

NHS Partners in Cornwall: Report on a Pilot Learning and Development Initiative

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Executive Summary

NHS Partners in Cornwall was launched in September 2009 as a result of an event hosted some two years previously by the South West TUC (Trades Union Congress) and Sir Ian Carruthers, chief executive of NHS South West, which explored the relationship between employers, trade unions and staff. One of the activity streams to emerge from that event was to identify a pilot area where a joint learning and development programme could be set up. Social partnership was not new to the NHS, the Social Partnership Forum having been set up in 1998 to bring together the Department of Health, NHS employers, trade unions and other key stakeholders. Its partnership agreement was revised in March 2007.

Cornwall was identified as the pilot area and a steering group was established in April 2009, the partners being:

- ❖ NHS South West
- ❖ Royal Cornwall Hospitals Trust (RCHT)
- ❖ NHS Cornwall and Isles of Scilly (the PCT)
- ❖ Cornwall Partnership NHS Foundation Trust (CFT) previously Cornwall Partnership NHS Trust
- ❖ NHS Trade Unions (represented by RCN and Unison)
- ❖ The University of Plymouth.

The aims of the project were to achieve a better NHS and a better place to work through:

- The design and delivery of a development programme on partnership working for the Cornwall health community, including a one-day launch event and learning set of local partnerships.
- Accreditation of learning through Plymouth University on an optional work-based learning module.
- A set of resources, principles and a Partnership Framework which may be used to deliver similar programmes in other parts of the Southwest SHA and wider NHS.
- Genuine improved and sustainable partnership working at local level.
- Effects on the morale of staff (at all levels) and sense of involvement.
- Independent evaluation by University of the West of England, Bristol.

The pilot was funded from two sources, £100,000 from NHS South West and £29,000 from a successful bid to the national Social Partnership Fund. Two part time project leads were appointed by the trade union partners, one from the RCN and the other from Unison.

A successful launch event in Falmouth, Cornwall in September 2009, chaired by Professor Bob Fryer, was addressed by key national speakers, Ann Keen MP, formerly Parliamentary Under Secretary for Health and Chair of the NHS Social Partnership Forum, and Dr Pat Oakley (Specialist Policy Research Consultant). The day was attended by 65 participants from the three healthcare and partner organisations.

Amongst universally agreed themes were:

- The importance of ownership and commitment at the highest level in an organisation for partnership working to be effective and to become embedded.

- The best people to ask about how to do something differently will generally be those people currently doing the job – the staff.
- The importance of open and honest communication at all levels and with all staff.
- Change within the NHS will continue
- Aiming to become an employer of choice
- The value of highly visible management.

Learning and Development programme

As a result of the day each of the health organisations established a learning group made up of managers and trade unions/professional organisations' representatives, to explore working in partnership. Each agreed their own work stream, although it was recognised that it was working together and developing different approaches that was the purpose of the project. The areas they chose to work on were:

- ❖ RCHT - to develop a bullying and harassment prevention policy
- ❖ PCT - to work together to look at shift patterns
- ❖ CPT - to develop an agreement on partnership working.

A partnership development programme was designed for trade union representatives and NHS managers to explore together how partnership could work. Over six half days spread over six months the groups looked at partnership models, the NHS Constitution and policy and explored working together to facilitate genuine staff involvement and engagement.

Communications and resources

There have been a number of newsletters from the project. In addition all the materials,

resources, programmes, reports and links for the project have been put on the project's public access website at

www.nhspartnersincornwall.com

Next steps

The project has been fully evaluated by a team from the University of West of England (Bristol). Whilst broadly successful there are a number of learning points which will inform the next steps in Cornwall and elsewhere. The pilot development programme finished in March 2010, and the steering group has developed proposals for a second stage to the project.

The NHS Partners in Cornwall programme has established the links for the consultative/partnership relationship between employers and staff side representatives required by the NHS Constitution.

Phase 2 of the project will be to work on the further development of existing partnership working and consultation forums, thus establishing partnership working as part of the normal business within the Cornwall NHS community.

The steering group believes that the NHS will particularly need partnership working over the coming months and years. A strong and effective partnership working agreement can be challenging to establish and to sustain, and partnership working does not eliminate differences of opinion or even potential conflict. However it does mean that there are effective channels and processes for communication, and working relationships based upon trust, openness and jointly agreed principles. Without such an agreement and its associated ways of working employment relations and staff morale may be jeopardised, ultimately potentially affecting service delivery and patient care.

Part 1 - Background and Context

Introduction

This section of the project report describes the background and context to the NHS Partners in Cornwall project and some of the theory and practice related to partnership working in the NHS and other organisations over the past few years.

Background to the project

In July 2007 a two-day workshop was held, jointly sponsored by Sir Ian Carruthers, OBE, chief executive of NHS South West, and Nigel Costley, Regional Secretary of the TUC South West, to share the progress made in the South West region in terms of financial health and the development of services and to explore why, at a time when patients expressed great satisfaction with the NHS, staff who work in the service were not so positive. Approximately 60 people attended the workshop – including senior trade union officials, NHS Trust Chairs, Chief Executives and Directors/senior Human Resources professionals.

The focus of the workshop was to explore how services for patients and the population of the South West could be further improved through developing stronger and more constructive relationships between staff and employers and how NHS management and trades unions could work more closely together to create momentum for change over the next few years.

The workshop participants shared ideas about why NHS staff were at times negative about the service and identified and discussed a number of issues which had an impact on their working lives. It was agreed that NHS staff wanted to feel that they were:

- doing their best for patients;
- connected and engaged;
- appreciated and valued;
- part of an excellent organisation;
- given strong and supportive leadership.

The following six key themes were then further discussed to develop potential solutions and action points:

- Leadership
- Managing change
- Engagement
- Communications
- Investing in the individual
- Managing workload

These key themes have informed the work of the steering group who jointly directed and developed the NHS Partners in Cornwall pilot project.

Why this partnership project?

In summary, the joint event found that there were sometimes significant differences in the way in which staff and managers experienced change, and yet often a clear commitment from all to support the NHS. Staff often felt only minimally engaged in their organisation, and reported low morale and a feeling of being unsupported. There appeared to be some dissonance between how staff talked about the NHS and how patients and families experienced it. There had also been some differences between trade unions and NHS organisations over re-organisations and service changes and the impact this could have on staff.

Following this conference there were further discussions between the SHA, Unison, the Royal College of Nursing (RCN) and the Southwest TUC to consider how best to move forward. It was agreed that there would be, in one or two parts of the region, a pilot project funded by NHS South West, of a joint development programme on partnership working and staff involvement.

Why Cornwall?

In early discussions between the SHA and the trade unions it was agreed that it would be helpful to pilot the project proposals, and the healthcare community in Cornwall was selected for the first pilot because of the specific and unique workforce and demographic issues in the county. The healthcare organisations in Cornwall had large numbers of staff approaching possible retirement age, and there was a possibility that staffing levels could be difficult to maintain in the future. Research relevant to this, for example, a Joseph Rowntree Foundation report, found that NHS Trusts nationally may focus on recruiting and nurturing younger members of staff at the possible expense of their more experienced and older colleagues. Anecdotally there are many reports in the NHS that older staff can feel marginalised and undervalued. There can also be issues about staff morale and engagement at a time of significant change.

There had also been a history of occasional somewhat tense relationships between NHS Trusts, trade unions and staff in the area.

Emerging themes

Early issues and themes emerged by the time of the formal start of the project in April 2009.

1. There was some significant enthusiasm for a project in Cornwall within the three healthcare organisations, although all three were dealing with large amounts of change, including :
 - the arms-length provider changes within the PCT,
 - pensions consultations within the PCT,
 - major organisational changes within RCHT,
 - Trust-wide service developments and management changes in CPT.
2. The importance of linking this local initiative with region-wide cultural, process and structural change which articulates, supports and models partnership working.
3. Capacity for managers and staff to be freed up for a learning and development programme, particularly if this was divorced from their day-to-day responsibilities.
4. The need to have clearly articulated and agreed outcomes. How would we know that this project had been successful in six or twelve months time?
5. In the light of a potentially huge agenda what were the priorities?
6. The project needed to be undertaken as a partnership between Cornwall's healthcare organisations and the trade unions, otherwise it would fail. This would require some significant input from the three employer organisations and the trade unions.

These themes have informed the progress of the project and the thinking of the steering group, discussed more fully in the second section.

What is partnership working?

Partnership appears to be seldom defined in articles or websites, but the project has drawn on the following definitions:

- Partnership working is working together *across organisations*. It brings different skills and resources together to deal with a common problem. It is a *long term approach* and requires *flexibility* and *openness*.
- A partnership is a *joint working arrangement* where the partners:
 - Agree to co-operate to achieve *common goals* or outcomes
 - Create a *new organisational structure or process* to achieve this goal
 - Plan and implement a *jointly agreed programme*, often with joint staff or resources
 - Share relevant information, and *pool risks* and rewards

The shape of partnership elsewhere

Scotland

The NHS in Scotland made some early progress on partnership working, (Scottish Executive, 1999) underpinned by cultural change and agreed partnership values, new structures and processes, and agreement on a new standard, which specified that staff were entitled to be:

- Well informed
- Appropriately trained
- Involved in decisions which affect them
- Treated fairly and consistently
- Provided with an improved and safe working environment.

The Scottish NHS Partnership Forum described partnership as a way of working, and stated that in its simplest terms, a partnership culture is one where staff, managers and staff representatives work in an open, honest and mutually trusting way. This means that staff will, at the earliest possible stages, be involved in decisions that affect them or the services they provide. In short, partnership working brings real, tangible benefits for staff. This, in turn, improves the quality of patient care, as staff “at the sharp end” have the opportunity to directly influence what services are provided to patients, and how they are provided.

In NHS Scotland, the underpinning partnership values are:

- mutual trust, honesty and respect;
- openness and transparency in communications;
- recognising and valuing the contribution of all partners;
- access and sharing of information;
- consensus, collaboration and inclusion as the "best way";
- maximising employment security;
- full commitment to the framework and good employment practice;

More recently NHS Scotland has further developed the concept of Staff Governance (www.staffgovernance.scot.nhs.uk) which it describes as one of the three governance pillars, alongside financial and clinical governance. Staff governance is based upon partnership working and sets out a number of standards which NHS organisations will work towards. Interestingly there are also arrangements for monitoring which will involve local Partnership Forums in the reviewing of evidence and monitoring of Boards' performance against the standards.

England

In England there have been a number of developments in partnership working in the NHS over the last twelve years or so. However as ACAS have commented by 2005 (ACAS 2009) the earlier national arrangements had almost collapsed and a further initiative was indicated. In 2007 the Department of Health (DH), NHS Employers and NHS Trade Unions signed up to a new Partnership Agreement which described *the principles of partnership, processes and structures which are linked to the partners' shared goals and objectives* (DH, 2007). Around the same time the Social Partnership Forum (SPF) was launched bringing together the three sets of partners in its monthly meetings chaired by the Under Secretary of State and a new website was set up to share the work and progress of the forum. The forum's Principles for Effective Joint Working refer to the building of trust and the sharing of responsibility, whilst respecting difference. To facilitate this, all parties commit to adopt the following principles in their dealings with each other:

- building trust and a mutual respect for each other's roles and responsibilities
- openness, honesty and transparency in communications
- top level commitment
- a positive and constructive approach
- commitment to work with and learn from each other
- early discussion of emerging issues and maintaining dialogue on policy and priorities
- commitment to ensuring high quality outcomes
- where appropriate, confidentiality and agreed external positions
- making the best use of resources
- ensuring a no surprises culture.

This SPF's website (<http://www.socialpartnershipforum.org> - currently under review in the light of the recent change of government) holds a wealth of information on partnership working as well as highlighting the key partnership principles and values whilst outlining some key action points to build social partnerships locally. It contains pages on regional social partnership forums and has links to other organisations which have reviewed and described partnership arrangements, including the Involvement and Participation Association (IPA).

Agenda for Change

When this new NHS national pay agreement for pay and conditions of service was being developed the concept of partnership working was embedded within it. Job evaluation, monitoring of arrangements and reviews were carried out by employer and staff representatives working in partnership together (DH 2004). This has been described as the first example of constructive, nation-wide partnership working within the NHS, and ACAS have commented that *successful roll-out of Agenda for Change was testament to the value of working together to implement major change* (ACAS 2009).

Conclusion

There are many themes in common in the descriptions of partnership initiatives across the UK and also in the articulated principles and values designed to underpin successful agreements. Some of the themes are also reflected in private sector case studies on the IPA website and also in this project's emerging issues at commencement and later as the project progressed. We will return to these themes and issues in the next two sections of this report.

Part 2 – Planning and Implementation

Introduction

This section provides information about the progress of the NHS Partners in Cornwall project which has been running over the past twelve months in the three healthcare organisations in Cornwall.

Background

The NHS Partners in Cornwall project is funded by NHS South West, and commenced in April 2009 with the establishment of a steering group and project team and the appointment of two part-time project co-ordinators. Further funding was awarded by the National Social Partnership Forum in September 2009 after a joint bid was submitted to the SPF partnership fund. The partnership members are:

- NHS South West
- Royal Cornwall Hospitals Trust (RCHT)
- NHS Cornwall and Isles of Scilly (NHSC&IoS)
- Cornwall Partnership NHS Trust (CPT), now Cornwall Partnership NHS Foundation Trust
- NHS Trade Unions (represented on the steering group and project team by Unison and the Royal College of Nursing)
- University of Plymouth

The aims of the project have been to achieve a better NHS and a better place to work through:

- The design and delivery of a development programme on partnership working for the Cornwall health community, including a one-day launch event and learning set of local partnerships.
- Accreditation of learning through Plymouth University on an optional work-based learning module.
- A set of resources, principles and a Partnership Framework which may be used to deliver similar programmes in other parts of NHS South West and the wider NHS.
- Genuine improved and sustainable partnership working at local level
- Effects on the morale of staff (at all levels) and sense of involvement /engagement
- Independent evaluation by University of the West of England, Bristol.

The project plan

There were three elements to the project plan:

- A. Launch event
- B. Development programme
- C. Resource pack / website

A. The Launch Event

The launch of the project and the partnership development programme was held in Falmouth on 23rd September 2009. The day was opened with a personal message from Sir Ian Carruthers, OBE. Keynote speakers included:

Ann Keen, MP, then Parliamentary Under Secretary for Health and Chair of the National NHS Social Partnership Forum,
Dr Pat Oakley, Specialist Policy Research Consultant,
Professor Bob Fryer, CBE, who chaired the day.
Gill Mayo and Sue Simmons, project leads.

The event was attended by sixty-five participants from the three healthcare organisations and partner organisations, including non-executive directors, senior managers, trade union officers and representatives.

Themes and issues

There were a number of universally agreed themes arising from the speakers and working groups. These included:

- The importance of ownership and commitment at the highest level in an organisation for partnership working to be effective and to become embedded.
- The best people to ask about how to do something differently will generally be those people currently doing the job – the staff
- The importance of open and honest communication at all levels and with all staff.
- Change within the NHS will continue
- Aiming to become an employer of choice
- The value of highly visible management.

In addition Pat Oakley analysed the themes from the three groups and summarised the shared themes and issues in her plenary session.

B. The Partnership Development Programme

This development programme has been one of the main elements of the project. It has been designed for trade union representatives and NHS managers so that they can work together on developing strong and effective partnership working and facilitate genuine staff involvement and engagement in the Cornwall healthcare community. The six day programme is linked to the University of Plymouth Work-based Learning Module, so that participants on the programme may gain academic credits at an appropriate level for their work, if they choose to.

Aims of the programme

- Development of a joint manager and union representative programme to work on and share learning and development on an ongoing basis, with clear objectives for effective local partnership working that fit with their organisational culture and aspirations, and a genuine understanding of each others' perspectives, pressures and drivers
- The development of shared principles to underpin higher standards of employment practice, leading to improved quality of patient care and services
- The promotion of partnership working at regional and local level to embed the concept of partnership into the culture of the NHS for both management and trade unions
- To develop the knowledge and skills of those involved in partnership working, particularly in relation to developing a joint understanding of key drivers that shape national and regional NHS and trade union strategies and policies
- In line with NHS South West's commitment to equality and diversity, to ensure that all development opportunities and partnership working represent and reflect the diversity of staff working in the NHS
- To make the health services delivered for the NHS in the South West Region the best in the UK.

Underpinning Principles

The programme has been underpinned by a number of sets of principles, and codes of conduct or practice, including the following:

Social Partnership Forum Principles

- building trust and a mutual respect for each other's roles and responsibilities
- openness, honesty and transparency in communications
- top level commitment
- a positive and constructive approach
- commitment to work with and learn from each other
- early discussion of emerging issues and maintaining dialogue on policy and priorities
- commitment to ensuring high quality outcomes
- where appropriate, confidentiality and agreed external positions
- making the best use of resources
- ensuring a no surprises culture.

NHS Constitution Staff Pledges

The NHS commits:

1. to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities
2. to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed
3. to provide support and opportunities for staff to maintain their health, well-being and safety,
4. to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

Learning Outcomes

The main learning outcomes for this programme have been to:

- Show an understanding of the main pressures and policies within the NHS which have an impact on the provision and quality of services and on service changes.
- Show an understanding of the roles, responsibilities and challenges of NHS managers and trade unions and representatives, including an understanding of their spheres of influence, and be able to use this understanding in the promotion of good partnership working.
- Demonstrate an understanding of the principles of partnership working, and the vision, strategic plans, codes of practice and conduct of all those engaged in partnership working.
- Describe practical examples of partnership working, including details of challenges and successes.
- Describe the benefits and challenges of partnership working and staff involvement, giving particular examples of this from their own experience.
- Demonstrate an understanding of the value of reflecting on their work.
- Show the ability to link theory and practice through focusing on a work-based issue.
- Demonstrate further development of interpersonal skills to promote collaboration.

Participants

The programme participants have been approximately half NHS managers and half trade union representatives. It was anticipated that there would be approximately ten from each Cornwall NHS organisation, making thirty participants in total. Participants were nominated by their NHS organisation and/or trade union. The programme started with approximately 22 participants; the number then grew to 26 and towards the end of the six months dropped back to 18.

There have been a range of options for participants to gain credit and recognition for the work they have done on the programme if they wish, including university credits, and a certificate of participation and contribution to professional portfolios and continuing professional development (CPD).

The programme has been delivered over six half-days between October 09 and March 2010 and has included the following core modules:

- What is a partnership and what models exist in other organisations? What principles and processes underpin partnership working?
- The trade union perspective on partnership working
- The NHS Constitution
- The NHS South West framework for improving quality and productivity, key drivers and strategy.
- The skills and behaviour needed for effective partnership working
- Communication and conflict resolution skills (with the React theatre group)

The full programme is available on the new project website.

Participants have worked and learned together on the overall programme modules. In addition they have worked as three employer groups on specific organisational projects. These are: the development of a Partnership Agreement, a prevention and management of bullying policy, and shift patterns in community hospitals. It is the aim that there will be transferability of learning and findings within these projects to other parts of the Cornwall healthcare community.

One of the groups summed up their work as follows:

Initially, we found the process (of working on a partnership agreement) difficult to understand. However, once we identified the opportunity to create a Partnership Policy, the project automatically fell into place. Research enabled example policies to be studied and the best of these were then adapted to produce a Draft Partnership Policy. This policy is now being formatted within policy templates prior to the ratification process. Therefore as a group we have succeeded in producing the policy we set out to do, however, now the hard work starts in ensuring the policy is followed within CPT.

Google site

At the beginning of the development programme it was decided to set up a Google site which has been shared with the participants as collaborators and with the steering group as viewers. The Google site has enabled participants to upload articles and make comments.

C. Resource pack / project website

The third element of the project plan was to develop a resource pack which would include all the different aspects of the programme, including the aims, overall framework, learning outcomes, materials, resources and links. In January 2010 the steering group took the decision to develop the resource pack as a website which could be available to all those in the Cornwall health community and the South West region. The website can be visited at www.nhspartnersincornwall.com .

Part 3 - Evaluation

The purpose of the evaluation

The aim was to evaluate the planning and implementation of NHS Partners in Cornwall, with a view to informing future roll-out of the initiative.

The specific objectives were to evaluate:

- The project framework
- The planning and implementation of the action learning sets (learning and development days)
- Participants' access to and uptake of the opportunity for university accreditation, using the work-based learning module
- The resources developed to underpin the programme
- The value of the programme on the development of participants' understanding of and attitude to partnership working
- The effect of the programme on organisational culture and ways of working.

The evaluation team

The evaluation was carried out by academics from the Centre for Learning and Workforce Research in Health and Social Care (CLWR) at the University of the West of England, Bristol (UWE). The team members were Dr Pat Young, Dr Pam Moule and Dr David Evans.

Literature review

'Partnership' is a term that has appeared frequently in government and other publications relating to improving health care and other public services (for example, Department of Health, 1998; 2000; 2006; Smith et al, 2009). However, much of the available literature focuses on the more common use of the term partnership to refer to relations between agencies, or professions, or between staff and patients (for example, Anning, 2004; Stepney and Callwood, 2006). There is a smaller and more specific literature which explores partnerships between unions and management in a range of private and public employment sectors. This literature tends to be concerned primarily with evaluating the benefits of partnership agreements for unions and for management (for example, Jenkins, 2007; Geary, 2008; Bacon and Samuel, 2009). Within this literature on unions and management, a couple of articles have a focus on learning (Stanistreet, 2007; Cassell and Lee, 2009) but this is in

the sense of the establishment of partnerships to enhance workplace learning, rather than the focus of this evaluation, which is an initiative developing shared learning to support partnership working. Although there appears to be no literature specifically addressing the concerns of this report, the wider literature provides a context to understanding the issues raised.

A number of authors comment on the increasing emphasis on partnership work across a range of contexts. Dhillon (2005) suggests that partnership has emerged as a '*prominent practice in different policy fields*' (p 212) as well as a '*global practice in contemporary society*' (p 212). Mason et al (2004) contextualise the development of partnerships in a wider process of marginalisation of unions through the 1990s. In more recent years, the policy initiatives have attempted to shift local health service management from a '*command and control*' model towards more of a '*diplomacy and commitment*' approach (Mason et al, 2004 p 652). This, Mason et al suggest, reflects attempts to foster a greater awareness of the importance of human capital and the need for investment in recruitment, training and retention. Pass (2008) suggests that, within the health sector, partnership agreements were encouraged in the second and third terms of New Labour as part of the modernisation agenda, with partnership agreements seeking to overcome management-union conflict impeding attempts to modernise service delivery (Bacon and Samuel, 2009).

The lack of clarity regarding the concept of partnership is noted by most authors in the field. Pass (2008) argues that there is still no agreed definition or conceptualisation of partnership working, either academically or in policy literature. Powell and Glendinning (2002) characterise partnership as '*the indefinable in pursuit of the unachievable*' (p 2) whilst Ling (2002) points to the '*methodological anarchy and definitional chaos*' in the literature on partnership (p 82). Reilly and Denvir (2008) suggest what constitutes a partnership deal is '*very much in the eye of the beholder*' (p 35) with the form and content of the agreement varying. There may be partnership working without a paper agreement, and conversely the existence of an agreement does not guarantee effective partnership working (Reilly and Denvir (2008).

In 2009, Bacon and Samuel reported 248 partnership agreements signed between 1990 and 2007. Most of these were in the public sector, and the health and social care workforce accounted for one-third of all agreements. Kirkham (2006) however argues that the lack of agreed definition means that there are many mechanisms '*masquerading under the banner of partnership so as to undermine the potency of the principle*' (p 2) He proposes that:

'genuine partnership working gives employees (directly or through their elected representatives, trade union, or non-trade union), an influence over management decision-making – from the 'glint in the eye' of generating ideas – through the 'what' of proposals – to the 'how' of implementation' (p2).

In a study of two health service trusts, Mason et al (2004) analysed the strategies that management and trade unions adopted in their approach to workplace social partnership. Mason et al distinguish between a '*deliberate*' strategy which focuses on direction and control and an '*emergent*' strategy based on a learning process (p 649).

A number of studies attempt to evaluate the effectiveness of partnership working. Although there are concerns voiced, Pass's (2008) review of research finding suggests that the mutual gains which the government has argued for partnership working are supported by academic research. Guest and Peccei (2001) explored the relationship between the adoption of partnership principles and workplaces practices. Analysing survey responses from a matched sample of 54 UK management and employee representatives, they found a link between partnership principles and workplace practices, and between practices and employee attitudes and behaviours. They were then able to link these to positive employment relations and performance.

Reilly and Denvir (2008) report on a partnership agreement which has run for ten years at Legal and General insurance company. The company reported beneficial effects on the ability to embrace change. From the union point of view, there was greater access to management and the ability to shape discussions, as well as fertile ground for recruiting members. Ackers et al (2005) suggest partnership agreements provide unions with recognition of their legitimate role and a commitment to consultation. Oxenbridge and Brown (2004) argue that whilst partnership agreements deprive unions of their coercive role, they provide increased access to management.

Mason et al (2004) are more sceptical and refer to studies which find partnership agreements used to weaken or limit trade union influence and to facilitate change. From the management point of view, Ackers et al (2005) suggest that there is a belief that partnership agreements create extra costs and there is a concern that decision making processes will be slowed down and decisions based on pragmatism. Kelly (2000) suggests management are concerned by the idea of involving unions in strategic decision making in large diverse organisations. From the union perspective, there are fears concerning the limited influence in decision making created by partnership agreements (Ackers et al 2005). There is a concern of being seen to be too involved with managers, especially in making decisions likely to be unpopular with the membership, and a belief that the gains will be greater for employers than employees (Guest and Peccei, 2001; Terry 2003). Reilly and Denvir (2008) suggest that there are those in the trade union movement who are opposed to partnership, fearing it denies plurality of interests amongst the parties. Although providing findings which generally support the effectiveness of partnership working, Geary (2008) suggests that there is little evidence that public sector partnerships have '*gone beyond addressing "soft" issues to broach areas of core concern to managers and unions*' (p 563). Jenkins (2007) is sceptical of the real benefits of partnership forged at the level of a single workplace context, highlighting the risk that '*unions are partnering with levels of management who may not have the power to keep their promises*' (p 636).

Within the wider literature on partnerships, there is discussion of benefits which go beyond the pragmatic outcomes of a particular partnership initiative. Dhillon (2005) suggests that the impact of partnership working can be analysed on two levels. On one level it can be a pragmatic response to government priorities and achieve specific targeted outcomes. At a deeper level, there are 'value-added' benefits which result from shared values and trust, mutual learning and a commitment to collaborative working which form a 'social glue' which sustains partnership (p 215) Anning emphasised the importance of collaborative learning in developing an understanding of the values, beliefs and professional knowledge of others.

Stepney and Callwood (2006), argue that for the ideology of collaboration to become a reality there is a need for mutual trust, honesty and openness, as well as common understanding to replace tribalism and self-interest.

Although some have doubted the long-term sustainability of partnership agreements (Martinez Lucio and Stuart, 2005), Bacon and Samuel (2007) found 81% of the partnership agreements they studied had survived. Most of those that did not survive were lost through re-structuring, takeovers or mergers, or the setting up of new agreements. Less than one in ten public sector agreements were discontinued.

Methodology

The methodology for the evaluation has been influenced by ideas from participatory research, realistic evaluation and qualitative methodology.

A participatory approach was adopted throughout the evaluation, engaging members of the partnership project in aspects of developing the research design. This is the approach generally favoured by the UWE research team as a means of providing *'multiple lenses ... and consequently better problem solving'* (Burns 2007, p 13), as well ensuring that stakeholders have ownership of the evaluation process and outputs (Burns, 2007). This approach is especially fitting in this context of the topic of this evaluation, mirroring some of the issues raised by the participants. In common with partnership working between unions and management, participatory research relies on the development of collaborative relationships and an understanding of different needs and agendas *'which may sometimes be shared and other times be divergent or conflicting'* (Wallerstein and Duran p. 33).

Realistic evaluation (Pawson and Tilley, 1997) seeks to inform development of policy and practice. Pawson and Tilley (1997) suggest that the question asked in realistic evaluation is not 'What works?' or 'Did this program work?' but 'What works for whom in what circumstances?' and suggest evaluators begin by expecting measures to vary in impact depending on circumstances. The key problem for evaluation is then how, and under what circumstances, a given measure will produce impacts. Realistic evaluation aims to recognise complexity, reframe questions, and support development.

A qualitative approach to data collection and analysis was adopted. This involves data collection methods which are *'flexible and sensitive to the social context in which data are produced'* and which *'involve understandings of complexity, detail and context'* (Mason, 2002 p. 3).

Data for the evaluation were drawn from minutes of meetings and project team reports; observation at events; and interviews. Twelve interviews were completed. Respondents included a sample of steering group and project team members, with representation from the Strategic Health Authority (SHA), the University of Plymouth, the Trusts and NHS Unions. Six members of the learning and development days were interviewed: two from each Trust, one representing management staff and one representing the staff side.

The interview schedules were revised to tailor the questions to the different respondents. The majority of the interviews were conducted face-to-face at venues convenient to the respondents. In two cases the interviews were by telephone. The questions were open-ended to allow participants to express their views. A full list of the topics for the interview was provided in advance of the interview. The interviews averaged one hour in length. The interviews were audio recorded, in all cases but one, and notes subsequently taken for analysis.

Ethics

The evaluation had favourable ethical approval from the Faculty of Health and Life Sciences Ethics Committee at the University of the West of England, Bristol. The study did not require approval from the National Research Ethics Service (NRES) as it was classed as a service evaluation.

Issues of anonymity were discussed with the team at the outset. The numbers of respondents were small and some of the roles were unique within the project. It was therefore acknowledged that it might not be possible to anonymise data in such a way as to fully protect the identity of individual members. It was agreed that the evaluation team would pay particular attention to presenting data in a way that would not be attributable to individuals, but that this could not be fully guaranteed. As part of this process, participants were offered the opportunity to check an early draft of the final report. The writing up of the findings has used, as far as possible, the words of the respondents, even where not placed in inverted commas, but does not attribute the quotations to particular people.

Findings

The findings are presented under ten headings:

1. The need for the project
2. Management of the project
3. The launch event
4. Membership of the learning and development days
5. The learning and development days
6. The group-work topics
7. Accreditation
8. The impact of the project
9. Organisational engagement
10. Learning for the future

1. The need for the project

Everyone interviewed felt there was a need for the project. Whilst most respondents thought this kind of project was needed everywhere, many also emphasised features of Cornwall:

'It is needed other places too, but Cornwall is unique in style and culture and demographics ... we are not good at staff engagement generally'.

Another identified *'risks in the future, with an ageing population and low immigration and turnover'*. As well as these demographic issues, it was felt that the geography of Cornwall created a particular culture.

'Cornwall is far removed geographically so it is hard for people to travel out of the area to look outwards and to learn. ... There is a distinct culture of being resistant to change'.

It was also felt that it *'would be really good for Cornwall to demonstrate this exciting new pilot and to get a good reputation for management and PR, and for Cornwall to become a leader'*.

At a more local level, there was a tendency for people to argue that their own employment relationships were good, whilst acknowledging problems in other parts of the organisation, or in other Cornwall Trusts. This may reflect the nature of the membership of the project, as those who joined and stayed are likely to be those most committed to the idea of partnership working.

'Yes it is needed. I do feel we work well ... but it doesn't permeate all the way through the organisation.'

2. Management of the project

The *'commitment'* and *'hard work'* of the Project Leads was recognised by all the respondents. It was thought however that a team of one union lead and one management lead would have enhanced the perception of equal commitment from both sides, demonstrating *'partnership working'* as well as providing greater understanding of the challenges facing the project, and ways these could be overcome.

'... the Project Leads are from trade unions and the management is with the SHA. It is as if external bodies are doing something, and it is easy for Trusts to say someone else is doing the project.'

The structural location of the project, outside of the Trusts and the Regional Social Partnership Forum, with the funding sitting (albeit for convenience only) with the RCN, also contributed to a perception of the project as *'oriented to UNISON and the RCN'*.

The project was managed by a steering group (acting on behalf of the Chief Executive of the Strategic Health Authority (SHA) and the Social Partnership Forum), and a project group. Some respondents felt unclear about the roles of the two groups, which tended at times to merge and overlap. A member of the project group was *'shocked at how loose it all was'* and struggled throughout the process *'to understand what the remit of the group was and how it was going to achieve its ends'*.

Some felt the seniority of the membership of the steering group meant people were divorced from the project, and that the presence of different people at different meetings and events led to *'disjointed'* in-put. The dominance of human resources (HR) personnel led to a perception that the project was a *'workforce project'* and lacked the full engagement of operational directors in the three Trusts. Although some felt attendance and participation was equal from both sides, others felt that the participants from unions attended meetings more consistently. There was effective communication from both sides outside of the meetings and people were kept informed through newsletters and email correspondence.

The steering group was felt to have had a stronger identity and a more committed core membership than the project group which suffered from a changing membership and irregular attendance. In both groups, when members changed employment roles and left, the complexity of the project meant it was difficult to effectively brief new members.

3. The launch event

Everybody who attended the launch spoke positively: it was *'great', 'brilliant', a 'high point', 'a high profile'* event with good speakers, establishing the idea of partnership, and attracting a large audience. The criticisms were in terms of the relationship of the launch to the rest of the project, and the status of the people who attended, with examples cited of *'PAs standing in for senior managers'*. Some felt there was a lack of clarity about the purpose of the launch and how it would contribute to the project:

'The Launch started to get other than HR managers involved but seemed to be a big bang then just faded away again.'

'There was valuable and powerful debate but this bore no relation to (the later) project.'

Some respondents felt the appropriate people attended from their particular Trust, but were then disappointed to find that there was no further engagement from these key people. In other Trusts, attendance by sufficiently senior staff was disappointing. Respondents told of participants who, when asked to say why they had come, could only report having been *'told to attend by a senior manager'*.

People were asked to sign up for the learning and development days and people did sign up at this event, but in some cases *'weren't sure what they had signed up for'*. Some did not realise the long-term nature of the commitment. Attempts to agree a topic for the Trust-based project groups were difficult where there had been a lack of preparation. Problems were later caused where the membership of the learning and development days differed from those attending the launch.

4. Membership of the learning and development days

People joined at different points. Some commented that they would have liked to have known about it further in advance and to have had more information. This was despite the programme outline and dates having been known within the Trusts from a newsletter sent out in August 2009.

Some people volunteered themselves, some were asked to join because of a union role, some were 'told' or even, with acknowledged irony in terms of one of the group topics, 'bullied' to attend. Overall it seems that the members representing unions were more likely to have chosen to attend, with managers more likely to express some degree of coercion.

For some of the Trusts at least, the numbers involved were low, resulting in groups which were small and lacked key members, particularly from operational management. As with the steering group, many of the managers on the learning and development days were from human resources departments. It was felt that participants tended to be people who already understood the concept of partnership and worked effectively.

'The group was too small and not the right people. We have good relations and do understand partnership processes already. There was difficulty in getting management reps to attend, we are lacking the nominated leads to attend and do the project justice.'

This was attributed, at least partly, to a lack of clarity of information on the project, despite newsletters and briefings. In another Trust, where only one manager attended the first day, it was said:

'(the HR manger) couldn't put out an email to invite people to attend as she didn't know how to describe it'.

The respondent goes on to argue that involvement from managers needs clear information on the priority of the work and the expected outcomes:

'If we don't tell a manager how important something is and where it sits, we will never get them engaged'.

In response to a suggestion from one of the early respondents that time and travel could have been saved by running the learning and development days within the Trusts, the evaluation explored this option. Most respondents however welcomed the different perspective which could be gained by working in a different location, and hearing the views from the other Trusts.

'It is good to have three trusts meeting elsewhere, as it creates time to go away and think and be critical of your own organisations and ways of thinking.'

It was felt however that the structure of the learning and development days failed to fully capitalise on the opportunity to learn from colleagues in other Trusts, or to create partnership across the whole health community of Cornwall.

Most of the respondents attended most of the learning and development days, typically missing just one. Some people could not commit for all the days, without greater advance notice, and did not sign up or dropped out. A lack of commitment to the project from middle managers in Trusts meant that although participants had permission to attend, had indeed been told to attend, there was often 'pressure to stay at work when the day came around'.

Some felt they had to work harder to make up for their absence, and some attended in their own time.

In a programme of six days over six months, participants were aware of the lack of continuity which resulted from missing even one day. From the organisers' point of view, the shortness of the programme meant there was *'no time for repetition or bringing people up to speed'*. Even where people did attend, one respondent commented on a failure to fully engage, particularly from management representatives.

'Attendance varies. Sometimes there are just three in a group. Union reps attend. Clinicians attend when they can, some in uniform, and have pagers going off and leave to answer.... Regular attendance is skewed to the union side and contribution definitely. Managers attend, but some are trying to deal with day job at the same time and not able to fully concentrate.'

5. The learning and development days

The programme of six learning and development days ran over the winter and a day was lost to bad weather, and made up later. Although one of the respondents felt the six months was too short, most people felt that it would not be possible to expect people to commit for a longer period. For respondents from one Trust, the work could have been achieved in a shorter period:

'The programme was useful but I am not sure whether the time spent is in proportion to the value. The ideas are embedded in me, but I'm not sure it took six days to get to that point Our topic could have been done in two half-days.'

Views on the programme for the days were mixed. For some respondents the days were *'interesting'* and *'well organised'*. Others were more critical:

'The days are too long. ... An hour is a long meeting. A day out takes two days to catch up, and it is hard to maintain momentum.'

Describing one day in particular, he adds:

'It was unstructured, unfocused, and I was not sure what the purpose was or what achieved. For example we looked at an article from a magazine, about partnership, I thought 'oughtn't we to be looking at models or what has worked and not worked, something more practical?'

Some found the presentations useful, while others questioned the relevance of some of the material.

'I'm not sure you need to know the history of trade unions. I understand the idea of understanding the other side, but I don't need that, I used to be a manager and I have a balanced view.'

The overwhelmingly most popular in-put was the *'React'* day and everyone interviewed was positive in their response. The event was seen as *'practical'*, *'relevant'* with *'techniques you*

could use’ as well as being *‘entertaining and engaging’*. Although a long day, it was *‘well structured’* and *‘well facilitated’*. It brought the group together and respondents reported working with colleagues from other organisations for the first time. A number of people felt this session should have come earlier in the programme. There was some regret that the *‘pre-messages put people off, and some people didn’t attend as they thought it was role play’*, although the project leads had taken care to explain to all that this was not the case.

6. The Group-work topics

There were considerable variations in the routes by which the groupwork topics were arrived at, as well as the perceived success of the groupwork. Although everyone saw the topics as a vehicle for more generalised thinking about partnership working, there was satisfaction in creating something tangible and concrete, and frustration where an output was not achieved.

On the Bullying and Harassment topic: *‘it was concrete, but also I saw it as a vehicle for exploring a different way of working.’*

One of the goals of the launch was to discuss the topics for the three groups. Ideally this would have enabled some preparation before the first learning and development day and a running start for the programme. However, *‘people were unclear what the project was about ... They didn’t understand the concept and so couldn’t identify topics’*. In only one case, was a topic generated outside the group and this proved to be the least successful. Although the group concerned did not feel their work was wasted as the process was about *‘dialogue, openness, honesty’*, there was considerable frustration expressed over the topic.

‘The JCC wanted us to look at shift patterns ... It didn’t work as a topic. There were difficulties in getting management reps to attend ... to do the project justice.’

Choosing smaller, more discrete tasks enabled two of the groups to complete in the time, and respondents expressed satisfaction with their achievement, which embodied a new form of partnership working in a tangible form.

On the Bullying and Harassment topic: *‘The topic has worked and we have updated the existing document and there will be a pamphlet to go in wage-packets. It is nearly ready and we are pleased with it. It has been proper working together.’*

On the Partnership Agreement: *‘It was a good job. It killed two birds with one stone, a positive result with a benefit. Some thought it was too focused, but it has created a Trust policy on what we are doing – a concrete aspect of something ethereal.’*

Some of the groups met outside the learning and development days. One group of four met monthly in between the learning and development days and never had a full team meeting at the days. All groups maintained contact outside the days, using email where split locations made meetings difficult.

The Google site set up by the project leads was welcomed as a source of shared information, providing another dimension for communication. Although participants on the programme were proactive in uploading material, none of those interviewed had done this,

describing themselves as not very '*technically inclined*'. In one case, the respondent had failed to gain access on his first attempt and then rejected the site as '*not immediately accessible*'.

7. Accreditation

A minority of participants have communicated their intention to take up the opportunity of accrediting their learning with Plymouth University's work based learning modules. The interviews suggested that some others have not ruled out this possibility, but were unsure how to proceed.

Amongst the respondents there were mixed views on the accreditation. For some, it was a very important part of the project

'it was a big sell for me...I wanted to do some credited work-related study. That kept me going ... I will do some more work and submit at degree level.'

Others thought it was a good opportunity, just not appropriate for them at this point in their career. There was some disappointment in the low take-up. Many of the participants had less academic background than was required for them to benefit from the accreditation:

'If this had been known in advance, some alternative could have been considered.'

The lengthy presentation on accreditation on the first morning was daunting to some, particularly where people failed to grasp the optional nature of the accreditation.

'A low point was the introduction on day 1. I thought: 'My God, what have we signed up for?' I didn't expect it and it nearly switched me off completely. I didn't pick up that it was an option.'

Whatever their personal views on the opportunity for accreditation, everyone interviewed felt this part of the project should be a feature of any further developments, with greater tailoring of the provision to the needs of the participants.

8. The impact of the project

Respondents talked about the impact of the project in two main dimensions: on the individuals involved in the learning and development days; and on the wider organisational cultures and processes. These two are obviously inter-related in that individual impact may result in wider impact as those people go about future activity in new ways.

Respondents outside the learning and development days were more prepared to speak of a change at the level of the individuals; responses from participants were more ambivalent.

A member of the steering group spoke of a key change in the way in which members of the various groups were communicating with each other, which could have far-reaching implications for the future:

'The usual relationship is one of negotiation. It took a long time to get over a habit of negotiating in meetings. It was a great lesson for us all. To move the group on to another way of working, that is the value for me in the steering group and the learning set. This is a real outcome, which is needed for the future.'

The participants on the learning and development days were described as having *'been on a journey'* and become people who *'will be champions'*. It was suggested that individuals had *'grown considerably'*, *'been challenged'* and engaged in *'some key learning'*.

A number of participants spoke of improved relations amongst group members:

'We found we were all singing from same hymn sheet. It has helped our relationships, created more mutual trust. We communicate better as a group, with less 'us' and 'them' and mutually common ground.'

Although the participants were more reticent in seeing themselves as changed by the experience of the project, often adding that they were already committed to partnership working, most could identify some change in knowledge, skills or focus.

'It has not changed me, the way I work or operate. I have enjoyed it, and got quite a bit from it. It has given me increased knowledge, from people sat round the table. People say things, and it changes the way you look at something, something you hadn't thought of. From that point of view it has changed my knowledge.'

Two people referred to using the 'React' session to reflect on past experiences:

'It made you take a step back and re-think. I have reflected on why past meetings went well or not so well.'

Respondents spoke of becoming *'more thoughtful and focused on the subject'* of partnership:

'Partnership is an ethereal thing, different to everyone, it has been reinforced here. We have been through a process that has reinforced its value.'

As a number of the respondents commented, it is probably too early to assess the impact of the project on organisational cultures and processes, as taking the learning back into the organisations is the next stage.

Most felt enthusiastic about future wider impact, although were aware of work still to be done to embed the work in the organisations (This issue of organisational engagement is the topic of the next section).

'The impact outside is the big question mark. It has been successful for us here. It has been a bit of an eye-opener but we are people who have an interest or skills in this anyway. The really big issue is: can it be embedded? How? It is yet to be proven. It has not changed the organisation at this stage. If the policy (developed by the group) is embedded with the support of (senior staff) it will mean seeds of change.'

9. Organisational engagement

The biggest challenge facing the project has been the strategic and operational engagement of the organisations. There was a point at the beginning of the project when it seemed that the learning and development days could not go ahead. In response to this crisis, the steering group members galvanised staff in their organisation and sufficient people participated for the project to continue. (As has been documented in discussion of the membership of the learning and development days, this action did however have repercussions with people feeling pressured to attend without sufficient understanding of the importance of the project or individual commitment.) Even though the project had sufficient numbers to go ahead, as has been discussed throughout this report, the lack of strategic buy-in from appropriate staff dogged the project in a number of ways. Appropriate support was felt by all respondents to be crucial in the next stages of the work.

'It will achieve the aims, providing the employer organisations robustly support it. There is no doubt the trade unions are supportive and the SHA. The worry is that it is not a commitment or top priority for the Chief Exec or Chairman, whose priority is delivering targets, and achieving financial balance. Each organisation has own busy agendas and this is something on top. There is a need to understand that the benefits that come out of this outweigh the problems of not addressing it.'

For a number of respondents, the difficulty in getting 'sign-up from each of organisations at certain levels' was at least partly related to a lack of clarity about the outcomes. One respondent however articulates the 'Catch 22' nature of a genuinely exploratory pilot project which seeks to take people into new areas:

'We were not clear enough about the outcomes, but we weren't sure at the beginning what the outcomes would be. This is a criticism throughout the project, but it couldn't have been done differently, as it was an exploration of a project, and therefore we didn't know what the benefits would be at the beginning.'

She goes on to argue that it is only at the end of this exploratory process that the project is actually ready to properly begin:

'We have gone through a process. Although it was very difficult, now we have a clear view of what the outcomes would be in terms of organisations and the people on the course. NOW we can start with a project, now we know. It was a chance to test something out to then take forward. There was no evidence from any other area in health – it is unique in health.'

Although there was a clear need for operational managers to in-put into the project, there was a tendency for the project to been seen as the concern of Human Resources. This was linked by the respondent below to the overall lack of strategic ownership locating the project in the priority list:

'It never got put into the priority list of the organisation so that you could prioritise it, It was always the poor relation of anything operational that was going on. I do question where it sat. I never saw it mentioned anywhere else. People say "what's

that?" I didn't want it to be just HR thing, I wanted other managers involved. The launch started to do that, then faded.'

The lack of middle management buy-in affected release of staff for the project

'I thought the issue of release was dealt with, but seemingly not, some people have had problems. The project has buy-in from senior managers, but people who have to deliver targets see staff going off on 'jaunts'. More should have been done to say: 'this is important', and why, and if necessary fund backfill.'

10. Learning for the future

This has been a very successful pilot, both in terms of achieving outcomes for the members and their organisations, and in providing learning for the future. All respondents were keen to see the work continue in some form, whether in Cornwall or elsewhere in the region. Although in the beginning it seemed that this project would be a pilot for further work elsewhere in the region, it was now thought by some that *'something is needed in Cornwall to carry on the work and make it sustainable'*.

Respondents varied in their emphasis on the aspects of the programme to be continued. Some hoped that the project could provide the basis for a permanent form of joint training.

'I am optimistic that it will produce something meaningful and sustainable A permanent programme of education and training, jointly to up-skill managers and reps, to understand what is driving the NHS and improve understanding of each other.'

In other cases the emphasis was on the creation of collaborative processes within the Trusts, using existing policies, such as the NHS Constitution, as a driver.

'We could provide some kind of partnership working tied to the organisational change policy, involve more people, provide training like 'React', develop a programme that is about partnership working, as part of leadership development programme.'

'It would be good to have a structure to keep things going. We can use the management programme as a vehicle, and joint training is going on anyway. Now is the perfect time. We need different ways of selecting people, we need to legitimise participation through management development programme.'

One respondent notes that partnership working need not only be with union representatives but could be widened to include other staff as well:

'Unions don't represent all staff and we should engage all the workforce. It would be good to have a partnership forum as well as a negotiating forum, to allow interested parties to have a say on how the Trust is run for the benefit of the patients. It would be a huge success if the project could bring this about.'

Respondents were able to point to many lessons learned which could inform future development. Perhaps the most basic lesson identified was the *'need to avoid presumption. The presumption made here was that people were further on in their understanding than they were'*. Another respondent suggested: *'don't underestimate how the two sides interact at the start – it was very hard to change and get to point where we could work together'*.

Organisational engagement

The most important issue for everyone in the evaluation was the level of engagement of the Trusts. There are a number of elements to this issue. One aspect is the relationship of the project to other structures:

'It should not have sat outside Regional Partnership Forum as it was then perceived as UNISON/RCN orientated ... Any roll out should be handed back to them, to have ownership.'

A number of respondents felt the spirit of partnership would have been improved, as well as organisational buy-in increased, if one of the project leads was an NHS manager:

'The project leadership should be one union lead, plus one from the NHS to create true partnership. A joint team would have greater understanding of challenges facing the project, and ways of resolving these. It would enhance the perception that it was a shared project with equal commitment from both sides.'

The experience of the project demonstrated that the time-scale of the overall project was not sufficient to allow for the necessary groundwork to *'create ownership in the NHS'* and avoid some of the later difficulties. The allocation of one financial year meant early stages were rushed in order to make sure the launch and the six-month programme took place.

'I realise now how much longer this should have taken, how much more groundwork should have been done to encourage senior people, especially middle tiers of management.'

A radical re-think questions whether the learning and development days were the *'best thing to put energy into as a way of achieving aims? I worry that it is an intensive process focused on a relatively small number of people. Maybe alongside we should have focused on organisational change.'*

Ways of increasing organisational buy-in, in addition to the project leads' presentations to partnership committees, were suggested:

'We could have done something different to improve buy-in. The steering group could have gone collectively to the three organisations to talk to boards, to promote and champion, to explain aims and objectives, then there should have been a presentation in each organisation to inspire managers to release staff, and to explain the benefits.'

As well as smoothing the release of staff, this groundwork might have avoided situations in which:

'People were being told to go along, be a member (of the project group or the learning and development days). Nobody had any briefing or explanation.'

The need for more and clearer information in advance was urged in all aspects of the project. Some however recognised that the nature of a pilot means that outcomes are unknown in advance. As such it is important for *'the strategic leaders to say it is okay not to get it right; it is a learning journey, a research project'*.

There was a need for *'one consistent person from an organisation on the steering group and a director in the organisation who would champion and take forward the project'*. This was made more difficult by inevitable job changes at senior level with challenges in handing over effectively to someone with equal commitment. Where people in the steering group and project group changed roles and left there was a need for *'new people to be briefed better. It was a complex process with lots of outcomes, and was difficult to communicate to new people.'*

Management

If a project is to operate with two groups involved in the management there needs to be *'very clear guidance on roles ... We should have given more of a remit on the role of the steering group and the role of the project group.'*

Now that there has been a successful pilot, a follow-up cohort could be more tightly organised:

'It needs a project plan with objectives, an action plan, key groups identified, a contract, the venues and meetings set well in advance, and the release of staff agreed.'

The launch event

The launch event needed to *'more directly contribute to project'*. *'Workshops could have been formally facilitated to identify themes for group topics.'*

Learning and development days

As has been discussed earlier, there were suggestions for the programme to take place in the Trusts to save time and travel. A suggestion which retains the benefit and potential of cross-organisation work was to combine joint meetings and focus groups in Trusts. The in-house sessions could be more frequent and shorter:

'The days are too long. I am always thinking how can we sell this to managers? An hour is a long meeting. It would be better to have two a month, but shorter.'

In-house groups would however *'need facilitators to keep the group on track and bring people back to the purpose'*. The key personnel in relation to the project need to be signed up to contribute when needed. Some respondents wanted more senior people involved, whilst others felt there was a dominance of higher bands and participation should be from all levels.

There were mixed views on the length of the programme. University work based learning programmes are more commonly one year in length, which allows time for consideration of a suitable focus. On the other hand it was thought that a *'shorter programme might have got better sign-up'*.

Recruiting a larger number of people for the learning and development days would make groups more viable when some participants fail to attend. The dates need planning further ahead to enable people to keep time free.

The learning and development days participants *'need protected time and to fully commit'* to contributing to the days. One respondent felt this could have been better achieved if *'some of the funding had gone to NHS to facilitate release of appropriate people to participate in project'*.

Groupwork topics

The topics need to *'be of interest to individuals and of strategic value'*. For one respondent the project was a *'lost opportunity to work across the Cornwall health community'*. He would like to see the model extended to work on something *'genuinely cross-organisation'*.

One of the respondents felt the groupwork should have been more structured with *'particular outcomes for each group to achieve'* and NHS and staff side chairs in each group.

Accreditation

The majority of people felt the opportunity to accredit work should be retained. Accreditation needed however to be more closely tailored to the needs of the participants. This could be done by providing *'accredited learning opportunities at lower levels'*, requiring *'further input in study skills'*. Another option would be more selective matching the *'people to what was offered, through appraisal'*. This would give the programme *'more prestige'* and provide a way of using the pilot to *'develop something around the leadership agenda'*.

Discussion

A number of key points emerged from the analysis of the data collected in the interviews which have some resonance in the issues raised in the literature.

The literature suggested a number of drivers behind the policy push towards partnership working. These included a greater awareness of the importance of investment in human capital (Mason et al, 2004). All the respondents in the evaluation felt there was a need for the project. Investment in health care staff was seen as particularly important within Cornwall: a region characterised by low immigration, a high proportion of older people, and a relatively stable health and social care workforce. The literature also contextualised partnership working within New Labour's modernisation agenda and the need to overcome management-union conflict impeding attempts to modernise service delivery (Pass, 2008; Bacon and Samuel, 2009). Many of the respondents recognised the particular need for this project in Cornwall to address current and historical issues of employment relations and staff engagement, in order to be able to move forward in adapting services to meet new needs and new circumstances.

Some of the respondents reported a lack of clarity in their understanding of the concept of partnership and uncertainty about the aims and potential outcomes of the project. Across the literature on various forms of partnership, authors comment on the lack of an agreed definition of partnership working (Ling, 2002; Powell and Glendinning, 2002; Reilly and Denvir, 2008; Pass, 2008). Partnership is still a new concept which, by its very nature, involves complex relations between people with different agendas and ways of understanding, and uncertain outcomes.

A central theme in this evaluation is the insufficient embedding of the project within the appropriate structures, which has enabled the project to be perceived as external to the Trusts. This lack of effective buy-in from the employing organisations has played out in various ways throughout the project. Some respondents felt frustrated by the lack of involvement of key people, particularly strategic managers, at appropriate levels needed to achieve particular outcomes. Others were concerned about the future impact of the work within their organisation, beyond the life of the learning and development programme. These issues can perhaps be related to findings in the literature which suggest that the benefits of partnership are limited in situations in which unions are partnering with levels of managements who do not have the power to keep promises made (Jenkins, 2007). Jenkins' analysis is of private companies in the context of global restructuring of international capital, but has some resonance in terms of partnerships based in Trusts influenced by shifting national policies within a context of national and global social, economic and political agendas. Perhaps inevitably in a new initiative, there was also a perception reported in this project that the participants tended to be people already committed to a partnership style of working.

Although there are some suggestions in the literature that benefits of partnership are greater for management than unions (Terry, 2003; Mason et al, 2004; Reilly and Denvir, 2008), more commonly, the authors write of mutual benefits (Jenkins, 2007; Geary, 2008). Pass (2008) suggests that there is a stronger academic focus on the union perspective and it is interesting to note that in the NHS Social Partnership Forum stock take, responses to online questionnaire were skewed towards trade unions members (Worrell 2009). In this evaluation, some respondents felt there was greater commitment and enthusiasm shown from staff-side participants than from management representatives. This may be linked in this case to a perception, also expressed, that the initiative was in some sense a 'union project' and wider issues, discussed above, concerning strategic ownership by the Trusts.

The wider literature on partnership working suggests benefits on a multiplicity of levels and value-added benefits resulting from mutual learning and a shared commitment to collaborative working (Dhillon, 2005). Although participants found it hard to evaluate their own learning, and take-up of the opportunity for accreditation was disappointing, a number of the participants in the evaluation recognised benefits beyond immediate outcomes. These included improved relations among group members, the development of mutual trust, and the change in focus resulting from a shared journey which reinforced the value of partnership. These deeper level, value-added benefits could be of crucial significance as the individual participants take the work forward in their organisations.

Conclusions

NHS Partners in Cornwall has been a very successful pilot. The project delivered a positive and constructive experience, with tangible outputs; and provides a starting point for future developments which can benefit from the lessons learned. The development of partnership working has the potential to impact significantly on the NHS's ability to manage change and improve services.

To enable Cornwall to benefit fully from their participation in a challenging and innovative pilot, further development should begin in Cornwall, with a second cohort of participants, before being rolled out in the South West region, and beyond.

There is a need for further evaluation of the next stage, to include baseline assessment. There is also scope for further learning from the pilot through follow-up data collection with participants and their colleagues, six months after the end of the pilot, when any changes in working practices can be explored.

A central theme in this evaluation is the insufficient embedding of the project within the appropriate structures, which has enabled the project to be perceived as external to the Trusts. Greater engagement from the Trusts concerned is essential to any further development. This needs to start at Board level and be communicated throughout the organisation, involving strategic and operational managers as well as Human Resources staff. A statement from the Board needs to clarify the level of priority to partnership work.

The experience of this project suggests a number of possible ways the work could be developed further. Each has advantages and disadvantages. One possibility is for partnership development work to take place within each Trust. This would increase ownership by the Trust, reduce travel and some other costs, and make attendance easier. Partnership development work could be integrated within leadership development programmes and budgets, and tailored more closely to the needs of the organisation. The disadvantages here are a loss of the potential for cross-organisation work and learning, and the loss of the freedom to think more creatively when away from the day-to-day working environment. There may also be increased costs in providing in-puts at diverse locations. A solution which retains the benefits of shared learning would be a mixed format, bringing people from different Trusts together for some of the time only.

As a pilot project, charting new territory, the outcomes of the project were unknown and advance planning was not always possible. Some respondents in the evaluation found the lack of clarity difficult and would have been helped if the exploratory nature of the project had been made clear and they had adjusted their expectations accordingly. Future work would of course be able to benefit from the challenges faced by these pioneers and the resulting learning, and there would be much less uncertainty.

If partnership development work can be made a permanent feature of NHS staff development, it can be promoted and marketed more effectively. Procedures such as appraisal used for selection of appropriate participation. Accreditation can be geared more closely to the needs of the participants, and used more effectively to increase the status of

participation. More detailed information on opportunities, outcomes, expectations can be provided for participants in advance of their signing-up. This pilot has created resources for future use and begun to explore electronic learning. Further use of electronic means and flexible patterns of attendance tailored more closely to participants are recommended. The group topics can be selected in a more systematic way with greater understanding of what is achievable in the time-frame and by the particular participants represented.

The impact of the learning on the participants in the Learning and Development days was evaluated more positively by people outside the learning sets than by the participants themselves. Many of the participants saw themselves as people already committed to the concept of partnership working and enjoying good working relationships and communication. This may be true, but it also the case that it is difficult to evaluate one's own learning and to be aware of changes over time, which may be significant but subtle. Awareness of learning could be enhanced by the inclusion of the teaching of reflection skills and by exercises to assess skills and knowledge at the beginning of the programme.

Part 4 - Next Steps

The pilot development programme finished in March 2010, although there are proposals for a follow-up event to present findings and consider next steps and sustainability in Cornwall.

From relatively early in the progress of the project two particular recommendations arose which were judged by the steering group and the project leads to be essential to the effectiveness of this pilot. These were for the three organisations to consider implementing:

- The identification of a non-executive director and an executive director to lead on partnership working in each organisation.
- The explicit discussion and adoption of the Social Partnership Forum principles within each organisation. This would help to endorse and embed the NHS Constitution.

These recommendations have been shared, via steering group members, with the three organisations but have not been explicitly acted upon and this has led to a gap between the aims and aspirations of the project and the expectations of the Cornwall health community.

The theme of partnership is being pursued within the three healthcare organisations. For example, within NHS Cornwall and Isles of Scilly there are proposals for new and revised ways of working within the Joint Partnership Committee, with a three-part agenda covering operational matters, employee relations and service improvement. The paper outlining these revisions proposes that:

by following the principles we can build a strong partnership approach to developing and implementing the measures necessary to meet the quality and productivity challenge ahead, whilst at the same time improving services for patients. The principles set out in this agreement are consistent with the values and pledges set out in the NHS Constitution and are also in line with the four principles of change.

Further learning points include the difficulty which some participants have found in sustaining regular attendance on the programme, the importance of support for any initiative in partnership working at the top levels of an organisation, the need for such an initiative to be seen as truly joint, and not predominantly a trade union venture, and that changes towards working in partnership can take many months or longer, and need consolidation over a lengthy period of time. These points have been carefully considered by the steering group and it has been agreed to carry out some further elements of the project within Cornwall itself in order to consolidate progress. The proposal is to develop further clear and explicit learning outcomes and deliver a two day programme based upon the project programme for managers and representatives.

The steering group is of the view that the NHS particularly needs partnership working at this time of financial constraint. It is arguable that the benefits of constructive partnership working could be particularly significant over the coming months and years. A strong and effective partnership working agreement can be challenging to establish and to sustain, and

partnership working does not eliminate differences of opinion or even potential conflict. However it does mean that there are effective channels and processes for communication, and working relationships based upon trust, openness and jointly agreed principles. Without such an agreement and its associated ways of working employment relations and staff morale may be jeopardised, ultimately potentially affecting service delivery and patient care.

Dissemination

It has always been a specific aim of the project that the learning from this pilot will enable appropriate elements of good practice and learning to be shared within NHS South West. This continues to be a vital part of the project. As a result there are a number of ways in which the findings and conclusions of this pilot project will be disseminated.

1. The project has been presented at the national Social Partnership Forum event in March 2010 by one of the project leads and a member of the steering group. The PowerPoint presentation used at this event is on the SPF website, which can also be accessed via NHS Employers (<http://www.nhsemployers.org/Pages/home.aspx>)
2. As already referenced in this report the project has developed a public access website which holds all the project documents, learning resources, links and this final report. (www.nhspartnersincornwall.com)
3. A shorter briefing paper will be prepared which will point the way to the website.
4. There are plans for one or two publications in academic and/or management journals, which may be co-authored by the project leads and UWE staff.
5. It is proposed that the project is presented and discussed at a South West Regional Social Partnership Forum event to consider ongoing support and management.

Appendix A

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Appendix B

Steering group membership

Amanda Shobbrook	NHS South West (chair)
Meg Crack	Joint project co-ordinator, Unison, from Jan 2010
Chris Dayus	Regional Officer, Unison
Ian Ducat	Regional Secretary, Unison
Mark Eades	Deputy Director of Human Resources, Cornwall Partnership NHS Trust
Val Heath	Associate Dean, Faculty of Health, University of Plymouth
Claire Jeffery	Associate Director of Human Resources, NHS Cornwall & Isles of Scilly
Sue Matthews	Regional Officer, RCN
Gillian Mayo	Joint project co-ordinator, Unison, until Jan 2010
Jo Perry	Director of Human Resources, Royal Cornwall Hospitals Trust, until Dec 2009
	Deputy Director of Corporate Affairs, NHS South West, from Jan 2010.
Sue Simmons	Joint project co-ordinator, RCN
Kate Tompkins	Southwest Regional Director, Royal College of Nursing

Members of the evaluation team, Faculty of Health and Life Sciences, University of West of England, Bristol

Dr Pat Young	Senior Lecturer and main researcher
Dr David Evans	Reader in Applied Health Policy Research
Dr Pam Moule	Reader in Nursing and Learning Technologies



NHS South West
NHS Staff Trades Unions
Cornwall Partnership Trust
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