

# TIME FOR CHANGE

A summary of the key outcomes of an international conference held in October 2015, exploring opportunities for the expansion of the unique UNISON/employer partnerships in the Northern Ireland NHS.

Over the past 16 years UNISON and health employers in Northern Ireland have worked together on a wide range of collaborative partnership projects producing real outcomes on improved care and satisfaction for patients, clients, health and social care workers alike.

Described by the Kings Fund as 'ground-breaking', some are UK wide award winning and others have created jobs in our most disadvantaged communities. Sharing with our partners in the US has created further opportunities for change.



It was in this context that UNISON organised the 'Time for Change' conference, to explore the future development of these unique models at a time when critical change is needed. This report summarises the key themes and conclusions that emerged at the conference.

## Working in partnership – setting the scene



**Patricia McKeown** - Regional Secretary, UNISON and **Dr Michael McBride** - Chief Executive, Belfast HSC Trust, opened the conference and had a number of key messages for participants.

- There is compelling evidence that fostering a collaborative partnership approach in our health and social services is an effective way to make a real difference to the working lives of staff and the services they deliver.

The evidence shows that working in partnership can:

- ✓ enhance the delivery of health and social care services;
- ✓ improve outcomes for patients, clients and other service users;
- ✓ improve the working lives of staff through change interventions to improve their job satisfaction, health and well-being.

As a result, this way of working should be replicated across the wider health and social care system within NI.

- Whilst partners have brought different perspectives to the table, they have all shown a joint commitment to the delivery of effective health care in a way that ensures dignity and respect for everyone involved.



## Working in Partnership – ‘Groundbreakers’

This session was facilitated by **Pat Brand** - former Senior Fellow, King's Fund. **William McKee** - former Chief Executive, Belfast HSC Trust; **Marie Mallon** - former Deputy Chief Executive, Belfast HSC Trust; and **Pamela Dooley** - Union / Management Partnership Advisor, showcased examples of effective partnership working in a time of challenge, change and crisis. The following key messages were highlighted.



**William** stated that in an increasingly turbulent environment the health service must work in partnership with stakeholders, such as UNISON, who share their core objectives.

- Given the higher expectations of, and lower trust in institutions, health service organisations need to be seen as good corporate citizens.
- Staff need a clear vision – not just to be told that it's their job to deliver good health and social care services.
- 'While it's tempting to play safe, the more risks we take the more alive we are... In the end what we regret most are the chances we never took' (Frasier's wit and wisdom!)



**Marie** reviewed the partnership process undertaken by UNISON and the Belfast HSC Trust since 2000 and emphasised that partnership is a relationship that must be continually nurtured and invested in to succeed.



**Pamela** stated that at a time of cuts, closures and the dangerous drive to privatisation, we all have a common interest in protecting one of the best health and social care systems in the world.

- This really is a time for change. All of us with a common interest in delivering the best possible care should set the agenda - not those who would take our health system down.
- The model of partnership championed by UNISON is worth doing because it works.

After 15 years, and a wealth of positive evaluation reports, the model has delivered on both our common interests and our respective organisational interests.

- What we have in common is that we all want to do better for patients and clients. We all want to show that the health service can change lives; can promote equality and human rights; and can create decent jobs. We also have our separate interests which are equally legitimate.
- None of this works unless we develop real trust between all partners. And of course, all of this effort counts for nothing unless we can demonstrate that we have made a genuine difference for the better.
- This model of relationships must be translated into the way we do our core business, instead of something interesting at the fringes of it.
- We have achieved significant outcomes so far. We have improved patients care by listening to, respecting and valuing the workforce and by listening to patients and their families. We have managed to increase the happiness of some of the most vulnerable people in this, whether they need residential care or homecare. We have used partnership to support people from unemployment into real jobs in the health service.
- I cannot think of any other initiatives where unions and employers have worked together to measure and improve the physical and mental health of workers in the way that our projects have.

## Working in partnership – the New York experience

In recognition of the close links and co-operation that has been developed between unions and employers in Northern Ireland and the US over many years, **Deborah King** - 1199SEIU Training & Employment Funds, New York and **Thomas Helfrich** - League of Voluntary Hospitals, New York, outlined how labour / management partnerships are facilitating organisational change and developing solutions to the complex challenges facing healthcare in New York. Some of the key messages highlighted by Debbie and Tom are detailed below.



**Debbie** highlighted that the evidence from partnership working in NI and the US is that it works and should therefore be embedded across all the HSC Trusts.

- Partnership working can enable labour and management to speak together about what the needs are for patients and workers as well as jointly lobbying for proper government policies and proper funding.
- To achieve the sustained health of the people, we must create value – that means getting rid of waste and using all of our resources in the best way possible.
- Employee engagement is essential in the pursuit of continuous improvement and value creation. There is no way you can get the maximum value creation without employee engagement and equal partnership in decision making.
- Research shows that worker satisfaction has a direct and positive relationship with patient satisfaction. If the staff are not happy then the patients are not going to be getting a good experience.
- Worker involvement can also lead to reduced absence, innovative solutions to patient care, improved service delivery and reduced costs.
- Investment is required in training to make these things work.
- We all have the power to make this kind of change a reality

*“The management case for partnership is clear. 15 years of partnership working has transformed relationships and patient care”*

**Thomas Helfrich**



**Thomas** stated that the management case for partnership is clear. 15 years of partnership working has transformed relationships and patient care.

- The NHS in NI is facing a threat from cuts and privatisation. There is nothing better than an external threat to push people, who otherwise might not be together, together.
- Partnership fits the modern theory of empowerment in management. The people in an organisation that have good ideas are not only the management. Those who do the daily functioning of the organisation are the best resources you have for how to improve the operation of your systems.
- There is enormous opportunity for efficiency and effectiveness in hospital operations. They are so complicated and so complex. There is not a hospital unit in the world that cannot be improved with the management and staff working together.
- Effective labour management partnership requires a strong commitment from the leadership of the organisation – not only the Chief Executive, but middle management and employees as well.
- The question for management is - can you see the unions as a cooperative resource? And for the union, collaboration means working with a partner who can be trusted. These are big issues and not everyone in the union or management will agree. Attitudes have to change.
- You need to have a joint commitment to safe, high quality patient care.
- You need a confident, highly motivated workforce in order to deliver. Both the

union and management have a common core interest in this.

- Partnership working must be integrated into both organisations. It has to be part of the way managers manage, how trade union reps operate, as well as part of the daily functioning of the units. This requires training for all involved.
- This way of working has huge implications for employee and employer relationships based on recognising mutual interests and respecting each other's interests.
- Partnership is the framework within which things happen. It is such a great tool. You need facilitators to help you operate within the collaborative model. This is hard work.
- Amazing things happen through this process and I encourage you all to take a lead. If you are still have doubts the only way is to test the waters.
- Our hospitals and unions gain an enormous amount of leverage politically when they function together to press for increased funding.

## Partnership successes in Northern Ireland

*In the final conference session representatives from three ongoing partnership projects – the Royal Maternity Service Health and Wellbeing Project, the Western Area Care Homes Project and the Belfast HSC Trust Homecare Project highlighted key successes, challenges and future learning. Speakers included: **Elizabeth Bannon** - Co-Director of Women's Services, Belfast HSC Trust; **Deirdre Walker** - Assistant Director of Adult Safeguarding, Western HSC Trust; **Claire Lafferty** - Deputy Manager, Meadowbank Residential Home, Omagh; **Linda Jones** - Personal Activity Leader, The County Care Home, Enniskillen; and **Roberta Magee** - Homecare Co-ordinator, Belfast HSC Trust.*



The successes of these and other projects are contained within the original Time for Change Conference report. For example:

- The Better Ways of Working Partnerships at the Belfast Children's Hospital and at the Royal Jubilee Maternity Service resulted in improved job satisfaction; improved staff mental health status; lower sickness absence rates; and improvements on other service quality measures.
- The NI Care Homes Partnership led to improved resident experience of key facility services; a decrease in the number of falls; increased staff job satisfaction and mental health status; improved sickness absence rates and reduced staff turnover. The subsequent Western Area Care Homes Partnership is currently being evaluated but has already resulted in improvements to the physical environment in the homes, new activity programmes, improved communications and staff input into decision-making.
- The Belfast HSC Trust Cleanliness and Infection Control Project had an impact on improving staff morale, workplace relationships and respect; improved awareness of cleanliness and infection control issues. It also provided compelling evidence of the link between enhanced cleaning resources and a decline in bacterial level on wards.
- The West Belfast & Greater Shankill Health Employment Partnership was an overwhelming good news story for many participants with 143 securing permanent jobs within the Belfast Trusts and 316 lower paid staff receiving additional training to aid their job progression.
- Other projects in the Southern HSC Trust laundry; and in the Mater Hospital Emergency Department are ongoing and will be evaluated against a robust measurement framework.

## Key lessons learned from the experience of partnership working

*The lessons learned from the experience of partnership working in the US and NI points to essential best practices that make possible the achievement of the positive outcomes discussed previously. These best practices focus on projects adhering to a number of key project assurance and measurement processes.*



### 1. **Demonstrable top-level endorsement and active union and management leadership.**

Top level endorsement ensures that the partnership process is accorded its proper status with leaders ensuring that sufficient resources are provided for it to be successful. Leadership will also provide monitoring of partnership activities so that changes are sustained and spread throughout the organisation.

### 2. **Resources** in terms of people and funding should be in place to provide front-line staff sufficient time to work on partnership activities and to obtain training.

### 3. **Clear partnership structures:** A clear partnership structure enables the union and its members to have a direct role in decision-making and quality improvement. A well-defined structure creates a formal process for supporting joint activities. The common practice in NI is to have a steering group comprised of union and management representatives responsible for overseeing the partnership activities.

### 4. **A strategy for training and sustaining the participants in the project:** Union members and managers should be trained at the outset to embrace the structure, purpose and goals of the partnership.

### 5. **A robust measurement framework linked to the common and/or joint interests and objectives of union and management:** Both the union and management should develop clearly defined goals for what they hope to achieve through the partnership. This should reflect joint working on what needs to be measured in respect of, for example, gains for healthcare institutions, the health of patients, health workers, management, the union, local communities; as well as the promotion of quality and equality outcomes.

This requires:

- A comprehensive process of declaration of partner's interests at the start of the process, plus acknowledgement of interests as either shared, or if not shared, understood.
  - A jointly agreed project plan with time-scales and end-dates. Requires baseline, diagnosis, solutions; implementation.
  - A critical risks assessment of the project plan with control measures identified for key risks.
- ### 6. **A communications approach:** Since all staff do not always have direct ways to participate in partnership activities, there should be active communication between those who actively participate in joint work and those who do not. This will ensure the widest recognition of the project and the issues it is addressing.
- ### 7. **Measuring and monitoring results:** Good measurement, and keeping detailed records, is crucial to demonstrate that collaborative efforts are making a real difference. It is also important to share the successes of joint work with peers, patients, varied stakeholders, external partners and regulatory groups in order to illustrate the achievements of the partnership process.

*Note: These best practices reflect the partnership assurance and measurement process developed by the International Action Research Project in 2005, (led by Jonathan Swallow), as well as more recent work undertaken by Peter Lazes, Maria Figueroa and Liana Katz from Cornell University, New York (2012).*

## Key recommendations emerging from the conference

The recommendation for future action that emerged from the conference are based on the speaker presentations, and the issues and priorities identified at the workshop session 'Partnership – what's in it for me'. This session explored the benefits of expanding the UNISON/Health Service Partnership model throughout the health and social care system in NI.



### 1. The UNISON / employer partnership model should be replicated across the NHS in Northern Ireland

The clear message coming from the conference was the real potential of joint collaborative partnerships to:

- enhance the delivery of health and social care services;
- improve outcomes for patients, clients and other service users;
- improve the working lives of staff through change interventions to improve their job satisfaction, health and well-being.

As a result, this way of working should be replicated across all health and social care Trusts in NI. To be worthy of endorsement under the UNISON / employer partnership framework, each project should follow the best practice standards and processes outlined on the page 5 of this report.

### 2. A training package should be developed for managers and union reps on the principles and processes core to effective partnership working

Translating the UNISON / employer partnership model into the way we do our core business requires the development of a bespoke training programme for union activists and employers. This training should focus on the principles and processes of partnership working and how partners and participants can overcome the core challenges inherent in this way of working. For example, the challenges of:

- transcending traditional adversarial roles and defining common interests;

- building and sustaining trust;
- ensuring that all levels of management, the union and staff are aligned and on the same page;
- measuring outcomes and making the case for joint work.

### 3. It is important to continue to share experiences of joint approaches with colleagues in the US, and to continue to learn lessons from international best practice. In addition to regular exchange visits, a Biennial Partnership Conference should be organised to share learning of joint approaches both within Northern Ireland, the US and other jurisdictions.

It is essential that those engaged in partnership working continue to reflect on, and learn the lessons from international best practice in order to create real change both inside and outside the system. It is also important that we celebrate the successes of those committed trade union activists and managers undertaking real partnership working at the local level.

### 4. A UNISON / Employer Collaborative Partnership Strategy Group should be established to review progress on this model of partnership across the NHS; and to drive forward new partnership initiatives in all Trusts.

This group should consist of senior UNISON and employer representatives; a partnership facilitator; as well as trade union activists and managers directly involved in specific projects.