



Health Department
Geoff Scaife CB, Chief Executive, NHS in Scotland

St Andrew's House
Regent Road
Edinburgh EH1 3DG



Dear Colleague

22 July 1999

LOCAL PARTNERSHIP AGREEMENTS

Background

1. The Scottish Executive has signalled its strong belief in partnership with the programme for government set out in *Partnership for Scotland*. The Minister for Health & Community Care emphasised the importance she attached to partnership working in her speech to the NHSiS at Peebles on 16 June.

2. We need to ensure that partnership working is fully established in the Service. Boards of all NHS bodies in Scotland need to recognise that a modern health service is dependent upon a modern workforce, in a modern workplace supported by modern working practices.

3. A good start on working together has been made through the Scottish Partnership Forum (SPF) and through other initiatives and we need to build on this. The HR Strategy called on all Trusts and Health Boards to develop Local Partnership Agreements with staff and their representatives by October 1999. The SPF has developed the attached guidance on Local Partnership Agreements to assist in taking this work forward.

4. Primary Care Trusts will have a particular responsibility for involving their Local Health Care Co-operatives in this process.

Addressees

For action:

General Managers, Health Boards

General Managers, Common Services Agency, State Hospital, Health Education Board for Scotland

Executive Director, Scottish Council For Postgraduate Medical and Dental Education

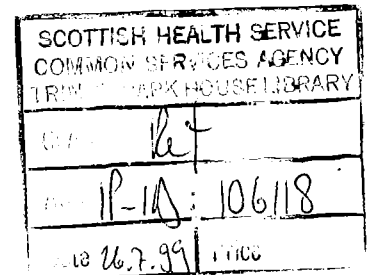
Chief Executives, NHS Trusts

Unit General Managers

Enquiries to:

Mr W Welsh
Directorate of Human Resources
Department of Health
Room 61A
St Andrew's House
EDINBURGH EH1 3DG

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5. Key to harnessing the potential of our staff will be the development of partnership working, ensuring that at all levels staff feel they are involved in the decision making process, have access to information and Board meetings and have the opportunity to make their views known about organisational changes which may affect them.

Partnership

6. Partnership is not merely about good employee relations; it is about trust, integrity and openness across all our activities in the health service. It embraces the core values of fairness and consistency that are central to the HR strategy, along with commitment to partnership working. It is also about the practical issues that affect peoples daily working lives and our working practices must reflect this.

Existing Arrangements

7. Existing mechanisms for recognition will be maintained by Trusts and Health Boards, to support the development of local partnership working. All Trade Unions and professional organisations currently recognised should continue to be recognised within the newly configured Trusts.

Training

8. Joint training is seen as a key factor in developing successful partnership arrangements and the SPF has sponsored the development of a joint training programme. This has now been successfully piloted in four Trusts and will shortly be made available to Trusts and Health Boards as part of their joint training initiatives.

Action

9. Trusts and Health Boards should address the actions set out within the attached Annex A to ensure that Local Partnership Agreements are in place by October 1999 and that local partnership forums are established.

10. Trusts and Health Boards are asked to complete the monitoring form at Annex B and to return it, by 19 November 1999, to Mr W Welsh at the Scottish Executive, NHS Management Executive, Room 61A, St Andrew's House, Edinburgh, EH1 3DG.

Yours sincerely



GEOFF SCAIFE
Chief Executive

PARTNERSHIP MODEL FOR THE NHS IN SCOTLAND

PARTNERSHIP MODEL FOR THE NHS IN SCOTLAND

1. BACKGROUND

1.1 The Human Resource Strategy – “*Towards a New Way of Working*” has at its heart the commitment to “Partnership”. Partnership is the key theme in the Government’s commitment, contained within the White Paper – “*Designed to Care*”, to renewing the NHS in Scotland. The vision is of a world class health service that offers the people of Scotland the treatment they need, where and when they want it, designed from the patient’s viewpoint. Integral to this vision is to give staff and their trade unions a bigger say in the design and management of the NHSiS. It is clear that the success of “*Designed to Care*” will be influenced in no small measure by effective relations in the workplace. This model aims to support the development of this approach to the establishment of a modern workplace for a modern workforce.

1.2 The government has determined that Clinical Governance will play a major part in the agenda of Health Boards and Trusts and the way in which they conduct their business. Issues relating to the quality of clinical care will feature much more prominently on the agenda. There will be a clear requirement to create a culture where the delivery of the highest standard possible of clinical care is understood to be the responsibility of everyone working in the organisation, and is built upon partnership and collaboration within health care teams and between health care professionals and managers. Like Clinical Governance, partnership will need structures and processes in place. (NHS MEL(1998)75 Clinical Governance)

1.3 As we face the challenge of renewing the NHS in Scotland we therefore need to establish an employee relations framework which is based on partnership. Partnership for the purpose of this model is the inclusion of all stakeholders involved in the provision of healthcare in the processes of formulating, consulting, implementing and evaluating issues related to the provision of healthcare. Central to this will be the commitment of Health Boards and Trusts to ensuring that Human Resources issue become an essential part of Corporate Governance and to developing local partnership agreements with staff and their trade unions. In demonstrating a commitment to working together in this way, “*Towards a New Way of Working*” requires all NHSiS employers, Trusts and Health Boards to develop a Partnership Agreement with staff and their trade unions by no later than October 1999. Primary Care Trusts will have a particular responsibility for involving their Local Health Care Co-operatives in this process.

1.4 The following broad guidance has been developed by the Scottish Partnership Forum to assist the production of local partnership agreements. It seeks to offer a framework and the definition of what a local partnership agreement should look like. It is vital that local agreements reflect the proper balance between the rights and responsibilities of all individuals concerned in the delivery of health care. This document seeks to set out some principles and definitions which should help shape local partnership agreements and subsequently, local partnership forums.

2. ENGAGEMENT AND INVOLVEMENT

2.1 The Human Resource Strategy describes a framework that allows staff to be “properly involved and allowed to influence the shape and implementation of decisions which affect their work.” A basic tenet of all partnership agreements is that all staff have the right to be fully informed and consulted at the earliest possible stage, in matters relating to their working life. All staff contributions are to be recognised and respected.

2.2 The partnership process places specific responsibilities on management, staff and trade unions. It requires those involved to adopt openness and honesty and a commitment to share information in a transparent manner.

2.3 Consensus is accepted as the best way of prioritising and achieving commitment to long term strategic change. Partnership is a way of developing consensus around changes to service delivery and provision within the NHS in Scotland. That implies a substantial and sustained commitment by both management and trade unions to seek genuine consensus at the decision making stage of the process on what is best to maintain and improve the quality of health care.

3. PURPOSE OF PARTNERSHIP AGREEMENTS

The purpose of Local Partnership Agreements is to establish a Local Partnership Forum as part of a local employee relations framework that:

- allows all staff to influence how the NHSiS works in achieving the objectives set out in “*Designed to Care*”;
- gives all staff the opportunity of early consultation and involvement, and the ability to influence decision making; and
- enables Trusts, Health Boards and trade unions to establish a local partnership approach, on a basis which gives staff consistency and fairness across the entire NHSiS;
- outlines roles and responsibilities for all individuals involved .

4. PARTNERSHIP VALUES

4.1 The following values should underpin partnership working:

- 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;
- the right of stakeholders to be involved, informed and consulted;

- early involvement of all staff and their trade unions in all discussions regarding change;
- firm rooting of partnership in the process of formulating and delivering Health Improvement Plans and Trust Implementation Plans;
- a team approach to underpin partnership working.

4.2 Individual Trusts or Health Boards may wish to expand on specific values.

5. CONTENT OF LOCAL PARTNERSHIP AGREEMENTS

The Human Resource Strategy sets out what Local Partnership Agreements should contain as a minimum. This guidance seeks to build on that by suggesting further areas that could usefully be included by agreement through the Local Partnership Forum. In developing agreements, parties should include:

- a statement of commitment or intent, perhaps by way of a foreword or introduction from the Chair/Chief Executive. This should be linked to the purpose and objectives of Local Partnership Agreements (the **WHY**);
- a list of the parties agreeing to commit to the partnership approach (the **WHO**);
- the scope of the agreement (the **WHAT**); This will cover major issues of local policy including:
 - organisational culture;
 - organisational change;
 - employment security;
 - employment practices (e.g. family friendly, best practice, equal opportunities, health and safety at work etc);
 - lifelong learning;
- details of the procedures for partnership working (the **HOW**); and
- the roles and responsibilities of those involved.

Partnership agreements are **NOT** intended as a replacement for existing negotiating frameworks – rather they are intended to broaden the scope of staff consultation and involvement in the local decision making process.

6. PROCEDURES

Local agreements should set out in some detail how partnership will work in practice. This should cover the arrangements and mechanisms that will be established to underpin consultation and involvement in the decision making process. *These arrangements should ensure that existing procedures are not interfered with, and therefore in particular cover:*

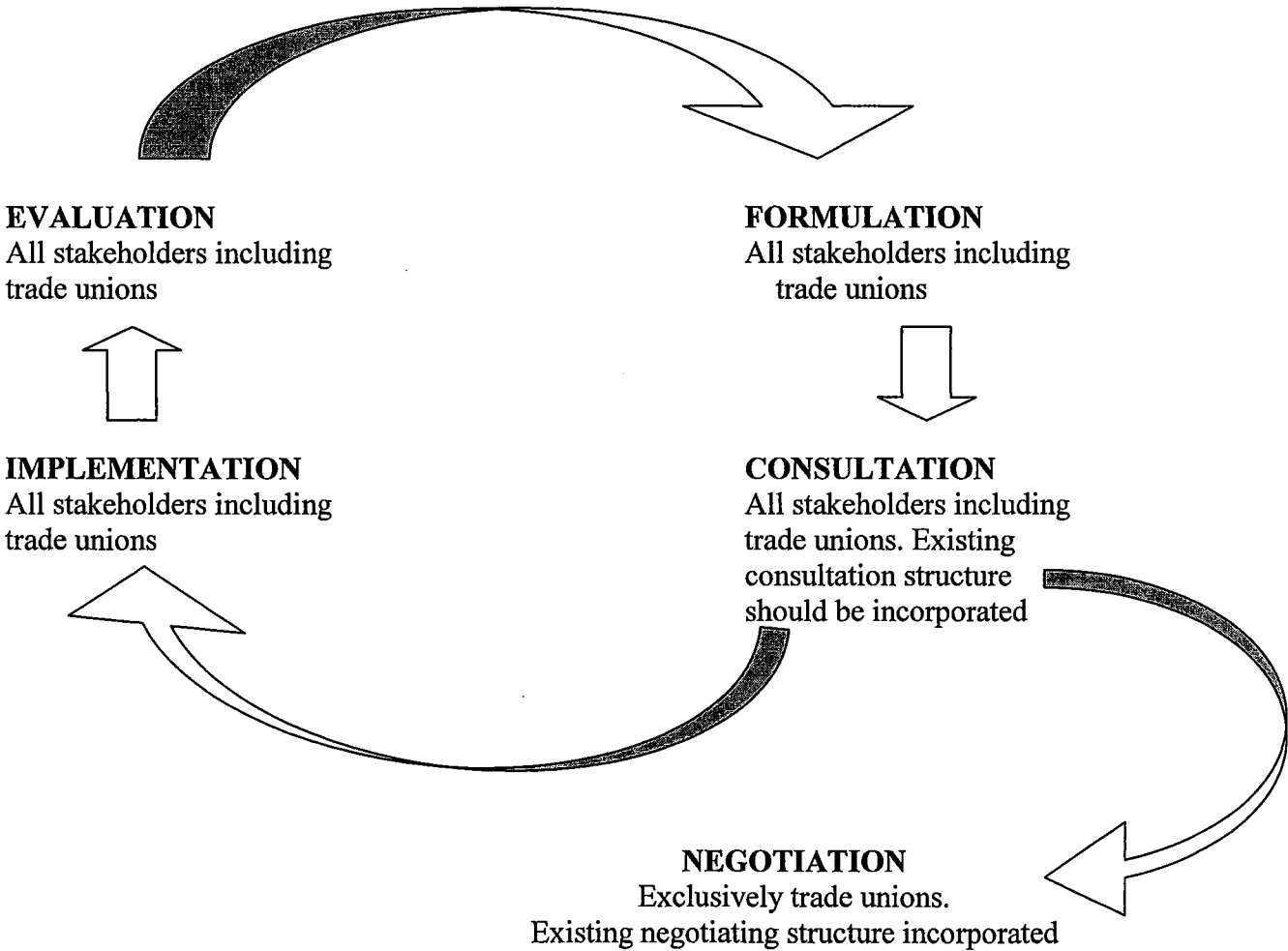
- arrangements within Trusts and Health Boards to ensure all parties are involved in the formulation, consultation, implementation and evaluation of change;
- how communication and consultation arrangements will fit in with existing procedures;
- how local partnership agreements fit with existing negotiating arrangements;
- the development of a formal link between Local Partnership Forums and Trust and Health Boards. This should include, as appropriate:
 - The Trust/Health Board will meet with the Local Partnership Forum on a regular basis. All Board minutes will be circulated to all members of the Local Partnership Forum;
 - The staff side chair of the Local Partnership Forum will be entitled to attend and participate in Trust/Health Board meetings with the same rights of attendance as other non-Board members.

7. PRINCIPLES

The process of partnership is ongoing and enables stakeholders to understand, access and influence the management of change.

- Trade unions and management are recognised as major stakeholders in the process of formulating and implementing healthcare provision within partnership agreements;
- Management and trade unions as major stakeholders in the design and provision of healthcare have a right to be involved along with other stakeholders at all levels of the partnership process;
- Protected time and replacement costs must be provided where necessary for individuals involved in the partnership process. This should be supported by an employer wide approach which ensures no detriment to the service. Each Trust and Health Board is required to review current facilities arrangements to meet the commitment to partnership working.

8. PARTNERSHIP MODEL



9. FORMULATION

All stakeholders are entitled to be involved in any review of current service provision or any proposal for a change in service delivery or service provision. This review should involve stakeholders at as early a stage as possible. Stakeholders will be those involved or affected by any proposal to review or amend services and will make their contribution in their own right, reflecting expertise and knowledge.

10. CONSULTATION

Consultation is that part of the process which seeks to amend or improve given propositions which may emanate from the formulation stage. Existing consultation arrangements should be incorporated to progress this stage.

11. IMPLEMENTATION

Stakeholders, as appropriate, are jointly responsible for the supporting the effective implementation of change.

12. EVALUATION

All stakeholders commit to review and audit the partnership approach in the spirit of continuous improvement and the seeking of clinical and organisational excellence. The evaluation process should include the review and monitoring of implementation and should include specific feedback from staff, e.g. through the Local Partnership Forum.

13. NEGOTIATION

13.1 The partnership process may impact upon issues that affect staff directly and which need to be dealt with by a negotiating forum e.g. relocation of a patient service.

13.2 Negotiation is that part of the process which provides for all recognised trade unions to be exclusively involved in any discussion involving the terms and conditions of their members and requires agreement from both sides. Existing negotiating arrangements will apply e.g. Local Negotiating Committees and Joint Negotiating Committees.

13.3 Negotiation on matters which affect staff should be with the recognised trade unions who represent the affected staff members. This negotiation will take place through the existing negotiating bodies as outlined above.

14. ROLES AND RESPONSIBILITIES

14.1 The partnership approach and the employment relations framework described in this guidance offer the opportunity for staff and their trade unions to be fully involved, from an early stage, in the formulation and implementation of change. All parties must define and recognise their role and responsibilities within this framework if the full potential of this approach is to be achieved.

14.2 This section of the agreement must state the roles and responsibilities of all parties in achieving the common goals set out in the White Paper "*Designed to care*".

14.3 The Trust or Health Board, its staff and trade unions all have responsibilities within this process. All stakeholders require to demonstrate commitment and be willing to contribute to

partnership working. This involves accepting responsibility for agreeing decisions by consensus and by demonstrating confidence and confidentiality in the local partnership process.

14.4 All stakeholders agree to work within the terms of the agreement and any disagreement should not prejudice a stakeholder's position or duty at any later stage in the partnership. There will be situations where, although supportive of partnership working, trade unions or employers are unable to agree a joint approach. There is recognition that trade unions retain the right to represent their members interests. Remaining involved in the partnership process will enable differences to be dealt with appropriately. The current structure for dealing with grievances will be available to support this.

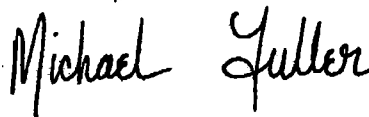
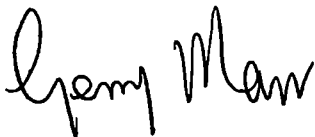
CONCLUSION

The above guidance sets out a model for the establishment of Local Partnership Agreements as a practical aid for Trusts, Health Boards and trade unions aimed at ensuring consistency across the NHSiS.

Agreed by the Scottish Partnership Forum, July 1999

Signed by Gerry Marr

Signed by Michael Fuller



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Joint chair

Joint Chair

**LOCAL PARTNERSHIP AGREEMENTS
MONITORING FORM**

1. Name of Trust/Health Board

2. Have you concluded a Local Partnership Agreement? YES/NO
If YES, please attach a copy of the agreement.
If NO, what progress has been made towards concluding an agreement?

3. Have you set up a Local Partnership Forum? YES/NO

4. How have you involved LHCCs in the partnership process (PCTs Only)?

5. What joint training provision have you developed for your partnership arrangements?

Signed by Signed by

.....
on behalf of the Trust/Health Board

.....
on behalf of the Staff Side

Please return to Mr W Welsh at the Scottish Executive, NHS Management Executive,
Room 61A, St Andrew's House, Edinburgh EH1 3DG by **19 November 1999**.