But building trust and learning to communicate with confidence is a slow process, and good partnership in any area of life needs time to take root and flourish.

Our partnership story to date is on these pages; it will be unfolding for years to come.



A Message from the Minister for Health and Children, Micheál Martin, T.D.

I welcome the production of this booklet. The stories here demonstrate that the seeds of partnership have taken root in the health services and will flourish with the commitment of all involved – the government, the employers, the trade unions and most importantly, the over 80,000 staff working in the health services.

In the health services, we keep our patients in focus constantly – that's what partnership is about.

It is about harnessing all the skills, knowledge and experience of those over 80,000 staff in order to provide top quality health services for the Irish people. It's also about working together to improve the working environment for everyone who works in the health services.

Guím gach rath ar na daoine atá ag obair sna seirbhísí sláinte agus atá ag cur próiséis na comhpháirtíochta chun cinn iontu. Creidim go n-éireoidh libh seirbhís sláinte den scoth a chruthú do mhuintir na hÉireann. Leanaigí ar aghaidh!

A handwritten signature in black ink that reads "Micheál Martin". The signature is written in a cursive, flowing style.

Micheál Martin, T.D.

Minister for Health and Children



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Members of the Health Services National Partnership Forum at its meeting in the Adelaide and Meath Hospital incorporating the National Children's Hospital in September 2001.

Back row (l-r): Kevin Callinan, Martin McDonald, Donal Duffy, Nicky Keogh, Tom Street, Pat Harvey, David Power (Manager, Partnership Programme), Brian O'Donnell, Des Kavanagh, Martin Cowley.

Front row (l-r): Helen Franklin, Matt Merrigan, Jack Kelly, Gerard Barry, Larry Walsh, John Magner, Martina Canavan (Project Support Co-Ordinator).

Health Services National Partnership Forum

Joint Chairpersons

Mr Pat Harvey and Mr Matt Merrigan

Members

Mr Frank Ahern,	<i>Director of Personnel & Development, Department of Health and Children</i>
Mr Gerard Barry,	<i>Chief Executive, Health Service Employers Agency</i>
Mr Joe Byrne,	<i>Regional Officer, Union of Construction & Allied Trade</i>
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Mr Pat Harvey,	<i>Chief Executive Officer, North Western Health Board</i>
Mr Fintan Hourihan,	<i>Industrial Relations Executive, Irish Medical Organisation</i>
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Mr Des Kavanagh,	<i>General Secretary, Psychiatric Nurses Association</i>
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Mr Jack Kelly,	<i>President, Dublin Health Services Branch, SIPTU</i>
Mr Nicholas Keogh,	<i>Chairperson, Health and Welfare Divisional Executive, IMPACT</i>
Mr John Lamont,	<i>Chief Executive Officer, Beaumont Hospital</i>
Mr Martin McDonald,	<i>Project Manager, Health Service Employers Agency</i>
Mr John Magner,	<i>Programme Manager, South Eastern Health Board</i>
Mr Matt Merrigan,	<i>National Industrial Secretary, SIPTU</i>
Mr Brian O'Donnell,	<i>Chief Executive, Federation of Voluntary Bodies,</i>
Ms Teresa Cody,	<i>Nursing Policy Division, Department of Health and Children</i>
Ms Mary Power,	<i>Section Development Officer, Irish Nurses Organisation</i>
Ms Mairead Shields,	<i>Director of Human Resources, Adelaide and Meath Hospitals incorporating NCH</i>
Mr Larry Walsh,	<i>Assistant Chief Executive Officer, North Eastern Health Board</i>

The joint chairpersons of the Health Services National Partnership Forum: Mr Pat Harvey, C.E.O., North Western Health Board and Mr Matt Merrigan, National Industrial Secretary, SIPTU.



Foreword

Partnership in the health services is beginning to make a difference. Partnership committees are established in almost all health boards and in most of the larger voluntary hospitals. These committees are developing a jointly agreed agenda for action. Local partnership working groups are taking on this agenda and developing and implementing changes and improvements for patients, clients and staff.

This booklet gives examples of the type of work which is being carried out by partnership committees and working groups in hospitals, health boards and health agencies around the country. It is not a comprehensive report but rather a snapshot of what is going on. It is aimed at everyone who works in the health services, its patients and clients, the trade unions, the Department of Health, public representatives and all other stakeholders. We want to show what partnership working is capable of achieving and how it is beginning to make visible improvements in the delivery of health services in Ireland.

The success of partnership in the health services is down to the hard work and commitment of all those managers, trade union representatives, staff and facilitators who are directly involved in the partnership process. The Health Services National Partnership Forum is committed to continue to support the partnership process in the health services with whatever resources are necessary in terms of training, information and facilitation.

We believe that partnership is the way forward for the Irish health services. We believe that the culture of involvement and participation by managers, staff and trade unions must be fostered to ensure that our health services develop and improve to provide the highest quality service to patients and clients.

Pat Harvey

Joint Chairpersons Health Services National Partnership Forum

Matt Merrigan



Theatre staff in Waterford Regional Hospital: working together to provide an efficient and safe environment for staff and patients

Has that charming, baggy two-piece outfit known as a “scrub suit” become a fashion trend? It looked that way in Waterford Regional Hospital, where the number of theatre suits sent back to the laundry fell well short of the number being issued, even when the Linen Service Department issued them on a daily basis. This led to delays in theatre, as staff reporting for duty were not guaranteed a scrub suit.

A number of reasons were cited for the shortfall. For one thing, it appeared the theatre suits were being worn not only outside the theatre area but also in some cases outside the hospital building. As one hospital wag put it: “ER has a lot to answer for”.

But staff also recognised some potentially serious risks associated with the problem. Anne Nee, Partnership Facilitator for the South Eastern Health Board, explains: “Firstly, staff were very concerned about the risk of infection for patients and staff arising from theatre suits being worn outside the theatre area. Also, the disappearance of the scrub suits presented a security risk, as it could not be assumed that anyone wearing a scrub suit was a member of theatre/surgical staff. This meant that it might be possible for anyone in a suit to gain access to restricted areas. We set up a working group to tackle the problem.”

Staff other than those on duty in theatre needed access to theatre suits – those on call, for instance – and the working group’s brief was to try to develop a system that would ensure that theatre staff could be sure of suits when reporting for duty, and that those who required suits for other reasons would be accommodated.

The group looked at a number of possible solutions to the problem but it was agreed that the most feasible solution was to change the colour of the suits being worn in theatre. These suits would be for the exclusive use of staff working in theatre and, following consultation with all staff, a colour and design was agreed upon. The new theatre suits would be turquoise in colour and would be worn by staff of all grades and disciplines working in theatre. It was also agreed that staff other than theatre staff who required suits would be issued with a navy suit on payment of a refundable deposit.

The group decided that, for the new system to be implemented fully, it would be necessary to develop a policy and to seek the cooperation of hospital consultants, N.C.H.D.’s and ward managers. The policy was straight to the point and stated that the wearing of designated theatre suits outside of the theatre area was against hospital policy and monitoring would take place on an ongoing basis. It also made provision for disposable suits to be made available to theatre staff who had to attend a patient at ward level.

The issuing of the navy theatre suits to other staff required the cooperation of the staff in the Linen Services Department and the Accounts Department. Following discussions, both departments cooperated fully with the new arrangements.



Theatre staff in Waterford Regional Hospital.

Back row (l-r): Con Griffin(Registrar), John Choi (Registrar), Canice O'Neill (Theatre Porter), Rita McGinn (Theatre Sister).

Front row (l-r): John Dunphy (Anaesthetist), Gerry McCoy (Orthopaedic Surgeon), Sinéad Aspell (Theatre Nurse), Jacinta O'Keeffe (Theatre Nurse), Edel Duggan (Theatre Nurse), Richie Galvin (Theatre Porter), Geraldine Pierce (Theatre Nurse).

There was nothing left then but to order the suits and agree a “go live” day. The new suits were issued to theatre on September 1st 2001 and became operational (if you pardon the pun) on September 3rd 2001.

“What initially seemed to many of us to be a simple problem turned out to be quite complicated and needed the cooperation and involvement of a range of interested parties in order to create a workable solution”, says Anne Nee. “But in the end, we met our target date and the new procedures are working well. We intend to formally review the new system in December. Other acute hospitals in the region have expressed an interest in implementing similar systems if what we’ve put in place in Waterford is seen to work.”

The Northern Area Health Board Partnership Committee in session.



Partnership takes root in the Northern Area Health Board

Developing systems which would ensure faster responses to client needs has emerged as one of the priorities for partnership in the Northern Area Health Board. Other areas of work identified by the NAHB Partnership Steering Committee include a staff benevolent fund and staff childcare services.

The board's partnership steering committee has been in operation since February 2000, with eight management and eight union nominees. The joint chairpersons are Maureen Windle, Chief Executive Officer, and Pat Bolger, IMPACT representative.

"Our first real project was the consultation on the new health strategy," says Pat Bolger. "We saw this as important. It was an opportunity to influence the strategy and to bring the message from the people working in the board into the national arena. It was also an opportunity to promote the existence of the partnership committee. We ran open days for staff in most of the major centres in the NAHB. Members of the partnership committee attended these open days and gave presentations on the health strategy and dealt with individual queries. We also circulated a questionnaire to staff about the current state of the service, relationships, barriers to providing a good service and so on."

One issue which came through from the responses to this questionnaire was staff concerns about the ability of the board to respond speedily to client needs. "This arose for all groups of staff", says Pat. "Some groups gave it more emphasis than others. There's clearly a concern that the quality of service is based on, first of all, reasonable access, but then reasonable response. We're trying to look not just at the philosophical side of partnership but at the practical side and the actual delivery of service. If you're set up to give a better service, everyone will be happier."

While the responses to the questionnaire and the feedback from the Open Days formed the basis of an NAHB partnership input into the health strategy, the partnership committee also used the information to inform the development of its own agenda.

"The committee spent some time prioritising the issues identified by the staff and we have agreed to adopt some as partnership projects," says Partnership Facilitator, Jo Hardwick. "Pat has outlined the issue of timelier responses to client needs. We have begun work on a strategy to deal with this issue. Several other initiatives have also been agreed. A joint management/union local partnership working group is to be set up in St Brendan's Hospital."

"As part of the strategy to recruit and keep staff, the committee is looking at the provision, location and accessibility of staff childcare services within the board. And a working group is also examining the feasibility of setting up a staff benevolent fund which would provide financial support to staff or their families in cases of hardship due to bereavement or other unforeseen circumstances."

"I believe that as these projects and initiatives begin to bear fruit, a culture of partnership will take root within the board," Jo says. "This can only be of benefit to all of us working in the NAHB and to all the people we serve."

Cork's flipcharts are a charter for change

When the Minister for Health and Children, Micheál Martin, announced the government's intention to develop a new strategic plan for health and health services, he emphasised the need for a broad consultation process to capture the views of both the public who use the service and the people who work in it.

During the spring and summer of 2001, partnership committees in hospitals and health boards around the State organised opportunities for staff to contribute their views on the development of the new health strategy.

Cork University Hospital is one of the busiest acute hospitals in Ireland with over 30,000 in patients and 100,000 outpatient attendances per annum. It has 597 beds and a staff complement of over 2,500.

Aileen O'Neill, who works in the Cork University Hospital's Services Department, is a management representative on the hospital's partnership committee. She describes how the committee set about organising consultations with staff and managers in the hospital.

"We held four workshops in the hospital boardroom on April 24th, and more than 100 staff took part during the course of the day," says Aileen. "The workshops were designed and facilitated by partnership facilitators from the Health Services National Partnership Forum; participants engaged in brainstorming sessions on the topics of what was – and what was not — working well in the health services. They then broke up into small groups to work further on some of the topics identified."

Aileen says that one measure of the success of the day was the level of paperwork – more than thirty flipchart pages of material were generated from the workshops!

"A group of us from the partnership committee then took on the task of distilling these down into a report which we forwarded to the Department of Health for consideration in the drafting of the new health strategy. We also sent copies of the report to all staff who had participated in the workshops.

"A fundamental of partnership is that it recognises the importance of harnessing the skills, knowledge and experience of all the people working in the health services. Partnership has to be about involving management and staff in the planning of changes and developments in the way our health services are delivered."

Kevin Morrison, IMPACT representative and joint chairperson of the partnership committee, is positive about the outcome. "The consultation process demonstrated the reality of the partnership process to staff and management of all grades and professions", says Kevin. "The end product is involvement in shaping the decisions that will affect staff, management and the people they care for. We believe that what we did in Cork University Hospital, like similar activities which took place in health agencies around the country, will make for a better-informed and more effective strategic plan for health in Ireland in the coming years."

Cork University Hospital staff who participated in the consultation process on the new Health Strategy.





South Western Area Health Board – chartering a new course in staff relations

The Partnership Committee in the South Western Area Health Board is getting set to launch a staff charter as part of its work in the area of staff morale and retention.

At the start of its work the partnership committee identified to need to reaffirm the crucial role staff have in developing the future of the service. “Staff often work in very pressurised circumstances,” states Nora Donagh, the INO nominee to the Committee. “We felt the charter was required to make a public statement of the value, confidence and support which the South Western Area Health Board places in all staff in their endeavours to deliver a quality service”.

The charter will contain a statement of the commitment of the South Western Area Health Board to develop a workplace based on consultation and involvement, support and flexibility. Mary Gorry, Employee Relations Manager and member of the charter sub-group, sees the charter as a key element in the development of a comprehensive employee policy in the board: “The charter is one element in a broad range of developments and procedures which will mark the human resource culture of the South Western Area Health Board over the next few years”.

In drafting the charter the SWAHB partnership committee engaged in a wide-ranging process, including formal consultation with all the unions present in the board and focus work with staff groups.

The charter will be launched and distributed to each staff member and each location in the board. It will be accompanied by an explanatory pack containing a list of relevant procedures and policies.

“I’m delighted with the progress the SWAHB partnership committee has made on this and other issues in the short time since it was established”, says Partnership Facilitator, Karl Duffy. “It shows that the members of the Committee are committed to make partnership a reality in the Board.”



The South Western Area Health Board Partnership Committee in session.

Nás na Rí – ospidéal nua á thógaint agus coiste comhpháirtíochta á bhunú

Anne O'Shea is a laboratory scientist working in Naas General Hospital and represents the M.L.S.A. on the South Western Area Health Board Partnership Committee. In this interview, Anne talks about the coming changes in Naas hospital and her hopes for the partnership process there.

Is eolaí saotharlainne í Áine Ní Shé. Tá sí ag obair in Ospidéal Nás na Rí le sé bhliana déag anuas. Is ball í Áine de Chumann na n-Eolaithe Saotharlainne Leighis agus toghadh í mar theachta an cheardchumainn sin ar choiste na comhpháirtíochta i mBord Sláinte an Limistéir Thiar Theas. Bhí Áine páirteach sa chomhdháil comhpháirtíochta, Ag Cruthú Sár-Sheirbhís Sláinte (Building a Better Health Service), mí Deireadh Fómhair 2001, agus chuaigh sí chun cainte ann le Seosamh Ó Maolalaí, idirghabhálaí comhpháirtíochta.

Seosamh: Tá a lán athraithe ag teacht in Ospidéal Nás na Rí, nach bhfuil?

Áine: Tá an-chuid athraithe ag teacht mar tá ospidéal nua á thógaint faoi láthair i Nás na Rí. Beidh sé sin oscailte i gceann bliana anois, is dóigh liom – an chéad chuid de. So, sin athrú mór don bhaile agus gan dabht do na daoine go léir atá ag obair san ospidéal.

Seosamh: An bhfuil fadhbanna ag baint leis an athógáil seo?

Áine: Tá fadhbanna toisc é a bheith chomh gnóthach agus gan spás a bheith ann do na daoine atá ag obair ann. Tá fadhbanna le páirceáil, le cuairteoirí agus gach aon rud.

Seosamh: So tá brú ar an bhfoireann san ospidéal faoi láthair?

Áine: Ó tá, tá brú ar an bhfoireann gan dabht agus tá a lán daoine nua ag teacht chun obair san áit seo chomh maith agus cuireann sé sin brú ar an áit. Níl aithne acu ar dhaoine eile agus bíonn deacrachtaí acu.

Seosamh: Creidim go bhfuil coiste comhpháirtíochta á bhunú i Nás na Rí. Inis dom faoi sin.

Áine: Tá, tá coiste díreach bunaithe. Tá dhá dhuine déag ar an gcoiste sin agus tá siadsan ag teacht ó na háiteanna difriúla. Sin é an rud is fearr mar gheall ar an gcomhpháirtíocht – daoine ag teacht ó gach aon saghas cúlra, ón bhainistíocht agus ón coalface mar a déarfá. Beidh sé an-shuimiúil conas a dhéanfaidh said an bheart ar an athrú – ar an change management mar a ghlaonn said anois air. Beidh sé an-shuimiúil conas a réiteoidh siadsan le chéile agus cén difríocht a dhéanfaidh siad do na hoibrithe san ospidéal.



Áine Ní Shé ag glacadh páirt sa chomhdháil comhpháirtíochta "Building a better health service".

Staff from the A&E Department in Beaumont Hospital with a copy of their new public information leaflet (l-r): Maria Fogarty, Paul Carty, Mary Tynan, Jackie Singleton, Fran McGovern, Rita Gibbons, Jason Daly, Niamh Hegarty, Marie O'Shea, Barbara Maguire, Emer Shortall.



Easing the stress in Beaumont A&E

By their very nature, hospital accident and emergency departments are stressful places. The growing level of public demand in the recent past has led to long periods of intense pressure and frustration not only for patients who are anxious and in pain, but also for staff on duty.

As part of the response to this problem – and with a view to easing some of the pressures – a partnership group was formed in Beaumont Hospital earlier this year to begin working on a leaflet to provide useful information to all households in the hospital catchment area, and to local GP surgeries, schools and health clinics.

“We wanted to ensure that there is a good understanding about how A&E department services are arranged and provided,” said Mary Tynan, who works in Beaumont A&E Department and is joint chairperson of the Beaumont Hospital Partnership Committee. “We hoped that the leaflets would give the kind of advice and guidance that will make visits to A&E more productive and less frustrating for everyone, and in this way help improve the services and give greater satisfaction to our patients.”

To ensure that all of the relevant issues were identified and covered in the leaflet, and that the information was presented in a sensible and accessible way, the project group decided to do some research and to ask community groups to contribute to the design and content of the leaflet.

First, patients and visitors to the A&E Department were surveyed, and invited to give their views, comments and suggestions.

A one-day workshop was then arranged to discuss the material that should be included in the leaflet, and a wide net was cast to ensure that the community was truly represented – among those invited were patients, visitors, community-based groups and agencies, including the Patients Representative Association, Ambulance Services, Garda, GPs, community nurses, social workers, chaplains, insurers, together with a wide cross-section of staff and their representatives from all levels in the department.

Professional advice was then brought in on the design and layout of the leaflet.

“From a partnership perspective, we see this project as a useful model,” said Mary. “It shows that management, staff, union representatives and community-based groups can achieve real results by working together to improve communications, relationships and quality of service.”

Midland Health Board Partnership begins to take shape

The formation of the Partnership Committee in the Midland Health Board was completed in January of 2001. The committee membership consists of eight management nominees and eight nominees from all the trade unions representing staff in the board. The committee selected joint chairpersons Denis Doherty, CEO and Clare Mulligan, Medical Laboratory Scientists' Association. The members received their first two days of training towards the end of January. The agenda for the committee's work over the succeeding months was largely agreed in the course of that training. That agenda was informed by a consensus that early partnership work should benefit staff in general. A number of projects were agreed.

The first of these projects involves putting together a comprehensive guide to the Midland Health Board payslip, including worked examples of pay calculations, which will be distributed to all staff members and form part of the staff induction package.

A project has also begun on providing information on superannuation for all staff. This will consist of a series of articles in the board's newsletter on different aspects of superannuation to raise awareness and knowledge levels of this most important but little understood subject. In time it is intended to print a staff guide to superannuation.



Clare Mulligan (standing) with her colleague Nuala Hennessy at work in the laboratory in Mullingar General Hospital.



A third project, the Back to Work Programme, is concerned with setting up proactive procedures, agreed with staff, to facilitate the early return to work of people on long-term sick leave. Central to the success of this project will be a change of emphasis by managers in the handling of sick leave, a more active role for the Occupational Health Department in intervention and follow-up and early access to therapy treatments for staff, particularly if the sick leave is due to occupational injury.

Clare Mulligan was particularly pleased with the committee's input into the consultation on the government's new health strategy. "The first contact with partnership for many people in the board was the consultation on the health strategy", says Clare. "We held eighteen seminars in six different centres around the health board area. All grades of staff were invited to participate. One member each from management and the unions attended each of the seminars. They were run three times each day – morning, afternoon and evening – so all staff would have an opportunity to attend. From that process, we made a submission to the health strategy. We are also using the feedback from the sessions to identify projects for partnership."

One project identified is in the area of communications within the board. Other staff surveys and consultations have also identified communications as an area of concern. The partnership committee has initiated a major project which aims to address this issue.

The partnership committee in the Midland Health Board sees its function as embedding the partnership approach to how business is done throughout the organisation. It is currently developing strategies, structures and initiatives to achieve this aim.

St Mary's Geriatric Hospital day staff at the site for the new sensory/dexterity garden.

Front (l-r): Fionnuala McEaney, Briege O'Reilly, Martina Plummer, Rose Mooney (Assistant Matron), Geraldine Maguire (Ward Sister), Peter Clerkin (Ambulance Driver).

Background (l-r): Noeleen McBennett (Care Assistant), Kathleen Kelly (Clerical Officer), Aishling Meegan (Care Assistant).



Working together to build a better service in Castleblaney

With luck and the right weather, by next spring, St. Mary's Geriatric Hospital in Castleblaney, County Monaghan, will be offering a concrete example of partnership – concrete, brick, paved in colourful stones, murmuring with the soothing hum of falling water, and best of all, blooming in a riot of colour.

Staff in St. Mary's saw great potential for developing and improving the day hospital garden. The partnership group who took on this task included representatives from management, nursing, ward attendants, maintenance, clerical, physiotherapy and occupational therapy departments. They decided that the re-developed garden would not only be an asset for its beauty and pleasure, but for its value in providing a natural setting where patients at the day hospital could be encouraged to use the facilities while also being carefully monitored.

In short, they wanted a "sensory/dexterity garden" to be used by clients for their therapeutic, social and recreational benefit. They drew up a formal objective: "to create a stimulating outdoor environment which provides an audio, visual, tactile and sensory surrounding in which our clients can experience a fuller sense of well-being and at the same time be monitored and assessed."

The final plan specifies a variety of surfaces – a reception area and ramp in concrete, a brick paved area, paving of coloured stone. There will be a glasshouse and garden shed available for gardening work; six raised level sleeper beds, shrubbery and a water feature.

The whole undertaking involved discussions and decisions by the partnership group. The method has proved very successful. "I was never involved or asked to be involved in anything like this before," said Martina Plummer, care attendant. "I was delighted when my ideas were taken into consideration."

"In the past, any committee I was involved in, the members were the same grade as myself," said Fionnuala McEaney, staff nurse. "I enjoyed this opportunity to work with other grades and found their ideas and approach to the project very interesting."

"I got a great sense of equality being treated as an equal on a team which involved matron, ward sister, nurse, physiotherapist, occupational therapist, care attendants, maintenance and clerical staff where everyone's ideas were valid and staff grading was not an issue," said Briege O'Reilly, care attendant/diversional therapy.

Partnership tackles induction training in An Bord Altranais

An Bord Altranais is the regulatory body for the nursing profession in Ireland. With a staff complement of forty plus, it maintains the register for the more than 60,000 registered nurses in Ireland, maintains professional standards within the nursing profession and provides for the education and training of nurses and student nurses.

The partnership committee in An Bord Altranais is made up of representatives of senior management and of IMPACT and the Irish Nurses Organisation. It has been up and running since June 2000. In that time the committee has looked at various aspects of the in-house operations of An Bord Altranais. It has drafted, agreed and implemented new protocols in areas such as internal communications, stock control and ordering and induction training for new staff. Currently it is developing a new health and safety policy and is examining the training needs of the organisation.

Hilary Flynn, staff officer, explains why the committee took on the task of improving induction training for new staff. "Like lots of other organisations, staff turnover in An Bord Altranais has increased greatly in recent years. Our workload has increased, too. It was felt that induction for new staff had been neglected because everyone working here has been under immense pressure due to that increased workload. We asked staff what they thought would be a good induction system. We drew up and implemented new induction procedures based on the feedback we received. The new induction procedures have worked really well. New staff now feel much more clear about their role when they start here."

One area that all staff felt was vitally important was training in how to handle queries at the switchboard in An Bord Altranais. Mary Foster is the receptionist in An Bord Altranais. Mary was centrally involved in developing new induction procedures for staff working at reception.

"Reception is the first point of contact for most of our clients", says Mary. "Nowadays, we can get all kinds of queries about, for example, EU registration, Non-EU registration, education, exams, careers in nursing, accounts and library queries. It is vitally important that these queries are referred to the right people in the organisation. Some queries are not relevant to us and should be referred on to other organisations, such as the nursing unions or the Department of Health. When I am away or even on coffee break, new staff are expected to operate switchboard and reception. The new induction procedures lay down basic do's and don'ts for staff working at reception and I believe this has led to better service to people with queries for An Bord Altranais. People can be sure that they will get the right information from us when they phone or call in."

Deirdre Hogan is Deputy C.E.O. of an Bord Altranais. As a management representative on the committee, Deirdre is positive about partnership. "The management of An Bord Altranais greatly values the partnership process", says Deirdre. "It has helped and continues to help in the implementation of a variety of changes within the administrative workings of the organisation. Through partnership we are working hard to implement an effective and an agreed communication strategy for the whole organisation".

Partnership committee members and staff in An Bord Altranais working on the new staff induction procedures (l-r): Toni Beegan, Deirdre Hogan, Mary Foster, Hilary Flynn, Catherine Rooney.



Shaping the future in Cloonamahon

A partnership group in Collooney, County Sligo, is mapping out the future for a service that was on the brink of extinction twelve years ago.

Cloonamahon is a North Western Health Board facility for some 120 residential clients with learning disabilities ranging from mild to severe, and including the elderly and people with challenging behaviour. Michael McDermott, who has worked there for the last twenty-six years, tells the story: “Back in 1989, the health board proposed to close down Cloonamahon. The decision was taken without any consultation, and the staff formed a committee and sought a meeting with the board.”

Parents and local politicians rallied to the cause of keeping Cloonamahon open, and eventually they succeeded in blocking the closure. But the incident didn't help relations between the staff and the health board. “It was less than good!” Michael said. “We looked on them with great suspicion.”

When rumours of change began to circulate again more recently, due to the health board purchase of about 100 acres of land locally, the staff responded quickly by again asking to meet the board. They were assured there were no specific plans affecting them, but this time, Michael said, “partnership” was mentioned.

“Most people were curious if nothing else. I thought it has to be a good idea, because now at least we have an input into planning.”

With help and training from Billy Gallagher – the North Western Health Board partnership facilitator – the Cloonamahon Partnership Group was set up with fourteen members and joint chairs: Michael, a SIPTU representative, and John Hayes, general manager, Community Services, based in Markievicz House, Sligo town.



Participating in a review of partnership in the North Western Health Board held in Bundoran in September 2001 were (from left to right): Billy Gallagher, Pat Harvey, Michael McDermott, Tommy O'Doherty and Willie Murphy (Joint Chairpersons of the NWHB Partnership Committee), John Hayes.



The first few meetings were largely concerned with getting familiar with the process. “You have to go into it with an open mind,” Michael said. “You sit down together and discuss what needs to be done. No one is going to push anything down your throat, and you get to express your own views.”

It was agreed that the group would take responsibility for formulating a plan for Cloonamahon’s future. The members are now in the process of seeking expert opinion on various options for those with learning disabilities, and are researching facilities elsewhere. Information will be combined with a needs assessment survey of clients and their families, which the health board is undertaking.

The decisions so far are small but significant indicators of how well co-operation can work. Due to overcrowding, it was agreed to find new accommodation for eight patients, and a sitting room was created for the 140 staff who provide twenty-four hour daily care. “To be customer-focused, we must look after our staff,” Michael said. He believes the new approach is not only conducive to getting results, it is a more satisfactory way to work – “It is very challenging!”

Cloonamahon is only one of the local partnership groups in the North Western Health Board, which employs 8,000 people and was one of the first to set up a partnership committee under the Health Services National Partnership Forum. At a recent seminar in Bundoran, County Donegal, held to review progress after one year’s operation, Billy Gallagher said that despite the inevitable obstacles posed by issues such as the foot-and-mouth crisis, the partnership model had successfully been launched.

“The Partnership 2000 agreement between the government and the social partners recommends a partnership approach involving employees and trade unions in management decision-making and in problem-solving at different levels of the organisation. This new way of working together ensures that staff at all levels and in all grades and professions are involved in decisions that effect them”.

Pat Harvey, NWHB Chief Executive Officer, who jointly chairs the Health Services National Partnership Forum (HSNPF) with Matt Merrigan, SIPTU National Industrial Secretary, congratulated all those involved to date and noted that the benefits that would accrue to staff and ultimately to the public were significant.

Pat added “The objective is to achieve joint ownership of the entire partnership process by management, unions and staff. Partnership is recognised as a new way of working together, where the traditional confrontational and adversarial style of staff relations is gradually replaced by processes of inclusion and participation and the development of joint objectives, trust and common purpose.”

Billy concluded; “Our long-term goal is to establish local partnership committees throughout the North Western Health Board. These accounts from the Bundoran seminar are not only of the successes of partnership to date, but also of the great potential that we know exists. It is on that basis that we are looking forward to the long-term gains for all staff members.”

Tionscnamh ar chúram leanaí i gComhpháirtíocht Bord Sláinte an Iar-Thuaiscirt

Maura Hickey works as a nurse in Letterkenny General Hospital. Maura is a national vice-president of the Irish Nurses Organisation. She represents the I.N.O. on the North Western Health Board Partnership Committee. In this article, Maura outlines the committee's work in the area of childcare facilities for staff of the board.

Is banaltra í Máire Bean Uí hCí atá ag obair go lán-aimseartha in Ospidéal Leitir Ceannain. Leas-Uachtarán Chumann na n-Altraí Gaelacha í Máire agus roghnaíodh mar duine de rúnaithe choiste na comhpháirtíochta Bord Sláinte an Iar-Thuaiscirt í. Bunaíodh an choiste seo bliain ó shin – comhchoiste atá déanta suas de dhaoine ó na ceardchumann agus bainisteoirí ó Bhord Sláinte an Iar Thuaiscirt.

Déanann Máire cur síos ar an obair atá ar bun ag an gCoiste faoi chúram leanaí don fhoireann i mBord Sláinte an Iar-Thuaiscirt.

“Tá mé féin agus daoine eile ar fochoiste agus tá muid ag obair ar thionscnamh naíolannaí. Tá suim pearsanta agam sa tionscnamh seo mar tá cúigear gasúirí agam. Inniú tá naíolannaí suite ar láithreacha Ospidéal Leitir Ceannain agus Ospidéal Shligigh. Tá timpeall sé áit is fiche sna naíolannaí seo. Ach tá beagnach ocht míle daoine ag obair do Bhord Sláinte an Iar-Thuaiscirt. Mar sin tá easpa áiteanna ins na naíolannaí do leanaí óga agus páistí.

Tá muid ag iarraidh feabhas a chur ar na naíolannaí atá ann agus seirbhís níos fearr a sholáthrú. Osclaíonn said ag a ceathrú chun a hocht ar maidin agus druideann said ag a sé a chlog sa tráthnóna. Tá súil againn go mbeidh muid abálta na háiteanna a mhéadú agus an t-am críochnaithe a athrú go dtí a deich a chlog san oíche. Bheadh seo i bhfad níos fearr do na tuismitheoirí. Tá muid ag iarraidh áit nua a thógáil do leanaí óga agus páistí i gContae Liatroma.

Tá níos mó oibre le déanamh againn ach gan amhras bheadh sé i bhfad níos fusa banaltraí, dochtúirí agus gach sort lucht oibre a fháil agus a chosaint san iar-thuaisceart má éiríonn linn go breá leis an tionscnamh seo.”



Maura Hickey of the NWHB Partnership Committee and the Irish Nurses Organisation.



Colm Kavanagh, Paula McMorrow and Dr Tom O'Malley of the Portiuncula Hospital Partnership Committee.

Embracing the future in Portiuncula Hospital

Portiuncula Hospital in Ballinasloe, County Galway, has 240 beds and provides general hospital services to the people of east Galway and surrounding areas. Since it opened in 1945, it has been run as a voluntary hospital by the Franciscan Missionaries of the Divine Motherhood. However, all that is about to change because the ownership of the hospital is soon to be transferred to the Western Health Board.

Brigetta McHugh, General Manager and Eamonn McManus, IMPACT representative, are the joint chairpersons of the Portiuncula Hospital Partnership Committee which was established in November 2000. Both Brigetta and Eamonn see a huge role for the partnership process in taking on the challenges posed by this change from voluntary to Health Board hospital.

“For some years industrial relations were difficult in the hospital”, says Eamonn, “and the partnership committee was formed as part of an attempt to improve overall management/union/staff relationships. And those relationships have improved. The transition from being a stand-alone voluntary hospital to becoming part of the Western Health Board will present challenges, but I hope it will also provide opportunities for our staff to develop within the wider remit of the health board.”

Brigetta McHugh looks on the coming change as more of an opportunity than a threat. “I have always been struck by the great team spirit here in Portiuncula”, says Brigetta. “Everyone working here is committed to providing high-quality services to our patients. The great strength of partnership is that it encourages the involvement of all the different staff groups in planning the future for the hospital. I am confident that by working together we can meet the challenges posed by the integration of the hospital into the Western Health Board.”



Members of the partnership committee in the Adelaide and Meath Hospital incorporating the National Children's Hospital (l-r): Shay McLoughlin, Tim Lyne, Teresa Hayes, Patricia Gough, Kathleen Murray, Mairead Shields, Catherine McDaid, Michael Lyons, Brendan Fagan, Mary McCarthy (now resigned), Teresa Hanley (Partnership Facilitator). Committee members Ian Daly, Marcia Bell and Mary Wyne are not pictured.

Partnership brings a crèche (and *Treasure Island*) to Tallaght

The amalgamation of the Adelaide and Meath hospitals and the National Children's Hospital, and the move to the new campus in Tallaght, presented huge challenges to all the people working there. Management and unions in the new hospital both saw the advantages in working in partnership to meet these challenges.

The current partnership committee in the new amalgamated hospital (AMNCH) has been in operation since May 2001, with seven nominees from the unions and five from hospital management. The joint chairpersons of the committee are Michael Lyons, C.E.O. and Brendan Fagan, SIPTU representative.

In common with many other partnership groups, the AMNCH committee has identified the provision of crèche facilities for the children of hospital staff as a priority. It established a local partnership working group to make the crèche happen. They're near that goal now, and have discovered a lot about crèches along the way – and met with one of the participants on RTÉ's *Treasure Island* as an incidental bonus!

Patricia Gough, MLSA representative in the hospital and a member of the Partnership Committee, is chairperson of the crèche local partnership working group.

"We issued a questionnaire on childcare needs to the 2,500 staff in the hospital and received 691 responses. As anyone who has conducted a survey will know, this is a high response rate," Patricia said. "The survey clearly showed there was a demand from staff for quality childcare facilities on the hospital site and that people would use these facilities if they were available.

"The working group has visited successful hospital crèches in places like Beaumont and Crumlin and also successful private sector crèches. We even visited the drop-in facility for shoppers in the Square and talked to the people who worked there.

"We have also invited various organisations which operate and run childcare facilities to give presentations on their services to the group. One of these was Mary Anne McCormack, of Giraffe Childcare and Early Learning Centre, a contestant on *Treasure Island*. Mary gave us a presentation on the services which her organisation provides. *Treasure Island* was all the rage on the telly at the time. So for the next few days all my colleagues were delighted to talk to me about partnership as long as I threw in a few exclusive insider details about the goings-on on the island!"

The local partnership working group is currently investigating funding possibilities for the crèche. Patricia is confident of a successful outcome: "There is a recognition on all sides that a crèche for the children of hospital staff is needed and a commitment that it will be provided. If we want to attract new staff and retain experienced staff in the hospital in order to provide the best service possible to our patients, then we have to cater for the childcare needs of hospital staff."



Agreeing an Anti-Bullying Policy in the Western Health Board

The Western Health Board Partnership Committee (known as Round Table) was established in 1997. The committee was formed to address the recommendations of a Labour Relations Commission report. There were representatives from the seven trade unions in the board and an equal number from management. Initially the committee met fortnightly. These meetings lasted most of the day – trust between the parties slowly began to develop. The committee held a very successful conference on partnership in 1998. Unions and management invited equal numbers to attend and the response was almost 100%. Dr. Sheelah Ryan, C.E.O. of the Western Health Board, described partnership as follows: “Partnership will be the creation of a middle ground where all staff are valued and can work together, respectful of each other’s roles, mindful of the fact that all staff are stakeholders in the organisation and confident of our ability to come up with new ideas and plans to ever improve the board and its services.”

The Round Table identified the need for an agreed Western Health Board Anti-Bullying Policy as one of its first priorities. A Policies & Procedures Sub-Group, composed of four union and three management representatives, was formed to work on drawing up the new policy. The members of the sub-group were Clodagh Geraghty (Section Officer, Mayo General Hospital), Aidan Lyons (UCATT), Helen Murphy (SIPTU), Christy O’Hara (Personnel Manager, Galway Regional Hospitals), Gerry O’Toole (MLSA), Mary Rogers (INO) and John Sullivan (Personnel Officer, WHB).



Members of the Western Health Board Round Table who were involved in developing the Policies and Procedures document: (From left to right) John O’Sullivan, Gerry O’Toole, Christy O’Hara, Mary Rogers.

“Not only did we take on anti-bullying and sexual harassment, but we also set about revamping the Board’s Grievance and Disciplinary Procedures”, says Gerry O’Toole, who is also joint chairperson of Round Table. The sub-group met approximately once a fortnight. After much hard work a draft anti-bullying policy in conjunction with a policy on sexual harassment was referred to Round Table for discussion. The Round Table recognised the importance of involving all staff in the development of the new policy, and it decided to distribute the draft to every member of staff with a request to feed back any suggested changes, omissions additions or corrections. “The response wasn’t huge in terms of numbers but what was received was very thought-provoking and led to a lot more debate,” says Gerry.

The revised draft was then sent to senior management and union nominating bodies and was agreed by them.

“We had the usual problems with proof-reading and printing”, says Partnership Facilitator Esther-Mary D’Arcy. “For instance, differences between the printer’s computer and the Western Health Board’s meant that all the apostrophes came back as ï! But we got the job done. The Round Table decided against a formal launch as members thought it might look like ‘patting ourselves on the back’ for something that should have been done a long time ago. The compromise was to advertise the booklet widely throughout the board, using posters.”

Just as sending out the draft to every member of staff had been considered very important for the development of the policy, effective delivery of the final agreed policy booklet to every member of staff was seen as vital to its successful implementation. The members of Round Table undertook to personally visit and deliver the policy to the staff in the 220 Western Health Board sites. This in itself was a very useful partnership mission – it gave staff the opportunity to meet Round Table members and gave Round Table members the same opportunity to meet and talk with staff. Members were warmly welcomed – especially in isolated or smaller sites where ‘visitors’ are rare.

“The anti-bullying policy contains some key elements”, continues Esther-Mary. “Fifteen staff members were appointed as Designated Contacted Persons under the policy. These are people whom staff can contact for confidential, non-judgemental support, which is a feature of the informal process. Three people were appointed as investigators as part of the formal process. Intensive training was organised for both these groups.

And Round Table involvement is continuing: we are providing training for line managers and information sessions for staff and we will review the policy annually.”

Esther-Mary concludes by quoting from the Minister for Health, Micheál Martin, addressing the issue of bullying at the Building a Better Health Service partnership conference in October: “You may ask: Where’s the patient in all of this? Well, a hospital where all staff and managers treat each other with dignity and respect will provide a better service to its clients. More dignity and respect in the workplace means less stress, less absenteeism, better teamwork and a better service to patients. That’s partnership in action – people working together to improve the working environment and so produce a better level of care for their patients.”

“I couldn’t have put it better myself!” says Esther-Mary.



Management and staff representatives commit to partnership in St James's Hospital

The partnership committee in St. James's Hospital is up and running since June 2001. Management and staff representatives are looking forward to the challenge of building partnership in the hospital.

Martin Buckley is the IMS Manager in the hospital and a management nominee to the committee. "The concept of partnership has captured my imagination", says Martin. "I would see it as a concept of giving workers a say in how their workplace is managed and how that whole service is being delivered."

Jack Kelly is the full-time SIPTU convenor in St. James's Hospital and is the SIPTU nominee to the partnership committee. "I see partnership as a better way of doing business. There's loads of issues there that can be dealt with through partnership", says Jack.

The first project identified by the St. James's Hospital Partnership Committee is aimed at improving internal communications within the hospital. Martin outlines how the committee have started work in this area: "We've formed a working group on internal communications. The working group has drawn up a specification of the requirements we need and the vision statement of what we are trying to achieve. We are looking at developing systems which will cascade information down through the hospital. There are about 3,000 employees in the hospital with a fairly high turnover of staff and a lot of people working a round the clock shift system. So it's quite hard to reach everybody with information. What we need to achieve is a more integrated system, so that people have information available. They can choose what detail they want to avail of and at least they know where to find it. I think it will be a combination of electronic information, newsletters and, most importantly, meetings of groups where people can just go along and listen and ask questions and get answers"

The partnership committee has selected John O'Brien and Ted Duff as joint chairpersons. John is the hospital's Chief Executive Officer and Ted is a carpenter representing the Craft Group of Unions on the committee. "We have agreed to joint chairs which reflects the partnership orientation", says John. "I am looking forward to working in this environment and exploring opportunities for improving relationships and breaking down barriers." Ted is also looking forward to his new role. "I welcome the opportunity to represent shop-floor workers at senior level meetings", says Ted. "I look forward to working with John. This is new to me. It is a welcome challenge."



Paula Mullin, Partnership Facilitator with John O'Brien and Ted Duff, joint chairpersons of the St. James's Hospital Partnership Committee.

Mid Western Health Board – swapping cut and thrust for equality and dignity

The Partnership Committee in the Mid-Western Health Board is a scarce few months old, only formed in June of 2001. The first real big step forward was on September 18th, when each committee member brought two colleagues to a workshop on *Working Together for a Better Health Service*.

The forty staff, managers and trade union representatives present represented more than 5,000 employees of the board, which covers the counties of Clare, Limerick, and North Tipperary and Limerick city.

Pat Brosnan, Director of Mental Health in the MWHB and a management nominee on the partnership committee, said, “The workshop was interesting in that a number of the projects that were identified within the committee concerned the involvement of staff in the actual service planning process, and we found that that was a foreign kind of area to a lot of staff.”

Participants in the workshop came away with a better understanding of the board’s principles and values and where it stood in terms of applying those principles and values to its staff and the general population which it serves.

“Operationalising these principles is the critical thing,” said Pat. “We would hope that this would be facilitated through initiatives undertaken through partnership. That would be a giant step to make. I think that this will be one of the challenges for the partnership initiative in the Mid-Western Health Board.

“The spread of representation on the committee is good. The workshop reflected that representation from the different sections comprising the board – maintenance, clinical and professional groupings, household staff and so on. Colleagues working in these sections have their own contribution in making the ethos we aspire to in the Mid-Western Health Board a reality.”

Another committee member, Brendan Hayes of the Psychiatric Nurses Association of Ireland, finds the value of the partnership approach to the staff representatives is the potential for a more efficient and satisfying way of conducting their business. He was initially attracted to the idea of partnership, he said, because the traditional industrial relations practices have frequently proved frustrating.

“I got tired, just exhausted, at doing things in the old way. You often don’t solve anything, you’re just reacting. Some people on both sides enjoy that – they love the cut and thrust of it, and holding on, keeping the solution to the last minute – coming out of the Labour Court at six in the morning saying ‘we’ve got the one per cent we were looking for’, that sort of thing. I wanted to try a new way of doing things.”

The new way should offer both sides a way to work with equality and dignity, he says. “After all, that’s what we’re doing in the health services, developing new ways of treating our patients with respect and without condescension.”



At the Mid Western Health Board partnership workshop in September 2001: Noreen Spillane, Director of Nursing, St. Joseph's Hospital, Ennis and Denis Creedon, Chief Nursing Officer, Our Lady's Hospital, Ennis.

But he expects development to be slow: “The whole partnership process is still in its infancy. It’s been embraced at the top but it hasn’t really percolated down yet, and that will take a while.” Nor does he think it will all be plain sailing. “There are difficulties for both sides in signing up to partnership. We have to commit ourselves to coming out with an agreement when we take up an issue, and that’s hard for unions.”

Local groups are at work now, though. Noreen Spillane is the Director of Nursing in St. Joseph’s Hospital, Ennis, an elderly care hospital with a staff of about 250. A partnership group has been set up to look at communications within the hospital. They have organised eleven multi-disciplinary workshops for staff. Noreen explains what the workshops are about: “We want to give information about the partnership process but also to invite staff to participate in that process with us. We want to start breaking down the barriers so that people can actually participate – it’s not just about a committee in a hospital dictating to the staff how we can improve our communication. We really want the staff to participate. We feel that if we don’t start at that level, we really won’t achieve anything.”

Partnership Facilitator Marie O’Haire is positive about the future for partnership in the Mid-Western Health Board. “We have several other projects just beginning,” says Marie. “A project team is looking at non-pay benefits for staff. A communications sub-group is formulating a strategy to ensure that everyone working in the board can have access to what’s happening in the partnership process and can participate as they see fit. It’s early days but there is real commitment and energy evident in the various groups. Everyone involved is an equal player. I believe that staff, management and the general public will see real benefits from the process before too long.”

At the launch conference for partnership in the Southern Health Board in January 2001 (l-r): Joe O'Flynn, Grainne Connolly, Dominic McEvoy, Mary Power, Pat Evans, Sean Hurley.



Partnership in the Southern Health Board

Partnership in the Southern Health Board was launched early in 2001 at a conference where union officials, staff union representatives and managers explored the changes and opportunities which would arise from this new way of conducting relations.

Speakers at the conference included Grainne Connolly, formerly Head of Change Management, Health Service Employers Agency; Pat Evans, Partnership Facilitator with the Health Services National Partnership Forum; Joe O'Flynn, SIPTU Regional Secretary; Sean Hurley, SHB Chief Executive Officer; Mary Power, formerly Chairman of the Cork University Hospital Partnership Committee and currently Section Development Officer with the Irish Nurses Organisation; and Dominic McEvoy of IMPACT who chaired the conference.

The major themes covered by the speakers included the following:

Win-Win

The potential benefits were considerable. Managers would win through improved decision-making and support from staff. Staff would win through more participation and an improved work environment. The clients would win through greatly enhanced services.

Consultation

Partnership would bring this about by engaging managers, staff and representatives in communications on a range of agreed subjects, each having an equal voice, in a non-confrontational environment. Staff who were involved and consulted would get greater work satisfaction and have greater ownership of the resulting decisions and service quality.

Existing Structures

Speakers stressed that existing structures would not be replaced by partnership. Managerial accountability, statutory objectives and consultants' clinical responsibility could not be dealt with through partnership. Similarly, the tried and tested industrial relations processes remained intact and available. But many issues did not need to follow the industrial route; partnership managed change by engaging in a participative way of resolving problems.



Trust and Openness

Trust, an element essential for success, would grow from consistent changes in behaviour, demonstrating the good intentions of all the participants. This would take time and long term commitment from everyone.

Partnership Projects

The SHB partnership committee, which is chaired jointly by Gerry Christie, MLSA and Sean Hurley, CEO has conducted a board-wide consultation process on the development of a new health strategy.

It is currently planning projects on:

- improved Home Help services for the elderly in the community through use of a needs assessment survey and enhanced training;
- expansion of community psychiatric services;
- opening a health board “shop” in a main shopping centre to provide easier access by the public to a range of information and health promotion services.

In addition the partnership committee is exploring the possibility of projects on :

- clinical teleconferencing in psychiatric services;
- respite care for elderly patients suffering from mental health problems;
- staff non-pay benefits.

A staff handbook for the Western Care Association

The Western Care Association is a voluntary organisation which provides services to people with learning disabilities throughout County Mayo. It is one of fifty organisations nationwide which form the Federation of Voluntary Bodies. The Western Care Association Partnership Committee was set up as a pilot site for partnership in the intellectual disability sector.

The first meeting of the partnership committee was convened in September 2000. This meeting considered a variety of projects and issues which the committee members felt would be beneficial to the partnership process in the Western Care Association.


After much discussion it was agreed that a sub-group would be established to develop and introduce a staff handbook for the association. The sub-group comprised of three representatives from the unions – Ann Marie Byrne (SIPTU), Patsy Foy (I.N.O.) and Regina Chambers (IMPACT), and three management representatives – Eamonn McCarthy, Maureen Muldoon and Pauline Brennan. This membership ensured that there was broad representation from the various services across the association, i.e. day and residential services, community disciplines and administration. It was felt that this cross-representation was very important as staff views and input was necessary from all areas.

Pauline Brennan, Human Resources Manager, takes up the story: “The sub-group set itself a tight deadline for the completion of a first draft of the handbook. We set about reviewing the materials and information already available within the association and we reviewed handbooks from other companies and organisations. Lengthy discussions and debate arose during the meetings of the sub-group in relation to the content of the handbook. As a group we met on a fortnightly basis for a period with each person assigned work to do between meetings.”

Throughout this stage of the project there was wide consultation with staff across the association.



The Western Care Association Partnership Committee. Front row (l-r): Eamonn McCarthy, Pauline Brennan, John O'Dea, Ann Marie Cunningham, Mary Murray. Back row (l-r): Michael Kneafsey, Regina Chambers, Eileen Grier, Patsy Foy, Maureen Muldoon, Padraic Martin.



A first draft was circulated on schedule to the full partnership committee for their consideration and comments. Their views and comments were taken on board and a second draft was produced. This draft was circulated to the three unions, SIPTU, IMPACT and the INO, and also to all staff in the association, via their work base, for their views and comments.

The importance of wide consultation is stressed by Pauline Brennan: “The consultation process proved very beneficial, as we were in a position to answer queries and clarify issues for staff and make the necessary changes to the final copy before going to print. Staff’s views were very valuable in putting together the final copy and we now believe we have a valuable, easy-to-use resource for staff in the association which outlines their entitlements and conditions of employment.”

The design of the handbook was seen as vitally important. It needed to be user-friendly and clear to read. It was produced in a loose leaf folder, divided into sections to allow for additions and changes as required in the future.

The handbook was circulated to all staff in May 2001. It has been very well received by staff in the association and is very beneficial for new staff – giving them a sense of the association, their entitlements and expectations for their future and helping them to feel a part of the association from the time they start working there.

Pauline concludes: “As a group we are very proud of the production of the staff handbook. We see it as a first step along the road in partnership in Western Care Association and look forward to working together in a proactive and positive way into the future.”

Personal Outcomes – seirbhís nua i gContae Mhuigh Eo

Personal Outcomes is a system of quality care for people with intellectual disabilities. It involves service users, their parents and families and the service providers agreeing standards of care and measuring the implementation of these agreed standards. A pilot project on Personal Outcomes is being run by the Western Care Association under the auspices of the Health Services National Partnership Forum.

Máire Ní Dhomhnaill is the local service leader with the Western Care Association in Castlebar where the pilot is being run. In this article Máire outlines the progress of Personal Outcomes to date.

Le cupla bliain anuas tá eagraíochtaí cosúil le Western Care ag tóraíocht bealach éigin chun taispeáint go rabhadar ag déanamh sár obair agus ag tabhairt an seirbhís is fearr a bhíodar in ann.

I mí Marta 2001, thosaigh Western Care ag cur an scéim Personal Outcomes i bhfeidhm. Roghnaíomar Caisleán an Bharraigh mar suíomh don tionscnamh seo mar anseo tá meascán de sheirbhísí. Leis sin roghnaíomar cupla suíomh ar fud an chontae. Ciallaíonn “an pilot” go rabhamar dháiríre faoi seo and go rabhamar sásta ceisteanna a chur ar an dream atá ag freastal ar ár seirbhísí. Agus níos tábhachtaí fós – go rabhamar sásta éisteacht leis na freagraí.

Séard atá i gceist le Personal Outcomes ná rogha a thabhairt do na daoine a dtugann muid seirbhís dóibh. Ach agus muid ag tabhairt rogha do dhaoine caithfidimid bheith cinnte go bhfuil siad slán agus go bhfuil siad i mbarr a sláinte. Agus caithfidimid próiséas a chur i bhfeidhm a chinnteoidh nach féidir a gceartanna a threorú ná an rogha a bhaint díobh gan fáth.

Le rogha a dhéanamh, caithfear fios a bheith ag duine faoin rogha – tá sé seo deacair nuair nach féidir le duine rogha foghlamtha a dhéanamh. Cuireann Personal Outcomes brú orainn roghanna a thabhairt don dream a bhfuilimid ag obair ar a son and brú fresin go bhfuilimid ag éisteacht le riachtanaisí gach duine inár seirbhís.

Sheolamar an “pilot” chun go mbeimid in ann tíocht i dteangmháil leis na deacrachtaí a bhaineann leis an scéim. Seo a leanas cuid acu siúd: Conas féidir linn seirbhís pearsanta a sholáthrú do gach duine agus muid ag tabhairt seirbhís do ghrúpa mór? Conas féidir linn roghanna a chruthú do dhaoine laistigh de na seirbhísí traidisiúnta a sholáthraíonn muid dóibh? Conas a thugann muid ról don chlann sa scéim seo?

Seo é an dúshlán atá ag an eagraíocht seo. Ach an rud is suimiúla faoi seo dhomsa ná – táimid ag obair le daoine le blianta agus cheapamar go raibh aithne againn orthu – ní raibh! Tar éis agallamh dhá uair a chloig, ballaímid níos mó eolais, ná mar a bhí againn le blianta – go simplí táimid ag cur na ceisteanna cearta:

Céard atá uait i do shaol?

Cé leis ar mhaith leat cónaí?

Cén sort obair ar mhaith leat?

An dtuigeann tú do chearta?

An bhfuil tú i mbarr do shláinte?

Céard a thaitníonn leat a dhéanamh gach lá?

Níor chuireamar na ceisteanna seo roimhe seo. Tá muid ag fáil amach anois cén sórt seirbhís a fhreagraíonn riachtanaisí na ndaoine a fhreastalaíonn muid orthu. Tá muid ag plé le ceisteanna an-thábhachtacha – an sláinte is fearr do dhaoine, ceartanna daoine agus conas daoine a thacú chun go mbeidh an seirbhís is fearr á fháil acu.

Agus scaipfead an méid a fhoghláíonn muid sa tionscnamh i gCaisleán an Bharraigh ar fud gach cuid de sheirbhísí Western Care. Nuair a bheidh an t-eolas go léir bailithe againn beidh sé á roinnt lenár gcomhleacaithe i ngach seirbhís do dhaoine le míchumas ar fud na tíre.

Focal scoir – gach lá táimid ag foghlaim. Níor thuig mé cé chomh cumhachtach agus atá Personal Outcomes. Tá sé chomh simplí sin is iontach nár chuimhnigh duine éigin cheana air. Ach fós níl sé éasca agus táimid á fhoghlaim sin go laethúil i gCaisleán an Bharraigh agus i Muigh Eo.



Baill foirne sa Western Care Association ag plé leis an scéim Personal Outcomes (c-d): Maggie Hadden, Máire Ní Dhomhnaill agus Bernadette McCormack.

Training, quality and partnership in the Mater Hospital

The Partnership Committee in the Mater Hospital was established in July 2001. Ursula Fox of the Medical Laboratory Scientists' Association and Martin Cowley, C.E.O., are the joint chairpersons of the committee. Ursula was very impressed with the first two days training which the members of the committee received. "I found the training super," said Ursula. "Even just from the point of view of meeting the people from the committee that you were going to be working with – it was an opportunity to sit down and meet and talk to people on a friendly basis. We also looked at the whole area of committee effectiveness. We've all been on committees that have worked and on committees that haven't worked and during the training we explored why certain committees fail and others are successful. Quite a lot of emphasis was laid on how to behave on a committee – about listening to people, not intimidating people, allowing people to bring their views to the table and not be fearful about bringing their views. For me personally, I felt it was a terrific learning curve."

Connie Ryan is Quality and Accreditation Co-Ordinator in the Mater and a management nominee to the partnership committee. Connie believes that partnership, quality and accreditation are inextricably linked. "Decisions are taken based upon an interdisciplinary team basis," says Connie. "This means that, for example, you might have people from the board of the hospital around the table with people who perform less skilled tasks which are nevertheless important in terms of patient care. People get to see the organisation from different perspectives. The Accreditation Award will be available to Irish acute hospitals from 2002. Accreditation has three components:

1. self-assessment against agreed standards
2. standards of excellence in patient care and
3. peer review of the self-assessment.

"Traditional governing structures are changing. There is a wealth of talent within the health service. Our employees are our greatest asset. Partnership is a wonderful opportunity to bring everyone to the table and work together to deliver a higher quality of patient care."



Partnership Facilitator Karen Lodge (on left) with a group of care assistants from the Mater during an information session on partnership in the hospital.



Jointly improving patient services in Temple Street Hospital

A draft of management proposals on changing patient services procedures led to the establishment of a partnership process at the Children's Hospital, Temple Street.

An agreement was reached by hospital management and trade unions to seek the expertise of an independent examiner to carry out a review within the patient services area and to make recommendations to ensure the viability of patient services. This would be in the context of a good industrial relations climate, with the ultimate aim being the effective delivery of superior quality care to patients.

Rights Commissioner Janet Hughes's comprehensive report included the key recommendation that a partnership committee should be formed to implement the proposed changes. Management put forward three names and IMPACT and SIPTU nominated three of their members to represent those who would be affected by the change. These representatives came from the Accident and Emergency and Medical Records departments and the Medical Secretariat.

The committee was formed in February 2001 with Michael Kelly as partnership facilitator. "Like any committee, the Temple Street Partnership Committee took some time to get off the ground," says Michael. "Trust was required to be built up on both sides and personal agendas needed to be left behind. But early on both sides developed the same focus – to provide a superior quality of care to the patients and their families through a consensus approach aimed at changing structures and procedures which were in place for some time."

Initially the partnership committee met every two weeks to discuss and agree on all aspects of the changes – procedures, staffing and rosters. Over time the committee moved to monthly meetings and the first recommendations were put into effect. New positions were filled from an internal pool within the Patient Services area – two training officers and four team leaders were appointed.

Now there are two teams working in the Medical Records area, another in the Out-Patient Reception and another in the Health Records Library. Team members discuss the workload with their leaders and take ownership and responsibility for the efficient operation in each of the areas. Teams are rotated at regular intervals (three to six months) ensuring that staff have variety and the opportunity to develop a range of skills and expertise.

When the first stage of the independent report was agreed and implemented, Michael Kelly gave a progress report presentation to staff. The next step was to get feedback. The committee drafted a questionnaire which they asked staff to fill in anonymously. A separate form asked staff to indicate whether they would like to take part in a workshop on the issues raised.

The questions were broad and invited open responses:

- What is working well in your department?
- What is not working well in your department?
- What do you see as major issues affecting you in your department?
- What do you see as the difficulty to working on change in your area?
- What changes can be worked on now?
- How can we work on change together?

The partnership committee expect there will be many issues raised and these will form the basis of a workshop they hope will be well attended and lively!

The Human Resources Manager in Temple Street believes that the partnership process has been a positive step forward and would like to see it extended hospital wide at some stage. The end result will be a better service to patients and their families. Staff who are involved in decisions that affect them feel more valued by the organisation. Total quality management requires total quality staff providing total quality care to our patients.





Message from David Power, Manager – Partnership Programme

As manager of the Health Services National Partnership programme I am very pleased to be associated with the publication of this booklet which highlights some of the many achievements of workplace partnership throughout the health services.

I believe that all staff employed in the health services, irrespective of their position, are the key players in the delivery of a world class quality health service to the patient. The empowerment of all staff through their active involvement in decision-making is fundamental to the partnership process. The people doing the job on a daily basis are the experts and their contribution must be sought after, harnessed and valued in order to achieve the required quality objectives for the health service. Through the partnership process health service personnel will gain the tools and autonomy to allow them to operate effectively in a constantly changing, challenging and demanding environment.

In mid October an external evaluation of the Health Services National Partnership was carried out by Dr. Peter Lazes from Cornell University School of Industrial and Labour Relations. A consultative conference in which health service stakeholders offered their views and ideas on how the partnership model can best deliver a better health service was also held in October. The outcomes from the external evaluation and strategic conference will be used to help develop a strategic plan for the operation and development of the Health Services National Partnership during the next five years.

I would like to take this opportunity to thank the joint chairs, members of the Forum, the partnership facilitators and central support staff for their continued support and commitment. I would also like to thank the people – the management, union representatives and staff – who contributed to this booklet. Finally, I wish to acknowledge the hard work and commitment of the members of the HSNPF Communications Working Group and, most particularly, Partnership Facilitator Seosamh Ó Maolalaí, who compiled this booklet.

David Power

Manager – Partnership Programme



"I was never involved or asked to be involved in anything like this before. I was delighted when my ideas were taken into consideration."

"I got a great sense of equality being treated as an equal on a team... where everyone's ideas were valid and staff grading was not an issue."

"I got tired, just exhausted, at doing things in the old way. I wanted to try a new way of doing things."

"Sin é an rud is fearr mar gheall ar an gcomhpháirtíocht – daoine ag teacht ó gach aon saghas cúlra, ón bhainistíocht agus ón 'coalface' mar a déarfá."

"You have to go into it with an open mind. You sit down together and discuss what needs to be done."





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