Building a Coalition for Change
Implementing the Health Strategy using a Partnership Approach

December 2002
Foreword

At the heart of the Quality and Fairness: the Health Strategy is the challenge of radical and sustained organisational change in order to achieve the twin imperatives of improving the capacity and quality of health service provision and improving the ability of providers to deliver a consistently excellent service.

Since its establishment in 2001, the overarching strategic goal of the National Centre for Partnership and Performance has been to support and facilitate organisational change and to deliver high performance through partnership. This requires a remodelling and repositioning of partnership as it currently exists, linking it with mainstream organisational change programmes, focusing on core strategic goals and in effect moving towards what is now called ‘second generation partnership’.

The implementation of the Health Strategy offers a unique and unprecedented opportunity to effect real and lasting change in organisations in the health sector. We believe this can best be achieved through a partnership approach.

This report sets out the benefits of this approach in bringing about change and significantly improving organisational performance. It identifies the challenges to be addressed as partnership becomes repositioned, moving away from a project based approach to more mainstream strategic activities, engaging in core processes such as service planning, addressing issues such as the link between partnership and industrial relations and engaging all of the stakeholders in the change process.

The report also outlines the contribution of the National Centre for Partnership and Performance, in providing a strategic national focus in support of change and improved performance, and in developing appropriate tools and models of good practice to assist those involved in animating partnership in the diverse organisations across the sector.

The analysis and recommendations set out in this report are the result of an extensive process of consultation conducted by the Centre with organisations and individuals in the Health Sector. In addition the Centre facilitated a one-day national seminar with management and trade union representatives on the challenges and opportunities of implementing the health strategy through partnership. Key issues, suggestions, and conclusions gathered from this process of engagement with key actors are reflected and summarised in this report.

The Health Strategy presents a significant challenge and an ambitious vision for the future. It also offers a major opportunity for radical and enduring organisational change and modernisation through partnership. We believe that as partnership develops into ‘second generation partnership’ becoming ‘the way we do things’ its people-centred approach to change, modernisation, improvement and mutual gains will, in time, facilitate the effective implementation of the health strategy.
Quality and Fairness: The Health Strategy identifies a role for the National Centre for Partnership and Performance (the NCPP) in implementing the health strategy. In this context, the NCPP analysed the issues facing partnership as it engages with the objectives of the health strategy. The outcomes required by Quality and Fairness necessitate a vision and corresponding approach to change that enables people to work together to move the health service from its current centralist, compliant culture to a greater devolution of authority, with scope for local innovation and a person-centred approach.

Workplace partnership is an emerging approach to change, based on consultation, which develops a shared understanding and a joint problem-solving approach, leading to consensus-based decision-making. The characteristics of workplace partnership in the health service ‘fit’ well with the principles driving Quality and Fairness – a people-centred service, equity and fairness, quality of care, clear accountability. Workplace partnership can have a beneficial impact on service delivery in a number of ways:

- Workplace partnership encourages and supports a people-centred approach to change, modernisation, improved performance and mutual gains;
- Partnership can facilitate effective problem-solving and decision-making processes in the health service;
- Partnership promotes a team-based multi-disciplinary approach to modernisation and change;
- Workplace partnership can empower effective participation by all parties, which results in innovation and creative solutions to challenges;
- Involvement in partnership activities increases trust in the health service.

Current workplace partnership in the health service, which the NCPP calls ‘first generation’ partnership, has been successful in creating viable and inclusive partnership structures in organisations, and in resourcing project-based activities that result in ‘wins’ for partnership as an approach to joint problem-solving. However, the NCPP has identified a number of issues that may reduce partnership’s ability to support the changes necessary for the implementation of the health strategy:

- It is felt by many that partnership is ‘something we do’, rather than an approach to workplace relations that can be integrated with other activities;
- Involvement in partnership projects has grown trust between individuals, but industrial relations problems and bush fires have continued regardless of the work of partnership committees;
- Some managers feel that decision-making processes can be slowed down, or even blocked, due to the presence of partnership committees. This has resulted in resistance to partnership as an innovative approach to joint problem solving and improved performance in some health boards;
- The majority of health workers do not take an active part in partnership processes at present, and levels of awareness and understanding of partnership are low;
- A more integrated, competence-based approach to partnership training is needed.

Quality and Fairness represents a unique opportunity to develop an inclusive, consultative approach to decision-making in the health service. In this context, those advocating partnership have a unique opportunity to align its aims with those of the health strategy and adopt a ‘second generation’ partnership approach. The NCPP has identified the following as the principle challenges to achieving this alignment:

- The need to facilitate a shared understanding of a partnership approach to implementing the health strategy;
- The need to build trust between parties in the health service;
- The need to reposition partnership structures and processes to support the organisational change necessary to implement the health strategy;
- The need to ensure that consultation with all health workers, and their representatives, continues during health strategy implementation;
- The need to empower individuals and organisations to participate effectively in the implementation of the health strategy.
The following are the NCPP's recommendations for action to support the implementation of the health strategy using a partnership approach to change and improved performance.

1. Establish a safe space for deliberation at national and local level;
2. Develop a framework to guide a partnership approach to the implementation of the health strategy;
3. Explain and advocate the benefits and potential of a partnership approach to organisational change and high performance to health service managers and identified professional groups;
4. Explore new ways of working together for change and high performance, including a partnership approach to service planning, and multi-disciplinary team approaches to change and improved performance;
5. Improve communication about health strategy implementation and partnership approaches;
6. Celebrate innovation in partnership activities in a blame free environment;
7. Deliver training to reposition partnership activists;
8. Ensure networking encounters include implementation of the health strategy through partnership as a key theme.

There are a number of critical success factors, which must be facilitated, if workplace partnership processes and activities are to be aligned with the objectives of the health strategy:

- Successful provision of top down supports for bottom up change;
- Combining focused analysis and innovation with widespread advocacy and promotion of partnership approaches;
- The inclusion of all stakeholders in a meaningful consultation process;
- Ensuring that key issues, such as the evolving relationship between industrial relations and partnership, are tackled effectively at national and local level;
- Mainstreaming partnership activities to core management activities such as service planning and multi-disciplinary team working.

The NCPP has an important role to play in supporting the Department of Health and Children, the HSNPF and other parties to meet these challenges. It will fulfil that role using a multi-stranded approach:

- Facilitating national deliberation on organisational change and high performance, in the Forum on the Workplace of the Future, through the NCPP Council, its Research Advisory Panel and Strategic Alliance Network, which will in turn, inform and support deliberation and the development of a shared understanding at sectoral level;
- Undertaking consultation and analysis to identify barriers to partnership among parties in the health service, and supporting efforts to reduce those barriers through strategic facilitation when required;
- Providing innovative learning tools, including case studies, Learning by Monitoring, competency frameworks and networking opportunities to individuals and organisations across the health sector;
- Preparing and disseminating best practice examples and models from within the health service, from other sectors in Ireland and from overseas;
- Promoting the successes that emerge in the health service to other organisations and sectors.
Background and Context

Introduction

Quality and Fairness: The Health Strategy, identifies a role for the National Centre for Partnership and Performance (the NCPP) in implementing the health strategy, stating:

"The government has asked the NCPP to work closely with government departments, state agencies, employers, unions and staff to promote organisational change in a way that will improve the delivery of services and develop the workplace of the future. In this context, the partnership model must be central to meeting the challenges ahead."

Quality and Fairness p 116

In response to this statement, the NCPP met with representatives of the Department of Health and Children (DoHC) and the Health Services National Partnership Forum (HSNPF) in August, 2001. It was agreed that the NCPP would take a lead role in facilitating the development of a coalition for change, to support the implementation of the health strategy using a partnership approach.

The NCPP undertook a significant consultation and analysis process, interviewing a wide range of management, trade union and support agency representatives in the first instance, and facilitating a significant, day-long seminar, entitled Building a Coalition for Change, which discussed many of the issues highlighted during the consultation process and gathered suggestions and recommendations, from managers and trade union representatives, on future actions to support the implementation of the health strategy.

The NCPP has prepared this report on foot of its analysis of the issues facing partnership as it engages with the objectives of the health strategy. The report sets out the benefits of a partnership approach to change in the health service; identifies the issues partnership should address in order to reposition itself in that context, and recommends actions to ensure that the health strategy can be successfully implemented using a partnership approach.

The Health Strategy

Quality and Fairness: The Health Strategy presents an ambitious vision of the future, which can be achieved if two interdependent work programmes are supported and delivered by everyone involved in the health service. The first — meeting the four National Goals — is concerned with improving the capacity and quality of health service provision; the second — implementing the six Frameworks for Change — is concerned with improving the ability of providers to deliver a consistently high quality service.

Health service users are demanding better quality, more customised but integrated services, more information, a better response to complaints and more of a say in how services operate. Notwithstanding increased investment in health provision, the full realisation of the vision contained in Quality and Fairness will depend, to a large extent, on the health system's ability to reposition its resources quickly to meet changing needs. Meeting those needs adequately will require new ways of working together, more meaningful consultation processes, and innovative solutions to system-wide challenges.

Quality and Fairness is quite specific about the need to approach the implementation of the health strategy using a partnership approach. It states:

"The partnership arrangements in place nationally and in each of the health boards will be used as a vehicle for the involvement of staff and staff groups in the implementation of the Strategy at national and local levels. The partnership structures will be invited to work alongside the National Steering Group and the Implementation Teams in each health board. A central focus of partnership will be to explore ways of achieving organizational change and new, more flexible forms of work organization."

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The recent National Consultative Forum on the health strategy identified some of the challenges facing the health service as it builds commitment to change and improved performance:

- Improving communications across the health service;
- Integrating the health strategy with service planning and other processes;
- Mainstreaming innovative approaches to service delivery;
- Shifting from a hierarchical mindset to a more team-based, networked approach;

It follows that attracting, developing and retaining the calibre of people required to tackle these challenges means ensuring an attractive work environment, with opportunities for career development and more of a say in how the job is done.

The traditional approach to change in the health service, comprising a centralised analysis followed by negotiated change, may not be the most effective way to achieve the structural and cultural shifts outlined above. The outcomes required by Quality and Fairness necessitate a vision and corresponding approach to change that enables people to work together to move the health service from its current centralist, compliant culture to a greater devolution of authority, with scope for local innovation and a person-centred approach.
Workplace partnership is an emerging approach to change, based on consultation, which develops a shared understanding and a joint problem-solving approach, leading to consensus-based decision-making. A lot has been written about workplace partnership in general, and its application in the public sector in particular. In this report, the NCPP outlines the characteristics and benefits of this approach to modernisation and the change agenda.

The characteristics of workplace partnership in the health service were outlined in the mission agreed by the Health Services National Partnership Forum (HSNPF) in 1999:

“Working together for a better health service provides for a new active relationship in managing change characterised by employee participation and consultation, the development of joint objectives, co-operation and trust and the delivery of patient-focused quality health services.”

The values outlined above ‘fit’ well with the principles driving Quality and Fairness—a people-centred service, equity and fairness, quality of care, clear accountability. Quality and Fairness identifies partnership as the desired approach to the changes necessary for implementation of the health strategy. Formal partnership structures and processes have only existed in the health service since 1999. Despite its early successes, partnership has not yet proven its ability to support and deliver radical change. However, the NCPP believes that partnership can reposition itself to support the health strategy effectively.

The Benefits of a partnership approach to the health strategy

Extensive research has been undertaken in recent years into the benefits of partnership as an approach to change and improved performance. The main benefits of workplace partnership are listed in Table 1. In the case of the health service, those benefits can have an impact on service delivery in a number of ways:

- Workplace partnership encourages and supports a people-centred approach to change, modernisation, improved performance and mutual gains;
- Partnership can facilitate effective problem-solving and decision-making processes in the health service;
- Partnership promotes a team-based multi-disciplinary approach to modernisation and change;
- Workplace partnership can empower effective participation by all parties, which results in innovation and creative solutions to challenges;
- Involvement in partnership activities increases trust in the health service.

Table 1 Benefits of Partnership: Review of the Evidence

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<tr>
<th>Workplace partnership delivers mutual gains for those involved in organisations, for various reasons, including some or all of the following:</th>
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<td>- Acceptance that change is inevitable;</td>
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<td>- Greater commitment;</td>
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<td>- More and better quality suggestions from the ‘coalface’;</td>
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<td>- Increased opportunities to exercise autonomy and to participate directly in decision-making;</td>
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<td>- Greater emphasis on problem-solving and innovation;</td>
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<td>- Lower levels of absenteeism and labour turnover;</td>
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<td>- Lower industrial conflict;</td>
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<td>- Opportunities for inter-organisational networking;</td>
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<td>- Evolving role of representation — for example, dealing with new issues, focus on organisational change and competitive challenges;</td>
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<td>- Higher levels of employee flexibility.</td>
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Workplace partnership can also mean a more positive workplace due to some or all of the following reasons:

- Level of trust between employees and management increases;
- Members of the organisation are treated with greater fairness and respect;
- The sense of employment security improves;
- Members receive greater access to information about what is happening in the organisation;
- Employees may improve their understanding of business priorities/ agenda and strategies;
- Increased training and opportunities for lifelong learning, career development and personal development.

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1 From The Case for Enterprise Partnership, Update, Volume 1, Issue 1, April 2002
Partnership structures and processes were formally introduced in the public service under the terms of Partnership 2000. A similar model was introduced in a number of sectors, including health – a national forum was established, within which management and trade unions agree the parameters by which partnership is advanced at regional and local level, support partnership activities and verify progress along the partnership agenda. The forum includes representatives from relevant trade unions, as well as a matching management representation. Partnership committees at local level mirror the national forum. In addition, full time facilitators support committees at local level and partnership projects running at regional and local level.

This manifestation of workplace partnership, which the NCPP calls “first generation partnership” (see Table 2: Characteristics of Partnership in the Health Service), places emphasis on creating viable and inclusive partnership structures in organisations, and on resourcing project-based activities that result in ‘wins’ for partnership as an approach to joint problem-solving. Partnership in the health service has been successful on a number of levels. Partnership committees and other structures are operating effectively at national and organisational level. Projects have achieved positive results in a number of regional and local sites, and at national level, and the partnership approach enjoys support from employers, employees and trade unions across the health service.

However, the NCPP’s consultation with individuals and groups involved in partnership has identified a number of issues that may reduce partnership’s ability to support the changes necessary for the implementation of the health strategy. These issues include the following:

- It is felt by many that partnership is ‘something we do’, rather than an approach to workplace relations that can be integrated with other activities.
- Partnership exists separately to other health service decision-making and communications processes and only operates within a narrow framework of issues. It was felt by many that it is time to ‘get partnership out of the committee and into the organisation’;
- Involvement in partnership projects has grown trust between individuals, but industrial relations problems and bush fires have continued regardless of the work of partnership committees.

### Table 2 Characteristics of Workplace Partnership in the Health Service

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<th>Characteristics</th>
<th>Workplace Partnership Experience</th>
<th>Workplace Partnership Potential</th>
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<td></td>
<td>First Generation</td>
<td>Second Generation</td>
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<tr>
<td>A people-centred approach to change, modernisation, improved performance and mutual gains</td>
<td>Partnership is ‘something we do’ in the health service to solve issues of concern to staff on a project by project basis</td>
<td>Partnership is ‘the way we do things’ in the health service, as it facilitates effective organisational change, leading to high performance and mutual gains</td>
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<tr>
<td>Facilitates inclusive and innovative problem-solving and decision-making processes</td>
<td>The partnership approach is bolted on to existing decision-making and communications processes and only operates in a narrow range of issues</td>
<td>Existing decision-making and communication processes are repositioned to facilitate a partnership approach, which operates on a wide range of issues and facilitates effective decision-making</td>
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<tr>
<td>Increases trust and reduces conflict</td>
<td>Involvement in partnership projects builds trust between individuals, but doesn’t have a significant impact on levels of conflict in other problem-solving processes, including IR</td>
<td>The increased communication and consultation that occurs at different levels of the organisation when partnership is mainstreamed increases trust between parties and reduces conflict in other processes, including IR</td>
</tr>
<tr>
<td>Promotes a team-based multi-disciplinary approach to modernisation and change</td>
<td>Named individuals fulfil defined partnership roles – Joint Chair, committee member, facilitator – and they undertake partnership activities together</td>
<td>Partnership is part of everyone’s job description. Service planning and other activities are undertaken using partnership approaches including inclusive consultation and joint problem-solving, leading to effective decision-making</td>
</tr>
<tr>
<td>Empowers effective participation by all parties, which results in innovation and creative solutions to implementation issues</td>
<td>Training is provided to partnership ‘activists’ to develop the skills necessary to sit on partnership committees and to run partnership projects</td>
<td>Partnership competencies are mainstreamed into induction programmes, personal development, management and trade union development programmes</td>
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Consequently, confusion exists among some managers and trade union representatives about the relationship of partnership to industrial relations processes;

- Some managers feel that decision-making processes can be slowed down, or even blocked, due to the presence of partnership committees. This has resulted in resistance to partnership as an innovative approach to joint problem solving and improved performance in some health boards. Good practice partnership processes enhance and support effective decision-making and resistance to partnership can be reduced by an evidence-based advocacy campaign outlining the potential of such an approach;

- Nominated individuals, representing management and trade unions, fulfil defined roles – Joint Chairs, committee members, facilitators – and undertake partnership activities. The majority of health workers do not take an active part in partnership processes at present, and levels of awareness and understanding of partnership are low. If partnership is to support the implementation of the health strategy, it should become ‘the way we do things’;

- Training has been provided to partnership ‘activists’ to develop the skills necessary to participate in partnership committees and to run partnership projects. A more integrated approach to partnership training is needed. The NCPP believes that the development and application of a competency framework of the skills necessary to adopt a partnership approach is necessary if such an approach is to become ‘the way we do things’ (see Table 4: What is a Competency Framework).

### Moving to ‘second generation partnership’

Many of the actions of the health strategy are contingent on repositioning and reform of existing structures, rather than increased investment. Quality and Fairness provides a measurable framework within which repositioning and reform can take place. Already, new cultures of measurability and accountability are being introduced to the health service and are raising a number of key questions:

- Are health service structures capable of meeting current and future service needs?
- Are health service structures focused on implementing the health strategy?
- Is the governance of the health service aligned with the vision in Quality and Fairness?
- Are the views of all stakeholders taken into consideration?

Consultation was central to how the health strategy was developed and is central to its successful implementation. Quality and Fairness represents a unique opportunity to develop an inclusive, consultative approach to decision-making in the health service. In this context, those advocating partnership have a unique opportunity to align its aims with the aims of the health strategy.

This year has seen the publication of a number of reviews of partnership arrangements in public service organisations, providing a timely opportunity to consider the success of partnership in the public service to date. The reviews show that, across the public service, partnership is in a period of transition and is moving towards the implementation of a second-generation partnership model. With the architecture of partnership now in place, the NCPP feels that it is appropriate that the HSNPF reposition that architecture, and its support services, to facilitate a “second generation partnership” approach to change in the health service.

If partnership develops into “second generation partnership” and becomes the ‘way we do things’ in the health service (See Table 2), its people-centred approach to change, modernisation, improved performance and mutual gains will facilitate implementation of the health strategy. Existing decision-making and communication processes, if repositioned to facilitate a partnership approach, will increase innovation on a wider range of issues. Increased communication and consultation will occur at different levels of the organisation and increase trust between parties and reduce conflict in other processes, including industrial relations.

Second generation partnership will promote multi-disciplinary, team based approaches to modernisation and change, and the promotion of partnership competencies would empower health workers to participate effectively in implementation activities. If the HSNPF is to take full advantage of this opportunity, and take a lead role in the development of such an approach to change and improved performance, it needs to tackle the challenges highlighted in the NCPP’s consultation process.

Moving to ‘second generation partnership’
The NCPP consulted widely over a period of several months. A number of one to one interviews were undertaken with senior figures representing health boards, hospitals, managers, trade unions, support agencies and the Department of Health and Children. Over 120 individuals attended the day long seminar, Building a Coalition for Change, facilitated by the NCPP. The seminar was very lively and participants contributed a great deal to the NCPP’s analysis. One workshop identified the challenges of implementing the health strategy through partnership (see Table 3: The benefits of implementing the health strategy through partnership outweigh the challenges).

The NCPP has analysed all of these inputs and, for the purposes of this report, has identified the following as the principle challenges facing the alignment of a ‘second generation’ partnership approach with the implementation of the health strategy:

- The need to facilitate a shared understanding of a partnership approach to implementing the health strategy;
- The need to build trust between parties in the health service;
- The need to reposition partnership structures and processes to support the organisational change necessary to implement the health strategy;
- The need to ensure that consultation with all health workers, and their representatives, continues during health strategy implementation;
- The need to empower individuals and organisations to participate effectively in the implementation of the health strategy.

### Table 3  The benefits of implementing the health strategy through partnership outweigh the challenges – workshop conclusions

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>Partnership promotes inclusiveness and a shared understanding, increases trust and reduces conflict.</td>
<td>Partnership is not mainstreamed. It should be ‘how we do things’, but it is still ‘something we do’.</td>
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<tr>
<td>Partnership promotes a team-based, multi-disciplinary approach which is necessary for the successful implementation of the health strategy</td>
<td>There is a lack of understanding at all levels of the health service about what partnership is and how it should be approached.</td>
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<td>Partnership is a people-centred approach to change and will benefit staff and clients in the long-term</td>
<td>Partnership is a top-down initiative at present. In order for it to succeed, it needs to be a bottom up approach.</td>
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<tr>
<td>Partnership builds capacity for joint problem-solving and joint decision-making</td>
<td>Key professional groups are not involved in the partnership approach, which should include all stakeholder groups.</td>
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<td>The industrial relations model currently in existence has not worked effectively and partnership offers a new type of relationship.</td>
<td>Partnership takes too long and in a low trust environment IR processes are more effective.</td>
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<td>Wider participation will increase innovation and creative solutions to problems and change issues.</td>
<td>Current management structures may be a more effective method of introducing change using a consultative approach.</td>
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<td>Partnership promotes ownership and ownership promotes responsibility for decision-making.</td>
<td>Current partnership structures are too fragile to deliver change at the level needed for the health strategy to succeed.</td>
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<td>Implementation should be undertaken using partnership structures, rather than developing new structures</td>
<td>Partnership doesn’t deliver health outcomes, it delivers HR outcomes, therefore it is not a suitable change enabler</td>
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</table>
The need to facilitate a shared understanding of a partnership approach to implementing the health strategy

A shared understanding, in the context of the health service, is an understanding that there are multiple points of view regarding every change issue, an ability to identify and understand the viewpoints of other parties, and empathy for the constraints that occur for other parties when faced with change issues. The Department of Health and Children, viewpoints of other parties, and empathying that there are multiple points of the health service, is an understand-

The role partnership can play in enabling organisational change. It was felt by many of those consulted that a lack of awareness and understanding of partnership exists at many levels of the health service. Partnership faces a challenge in promoting its message down to and across the coalface of the health service. The Health Service National Partnership Forum is currently refreshing its vision and strategy, which should help to promote a deeper understanding of the following questions:

- The level of change necessary for successful implementation of the health strategy;
- The principles and characteristics of partnership in the health service;
- The role partnership can play in enabling organisational change.

It was felt by many of those consulted that a lack of awareness and understanding of partnership exists at many levels of the health service. Partnership faces a challenge in promoting its message down to and across the coalface of the health service. The Health Service National Partnership Forum is currently refreshing its vision and strategy, which should help to promote a deeper understanding of the following questions:

1. What does a partnership approach to organisational change mean?
2. Why is partnership the preferred approach to organisational change?
3. What mutual gains will accrue if change occurs?

The consultation process also highlighted a widespread fear of failure, and fear of blame, including blame of the partnership process, if failure occurs. There is also fear about the level of change taking place and the consequent loss of control that may attend that change at local and national level. Partnership advocates and activists can address those fears and ensure a shared understanding of the fears of others.

The need to build trust between parties in the health service

The health strategy is being implemented in a low trust environment, which is exacerbated by ongoing industrial action. It is important to rebuild trust at key points of interaction. Firstly, it is necessary to create a ‘safe space’ at national level for management and trade union representatives to discuss important issues with each other and the Department of Health and Children. Secondly, opportunities must be created for managers and trade unionists at other levels of the health sector to build trust. Thirdly, it is important to clarify the current status of the health strategy and to communicate the time frame, resources and milestones of the strategy more effectively at staff at all levels.

Low trust exists for a number of reasons, some of which are linked to current HR practices. Managers and relevant support agencies (such as HeBE, the Office for Health Management and the HSEA) should be supported in their work to improve HR practices and processes; increase management capability to address staff concerns; develop and maintain team-working skills, and facilitate consultation with stakeholders more effectively when introducing change.

The need to reposition partnership structures and processes to support organisational change

Management and trade unions at national level are redefining leadership roles and responsibilities in the context of a partnership approach to change. These roles and responsibilities also exist at local level against a backdrop of site-specific environmental factors, which must be taken into consideration. Those operating at political, departmental, management and trade union representative level share a joint role in developing, communicating and advocating a shared vision for the health service and for maintaining the momentum of the health strategy during its implementation. The relationship between national and local decision-making about the health strategy needs to be clarified and communicated to people. Leaders at national level could come together in the ‘safe space’, to suggest priorities for the health boards and locally-based organisations, and then empower their representatives at local level to refine their actions to take local factors and needs into consideration.

The complex governance systems of the health service – political, clinical, bureaucratic – are hierarchical and do not support a people-centred approach to change. The implementation of the health strategy. In addition, the formal and informal communication channels between health boards exist primarily at the top of that hierarchy and don’t support the multi-levelled, horizontal networking necessary to build a shared understanding and a people-centred approach. Partnership activists and advocates have a role to play in reforming these structures to facilitate a partnership approach to change. The health service should establish a new, evolving relationship between partnership and industrial relations processes. That relationship should gradually allow management and trade union representatives to explore innovative ways in which partnership and industrial relations can mutually support the development of a shared understanding and the resolution of conflict on key issues.

The need to ensure that consultation with all health workers, and their representa-ponents, continues during health strategy implementation

It is generally accepted that inclusive consultation nurtures a common vision, builds action-based coalitions and is central to successful partnership approaches to change. The development phase of the health strategy included wide consultation, which built commitment to the health strategy and to the vision underpinning it. That consulta-
tion is continuing in some parts of the health service, principally among managers, during the implementation phase, but has been scaled back in other areas. Consequently, many groups are feeling left out of the implementation phase. This will reduce commitment to the health strategy, increase the barriers...
to change and reduce the rationale for involvement in partnership on the part of some.

Workplace partnership processes are only as effective as their weakest element. Some professional groups, such as doctors and consultants, approach partnership from the point of view that it does not align with their professional imperatives. Despite this, it is important that they engage with other parties to explain their understanding of what a partnership approach entails and outline their concerns about the impact of such an approach on their working lives. It is only if a shared understanding of these concerns is developed that they can be addressed by other parties. Consequently, other parties should listen carefully to these, and other concerns, and attempt to resolve them. A consultative approach is only useful if it is fully inclusive and can lead to a partnership approach.

5 The need to empower individuals and organisations to participate effectively in the implementation of the health strategy

The NCPP seminar, Building a Coalition for Change outlined an approach to change that talked about ‘national leadership and local ownership’. Recently, the National Consultative Forum heard calls for that approach to the implementation of the health strategy. Partnership in the health service can mirror that philosophy in its own approach to supporting change. The NCPP recommends top-down action to support bottom-up change as a critical success factor for “second generation partnership”. Existing expertise, resources and other supports at national level should be harnessed to enable ongoing innovation and experimentation at local level. Partnership at national level should resource the circulation of best practice and the promotion of innovative approaches to change. In addition, experiences gained at local level should inform decisions, taken at national level, on how to guide the further development of partnership. All of this will require a significant shift in resource allocation.

It is now appropriate for involvement in partnership activities to become part of everyone’s job description. Partnership principles and approaches can be mainstreamed into induction, personal development, management and trade union development programmes to ensure that parties have access to the skill set. Another challenge is developing others to enable them to take ownership of and responsibility for organisational change. The health service should develop people to improve their understanding of the changes arising out of the health strategy, of partnership approaches, and of the skills needed to build a consensus-based approach to change. National support agencies, such as the HSNPF and the Office for Health Management, can play a key role in meeting this challenge.

The NCPP uses a competence-based approach to training and learning about partnership approaches. If partnership is to become ‘the way we do things’, a competence-based approach helps people to develop the skills, attributes and behaviours necessary ‘to do things the partnership way’. The NCPP will publish its competency framework for Managing Change through Partnership early in 2003, to assist the development of learning and training for partnership across the private and public sectors.

### Table 4 What is a Competency Framework?

Competencies are generally defined as the knowledge, skills, behaviour, qualities and personal attributes necessary for an individual to perform a task or role effectively. These are organised into clusters of linked skills, which are then linked together to form a framework. Increasingly, organisations are adopting a competence-based, rather than task-based, approach to creating a template for individual and departmental roles.

A ‘competency framework’ is the term applied to the collection of competency clusters and behavioural indicators necessary for a role. The framework can be very narrowly focused, providing detailed behavioural indicators for a specific task or role. For example, a competency framework might identify the skills, attitudes and behaviours necessary to be an effective nurse or manager. Alternatively, the framework can be more broadly based, containing a set of skills, knowledge and attitudes needed by staff at different levels in an organisation. A good example of this would be a competency framework for partnership.

The most common uses of competency frameworks are in the areas of training and personal development and recruitment and selection. A recent CIPD survey found that many organisations do not carry out any formal evaluation of the contribution of competencies to their organisation. However, when evaluation has taken place, a competence-based approach to training, recruitment and selection has had a positive impact on performance in the organisation.
Next Steps:
Recommendations for Action

The following are the NCPP’s recommendations for action to support the implementation of the health strategy using a partnership approach to change and improved performance (see Table 5: Implementing the Health Strategy through Partnership: Challenges and Actions). The NCPP proposes to support the health strategy using a multi-stranded approach that includes research and deliberation; analysis and facilitation to reduce the barriers to change; provision of innovative learning tools and dissemination of best practice. All of the suggestions below have been developed in response to the comments of those parties who engaged in this consultation and analysis process and the NCPP would like to thank those involved for their participation and their ideas.

1 Establish a ‘safe space’ for deliberation at national and local level

A forum of senior management and senior trade union representatives should be facilitated as a ‘safe space’, where potentially sensitive issues emerging out of the organisational change agenda could be explored, a shared understanding could be developed, and obstacles to progress addressed. The forum could adopt a deliberative function in clarifying and developing the role of partnership in the health service and in identifying the elements of the health strategy that can be delivered through partnership. In addition, the forum could help to establish a new, evolving relationship between partnership and industrial relations processes. That relationship would allow management and trade union representatives to explore innovative ways in which partnership and industrial relations can mutually support the development of a shared understanding and the resolution of conflict on key issues.

The HSNPF can support and facilitate this safe space relatively easily. The NCPP can provide neutral support in a number of ways:

2 Develop a framework to guide a partnership approach to the implementation of the health strategy

The HSNPF has engaged consultants to develop a framework to guide the partnership approach to the implementation of the health strategy. Consultation has taken place with key individuals and the recent seminar hosted by the NCPP provided an opportunity for wider consultation on the issue. The NCPP supports the establishment of a framework that could clarify how changes are handled through partnership structures; support local structures with guidelines on how to facilitate this activity and agree mechanisms to deal with any roadblocks that may occur.

3 Explain and advocate the benefits and potential of a partnership approach to organisational change and high performance to health service managers and identified professional groups

The barriers to partnership as an approach to the implementation of the health strategy are higher among some parties in the health service than among others, in particular, among some managers, and members of some professional groups.

A role central to the NCPP’s activities at national level is that of strategic facilitation in key sectors. Strategic facilitation encompasses the challenge of changing attitudes to partnership at a senior level, in sectors such as the health service. In association with the HSNPF, the NCPP should develop and undertake a campaign to explain and advocate the benefits and potential of a partnership approach to organisational change and high performance to health service managers and identified professional groups.

4 Explore new ways of working together for change and high performance

One of the most significant points that emerged from the consultation process was that the principles of partnership ‘fit’ the vision driving the health strategy. Partnership promotes consultation, joint problem-solving and joint decision-making in a multi-disciplinary, team-based environment. However, it was also stated on many occasions that the health service is not structurally capable of working in this manner at present. Additional experimentation should take place in two areas, to explore new ways of working together for change and high performance.

– A partnership approach to service planning

The HSNPF has funded pilot approaches to service planning using a partnership approach. Such projects will provide interesting information on how the two processes should be integrated to promote inclusion and a consensus-based approach. As there are many
different levels of partnership and consequently many interpretations of partnership, the level of partnership in service planning may vary from health board to health board. Some health boards may consult with staff when service planning, some may utilise a consensus-based approach to some decision-making. Innovation should be monitored effectively and learning and experience transferred to other health boards to promote innovation in this area across the health boards.

To assist this process, the NCPP proposes to facilitate a major seminar, in partnership with Department of Health and Children, the HSNPF, the Office for Health Management and HeBE, concerned with the issues surrounding service planning using a partnership approach, the alignment of the health strategy with service planning, and the relationship between the two issues. The seminar would take place in the second quarter of 2003 and would allow transfer of learning and experience, promotion of best practice and further analysis of challenges facing the health service in these areas.

- A multi-disciplinary team approach

Multi-disciplinary teams are often used to deliver change in organisations. There are a number of such teams currently operating in the health service in a variety of situations, e.g. cutting agencies and specialist care teams. The HSNPF has the capacity to examine the nature of these work teams and identify whether partnership competencies such as joint problem solving, communication skills, innovative thinking, etc. are core competences of these teams. If so, they represent best practice in partnership approaches to problem-solving and high performance, and are valuable case studies for the wider health service. If these competences do not exist in such teams, then the HSNPF would add significant value to the health service’s knowledge about its approach to teamwork and problem solving, if it supports research into the barriers to these competences and pilots innovative approaches to reducing those barriers.

The NCPP, in association with the local authority and health sectors, is currently developing a Learning by Monitoring tool, to enable self-monitoring and evaluation of partnership activity, and to integrate information exchange, shared learning and problem solving into partnership approaches. Learning by Monitoring will provide a useful framework for improving performance by learning from best practice and the processes by which they are achieved and can be easily used to evaluate new ways of working together.

5 Improve communication about health strategy implementation and partnership approaches

Communications on change issues should be improved, between national and local level, to ensure that formal and informal agreements are communicated up and down well-defined information channels. The responsibility for improving communications rests with all parties. Management bodies and trade unions can assist by communicating effectively with their members, in addition to the communications efforts undertaken by the Department of Health and Children and the HSNPF. Communication between health boards, and between health boards and local agencies should be improved to promote a shared understanding of the impact of change on management, staff and clients at local level. The NCPP is supportive of HeBE’s role in facilitating networking and communication in this area and feels it is important that analysis and recommendations arising from networking across the health service (as opposed to up and down) is relayed to and informs the work of those involved in the ‘safe space’ deliberation and other actions at national level.

6 Celebrate innovation in formal and informal partnership activities, in a blame free environment

The fear of failure and consequent blame was a constant element of the consultation process. There is a danger that this fear will prove a major barrier to the experimentation and innovation needed to find ways to deliver the health strategy. Therefore, it recommends that the health service undertake the following actions:

- It is important to identify success stories in both informal and formal partnership activities and to celebrate those successes by recording and disseminating them. A number of rich case studies can be undertaken, in as wide a range of activities as possible, to demonstrate effective consultation, consensus and joint decision-making processes, leading to high performance and mutual gains;

- This report emphasises an approach which encourages ‘second generation partnership’ and the mainstreaming of partnership approaches into other health service processes. The HSNPF should continue to use its resources to promote a blame free experimentation zone and to encourage innovation with regard to implementing the health strategy through partnership, both formally and informally. The NCPP can provide models of good practice, from Ireland and overseas, to facilitate innovation and experimentation;

- In addition, the NCPP recommends the establishment of an awards programme, which takes both formal and informal partnership successes into consideration.

7 Deliver training to reposition partnership activists

It would be appropriate, in light of the new vision for partnership being developed by the HSNPF, and the recent publication of the Action Plan for People Management, that training programmes be developed to assist in the repositioning of partnership facilitators, Joint Chairs and committee members. This, more than anything else, will encourage the alignment of partnership structures and processes with the aims of the health strategy. If the role of the partnership committee is to change, then the skill set of those involved in it should be remodelled. Current training is skill-based (chairing meetings, joint problem-solving). Future training could be developed around the skill set identified in the NCPP’s soon to be published competency framework for Managing Change through Partnership.
Joint training is an important enabler when building trust and developing partnership. However, some of the barriers to delivering change through partnership are not directly related to partnership itself, and can be the result of internal issues in a stakeholder group. In particular, trade unions and management groups are often required to upgrade their internal communications systems and processes to take account of new ideas and processes. In particular, those trade union representatives who have to balance their responsibilities with full-time jobs in the health service should be targeted with special support and training to empower them to participate effectively and to communicate effectively with their fellow members. The HSNPF could make funding available to trade unions to tackle communication and other gaps. In addition, resources could be directed to developing learning synergies between trade unions.

If partnership is to become ‘the way we do things’, then it follows that managers in the health service should be developed to manage in this way. The NCPP has already suggested that partnership principles and competences be mainstreamed into the management development programmes. Its competency framework for Managing Change through Partnership is a useful tool that can be utilised to enable this. The HSNPF, the NCPP and the OHM could work together to ensure that competences necessary for a partnership approach are included in the OHM’s competency frameworks and training programmes on an ongoing basis.

**Table 5 Implementing the health strategy through partnership – Challenges & Actions**

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>1. Facilitate a shared understanding of a partnership approach to implementing the health strategy</td>
<td>1. Establish a safe space at national and local level</td>
</tr>
<tr>
<td>2. Develop a national framework to guide the partnership approach to implementation of the health strategy</td>
<td>2. Build trust between parties in the health service</td>
</tr>
<tr>
<td>3. Reposition partnership structures and processes to support organisational change</td>
<td>3. Explain and advocate the benefits and potential of a partnership approach to organisational change and high performance to health service managers and identified professional groups</td>
</tr>
<tr>
<td>4. Ensure that consultation continues, with all health workers and their representatives, during health strategy implementation</td>
<td>4. Explore new ways of working together for change and high performance, including a partnership approach to service planning and multidisciplinary team working</td>
</tr>
<tr>
<td>5. Empower individuals and organisations to participate effectively in the implementation of the health strategy using a partnership approach</td>
<td>5. Improve communications about health strategy implementation and partnership approaches</td>
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<td></td>
<td>6. Celebrate success and innovation in a blame free environment</td>
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<td></td>
<td>7. Deliver training to reposition partnership activists, including training for trade union representatives and managers</td>
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<td></td>
<td>8. Ensure networking encounters include implementation of the health strategy through partnership as a key theme.</td>
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</table>

Recently, the HSNPF and the NCPP committed resources to improving networking opportunities through its membership of a revitalised Public Sector Partnership Network. Opportunities for partnership facilitators, joint chairs and committee members to share learning and experiences will be available, through the network, throughout 2003. Delivering the health strategy through partnership should be a key theme at network meetings.
Conclusion

In its work with the public sector, the NCPP is primarily concerned with how a partnership approach to the modernisation agenda can effect high performance and mutual gains. In this context, the NCPP is committed to supporting the Department of Health and Children, the HSNPF and other parties in the health service as they tackle the actions contained in the health strategy.

Quality and Fairness: the Health Strategy offers an exciting opportunity to undertake actions that will lead to improved performance, high levels of customer satisfaction and mutual gains. The principles underpinning the health strategy match or ‘fit’ closely with the principles underpinning a partnership approach to change. It follows then that a workplace partnership approach is the best model for tackling the challenges facing the health service as it begins to implement the health strategy.

The NCPP has consulted widely in the course of this analysis and believes that the commitment and the ability exists to move to ‘second generation partnership’ in the health service, and to promote this approach as the most appropriate method of implementing the health strategy. However, the challenges are significant and require the commitment of a fully inclusive coalition for change to ensure they are tackled effectively. There are a number of critical success factors, which must be facilitated, if workplace partnership processes and activities are to be aligned with the objectives of the health strategy:

- Successful provision of top down supports for bottom up change;
- Combining focused analysis and innovation with widespread advocacy and promotion of partnership approaches;
- The inclusion of all stakeholders in a meaningful consultation process;
- Ensuring that key issues, such as the evolving relationship between industrial relations and partnership, are tackled effectively at national and local level;
- Mainstreaming partnership activities to core management activities such as service planning and multi-disciplinary team working.

The NCPP has an important role to play in supporting the Department of Health and Children, the HSNPF and other parties to meet these challenges. It will fulfil that role using a multi-stranded approach:

- Facilitating national deliberation on organisational change and high performance, in the Forum on the Workplace of the Future, through the NCPP Council, its Research Advisory Panel and Strategic Alliance Network, which will in turn, inform and support deliberation and the development of a shared understanding at sectoral level;
- Undertaking consultation and analysis to identify barriers to partnership among parties in the health service, and supporting efforts to reduce those barriers through strategic facilitation when required;
- Providing innovative learning tools, including case studies, Learning by Monitoring, competency frameworks and networking opportunities to individuals and organisations across the health sector;
- Preparing and disseminating best practice examples and models from within the health service, from other sectors in Ireland and from overseas;
- Promoting the successes that emerge in the health service to other organisations and sectors.
Appendix 1

Initial consultations with parties on the key challenges to the successful implementation of the health strategy through partnership

National Centre for Partnership and Performance executives held an initial consultation with representatives of the Health Strategy Implementation Team (DoHC), the Health Service National Partnership Forum (HSNPF) and the Office for Health Management (OHM) in August, 2001. It was agreed that the NCPP would take a lead role in facilitating a coalition for change to identify partnership’s role in the implementation of the health strategy. The NCPP consulted with a comprehensive sample of management, trade union and support agency representatives in the first instance. Following that, an analysis of the data collected informed the structure and content of a significant consultation seminar, which engaged with a wider sample of health service employees and other representatives.

Initial consultation process
A group of key individuals agreed to and completed an in-depth interview with a NCPP executive. The interviews posed a series of questions designed to ascertain the interviewee’s (and their organisation’s) views on partnership, the health strategy and the role of the NCPP. The consultation process identified a number of key issues under each topic:

Key challenges to the successful implementation of the health strategy
Each individual was asked to identify the key challenges to the implementation of the health strategy. There was a remarkable level of consensus on the challenges.

- Cynicism exists about the deliverability of the health strategy, given the changing economic climate. In addition, benchmarking poses a significant challenge to successful implementation of the health strategy;
- Implementation of the health strategy must be prioritised, and priorities should be communicated effectively, to avoid confusion among stakeholders. Leadership is needed at many levels of the health service;
- The absence of a safe space for managers, trade unions and the Department to discuss issues informally has contributed to low levels of trust and continuous bush fires when change is introduced;
- Some of the professional/clinical staff groups working in the health service are not engaged with the health strategy or with change issues generally;

Partnership’s ability to support the implementation of the health strategy
A number of issues were raised concerning partnership’s ability to support the implementation of the health strategy:

- The principles of a partnership approach ‘fit’ well with the principles of the health strategy. However, the complex governance systems of the health service – political, clinical, bureaucratic – do not support a partnership approach to implementation of the health strategy;
- There is no shared understanding of what partnership means and how it should be approached. Partnership has not been advocated as meaningful to individual employees;
- Most stakeholders professed commitment to a partnership approach, while questioning each other’s commitment. It was suggested that there is no overwhelming imperative for adopting a partnership approach;
- Partnership in its current manifestation is focused on ensuring inclusion and balance in its structures. This means that decision-making structures are very large and unwieldy at national and organisational level. Partnership is currently incapable of facilitating agreement on the changes necessary for implementation of the health strategy;
- Partnership has had some successes, but is too project-based at present to deliver significant change. How partnership can be mainstreamed into the health service is an important challenge;
- Partnership’s role in the implementation of the health strategy at organisational level must be clarified.

The Role of the National Centre for Partnership and Performance
Several interviewees had views on the role the NCPP should adopt in relation to the implementation of the health strategy through partnership.

- The NCPP should identify the key issues facing stakeholders and offer opportunities to discuss these issues;
- The NCPP should develop a toolkit for the health service, to enable it to adopt a partnership approach using best practice, case studies and a vision of the workplace of the future;
- The NCPP can bring an objective viewpoint to the debate and use its experience of other sectors to inform stakeholders;
- The NCPP can encourage all stakeholders to engage by making partnership relevant to managers, trade union representatives and employees.
**Appendix 2**

**Deliberation by parties on key challenges: Key findings of the seminar on Building a Coalition for Change**

Following the initial consultation, the NCPP facilitated a seminar that gave stakeholders in the health service an opportunity to discuss and debate the issues raised, and to make recommendations for the next stage of activity. The National NCPP hosted a one-day seminar, entitled Building a Coalition for Change, for Partnership and Performance on 11th October, 2002.

**Seminar Attendees**
The Department of Health and Children and the HSNPF identified 150 health service managers, trade unionists and employees and invited them to attend the seminar. Over 120 representatives attended the seminar – the high attendance underlines the commitment of health service stakeholders to engage with the challenges ahead. Participants included:

- Health Service managers (including health board and hospital CEOs, Directors and HR Managers);
- National and regional trade union representatives (including SIPTU, Impact, Irish Nurses Organisation, Psychiatric Nurses Association, Irish Medical Organisation, MLSA);
- Partnership committee Joint Chairs and members;
- Partnership facilitators;
- Representatives of national support agencies (including the Office for Health Management, HSEA, HeBE, the National Federation of Voluntary Bodies);
- Representatives of the Department’s Implementation Team, PMAP team and Change Management Unit.

Attendees were sent an agenda and briefing notes, based on the NCPP’s initial consultation, in advance of the seminar to encourage them to consider key issues in advance of the day’s deliberations.

**Opening plenary session**
The NCPP was anxious to ensure open and honest deliberation on the day. Therefore, the seminar opened with a plenary session, chaired by NCPP Director, Lucy Fallon Byrne, during which three keynote speakers outlined the opportunities and challenges facing partnership in the context of the health service.

- Michael Kelly, Secretary General of the Department of Health and Children outlined the Government’s commitment to the successful implementation of the health strategy through partnership. He highlighted the importance of people in the health system and spoke about the development of the Action Plan for People Management. The twin objectives of the APPM are to improve working conditions and environment for all health service employees and to improve patient/client outcomes. Mr. Kelly pointed out that the APPM is being developed using a partnership approach and that work to date indicates the success of using a partnership approach in addressing vital issues. He highlighted the commitment of managers; trade union representatives, staff and facilitators to partnership and the success achieved to date and suggested that a culture of involvement should be fostered to ensure that the health system provides the highest possible service to its users.

- Peter Cassells, Executive Chairperson of the National Centre for Partnership and Performance, spoke of the difference between the traditional approach to change (centralised analysis, negotiated change), and an emerging approach, based on developing a shared understanding and a joint problem-solving approach, leading to consensus decision-making. He asked a number of questions concerning the level of shared understanding of the changes necessary to implement the health strategy, of partnership and its successes to date, and of the capacity of current management and trade union relationships to take on the challenges of implementation.

Peter Cassells said that Quality and Fairness represented a unique opportunity to develop a consultative and partnership approach to decision-making in the health service. However, the opportunity presented many challenges. He continued by suggesting a number of initiatives that could assist implementation through partnership, including increased commitment to modern HR and organisational development practices, a ‘safe space’ for stakeholders to discuss key issues, and improved links between national and local partnership. He offered the NCPP’s ‘toolkit’ as a resource for the health service. It includes guidance on best practice, competency frameworks and opportunities for joint training and shared learning.

- John O’Dowd, J J O’Dwyer & Associates have been contracted by the HSNPF to identify the key elements of a national framework for partnership in the context of the health strategy. They have undertaken consultation with management and trade union representatives, on behalf of the HSNPF and presented their findings to date.

The NCPP asked a management and a trade union representative to respond to the initial presentations, to ensure that participants would hear the views of people engaged with the challenges of the health strategy at operational level.

- Pat Harvey, CEO of North Western Health Board and Joint Chair of the HSNPF said that a good management style was an inclusive style. He pointed out that partnership was an evolving process and that participants should walk before they ran, beginning with a consultative approach rather than a joint decision-making approach. He said the underlying principles of partnership should ensure that it adds value, not work-load and that it is as uncomplicated as possible.

Pat Harvey said clarification was necessary on the structures and philosophy of partnership for both management and trade unions. He suggested that structures should allow for formal engagement at national, board management and local level regarding service planning. Engagement could facilitate briefings, the identification of key issues and suggested solutions to blockages in the system. Service planning links into the health strategy and is the key route for partnership to engage with
the health strategy. He said managers at all levels should engage with staff on service planning. Partnership can facilitate meaningful exchanges and engagement with issues, acknowledging of union’s role, better, more informed service planning, reasonable pacing and movement from soft to substantial issues. He added that token management interest, union cherry picking, power plays and lack of confidence at local management level could disrupt progress, but he called for engagement on all sides with the partnership approach.

- David Hughes, Deputy General Secretary, Irish Nurses Organisation and HSNPF member, spoke of health workers’ commitment to partnership and of the need to develop a shared understanding of partnership and of the health strategy. He questioned partnership’s current ability to deliver change, citing the project nature of partnership activities as a barrier to success. He said that partnership should introduce a culture of shared responsibility and shared influence and it should focus on customer-related issues, including internal customer-related issues.

David Hughes spoke about many of the challenges facing the health service, including inter-union rivalry and suggested that partnership at present is in transition and that the form of partnership the health service has at present is conflictual partnership.

Following the plenary session, participants attended two workshops and discussed the challenges highlighted by the morning’s speakers in more detail.

Workshop One

Workshop One facilitated discussion on the benefits and challenges of partnership as a change enabler. The workshop opened with a debate, entitled “The benefits of implementing the health strategy through partnership outweigh the challenges”. Participants were asked to work in groups to prepare a speech for or against the motion. Both sides engaged with the debate enthusiastically and prepared convincing arguments, following which they came together to agree the key points, listed in Table 3.

Workshop Two

Workshop Two facilitated discussion based on a series of questions. Each workshop discussed two questions and reported their findings to a final plenary session chaired by HSNPF Joint Chair, Matt Merrigan. The key points are listed below the relevant question.

What principles/ground-rules/guidelines should guide the development of structures and processes at national and local levels?

- The principles guiding partnership structures and processes should embrace inclusively, equity, a no blame culture and clarity;
- Consensus decision-making, evaluation and feedback are key processes;
- Partnership processes and structures should ‘fit’ other health service structures;
- Partnership should move out of structure and into culture – remaining structures should be decentralized and flattened;
- A clear interface between IR and partnership should be established and maintained;
- People should learn through doing and learning should be shared through networking.

In building the health strategy, how should partners engage with each other at national and local levels?

Nationally

- Do not develop new structures; modify existing structures to deliver change effectively. ‘Get partnership out of the committee and into the organisation’;
- Create a safe space for management and trade union representatives to discuss key issues at national level;
- Agree a mechanism to move issues between partnership and IR processes;
- Refresh and promote the vision of partnership and how it can contribute to the implementation of the health strategy (a number of recommendations on how this could be done).

Locally

- Local partnership committees take on a monitoring, communicating and liaison role vis-a-vis the health strategy;
- Local partnership committees get more involved in the service planning process;
- Stronger communication from the local to the national level (and vice versa).

What actions must be taken to build trust so that the health strategy can be implemented effectively?

- There should be political buy-in to a partnership approach;
- There should be formal recognition of informal partnership successes;
- Communication should be more effective and should move up and down the health service;
- Improve HR practices handle staff concerns more effectively;
- Inform and consult with staff at all levels when engaging with implementation challenges, including those related to service planning and the allocation of resources;
- Localise implementation programmes to create ownership of the health strategy at health board and service provider level.

What actions should be taken to build the organisational capability that is needed at all levels to successfully implement the health strategy?

- Identify what elements of the health strategy can be implemented through partnership and which cannot;
- Mainstream Quality and Fairness into day to day decision-making;
- Move from a partnership structure to a partnership process;
- Provide joint training at all levels of the service;
- Promote joint management and trade union advocacy of partnership to staff;
- Develop ‘bottom up’ partnership, rather than ‘top down’ partnership.
What concerns and fears are there around implementing the health strategy through partnership?

There were many fears expressed in each group and some by more than one group. They included:

- Fear of the challenge, linking to a fear of failure, a sense of partnership being set up for failure, fear of blame if failure occurs;
- The absence of a strong/business-led imperative for change. No motivation to implement the health strategy, no resources available to do so;
- Change and loss of power, prestige and control at local and national level. Fear of power bases operating outside the partnership process;
- The impact of the current economic (and IR) climate and the negative impact it may have on nascent partnership-based relationships;
- Partnership is not strong enough, nor well understood enough, to deliver the changes necessary for the implementation of the health strategy.

Seminar evaluation

The NCPP provided evaluation sheets to assess the contribution of the seminar to the development of a shared understanding among participants. One in four responded. In general, the feedback was positive with 80% stating that they felt they had an adequate opportunity to contribute to the discussion. The plenary sessions were considered interesting and thought provoking and the majority of respondents enjoyed the workshops, despite the impact of such a high turnout on the accommodation.

Appendix 3

National Centre for Partnership and Performance: Current activities with the Health Service National Partnership Forum

The National Centre for Partnership and Performance (the NCPP) was established by the Government in July 2001 to support and facilitate organisations in the private and public sectors to respond to change, to build capability and to improve performance through partnership. The emphasis of the NCPP’s activities, in particular through research and analysis, is to provide a coherent intellectual and policy framework for guiding organisational change, deepening partnership and enabling high performance. Quality and Fairness outlines the NCPP’s role in the health service, stating:

“The government has asked the NCPP to work closely with government departments, state agencies, employees, unions and staff to promote organisational change in a way that will improve the delivery of services and develop the workplace of the future. In this context, the partnership model must be central to meeting the challenges ahead.”

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The NCPP is practical in its approach. In addition to disseminating evidence on how change through partnership can contribute to productivity and competitiveness, it directly assists and supports significant partnership initiatives. The NCPP is committed to the successful implementation of the health strategy and is engaging with the health service at a number of levels.

- The NCPP contributed to thinking on partnership as an approach to change, during the preparation of the health strategy, and advised the Department of Health and Children on how partnership’s contribution to organisational change and high performance should be integrated into Quality and Fairness;
- Circumstances deemed to be of national significance, where partnership initiatives that affect the economy as a whole arise in key sectors, the NCPP is available to play a strategic facilitation role. In this respect, the NCPP is facilitating deliberation and consultation on the implementation of the health strategy through partnership.
- The NCPP is working with the Health Service National Partnership Forum (HSNPF) on a number of projects at present. These projects include the development of a Learning by Monitoring tool, the development of health sector networks and the preparation of health service case studies.