Partnership in NHS Scotland 1999-2011

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This report continues the analysis presented in our interim report:
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The views expressed here are solely those of the authors.

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Summary

This report presents our independent evaluation of the operation and outcomes of partnership between government, employers and staff representatives in NHS Scotland at national-level. This two-year in-depth study was funded by the Economic and Social Research Council 2009-2011.

As the longest established and most extensive set of partnership arrangements in the British public sector, NHS Scotland provides a leading-edge example of the extent to which innovative industrial relations arrangements may contribute towards improving public service delivery. In our view, partnership in NHS Scotland has matured into probably the most ambitious and important contemporary innovation in British public sector industrial relations. These arrangements have evolved since 1999 to ensure partnership adapts to the needs of the service. The research outlined in this report informed NHS Scotland's latest review of partnership arrangements.

In developing and sustaining partnership in NHS Scotland, all sides have worked hard to meet six key partnership challenges. First, partnership requires a ***shared aim*** and a post-devolution consensus developed in NHS Scotland around how to organise health services. This consensus has endured for more than a decade, and partnership is legally-mandated and an integral part of the service. Sustained commitment from all those involved has produced genuine national-level partnership working between government, employers and staff representatives that helps the Scottish Government to develop and deliver key health policies and initiatives to improve patient services, drive organisational change, and develop and implement appropriate workforce policies.

Second, appropriate ***partnership structures*** have developed with three distinct but inter-related fora. The Scottish Partnership Forum (SPF) discusses overarching strategic issues affecting the service and facilitates joint problem-solving at an early stage of policy-development. Appropriate workforce policies are then developed in the Scottish Workforce and Staff Governance Committee (SWAG) to help deliver improved health services. Outstanding issues are negotiated in the Scottish Terms and Conditions Commitee (STAC). This structure fosters cooperative behaviours.

Third, ***frequent partnership meetings*** provide appropriate opportunities for staff-side involvement in key decisions and, fourth, the ***broad scope of issues*** discussed extends staff-representatives' involvement in a wide range of issues beyond those covered by traditional collective bargaining arrangements.

Fifth, ***enhanced voice*** in partnership meetings brings together diverse views to develop, refine and help implement a range of health and workforce policies. This allows mutual interests to develop around a shared agenda and a joint commitment to implementing the preferred solution.

Finally, sixth, ***positive partnership behaviours*** from all participants have generated a cooperative industrial relations climate involving an open approach to joint problem-solving and a search for optimal solutions to issues.

These challenges have been succesfully handled and mutual gains have resulted, with staff benefitting from the development of staff governance standards that underpin the workforce strategy and set high standards for health board employers, in particular, employment protection during organisational change. The Scottish Government and employers have fostered staff representatives' commitment to health policies and organisational restructuring in order to improve patient care.

1. Introduction

In 1999 the Scottish Office mandated a structure of partnership working for NHS Scotland. The aim was to encourage the Scottish Executive Health Department, NHS Scotland employers and representatives from trade unions and professional associations to work together in order to improve the health service in Scotland. Over the following 12 years, these pioneering arrangements have developed into the most ambitious and well established national-level partnership arrangements in the British public sector. This report presents our evaluation of the operation and outcomes of partnership at national-level in NHS Scotland. It seeks to enhance understanding of the potential contribution of public sector partnership arrangements towards improving industrial relations and delivering more effective public services.

Assessing partnership in NHS Scotland is important for several reasons. These arrangements have developed to enhance staff involvement in managing public services during a period when employee engagement is increasingly recognized as essential for improving organisational performance. Despite recognition of the importance of employee engagement, over the past 20 years the traditional institutional features of British industrial relations that sought to facilitate employee voice have been 'hollowed-out'. Joint consultation committees and collective bargaining machinery remains in place in strongly unionised environments and much of the public sector, but employers increasingly inform employee representatives of key developments rather than seeking to engage employees at an early stage when developing policies. The devolved governments created in Scotland and Wales have led the way in pursuing an alternative and more social democratic approach towards industrial relations, seeking to engage employees in partnership to improve health services. In addition, it is also timely to consider the lessons from leading-edge partnership arrangements given increased financial pressure on health services in the years ahead.

We first approached NHS Scotland to explore this initiative in 2007 and were granted privileged access to all archives and committees in 2008. We are indebted to a host of Scottish Government officials, employers and staff-side representatives for permitting wide-ranging access. A subsequent competitive funding bid submitted to the Economic and Social Research Council in 2008 was successful and we commenced the two-year study in June 2009.

This final report highlights the key features of national-level partnership in NHS Scotland and provides our assessment of the potential of partnership working for improving public health services. It identifies the key factors helping to sustain partnership over time and draws some lessons from the experiences of those involved. In particular, we consider how effective partnership arrangements may be developed and sustained. We believe that understanding the potential contribution of partnership towards improving health services is important not only for NHS Scotland and health services in general, but also has important lessons for public services across Britain.

2. Background and Overview

We need to know more about what 'works' in industrial relations. Given that partnership agreements now cover almost one-third of public sector employees in Britain it is important to understand how effective partnership working is developed and sustained. This is particularly important in the National Health Service as three separate national-level partnership agreements cover nearly 1.5 million employees across NHS Scotland, NHS Wales and the NHS in England. NHS Scotland has led the way in developing the most extensive partnership arrangements at national and board level. The Scottish Government and NHS employers have sought to engage staff in partnership to improve health service delivery and build staff commitment to enhance the quality of health care provided. As the longest established and most extensive set of partnership arrangements, NHS Scotland provides a leading-edge example to help assess the contribution of innovative partnership arrangements towards improving public service delivery.

Although partnership is found across Britain and elsewhere in the Scottish public sector, it has developed further in NHS Scotland than elsewhere since political devolution in 1999. During this time it has evolved and withstood changes in political administrations, frequent NHS reorganisations and public sector expenditure restrictions. In our view, partnership in NHS Scotland has matured into the most ambitious and important contemporary innovation in British public sector industrial relations. It continues to evolve and requires periodic reassessment to refresh partnership structures and for each of the groups involved to reconfirm their commitment to partnership working. It has developed and been sustained over time because the parties involved have developed effective solutions to the following six challenges that are both complex and interrelated.

1. **Developing a shared aim**
   Effective partnership working requires the development of a shared aim and an agreed approach on the way forward. It is not surprising that national partnership arrangements have developed further in the NHS than elsewhere. The service is based upon a commitment to high quality patient care and the founding principles of the NHS are widely shared. From this positive starting point, the unique circumstances of Scottish political devolution in 1999 allowed a consensus to develop over the future direction of the health service in Scotland that differed from the market-based reforms pursued in the NHS in England and Wales. This post-devolution consensus on how to best organise NHS Scotland allowed the emergence of genuine national-level partnership working on coordinated health policies, initiatives to improve patient services and the appropriate workforce policies to support these aims. Although partnership in the NHS in England and Wales is also built on a shared commitment to high quality patient care, partnership working in NHS Scotland is unique as from an early stage it was based on a strong consensus over the organisational structure that will best deliver the founding principles of the NHS. This involved departure from most of the market-based reforms introduced from the 1980s onwards. Political devolution and the post-devolution consensus in health in Scotland provided a supportive context in which to develop partnership.

2. **Partnership structures**
   Partnership requires a set of structural arrangements that go beyond the traditional consultation and negotiation meetings found in the British public sector. Effective partnership places an emphasis on enhanced and early-stage staff involvement in developing plans that have traditionally been the perogative of managers. More forums are required for joint problem-solving meetings to enhance consultation arrangements, to agree the overall strategic direction of the organisation and then to develop in partnership the appropriate workforce policies to meet key delivery targets. In order to help all parties engage in genuine joint problem-solving rather than adopting traditional bargaining positions, partnership meetings should be separated as far as possible from any subsequent negotiations that may be required. This helps to prevent bargaining issues from spilling over into partnership meetings. If joint problem-solving increases over time and relationships become less adversarial then the agenda of items that require collective bargaining should decrease. NHS Scotland's partnership structure has developed into three separate and appropriate fora each with smaller supporting Secretariats. The Scottish Partnership Forum (SPF) debates the strategic direction of the service, the Scottish Workforce and Staff Governance Committee (SWAG) develops workforce

policies, and the Scottish Terms and Conditions Committee (STAC) handles any outstanding negotiations that may be required.

3. **Frequency**
Partnership requires commitment up-front at the start of discussions. This time commitment may be difficult given competing demands and pressures. However, time spent working together when initially developing health policies and the workforce practices to support these policies should reduce the time subsequently spent negotiating, dealing with poor implementation and low commitment to delivering the initiatives decided upon. The frequency of well-attended partnership meetings is therefore important because involvement in key decisions requires regular and well-attended partnership meetings. Infrequent and poorly attended meetings suggests that key decisions are made outside partnership meetings.

4. **Scope**
The scope of partnership meetings is also important. Meetings of broad scope may extend staff-representatives' involvement in a range of issues beyond those covered by traditional collective agreements. If partnership meetings do not cover a broad range of strategic issues then this may limit the influence of such fora, and participants may feel that they are not involved in discussing the most important issues. In addition, it is important to avoid duplication and repetition between meetings in order to encourage attendance.

5. **Voice**
Voice is crucial in partnership and meetings should permit active participation and a diverse set of contributions. All participants require sufficient opportunities to influence key policies. One of the main issues here is the extent and degree of engagement between the parties. Traditional bargaining usually involves lead negotiators stating an agreed position and discipline among a negotiating team to enforce and back this position. As a result, agreement is generated through a series of concessions from each side rather than an open search for 'win-win' solutions. Such workable compromises may result in sub-optimal outcomes for the health service, patients or staff. The aim of partnership working is to facilitate the wider involvement of a broad range of views to develop a variety of potential solutions from which the best option may be selected or policies refined. This allows mutual interests to develop around a shared agenda and a joint commitment to implementing the preferred solution.

6. **Partnership behaviours**
Interactions need to be positive from all participants and are necessary to develop a cooperative partnership climate. Positive partnership behaviours involve an open and trustful approach to joint problem-solving, including others in the conversation and building on their suggestions, with all participants searching for optimal solutions to issues. If partnership meetings do not involve an active search for improved solutions to problems then they may feel a time-consuming and bureacratic process, meetings can become frustrating and as a result attendance and commitment to partnership may decline. Traditional negotiating behaviours are generally inappropriate in partnership meetings because they involve defending suggestions and positions rather than listening more constructively to the contributions of others.

The following section outlines the research method used to collect data and analyse how the participants of partnership in NHS Scotland have sought to address the six issues above.

3. Research Method

The purpose of this section is to review in turn each of the main research instruments used to gather information to explore the six key issues discussed above. The study used multiple methods: collection of all minutes and associated papers of national partnership fora since their formation; non-participant and direct observation of the main national-level fora; and semi-structured interviews with participants. This combination provided a rich account of the dynamics of partnership working in NHS Scotland. The data generated are therefore both historical and contemporary permitting in-depth longitudinal analysis of a unique data set.

1. **Minutes and Documents**
   The mainstay of this study comprised the collection of all minutes and associated papers of three national-level partnership fora and analysis using qualitative data software. These are the Scottish Partnership Forum (SPF) and its Secretariat, the Scottish Workforce and Staff Governance Committee (SWAG) and its Secretariat, and the Scottish Terms and Conditions Committee (STAC). We developed an electronic archive of all SPF minutes since 1999, all SWAG/SWAG Secretariat minutes since 2006 and all STAC minutes since 2005. The primary aim was to gauge the substantive agendas to assess the scope of these meetings.

2. **Non-Participant and Direct Observations**
   Analysing transcripts, minutes and negotiator behaviours is a long-established method in industrial relations research. We conducted intense non-participant and direct observations of 10 SPF meetings, 9 SWAG meetings and 14 SWAG Secretariat meetings 1999-2011. Most of these were digitally-recorded, transcribed, annotated by speaker and analysed using qualitative data software. The primary purpose of these observations was to gain a deeper understanding of minutes and documents by observing the behaviours and interactions of participants. Transcripts and minutes were coded by issue, time-spent (word count), speaker(s) and their roles/affiliations, and behaviours in partnership meetings over-time. Coding comparisons were then used to explore this large data set by fora and actor to generate the figures presented throughout this report. To gain a deeper understanding of context and issues from a Health Board perspective, we also observed the Human Resource Executives' Strategic Forum and the Employee Directors Group.

3. **Semi-Structured and Informal Interviews**
   We also conducted formal and informal interviews with some of the long-standing members of each forum to build a deeper understanding of the genesis, process and outcomes of partnership working in NHS Scotland.

4. Findings

The findings presented below cover the frequency and scope of national partnership meetings, the opportunities for stakeholders to voice their interests and influence policies, and the behaviours of the participants.

4.1 *Frequency & Scope of Partnership*

Over the past 20 years, the institutional features of British industrial relations such as joint consultation committees and collective bargaining negotiations have remained in place in the unionised public sector. Such institutions, however, have 'hollowed-out' as managers increasingly inform employee representatives of key developments rather than engage in consultation at an early stage when developing policies, or negotiate changes in policies.

The frequency and scope of national partnership meetings in NHS Scotland are in stark contrast to the 'hollowing-out' of industrial relations in other parts of Britain. During frequent and well-attended national partnership meetings representatives of the Scottish Government, NHS Scotland employers and staff representatives regularly work together to develop health policy to improve patient care and the workforce practices necessary to support these improvements.

NHS Scotland also appears relatively unique when compared to other organisations in Britain with partnership arrangements. For example, partnership arrangements in British private sector organisations are sometimes described as 'an elite game' that involves a small group, rather than providing for broader participation by managers and staff representatives. In NHS Scotland this is not the case as the scope of issues discussed provides for staff representatives' involvement in a wide range of issues beyond those covered by traditional collective bargaining.

4.1.1 *SPF Frequency & Scope*

From the first meeting of the SPF in October 1999 to May 2011, the SPF met 45 times, with four meetings each year on average. Each meeting lasts approximately three hours.

The focus and purpose of the SPF is principally to concentrate on the overarching 'big ticket' issues affecting the health service such as health policy and strategies to improve patient care.

A previous review suggested the SPF should concentrate on three main issues: service change and modernisation; service delivery; and workforce (*'Partnership: Delivering the Future'*, 2005).

Our data shows that the SPF has addressed the 'big ticket' issues affecting the future direction of the service. This contrasts with consultation in many organisations that may focus only on relatively trivial matters. The 45 meetings of the SPF have discussed 158 different issues, covering ten main themes: modernisation; corporate governance; health policy; finance issues; partnership; workforce planning; pay and conditions; health, safety and wellbeing; training and equality issues; and the staff survey. Figure 1 shows that three-quarters (75 per cent) of all discussion by word count at the SPF covered the 'big ticket' issues of health policy, corporate governance, modernisation and finance issues.

The scope of issues discussed suggests that the Scottish Government consulted employers and staff representatives in the SPF over the major strategic issues affecting the direction and future of NHS Scotland. The SPF's scope is also evidence of a significant broadening of the range of issues discussed with staff representatives beyond the relatively narrow set of terms and conditions traditionally discussed in consultation and bargaining arrangements.

It is appropriate that almost one-tenth of the discussion covered partnership itself, as the remit of the SPF is also to champion partnership working in the service. Partnership has been discussed in three-quarters of all meetings since 1999. The role of the SPF in championing partnership working was previously described as facilitating the employee directors' group and supporting area partnership forums (*'Partnership: Delivering the Future'*, 2005:13). However, these specific issues have not been extensively discussed in the SPF. During all discussions about partnership issues, discussion of employee directors accounts for less than 2 per cent of partnership-focussed discussions and partnership at board level accounts for just under 10 per cent. The main issues of partnership-focused discussions were reviews of partnership at national level (accounting for just under 50 per cent of discussions) and the role of the SPF itself (just over 21 per cent of discussion). The high commitment to partnership is indicated by the limited discussion of three issues that may negatively affect partnership in the NHS - only

Figure 1: **Key themes of SPF 1999-2011 (% word count rounded)**

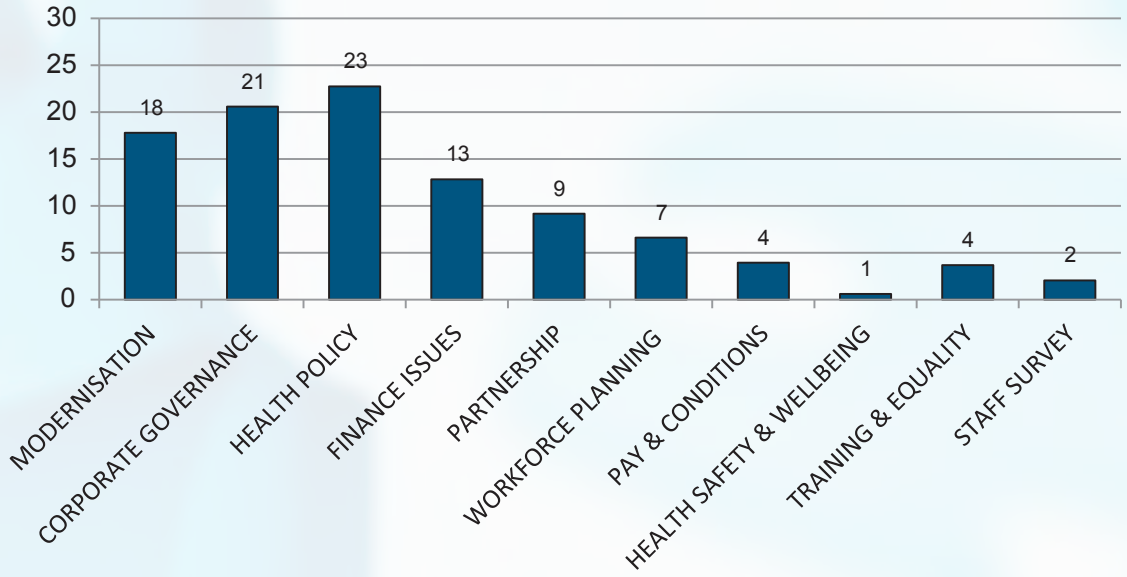
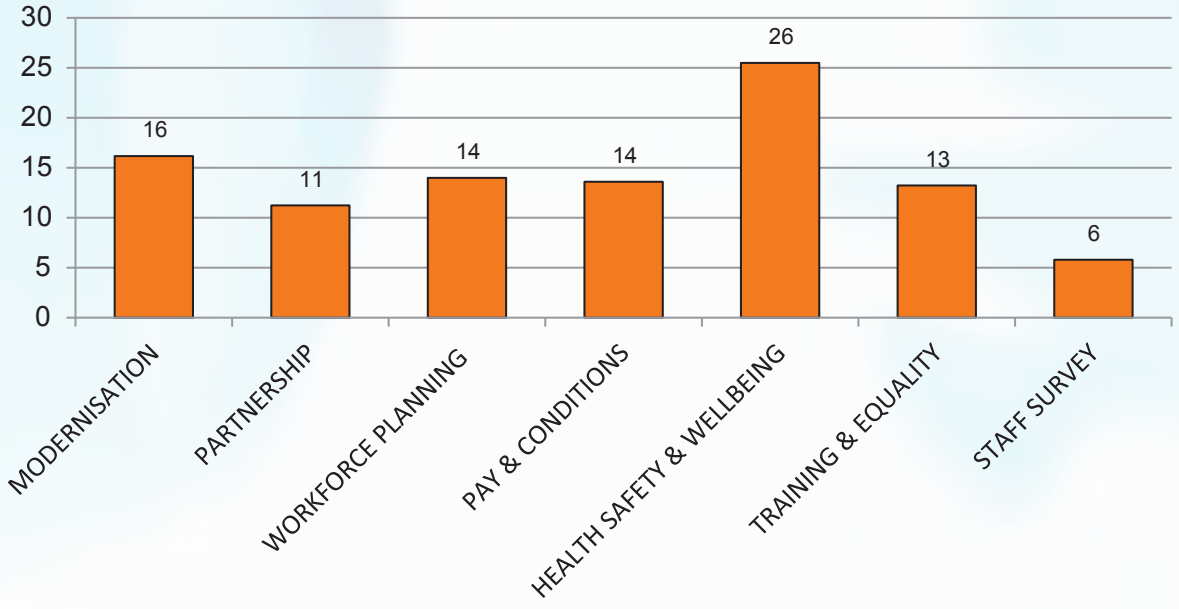


Figure 2: **Key themes of SWAG/SWAG Secretariat 2006-2011 (% word count rounded)**



3 per cent of partnership-focused discussion - concerned low attendance, employer commitment and BMA commitment to partnership working.

Less than 7 per cent of the SPF discussion has concerned operational workforce issues in a departure from previously considering workforce as one of the three main topics the SPF should consider (*'Partnership: Delivering the Future'*, 2005). This is because the SPF has successfully concentrated on strategic rather than operational workforce issues that became the remit of SWAG in 2006 as described below.

4.1.2 *SWAG Frequency & Scope*

SWAG and the SWAG Secretariat met 42 times since their formation in 2006, working through changes to a range of workforce-related policies. SWAG met four times each year and SWAG Secretariat met eight times each year.

The purpose of SWAG and the SWAG Secretariat is to provide partnership support to the development of the workforce strategy and the development and implementation of workforce policy and practice for NHS Scotland. In addition to involving staff in strategic discussions in the SPF as previously described, Figure 2 shows the Scottish Government and NHS Scotland employers have involved staff in developing a wide range of workforce policies in SWAG. SWAG and SWAG Secretariat have focused on workforce issues, deliberating over 107 issues since 2006. The health, safety and wellbeing of staff are the most extensively discussed topics. Each topic listed in Figure 2 has been discussed in at least three-fifths of SWAG and SWAG Secretariat meetings.

Towards the start of this report we suggested that partnership meetings should be separated as far as possible to first agree the overall strategic direction of the organisation before developing the workforce policies that are required to support this direction. Figure 3 compares the themes discussed in SPF and SWAG to assess whether strategic and workforce discussions are effectively separated. This shows that NHS Scotland separates broad-ranging discussions over strategic issues in the SPF from detailed discussions over specific workforce policies in SWAG. Three 'big ticket' items (health policy, corporate governance and finance issues) are discussed only in the SPF and not SWAG. Five workforce policy areas (workforce planning, pay and conditions, health, safety and wellbeing, training and equality, and the staff survey) are much more likely to be discussed at SWAG rather than the SPF.

This separation, we believe, helps to explain why partnership has endured to date. Negotiation theory suggests that initial broad-ranging discussions over strategic issues help negotiators to agree on the best way forward. This creates a positive climate in partnership meetings where all sides listen to each other's concerns and work together to develop the detailed policies required to improve services. Although not deliberately designed with any specific theory in mind, it is not surprising that experienced negotiators in NHS Scotland learned to structure partnership meetings in this way.

In operating these two committees it is important to ensure a clear division of labour and prevent repetition of activities. This helps to clarify the responsibilities of each forum and allow decisions to be taken, reduce workloads and ensure participants attending both committees do not feel 'we have heard all this before'. Two issues appear frequently at both the SPF and SWAG; modernisation and partnership. It is important to clarify whether the SPF or SWAG are the most appropriate fora to discuss these issues.

The intention in creating SWAG in 2006 was to improve the focus of the SPF on strategic health issues. It is therefore appropriate to assess whether the issues discussed in the SPF following the creation of SWAG differed from those prior to the creation of SWAG. Figure 4 shows that the creation of SWAG led to a greater focus in the SPF on the 'big ticket' issues. One-fifth (20 per cent) of the discussion in the SPF 1999-2005 covered the 'big ticket' issues of health policy, corporate governance, and finance issues, compared to almost two-thirds (65 per cent) of the discussion on these issues in the SPF 2006-2011. Most of the discussion on health, safety and wellbeing, pay and conditions, workforce modernisation and partnership was moved from the SPF to SWAG.

Figure 3: **Key themes discussed in SPF and SWAG/SWAG Secretariat (% word count rounded)**

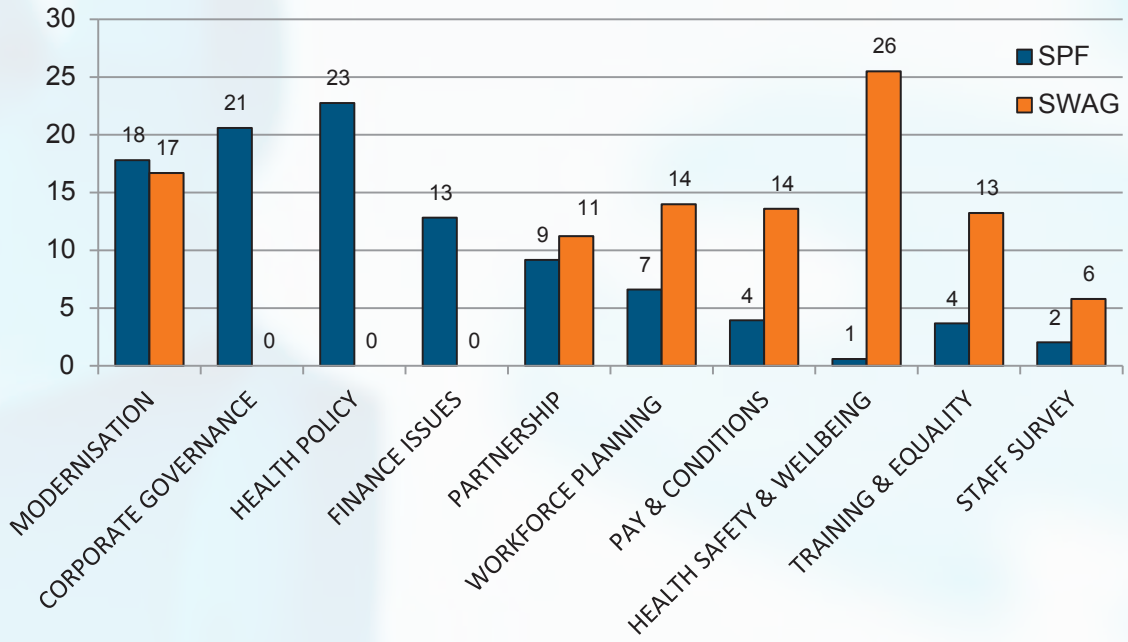
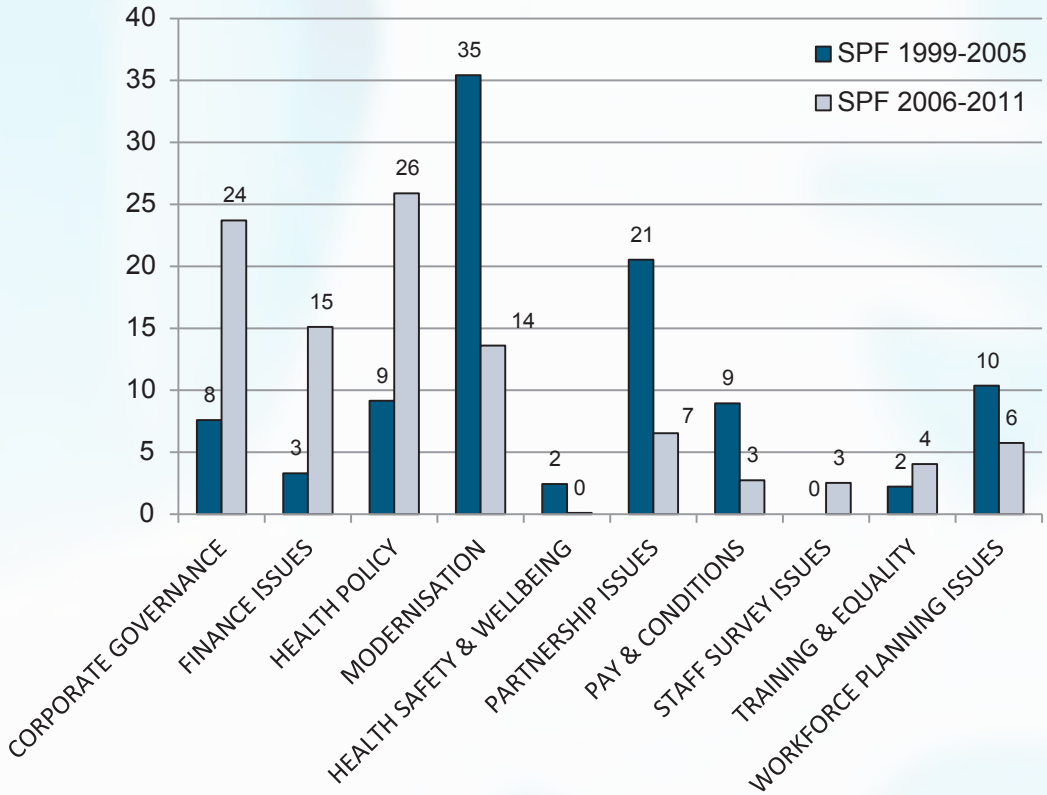


Figure 4: **Key themes in the SPF 1999-2005 and 2006-2011 (% word count rounded)**



4.2 Voice in Partnership

Partnership arrangements should enhance employee voice by facilitating the wide involvement of a broad range of views. This should help to develop a range of solutions from which the best options may be selected or policies refined. This allows mutual interests to develop around a shared agenda and a joint commitment to implementing the preferred solution. This section presents evidence that the SPF and SWAG enhance employee voice by providing staff representatives with many opportunities to voice views and any apprehension they may have about health and workforce policies at the stage at which policies are developed. The formal constitutions of the SPF and SWAG provide for a fair distribution of seats across representative interest groups. We are therefore particularly interested in whether the actual discussions that have taken place reflect a broad range of views by active participants.

4.2.1 *SPF Voice*

Substantive contributions were made to the SPF by 180 different contributors since 1999. This included contributions from 99 government representatives, 37 staff-side representatives and 28 employer representatives. Employer contributors included 10 HR Directors, 9 Chief Executives and 5 Finance Directors. The employers' view at the SPF is not just that of HR Directors. Staff-side contributors included 9 Unison representatives, 7 BMA representatives, 6 Unite representatives, 3 representatives from GMB, RCN and CSP, 2 from RCM, and reps from SoCP, SoR and CDNA. Note that all of these participants are active contributors to discussions rather than non-contributing participants suggesting a diverse range of views were gathered in developing health policies.

Representatives of the Scottish Government have accounted for almost three-fifths of the discussion in the SPF since its inception in 1999, staff-side representatives account for almost 30 per cent of the discussion, and employers account for the remaining one-tenth (Figure 5). The forum has therefore provided staff representatives with opportunities to inform strategic issues affecting the service. It appears that far from 'paying lip service' to partnership and taking their seats at the table, staff-side representatives are active participants in co-creating policy.

Staff-side representatives were more vocal on two issues (pay and conditions, and partnership) and employers were more vocal on two issues (modernisation and the staff survey) (Figure 6). Concentrating first on staff-side representatives, almost three-fifths (59 per cent) of staff-side contributions to debates on pay and conditions concerned job security, with debate on these issues developing during the period of public sector expenditure restrictions (2010-2011). Staff-side representatives sought information on the employment reductions that may develop from public sector expenditure restrictions, while simultaneously reinforcing their commitment to working in partnership in order to manage the process. Public commitments from the government to sustain the no compulsory redundancies guarantee in NHS Scotland provided an important underpinning to this process.

Turning to employers' representatives, four-fifths of their contributions on modernisation concerned the integration of health and social care ahead of government announcements on the preferred model in 2011.

Figure 5: **SPF discussion by group 1999-2011 (% of all comments rounded)**

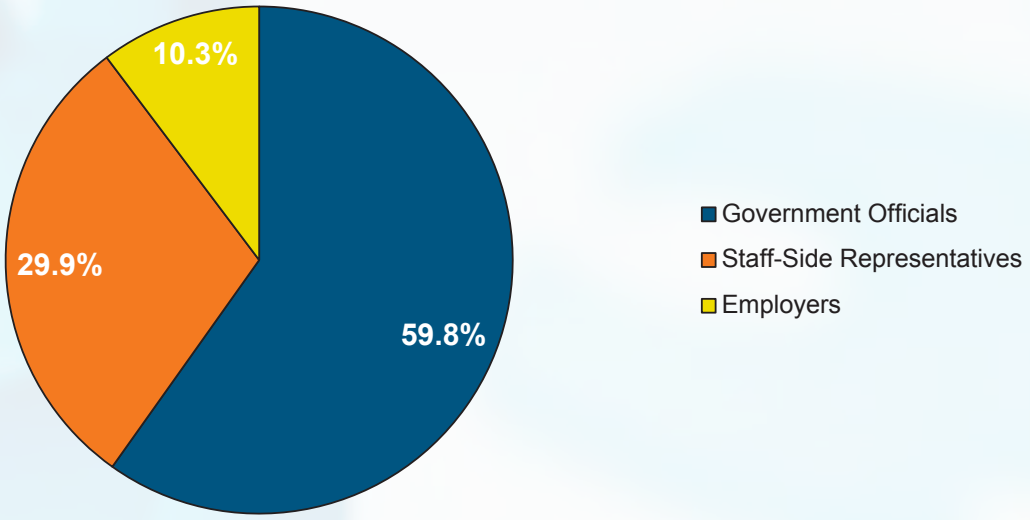
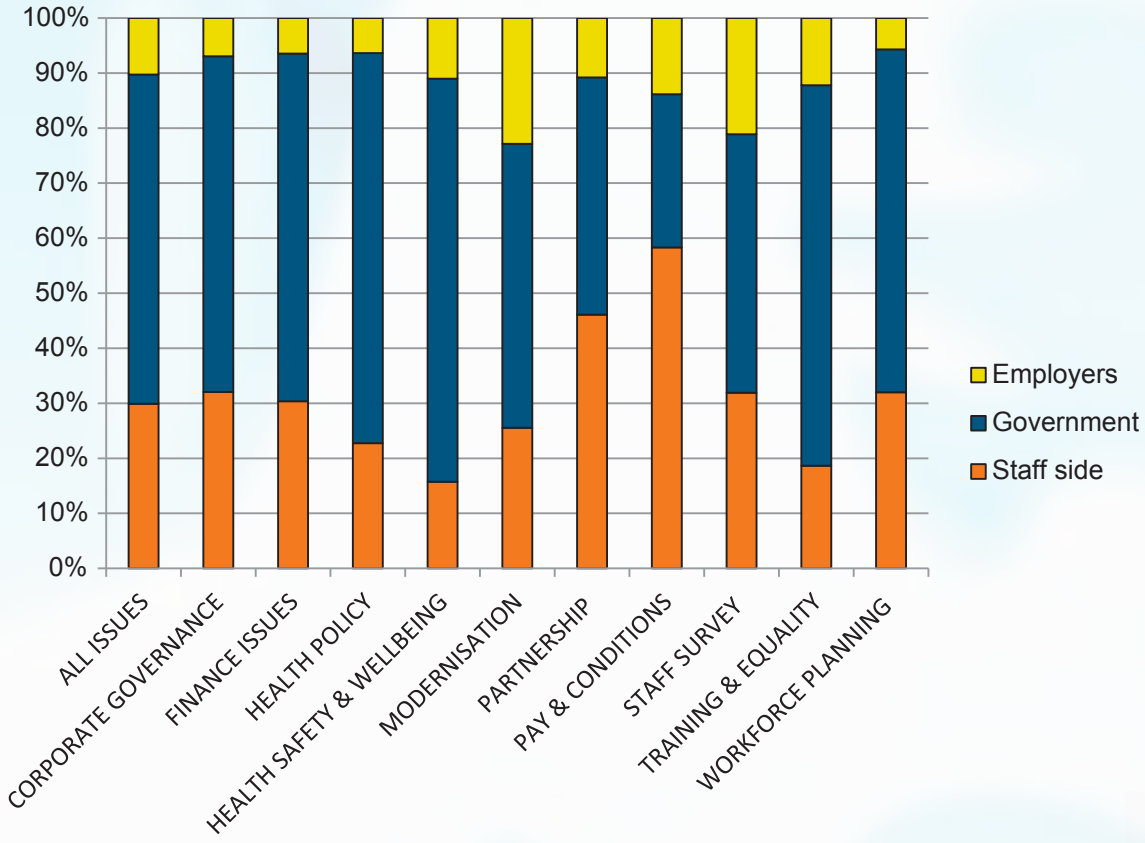


Figure 6: **SPF discussion on key themes by group (% of all comments 1999-2011)**



4.2.2 *SWAG Voice*

172 individuals contributed to SWAG and SWAG Secretariat since it was created in 2006 comprising: 91 Scottish Government officials, 27 staff-side representatives and 28 employer representatives.

Representatives of the Scottish Government have accounted for almost one-half of the discussion in SWAG since its inception in 2006, staff-side representatives account for more than one-third of the discussion, and employers account for less than one-fifth (Figure 7). SWAG has therefore provided staff representatives with opportunities to inform workforce policies affecting the service. Over half of all participants of SWAG are Scottish Government officials (as they are at SPF) suggesting significant government support for partnership. This support involved bringing policies to SWAG for an early-stage discussion and listening to the feedback offered. SWAG provided frequent opportunities for participants to influence key workforce policies.

Scottish Government representatives have led the discussions on modernisation in SWAG (Figure 8), specifically the quality strategy and workforce plan (*'Force for Improvement'*). Staff-side representatives have been most vocal about partnership issues. More than one-half of these contributions concerned the role of SWAG, as an increasing workload by 2010 made it difficult to coordinate the work of the forum at a time of heightened concern about the consequences of public sector finances for employment security.

4.3 Behaviours in Partnership

At the heart of labour-management partnership is the idea that unions and managers actively work together to identify optimal solutions to problems. This involves all participants engaging in an open search for the best possible outcomes. All sides are required to share information and make positive suggestions before committing to a course of action. A key test of the effectiveness of partnership meetings is therefore whether meetings involve a genuine joint problem-solving approach.

In order to explore this issue, behaviours in partnership meetings are grouped here into three broad types: cooperative behaviours; neutral behaviours; and challenge behaviours (Table 1). Joint problem-solving requires cooperative behaviours as individuals engage in an open search for optimal solutions. Such behaviours should increase satisfaction with partnership and enhance commitment to partnership. Neutral behaviours include providing and seeking information. Such exchanges of information are required to provide information for the basis of a constructive discussion and encourage others to cooperate in searching for the best solutions to problems. If information is not freely exchanged this will likely reduce satisfaction with partnership. Exchanging information is not, however, sufficient to motivate partnership working - it must also lead to joint problem-solving. Excessive information exchange without joint problem-solving may create frustration as meetings resemble 'talking-shops' that never make progress towards resolving the major issues. This may reduce satisfaction with partnership and lead to declining levels of commitment to partnership. We colour code these behaviours as traffic lights, suggesting that

Table 1: **The Potential Range of Behaviours in Partnership Forums**

COOPERATIVE	NEUTRAL	CHALLENGE
Proposing	Seeking information	Blocking
Building	Giving information	Disagreeing
Including	Deferring	Criticising
Solidifying	Empathising	Attacking
Agreeing	Defending	Making preconditions
Open	Giving advance notice	Shutting out
Trusting		Threats
		Apprehension

(cf. Walton & McKersie (1965) A Behavioral Theory of Labor Negotiations)

Figure 7: **SWAG and SWAG Sec discussion by group (% of all comments 2006-2011)**

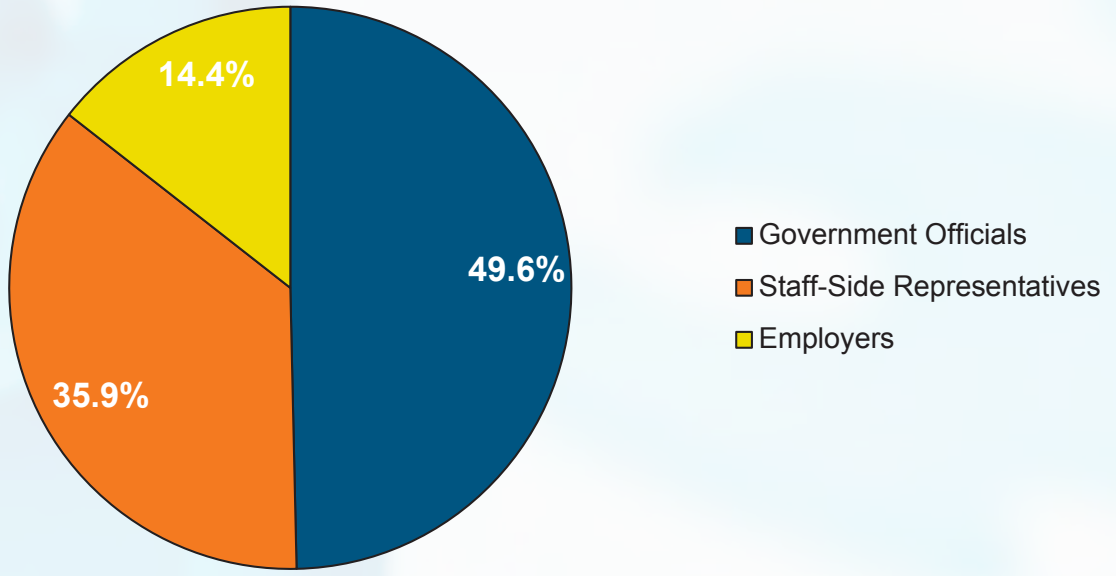
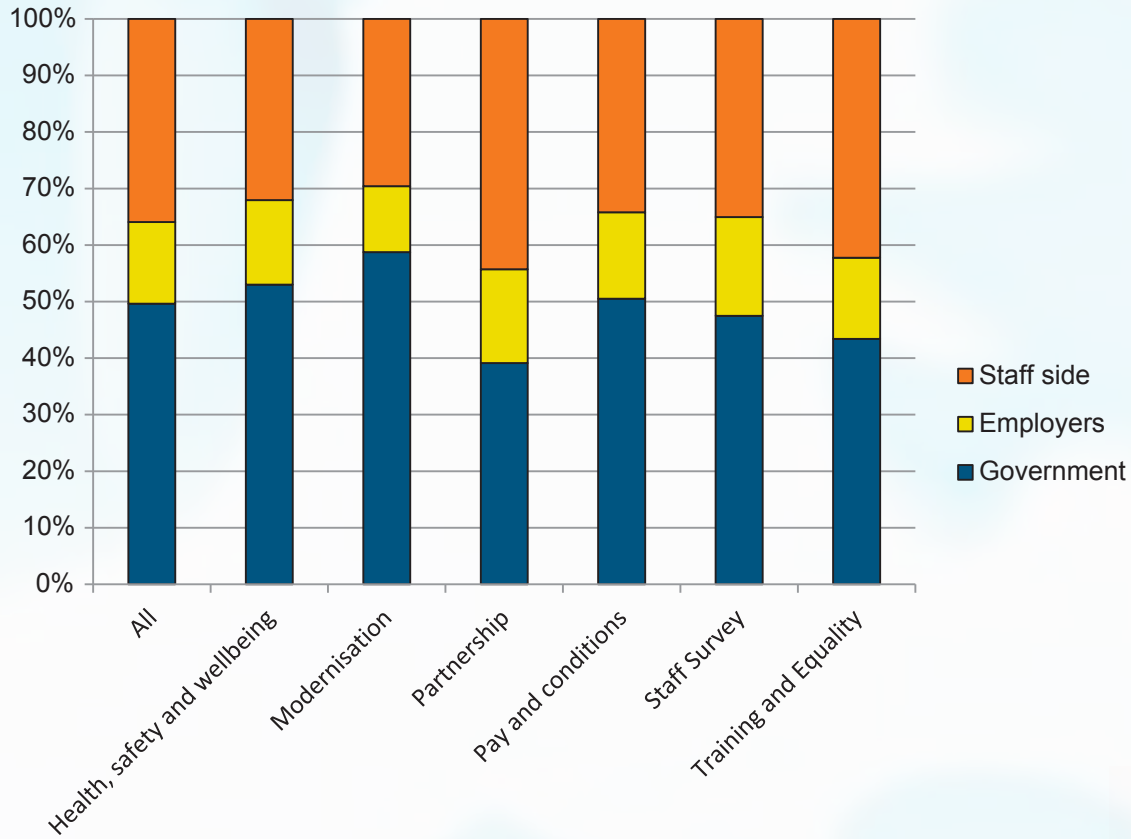


Figure 8: **SWAG and SWAG Sec discussions on key themes by group (% of all comments 2006-2011)**



cooperative (green) behaviours help build strong partnerships, neutral (amber) behaviours neither advance nor undermine partnership, and challenge (red) behaviours may constrain partnership working.

4.3.1 *SPF Behaviours*

Figure 9 shows the proportion of these behaviours in the SPF 1999-2011 by different groups. The first column shows the SPF is a notably positive forum with most of the discussion involving cooperative behaviours and information exchange. Only 5 per cent of the discussion may be described as challenge behaviour. The remaining columns show that a majority of comments from each group participating in the SPF involved exchanging information or cooperative behaviours. These figures illustrate that partnership in NHS Scotland is underpinned by cooperative activity around shared aims. The post-devolution consensus on how to best organise NHS Scotland has involved genuine national-level partnership working on health policies, initiatives to improve patient services and the appropriate workforce policies to support these aims.

The second column for government representatives shows that almost two-thirds of their participation in the SPF involved providing information on policies in development to the forum, and then responding positively by including others in conversation to develop these policies. The third column is perhaps the most remarkable. It shows that more than seven-in-ten contributions from staff-side representatives are cooperative and positive contributions, building the debate over policies as part of an inclusive conversation. This demonstrates the depth of the post-devolution consensus on health policy in NHS Scotland.

Critics of partnership often suggest that staff representatives are unable to challenge management proposals. These findings do not support this view with staff-side representatives challenging government and employers when they felt it was in their members' interests to do so. However, the majority of this challenge behaviour involved an expression of apprehension rather than disagreement over policy or process. Government and employer representatives responded positively by treating such apprehension as legitimate and providing reassurances that the concerns expressed would be taken into account. As a result, staff-side representatives continued to respond positively and engage in joint problem-solving behaviour to improve policies. The fourth column shows that NHS employers engage in equal proportions of cooperative behaviours and providing information to improve the quality of decisions.

Figure 10 suggests that the SPF does not discuss any issues over which disagreement may affect the overall functioning of the forum. Discussion of partnership itself elicits the most positive behaviours providing evidence of the enthusiasm and commitment to partnership in the service. Throughout 2010 and 2011 many contributors to debates at the SPF reinforced their commitment that partnership working had become even more important at a time of public sector expenditure restrictions.

Figure 9: **SPF behaviours by group (% of comments 1999-2011)**

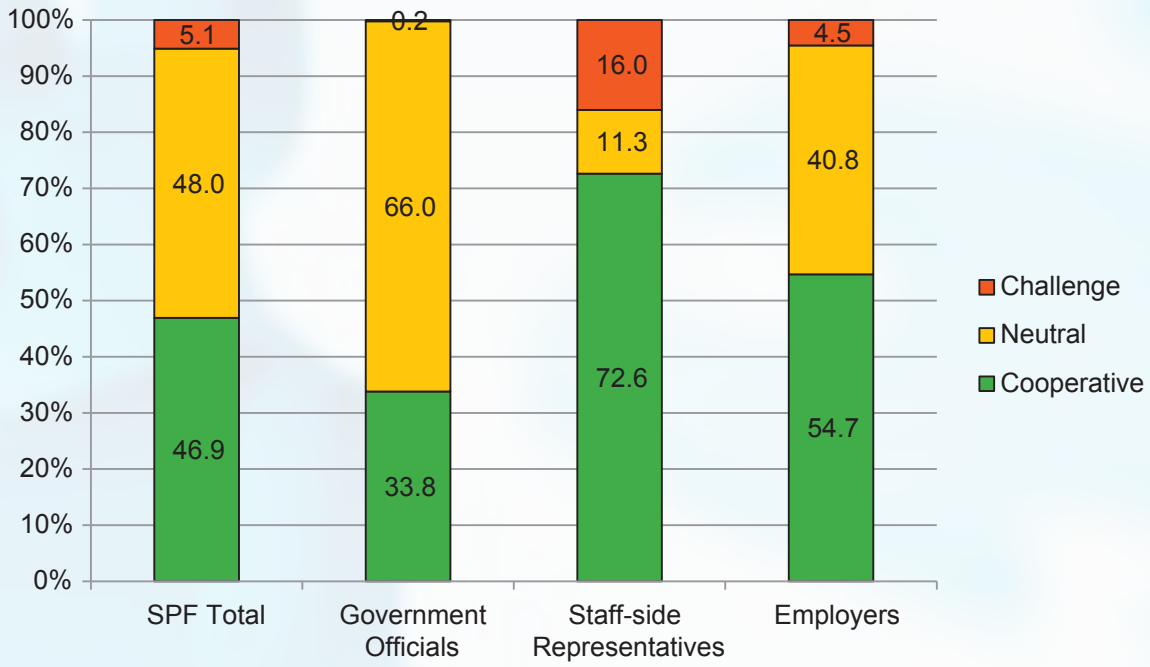


Figure 10: **SPF behaviours on different themes (% of comments 1999-2011)**

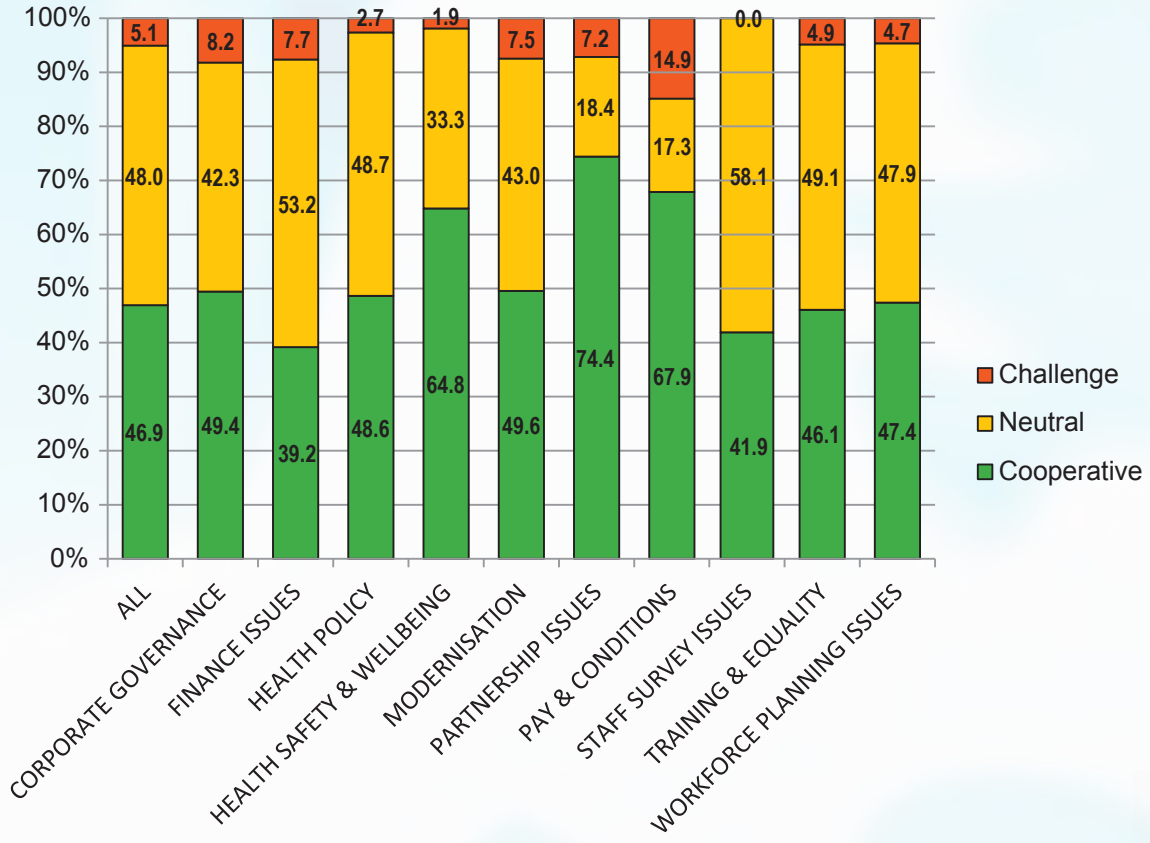


Figure 11 shows the positive nature of behaviours in the SPF over time and the generally low incidence of challenge behaviours in most meetings. However, it must also be noted that during some periods neutral behaviours have been dominant. Positive behaviours peaked in September 2003 at 78 per cent of the SPF meeting. The general trend is towards more neutral behaviours from 2005 to the end of 2009, reaching 60 per cent of all comments in meetings by mid-2009. The main pattern in most meetings post-2003 involved Scottish government officials and guests giving information to staff-side representatives. However, cooperation in the SPF appears to have increased over the past few years. Reducing the time spent on providing information in meetings appears to increase the time spent exploring potential solutions to the challenges faced.

As noted earlier, a feature of the meetings we have observed within NHS Scotland is the frequent presentation of materials that have already been pre-circulated (neutral behaviour - information giving). Although brief presentations help to focus attention on a particular topic, loner presentations reduce the time spent deliberating 'big ticket' issues. This can lead to congested agendas, longer meetings and the perceived need to create working parties. Reducing the time spent on presentations in meetings with the expectation all materials will be read by participants prior to meetings should maximise the time to explore potential solutions to problems.

In our experience of observing partnership forums in the private and public sectors for nearly 15 years, the purpose and remit of partnership meetings often requires frequent reassessment. Rather than a cause for concern, this is reassuring, as critical self-reflection is an important indicator of commitment to the ethos of partnership by all the parties involved. Periodic reviews of partnership within NHS Scotland may partly explain the sustainability of this innovative approach to industrial relations since 1999. Partnership structures require regular formal reviews to meet new challenges.

4.3.2 *SWAG and SWAG Secretariat*

Figure 12 shows a high degree of cooperation over workforce issues in SWAG and SWAG Secretariat.

Both SPF and SWAG are large meetings and the purpose of such meetings is to be inclusive, ensuring all are well informed on the key developments in the service. Inevitably this involves a proportion of time spent exchanging information rather than concentrating on joint problem-solving. To facilitate early stage involvement in policy development, most policies are developed in smaller groups attended by representatives. SWAG Secretariat operates as a small problem-solving group to coordinate and manage the business of SWAG. As such we might expect more joint problem-solving in such groups.

Figure 11: **SPF behaviours in each meeting 1999-2011 (% word count)**

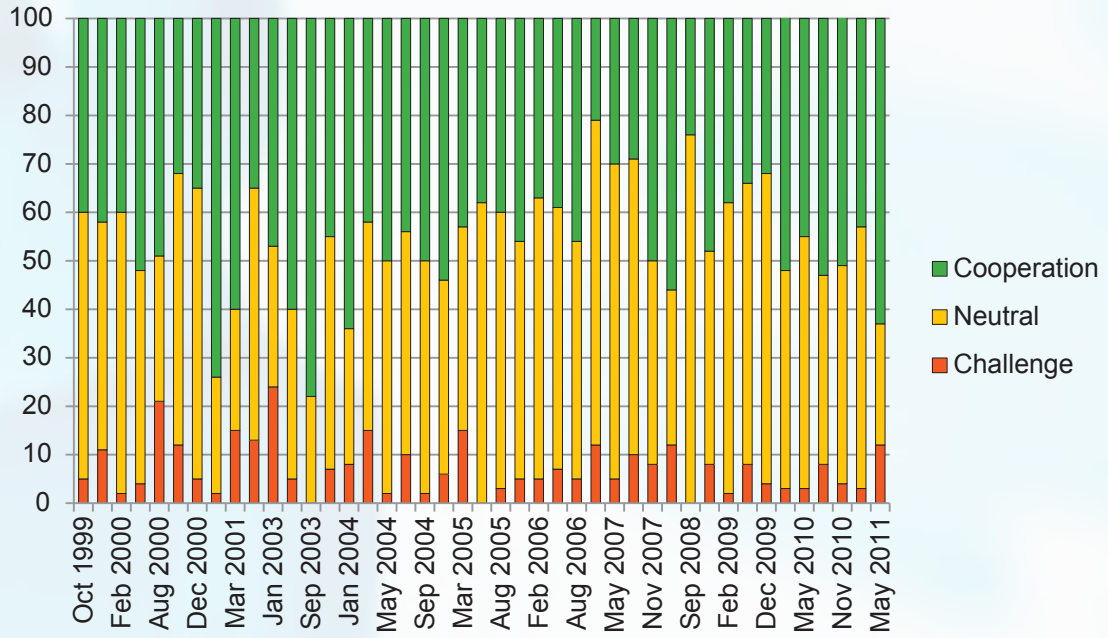


Figure 12: **SWAG and SWAG Sec behaviours by group (% of all comments 2006-2011)**

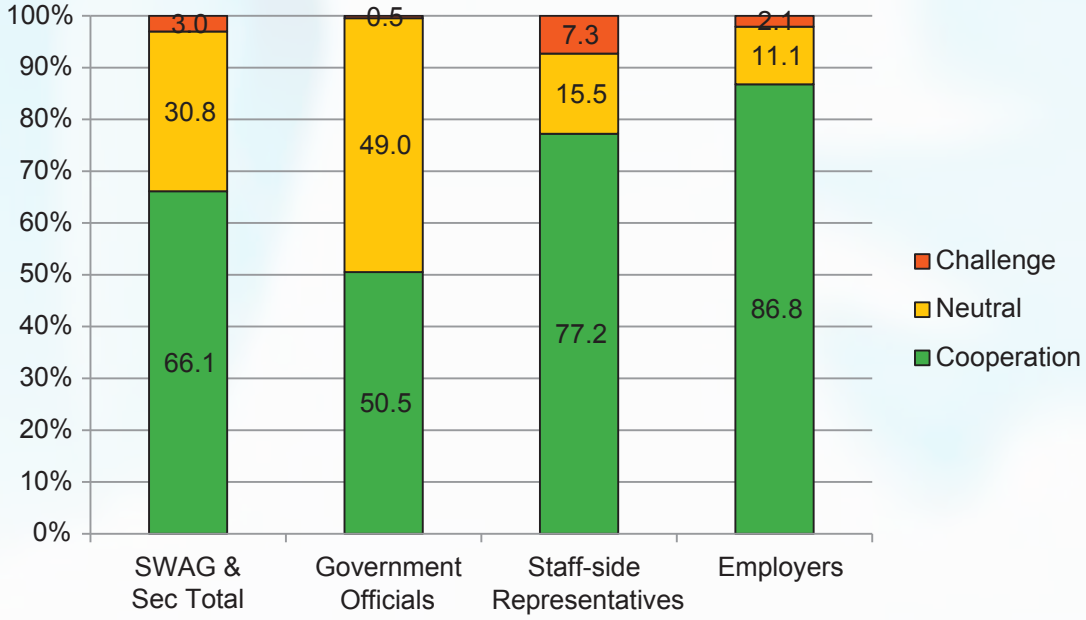


Figure 13 compares behaviours in SWAG and SWAG Sec. The first two columns show more cooperation in the smaller SWAG Sec. Columns 3 and 4 show this is because government representatives at an earlier stage of policy development spend more time including others to build policies in SWAG Sec, and then more time presenting these policies for information at the full SWAG meeting at a later date.

The key learning point here is that large partnership forums may not provide the most conducive environment for developing shared policies. A delicate balance is however required. If smaller groups become the key focus for developing policies those not attending may feel as though their views have been by-passed and partnership has become a 'back-stage' activity. Regular feedback from smaller problem-solving groups to larger partnership meetings is required to secure the broader sense of partnership involvement.

This learning point is embedded within workforce policy development in NHS Scotland. The system for developing PINs (workforce policies) involves small groups of government, employer and staff-side representatives selected for their areas of expertise developing a policy before presenting it to SWAG for comments, debate and eventual sign-off for implementation in health boards.

Smaller specialised partnership groups have usefully co-managed a range of issues. The most notable recent example in 2010-11 was the National Scrutiny Group chaired by the Cabinet Secretary to provide partnership oversight of the workforce projections of NHS Scotland's health boards. In this group the Scottish Government, employers and staff-side representatives provided important reassurances over workforce projections, backed by a no compulsory redundancy guarantee. Employment security is the most important trade union requirement for participation in partnership working.

Figure 14 shows the cooperative behaviours displayed towards the National Scrutiny Group when it was discussed in three different SPF meetings. Just over one-third (35 per cent) of discussions involved information exchange (in amber) and almost two-thirds (60 per cent) of discussions involved cooperative comments (in green). This degree of cooperation on the most sensitive of issues suggests the positive relationships that have developed through partnership working will not be easily blown off-course by public sector expenditure restrictions in the years ahead.

Figure 13: **Behaviours in SWAG and SWAG Secretariat (% word count 2006-2011)**

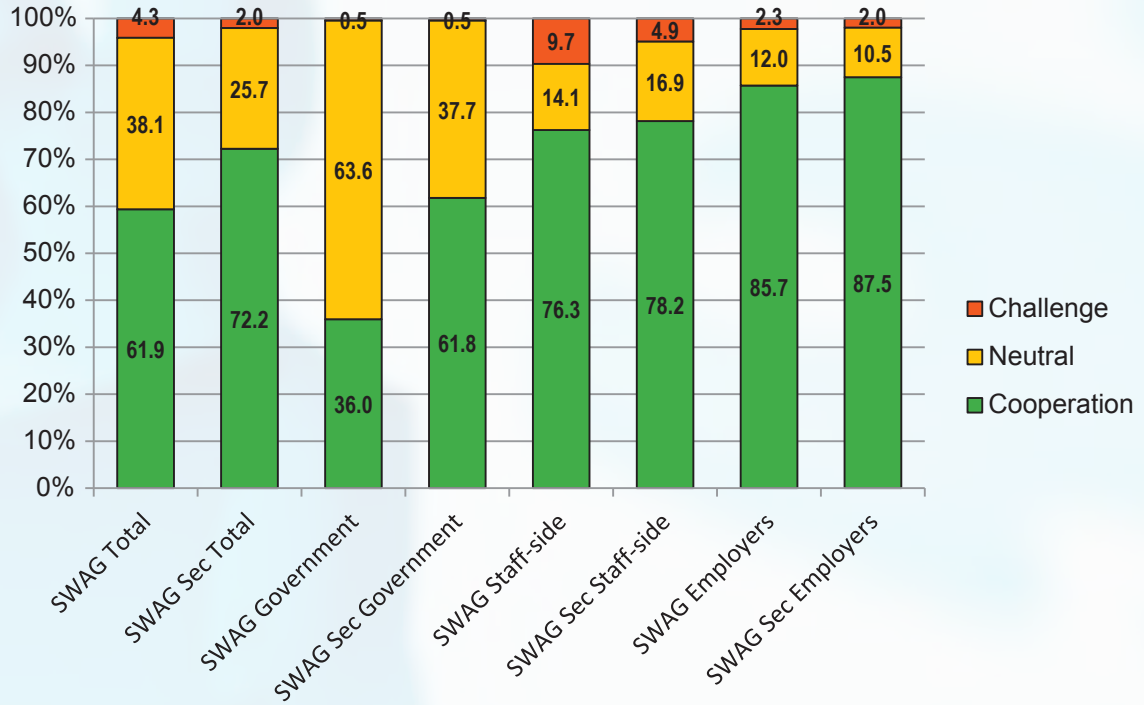


Figure 14: **SPF behaviours discussing the National Scrutiny Group (% all comments in three meetings)**

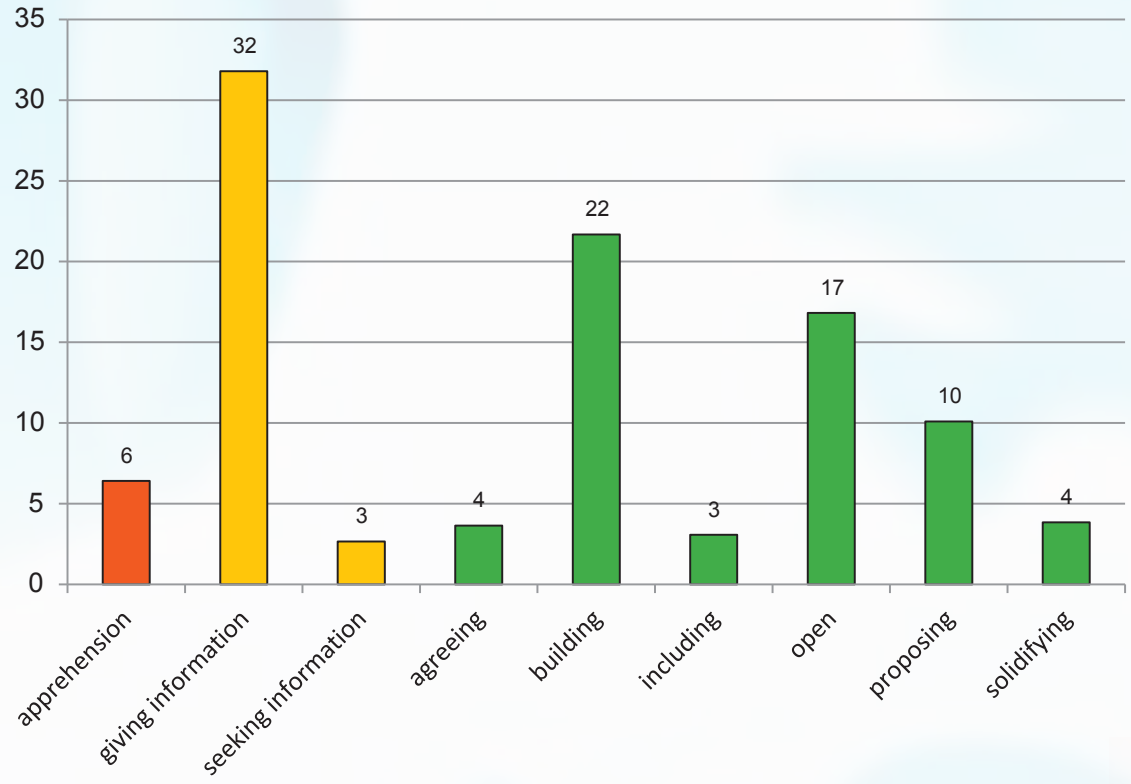


Figure 15 shows behaviours in SWAG by issues. It is often claimed that partnership extends staff-side involvement in issues that do not feature prominently on traditional collective bargaining agendas. This appears to be the case in NHS Scotland with more problem-solving over training and equality issues, but also perhaps surprisingly workforce planning. Our parallel analysis of the Welsh Partnership Forum in NHS Wales, included in our previous interim report for NHS Scotland, found that challenge behaviours over workforce planning in NHS Wales undermined partnership working, whereas this was not the case in NHS Scotland.

Figure 16 compares behaviours on the same sets of issues in SWAG and SWAG Sec. This shows notably more cooperative behaviours in SWAG Sec on every issue other than workforce planning. Again this emphasises the importance of smaller partnership meetings in generating problem-solving activities on workforce policies.

Figure 17 compares behaviours at SWAG and the SPF to assess whether cooperation is greater over workforce policy in SWAG or health service policy in SPF. Critics of partnership might anticipate staff-side and employer cooperation over health service policy might include a degree of 'lip-service' in the SPF before negotiations over the implications for workforce practices are considered in SWAG. This is not the case with active cooperation greater on workforce policies in SWAG than in SPF, and it is employers engaging in more problem-solving in SWAG than SPF that explains this difference. This illustrates the genuinely constructive dialogue takes place between employers and staff representatives on workforce practices.

The following penultimate section reports our conclusions to this two-year study.

Figure 15: **Behaviours in SWAG by key themes (% of all comments 2006-2011).**

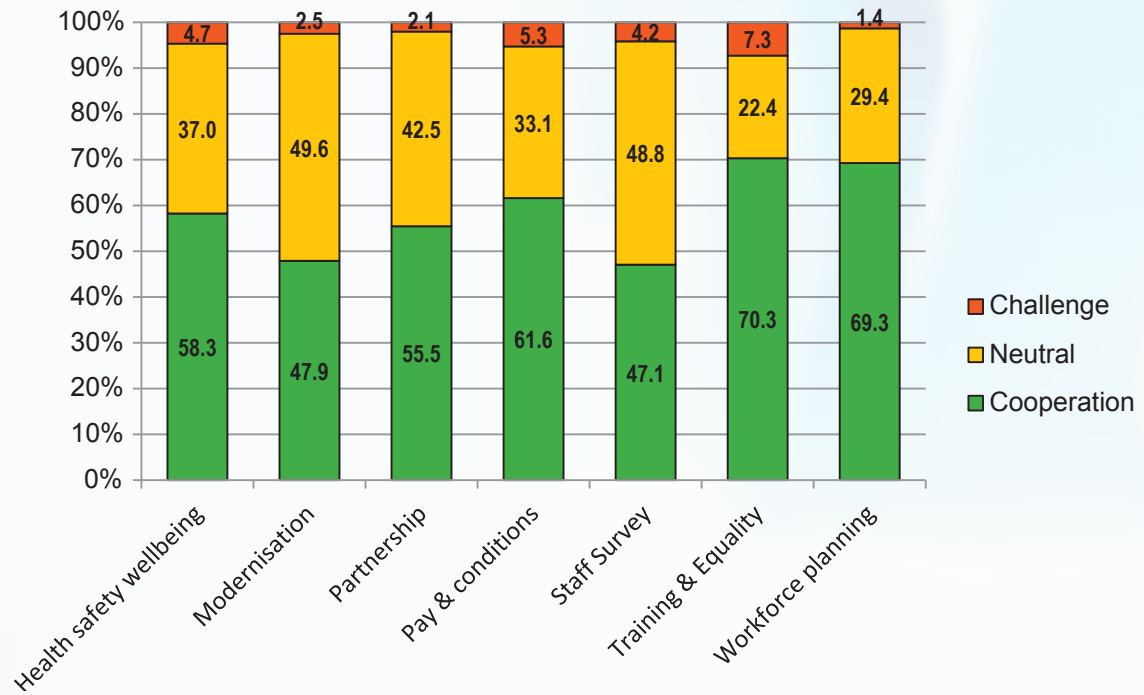


Figure 16: **Behaviours in SWAG and SWAG Sec by key themes (% all comments 2006-2011)**

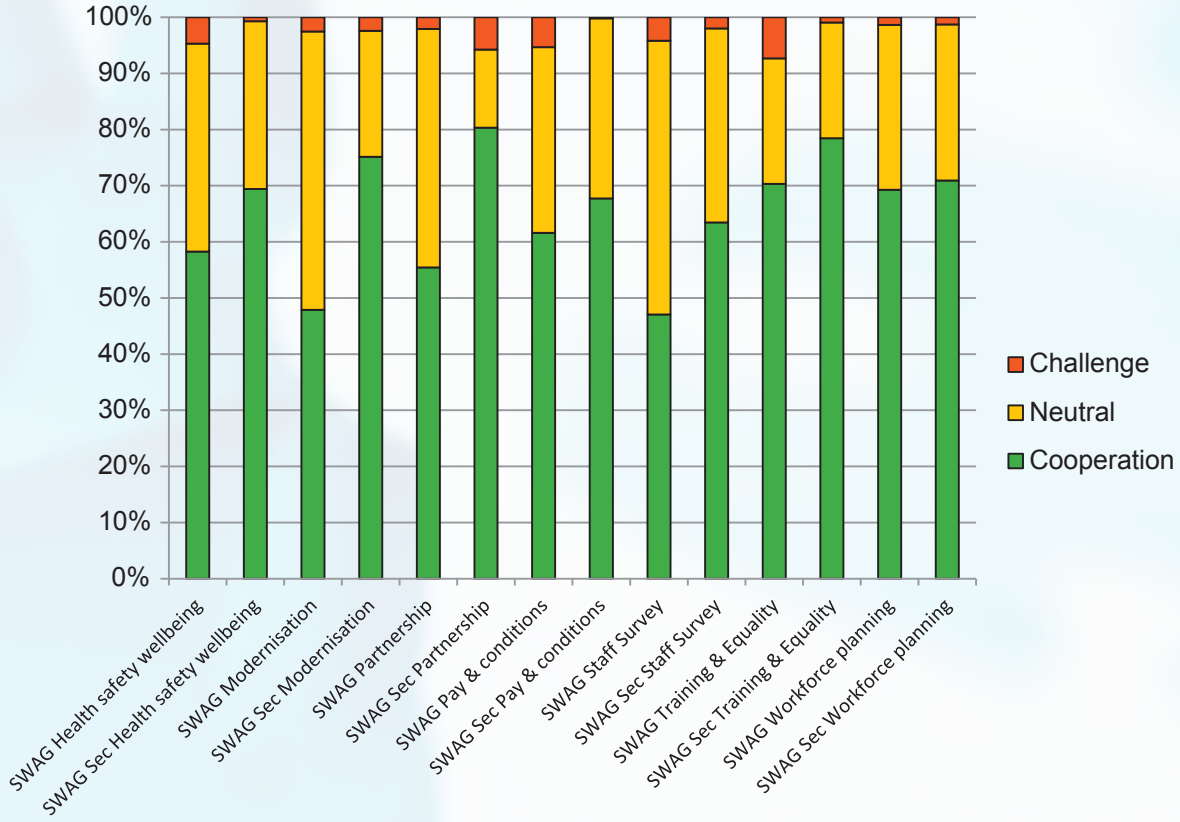
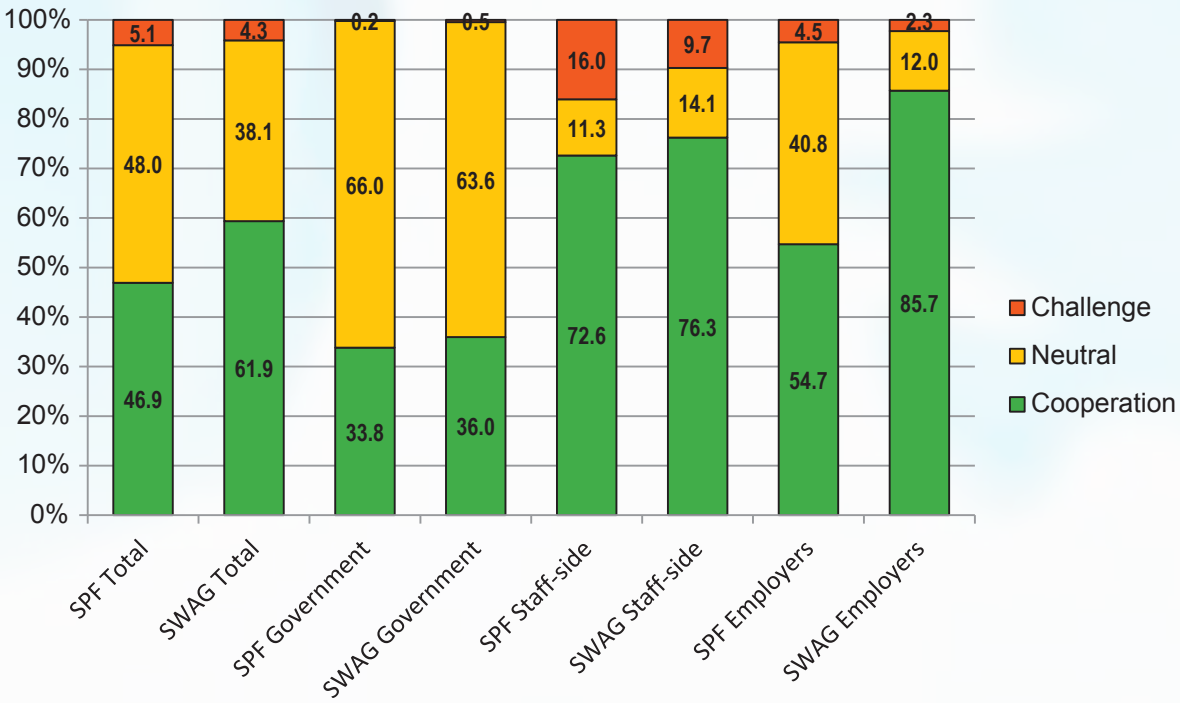


Figure 17: **Behaviours in SPF and SWAG (% word count all comments)**



5. Conclusions

This report presented our evaluation of the operation and outcomes of partnership in NHS Scotland at national-level. As the longest established and most extensive set of partnership arrangements, NHS Scotland provides a leading edge example in assessing the contribution of innovative industrial relations arrangements towards improving the delivery of public services.

In our view, partnership in NHS Scotland has matured into probably the most ambitious and important contemporary innovation in British public sector industrial relations. These arrangements have developed and matured through periodic reviews involving a process of critical self-evaluation and reflection (*'Partnership: Delivering the Future'*, 2005). The research outlined in this report informed the latest periodic review of partnership.

In developing and sustaining partnership in NHS Scotland, those involved have developed effective and continually evolving solutions to address six key partnership challenges.

A shared aim developed around how to organise health services in Scotland as a post-devolution consensus emerged. Partnership is a legally mandated and integral part of this post-devolution consensus. Genuine national-level partnership working emerged to drive forward organisational change, support health policies and initiatives to improve patient services, and to develop the appropriate workforce policies to support these aims.

Appropriate partnership structures have developed to facilitate joint problem-solving and mutual commitment to an agreed overall strategic direction for the service, and the subsequent joint-development of appropriate workforce policies to help deliver improved health services. NHS Scotland's partnership structure allows initial joint-working to discuss the strategic direction of the service, followed by subsequently developing workforce policies in partnership, and finally handling any outstanding negotiations that may be required.

Frequent partnership meetings provide opportunties for staff involvement in key decisions and the **broad scope of issues** discussed extends staff-representatives' involvement in a wide range of issues beyond those covered by traditional collective agreements.

Voice is enhanced by facilitating the wide involvement of a broad range of views to develop a range of solutions from which the best options may be selected or policies refined. This allows mutual interests to develop around a shared agenda and a joint commitment to implementing the preferred solution.

Positive partnership behaviours from all the participants have produced a cooperative partnership climate that involves an open approach to joint problem-solving and a search for optimal solutions to issues.

Mutual gains have resulted, with staff benefitting from the development of staff governance standards that underpin the workforce strategy and set high standards for health board employers, in particular employment protection during organisational change. The Scottish Government and employers have fostered staff representatives' commitment to health policies and organisational restructuring in order to improve patient care.

Before making a few practical recommendations, we would like to thank all participants in the national partnership meetings we have observed for supporting our research. It is certainly unnerving to be observed in our daily work routines. The openness, trust and friendship extended to us during our research is testament to the maturity and positive climate that has developed through partnership working in NHS Scotland.

6. Recommendations

In this final section we offer some recommendations based upon our observations of partnership in NHS Scotland. We provided a number of recommendations in our previous interim report that have informed Scotland's recent review of partnership. Rather than repeat these, we highlight five issues below that we believe are likely to shape partnership in NHS Scotland in the future.

1. Partnership developed against the background of a post-devolution consensus around how to organise health services in Scotland. Political devolution increased the strategic choices available and the willingness to develop an innovative partnership approach to industrial relations. Issues around political and financial independence may affect the extent to which NHS Scotland is able to continue to pursue a distinctive approach. It is difficult to foresee how these complex factors will play out in the next few years. It will be important, however, to build agreement and a joint commitment to future plans if they diverge from the post-devolution consensus in which partnership is embedded in NHS Scotland.

2. It is important to maintain separate fora to agree the overall strategic direction of the service, the subsequent joint-development of appropriate workforce policies to help deliver improved health services, and finally handling any outstanding negotiations that may be required. The collective bargaining agenda has declined over-time but this may not continue. Financial pressures may require some difficult negotiations in the years ahead. In addition, a reduced role for the *UK Staff Council and Pay Review Bodies* may lead to more collective bargaining in NHS Scotland. It will be important to protect partnership working from more difficult negotiations on terms and conditions of employment.

3. More problem-solving appears to take place in small and specialised partnership meetings (Secretariats and single issue task and finish groups). Such meetings are particularly useful when dealing with challenging issues and the National Scrutiny Group is a good recent example of how apprehension may be diffused by creating short-life groups focused on specific issues. It is important, however, that such groups are well-connected to large partnership meetings to ensure partnership remains inclusive and is not an 'elite game' conducted behind closed doors.

4. Government support for partnership relies on delivering improvements in health services. Employer support for partnership requires staff-side representatives to cooperate with initiatives to change and improve patient services within available finances. Partnership for staff-side representatives hinges on job security and involvement in policy-development. The track record of partnership working at national-level in NHS Scotland in delivering mutual gains is impressive. It is increasingly recognised that the most difficult decisions in managing public sector expenditure restrictions will be made at health board level. Partnership at health boards is well established but considered uneven. We recommend that the SPF consider the development needs and support that health board partnership fora will require in the next few years.

5. Integrating health and social care in the years ahead will bring together two very different sets of industrial relations arrangements. It is probably over-optimistic to assume partnership arrangements will simply transfer from the health service into local authorities given the traditional industrial relations climate typical of local authorities. On the other hand, it is probably over-pessimistic to assume that partnership in NHS Scotland will not diffuse into the work streams that will flow from integrating services. Our final recommendation is that the SPF may wish to consider the process of how to effectively integrate exemplarly partnership working structures and practices into the broader industrial relations processes required to integrate health and social care.

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