



## Building on Partnership – SPF Stocktake 2015

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## Executive Summary

The national Social Partnership Forum (SPF) is one of the strongest examples of social partnership in the British public sector. It exists to engage stakeholders in the NHS, and to give them a chance to discuss, debate and influence policy where there are workforce implications. This review – commissioned by the SPF from the Involvement and Participation Association (IPA) aims to identify successes of the SPF during the previous year, identify the strengths of the SPF, suggest areas for improvements, and confirm the extent to which it is fit for purpose within the current system. The review is focused in particular on the new national meeting arrangements, introduced in 2014. It is based on a literature review, 16 interviews with SPF members, a wider survey of SPF members, and observation of SPF meetings.

There have been substantial **changes to the SPF** that have been co-produced by partners in the past two years. Most notably, the Steering Group has been replaced with a trimmed down Strategic Group. This new body is much more of a working meeting and it has given the SPF greater focus and drive. There have also been notable improvements in the relationship between the national and regional SPFs, as well as significantly improved communication with wider stakeholders.

The SPF appears to be working effectively and it has delivered a wide variety of **achievements** in the last year. Notably, it has preserved positive relationships and effective partnership working, despite the difficult industrial relations climate. The SPF has changed and improved its ways of working since the previous two stocktakes. It has helped contribute to significant areas of NHS policy; most importantly around NHS pensions access changes, the response to the Francis Report, the Flu Fighters campaign, and the staff Friends and Family Test.

The SPF has a number of **strengths**. There is a strong and enduring commitment from all sides to partnership working. The SPF is seen as a much valued institution that all partners want to retain and strengthen. There is a consensus on the structures of the SPF. These are seen as working well, and the system has shown the ability to adapt to changing circumstances in recent years. The SPF is a genuine partnership forum with joint agenda-setting.

However, there are some **areas for improvement** that were identified. First, some partners argue that the SPF is focused on relatively easy, non-contentious issues, rather than addressing the key strategic issues for the NHS. Some participants are concerned the SPF struggles to deliver tangible outcomes. SPF meetings are sometimes seen as being too presentational rather than genuinely consultative and involving. Agendas are seen as being too crowded, and there is a tendency for items to be brought later than they should for consideration. Finally, there are sometimes difficulties getting the senior people in the room, and in engaging with the newer arms-length bodies (ALBs). These areas for improvement were not seen as critical, and there was a shared commitment among partners to address them and ensure the SPF is working as effectively as possible.

The **relationship between the national, regional and local partnership bodies** is seen as having significantly improved in the last two years. The work since the previous stocktakes – notably the visits from national SPF members to regional SPFs and the agenda item on the wider SPF which hears from regions – have been seen as big successes. However, the quality of regional SPFs varies, and there is a need to continue spreading good practice. There are also ongoing challenges around engaging employers in regional partnership working.

SPF **subgroups** are seen as working effectively. The Staff Passport Group (SPG) is particularly well regarded, and it deals with a substantial workload of important issues. The Embedding Partnership Working Group (EPW) and the National Regional Group (NRG) have helped strengthen the

relationship between national and regional SPF. There is a consensus that there is no current need for further subgroups. However, there is also a recognition that changes in the future might warrant the creation of additional issue-focused, time-limited, 'task and finish' style subgroups. Although the subgroups are well regarded by those on them, they are less understood by those who aren't, suggesting a need to improve the communications and links from the subgroups to the rest of the SPF.

There has also been improvement in SPF **communications** in the last year and the new website and the SPF bulletins are seen as effective. However, there are questions as to the extent to which these communications are of interest to a wider audience. This is not an indictment of the quality of the communications, rather the content, which is not necessarily seen as relevant by those on the frontline.

The SPF faces a number of **challenges** over the next year. Most significantly, the industrial relations climate risks undermining relationships and partnership working. It remains robust at the moment, but partners are concerned that if the industrial dispute continues, it could cause damage in the long-run. The general election is seen as posing a challenge to the SPF, as it may have to both adapt to a new policy agenda and build relationships with a new ministerial team if there is change. Finally, partners mentioned the growing pressure on members of the SPF, and the risk that people will increasingly struggle to offer the SPF the time and commitment it needs. However, partners remain confident the SPF can overcome these challenges, and continue to work effectively.

In terms of the **strategic agenda** for the coming year, partners were keen to focus on the really important issues facing the NHS. There was a willingness to address the financial challenge facing the NHS, and look at how the NHS can continue to offer higher quality and safer services in the context of growing financial pressures. The move to seven day services, and the drive towards the integration of health and social care were seen as having profound consequences for the workforce and, therefore, should be central to the SPF's agenda. The NHS Five Year Forward View and workforce supply were also seen as important issues, along with staff morale and wellbeing, and issues around culture and whistleblowing. These are seen as being big issues, with profound consequences, that demand a partnership approach.

In terms of **recommendations**, based on our findings and the views of partners, we would suggest the SPF needs to:

- Identify the key strategic priorities for the SPF and focus the agenda on these issues;
- Change the approach to meetings, making them less presentational and more consultative and engaging;
- Promote a culture of early engagement, ensuring that challenges and policies are brought to the SPF for consideration at a formative stage;
- Make the SPF more 'action-focused', and demonstrate the impact of the SPF by highlighting where it has made a tangible difference to policy and to the workforce;
- Continue to strengthen relationships between national and regional SPFs ;
- Continue to improve communication;
- Continue to review the effectiveness of the SPF and its Partnership Agreement, to look at what can be learnt from best practice elsewhere, and to disseminate that learning.

These are challenging times for the NHS and difficult times for industrial relations in the sector. Yet the SPF continues to prove its worth and make a difference for the workforce. Partners remain committed to working together, to improving the SPF, and to continuing its excellent work.

## Introduction

### The NHS Social Partnership Forum

The Social Partnership Forum (SPF) brings together key partners in the NHS comprising NHS Employers, trade unions, NHS England, the Department of Health and Health Education England to discuss, debate and influence the workforce implications of policy. It aims to involve stakeholders in policy formulation and consider and respond to the workforce implications of policy.

The SPF grew out of a taskforce established in March 1998 to involve social partners in dialogue around decision-making. The initial operating of the body proved to be *'decidedly patchy'* but this improved significantly following a review of the SPF and a new Partnership Agreement signed in March 2007.<sup>1</sup>

Its creation and continued existence is a recognition of the importance of partnership working for good quality patient care in the NHS. As the previous Stocktake in 2014 found, all sides remain committed to partnership working *'fundamentally because it has a direct and positive impact on the quality of the patient experience and health outcomes. That is the driver for partnership and the principle that is shared by all partners.'*<sup>2</sup> This commitment is backed up by a growing body of evidence that demonstrates the importance of partnership working and effective employee engagement and involvement for high quality healthcare. The SPF has continued to work under the Coalition Government. **It remains one of the most advanced forms of industrial partnership in the British public sector** in terms of the quality of the dialogue, the range of issues covered, and its impact on workforce policy.

The SPF is supported by a Partnership Agreement which sets out the shared approach and principles of effective joint working. These include open and honest communications, mutual trust, top level commitment, a positive and constructive approach, early discussion, a 'no-surprises' culture, and a commitment to work together and maintaining a dialogue. This Partnership Agreement, revised in 2012, *'reflects a strong commitment by partners to shared values and common purpose.'*<sup>3</sup> It aims to:

- Contribute staff side and employer views to emerging policy;
- Improve policy development and implementation by considering workforce implications;
- Promote good practice in partnership working and effective communication between partners.

The SPF is also underpinned by the NHS Constitution which includes a commitment to *'engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements.'*<sup>4</sup> It discusses a wide variety of issues, focused largely around the workforce implications of NHS policy and change. However, the SPF does not discuss contractual arrangements including pay, terms and conditions for the NHS workforce as these issues are dealt with by the NHS Staff Council.

In terms of its structure, the SPF has a Wider Group which is chaired by the Minister (in 2014/15 Dr Dan Poulter MP), and includes representatives from all the key partners. It also has a newly introduced and smaller Strategic Group that considers the impact on the workforce of the key strategic issues facing the health care system. The SPF can also establish subgroups to work on particular issues. There are currently two – the Embedding Partnership Working Group and the Staff

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<sup>1</sup> *NHS Social Partnership Forum Review – Final Report*, Involvement and Participation Association, 2008

<sup>2</sup> *Social Partnership Forum Stocktake 2014 – Social Partnership Forum*, 2014

<sup>3</sup> *Partnership agreement*, Department of Health, 2012

<sup>4</sup> *The NHS Constitution*, Department of Health, 2013

Passport Group. The SPF is run by a small secretariat that is jointly resourced by the partners and helps prepare the agendas, and manage the actions, minutes and communications. In addition to the national SPF, there are a series of regional SPFs that bring together key partners at a regional level.

### **Stocktake 2015**

There is a commitment among partners on the SPF to undertake an annual stocktake to ensure that the body continues to be fit for purpose, and to identify improvements. Whereas the previous two Stocktakes had focused on the links between the national and regional SPFs, Stocktake 2015 aimed to evaluate the national SPF's 'new ways of working', introduced in 2014. These are explained in the following chapter. This review, commissioned from the IPA by the SPF itself through an open tendering process, aims to:

- Identify successes during the year;
- Identify strengths and areas for improvement in the SPF;
- Suggest improvements in either structures, ways of working or priorities for the future;
- Confirm the extent to which the SPF remains fit for purpose within the system.

The research was carried out between December 2014 and February 2015. It involved the following:

- A literature review;
- In depth interviews with 16 leading members of the SPF, representing different partners;
- An online survey of members of the SPF which received 31 responses;
- Observations of SPF meetings.

## Achievements in the last year

Partners tended to be positive about the SPF and readily identified a wide variety of achievements it had delivered in the past year.

### Preserving relationships in a tough climate

The most commonly cited achievement of the SPF over the last year was its ability to keep functioning and to maintain constructive relationships despite the difficult industrial relations climate. Partners agreed that promoting and maintaining constructive partnership relations between key stakeholders in the NHS was a key part of the SPF's purpose. As one explained *'I think it is fit for the purpose it has – which is to maintain constructive relationships at a national level, and I get the sense that those relationships are positive because of the SPF.'*

This is a particularly impressive achievement given the very difficult industrial relations climate over the last year. The NHS has experienced a lengthy pay dispute, with many trade unions taking industrial action. Partners explained that they had been concerned that this dispute would seriously impact the workings of the SPF and the relationship between the partners.

However, these fears in large part do not seem to have been realised. As one of the staff side partners observed, all sides remained committed to the SPF despite *'the most long-standing dispute in the NHS for 30 years... I think that is pretty hopeful – it shows resilience really.'* Respondents to the survey also regularly cited the continuation of partnership working as a key achievement for the SPF over the past year. One respondent claimed the continuation of the SPF *'demonstrates the power of social partnership'* and another saying that its greatest achievement was simply *'it has survived!'*

*'In what has been a very difficult time in terms of the relationships with the unions, the fact that we've been able to keep things going and have a dialogue and communications suggests to me that the process is quite strong.'*

Department of Health

The fact that partnership working and the SPF itself have survived these difficult times can be seen as a significant achievement – albeit more of a cultural achievement than a concrete outcome. Despite a significant industrial dispute, partners have been able to continue working together effectively – for the benefit of the NHS and its staff – on areas of common interest. The fact that relationships have largely been preserved and the work of the SPF has continued is a testament to the strength of partnership working and the maturity of the relationships.

### Improving the working of the SPF

In addition to preserving positive relationships and partnership working, partners highlighted how the SPF had managed to improve the effectiveness of its working and adapt over the past year. First, the changes made to the operation of the national SPF with the introduction of the Strategic Group were seen as being very positive and were given as an example of the SPF being able to adapt and improve. These changes will be examined in more detail in the following chapter.

Communications were seen as having significantly improved, with the work of the SPF and its key messages being more effectively conveyed to key stakeholders and audiences. The links between national and regional SPFs were seen as having been significantly strengthened following the previous two Stocktakes that focused on this issue. Partners also said the SPF had been successful in

engaging with new organisations and ALBs following the changes introduced in the 2012 Health and Social Care Act. However, although these were seen as areas of improvement, partners emphasised that all required further work and progress. Again, these changes will be examined in more detail in subsequent chapters.

## **Pensions**

Asides from the softer outcome of preserving positive relationships, and the improvement of the functioning of the system, the SPF has also delivered some harder and more tangible outcomes in the last year and helped shape the workforce implications of NHS policy.

Perhaps the most concrete example is the work the Staff Passport Group (SPG) has done on influencing pensions policy in the NHS. The SPG played a key role in providing clarity on the New Fair Deal which enables staff transferring out of the NHS to retain their NHS pension, as long as they continue to be employed in the transferred service or function. The SPG, working with HM Treasury, produced a set of Frequently Asked Questions about the application of the New Fair Deal in the NHS, contributed to guidance and supported an information sharing event. The SPG also worked to develop and promote the NHS pensions access arrangements, which enable independent providers who deliver NHS-funded services to offer the NHS pension to staff who are carrying these services. One member of the SPG identified this work as the most important outcome from the SPF; describing it as a *'really, really important and enduring piece of work that without the SPF and its subgroups would not have happened.'*

## **Response to the Francis Report**

The SPF played an important role in shaping the response to the Francis Report into the crisis at Mid Staffordshire NHS Foundation Trust. The Department of Health asked the SPF to lead the recommendation that a comprehensive description be developed of what good staff engagement looks like for employers. This work was led by an SPF Francis Subgroup which met a number of times and produced six key messages for the Government's *Hard Truths* report and, subsequently, best practice guidance supported by evidence and resources for the system published in July 2014. The SPF was also consulted on the recommendations from the Cavendish Review, in particular on the proposals for a Certificate of Care, and on CQC work on whistleblowing and raising concerns.

The work on Francis was seen as particularly successful as it both embedded the principles of partnership working into the government's response, and had a discernible impact on the recommendations. The work of the SPF was seen as being important in building consensus around the need for action, and avoiding the risk of *'indulging in a blame game.'*

## **Other areas of influence**

Over the last year, the SPF has helped shape the workforce implications of policy in a number of other areas. In recent months, the SPF has started to grapple with the important issue of **seven-day-services** in the NHS. Staff side colleagues described how after a slow start on the issue, the SPF is now taking it seriously and making progress. This is seen by many as a key area of work in the coming year.



## Changes since previous stocktakes

The SPF has recently undergone significant structural changes. These changes have been co-produced and developed by the partners themselves. There were two main drivers of these changes. First, the Health and Social Care Act of 2012 substantially changed the healthcare system in England. There was a recognition among partners that the SPF *'must evolve to fit the new organisational landscape and to ensure that social partnership continue[d] to play a key role in support of improving patient outcomes.'*<sup>5</sup>

In addition to adapting to the new system, there was a desire to streamline the operating of the SPF. Before 2013, the SPF had a Wider Group, which met twice a year and a Steering Group that met three times a year. The Wider Group included representatives from all partners and was very large. The Steering Group was also quite substantial, involving some 26 members from various social partners, and was seen as quite unwieldy. Both were chaired by the Minister, with many partners believing this sometimes tempered the discussion on potentially controversial but strategically important issues. Neither were seen as especially effective forums to get work done, with the risk that they became *'talking shops.'*

*'The wider group and the steering group had become too similar to each other. The steering group was huge and there wasn't any difference between them. All you would get at the wider meeting was a few extra people around the end of the table – essentially it would still be very formulaic, very set-piece.'*

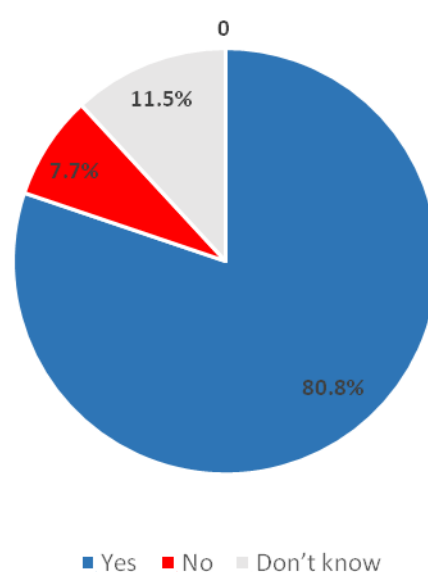
Staff side

In response to these two factors, and following the 2013 Stocktake, the decision was made to replace the large Steering Group with a smaller Strategic Group that aimed to be more *'business like and less unwieldy.'*<sup>6</sup> Introduced in January 2014, this Strategic Group would meet four times a year and would be co-chaired by staff side and NHS Employers rather than by the minister. It would be half the size of its predecessor, and it would include significant new partners created following the Health and Social Care Act such as NHS England and Health Education England (HEE). The Strategic Group would be tasked with *'consider[ing] the impact on, and potential actions for, the workforce of key strategic issues and challenges for the health and care system.'*

The Wider Group would remain relatively unchanged, but now meeting three times a year rather than two, and continuing to be chaired by the Minister. Its membership was also changed to reflect the new healthcare landscape with the inclusion of new arms-length bodies and social care representatives. The Strategic Group would be accountable to the Wider Group, but would be able to conduct more in-depth work and deal with the key strategic issues in an atmosphere of trust and partnership.

The changes to the national meeting structures are overwhelmingly seen as having been effective. Four in five (80.8%) of the respondents to the survey saw the changes as having met their organisation's expectations. This was confirmed by the interviews which were overwhelmingly positive about the changes.

Do the new national meeting structures meet your organisation's expectations



<sup>5</sup> Options on Future Ways of Working for the National Social Partnership Forum, 2013

<sup>6</sup> Options on Future Ways of Working for the National Social Partnership Forum, 2013

There are two main reasons why the Strategic Group seems to be more effective than the Steering Group. First, the fact that it is now co-chaired by employers and staff side is seen as allowing for a discussion which is both more detailed and more open. This was not meant as a criticism of the Minister's chairing which was generally seen as effective, and ministerial commitment to the SPF is seen as vital. However, their presence at all of the meetings was seen as creating an atmosphere where partners were wary of *'airing dirty laundry in public.'* There are no detailed and formal minutes from the Strategic Group, but a jointly agreed set of messages, allowing participants to raise difficult issues in a Chatham House type environment.

Secondly, the reduced size of the Strategic Group was seen as enabling a more productive and action-focused discussion. It is now seen as more of a working meeting, rather than being a large set-piece. There had been concerns that having a smaller group might disempower and alienate those not on it, but these do not seem to have been realised. Seven in ten (69.2%) respondents to the survey said they thought the membership and size of the national groups was correct with under one in twenty (3.9 %) disagreeing.

Although the new national meeting structures were a significant improvement, there was also a consensus that this remained a work in progress. The Strategic Group was only constituted in January 2014 and had only met four times at the time of the research. Several partners saw the Strategic Group as *'still finding its feet'* and suggested that it was *'still early days'*. However, it was seen as being on an upward trajectory, with the last meeting on the Workforce Strategy being seen as particularly effective.

Perceptions of the Wider Group were largely positive but mixed. Given its size, the relatively infrequent meetings, the breadth of issues it deals with and the presence of the Minister, it is seen as more of a set-piece meeting rather than being a working meeting. There did seem to be a desire to move away from a more *'stage managed'* approach to the meetings, which tended to focus on non-controversial issues, and to inject a bit of realism into the discussions. The Wider Group was seen as being too focused on presentations, and at risk of becoming a *'reporting body'* or a *'talking shop'*.

However, partners tended to agree that there remained a purpose for such a meeting. The Wider Group is seen as important in providing access to the Minister, in showcasing the successes of partnership working, in including all of the stakeholders and in overseeing the work of other bodies. The attendance of the Minister and senior officials from all sides demonstrates the importance of – and the top-level commitment to – the SPF. It has its limitations but it serves its purpose and is generally seen in favourable terms by partners. An observation of the Wider Group meeting showed that it does address significant issues, allowing for input from all sides, although not at a great level of detail. There was a productive atmosphere, with positive partnership behaviours being demonstrated.

*'I'm pretty comfortable with how [the wider group's] working. It's appropriate to have a set-piece meeting, showcasing how partnership is working... that was one of the aims and I think it's achieving that.'*

Staff side

Although the size of the Wider Group meetings is seen as limiting its effectiveness, there was no desire to cut this down as it was seen to be important to have all the stakeholders included. As one partner described, *'it's about getting the right people in the tent, rather than trying to narrow down that group.'*

Finally, the links between the national and regional SPFs are seen as having substantially improved since the last two stocktakes. The last two stocktakes focused in particular on these relationships and

led to a number of changes, including visits from members of the national SPF to regional SPFs and, a report from a regional SPF to each Wider Group meeting. These changes are seen as having been very successful, with the increased interaction between the national and the local being valued by both sides, and helping to strengthen connections and communication. However, there is a need for further progress in this area.

## Strengths of the SPF

There is a consensus among partners that the SPF is relatively effective. Previously we have identified some of the key achievements of the SPF in the last year – most notably preserving strong relationships during times of industrial unrest, influencing the workforce implications of policy, and adapting to the changing NHS system. In addition to these achievements, below we highlight some of the most commonly mentioned strengths of the SPF.

### Strong and enduring commitment to the SPF and partnership working

It is clear that the SPF is a much-valued institution among partners and that it retains broad support and commitment from all sides.

There remains very strong commitment to the SPF from NHS staff side unions. This is despite the disagreements over NHS reform and the lengthy industrial dispute over pay. As one staff side representative explained, *'the commitment of the unions is absolute to the partnership framework and how it works.'* The fact that unions have been able to continue working in partnership on areas of common concern – for the benefit of the service and of its staff – shows considerable maturity and the strength of partnership working.

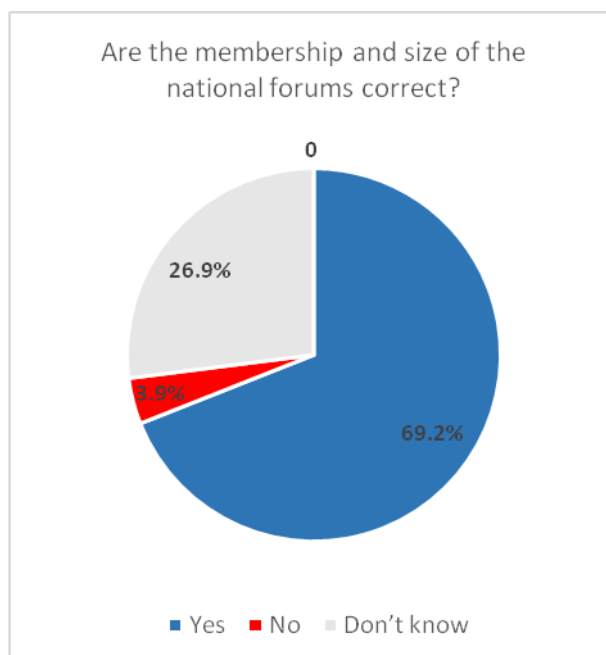
The SPF continues to benefit from top level political support and engagement. Several participants, particularly on the staff side, mentioned how they had been concerned that the SPF would not continue under the Coalition government. However, they have been pleased to see that it has continued to operate effectively and it retains ministerial involvement and influence.

There is also an ongoing commitment to partnership working on the part of both the DH and NHS Employers. The SPF was described by a member of DH as being *'very much valued,'* and its continuing success was seen as being in everyone's interest. This was echoed by NHS Employers who argued that the SPF is needed more than ever given the ongoing change in the NHS and the pressure on the workforce. However, although there is strong commitment from NHS Employers, engagement of employers themselves – NHS Trusts and other organisations – in the regional SPFs was seen as being patchy and more difficult. There has been some progress in engaging the new arms-length bodies, but this area requires further work.

### Consensus on structures

As well as being committed to the SPF itself, there is a strong degree of consensus around the structures of the SPF. The changes following previous stocktakes are seen as being largely effective and the Strategic Group – although still *'finding its feet'* – is perceived as working relatively well.

There is a widely shared belief that the membership and size of the national forums is correct. Seven in ten (69.2%) think the membership and size of the national forums is correct with under one in twenty (3.9%) disagreeing. There is also a consensus around the number and focus of the SPF subgroups.



## Adapting to change and bringing the system together

As we have detailed previously, the SPF has helped to preserve productive working relationships between partners during times of industrial unrest. But it has also played an important role in providing 'system leadership' by bringing together the NHS system – both nationally and regionally – to work on areas of common interest.

The ability of the SPF to change and adapt to new circumstances is also significant strength. The engagement of the new system partners into the SPF and the introduction of the Strategic Group have shown that the SPF is flexible, dynamic and responsive – able to reshape itself and improve its ways of working.

## Joint agenda setting

Partners tended to agree that the SPF was effective at jointly managing and setting the agenda for discussion. Agenda setting is conducted in a transparent and open way, with '*no fear or favour*' shown, and no items being blocked. As well as being responsive to the key issues for partners, the agenda at the national SPF also appears to reflect the priorities and issues at local SPF.

*'[Agenda setting] is very good. It's got a clear mechanism by which people can put forward what they want on the agenda, from all sides.'*

NHS Employers

## Areas for improvement

As has been shown, the SPF is a relatively strong and effective forum which has delivered a number of key achievements in the last year. These strengths should be recognised, celebrated and built on.

However, partners agree that there is room for improvement in the workings of the SPF, and they are keen to make it as effective as possible. In this chapter we will examine the areas for improvement for the SPF as identified by partners. None of these should be seen as critical weaknesses, but they are areas where the SPF might look to improve its working.

### Not dealing with key issues

The most commonly cited area for improvement for the SPF is that it does not necessarily deal with the key strategic issues for the NHS.

For partnership to be effective, it needs to be focused on a broad range of key strategic issues. When social partnership does not deal with such issues, it can *'limit the influence of such fora, and participants may feel that they are not involved in discussing the most important issues.'*<sup>7</sup>

However, there is a widely held perception among partners that the SPF hasn't really been dealing with the most important strategic issues facing the NHS. There was a perceived tendency to focus more on the non-controversial issues around which there is consensus, whereas the more controversial issues were left to be addressed in other forums. Partners suggested that this meant the SPF sometimes *'feels a bit detached from the reality of what we're facing'* as important but difficult issues are *'left at the door.'*

These concerns are particularly raised around the Wider Group which – although it was seen as important in bringing all stakeholders together – was often characterised as a *'talking shop'* or a *'reporting body'*.

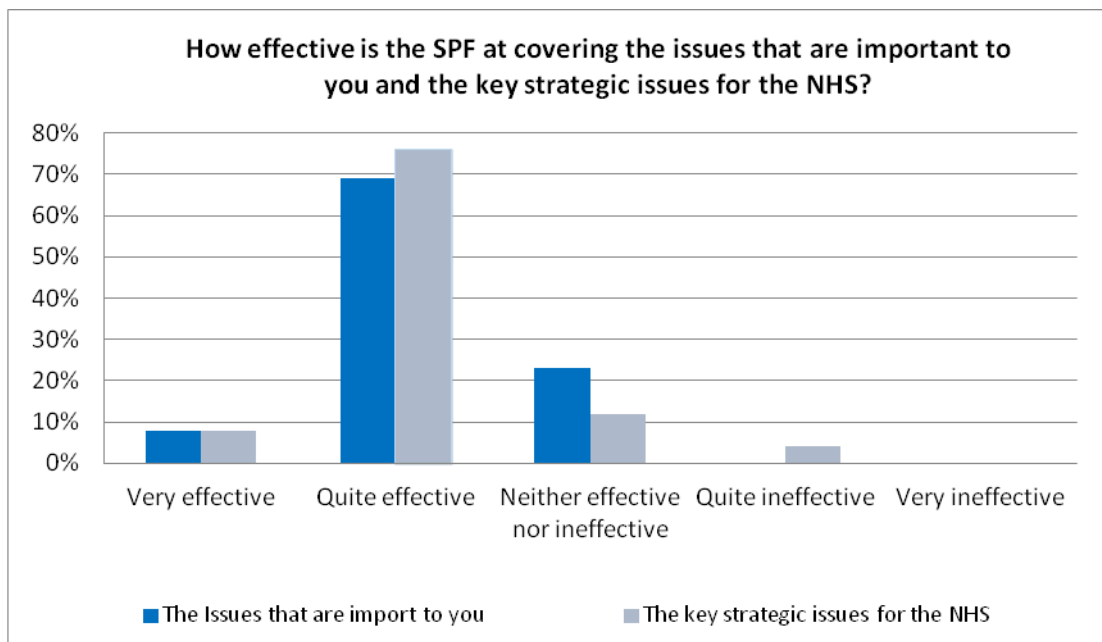
Results from the survey showed that the vast majority thought that the SPF was 'quite effective' at dealing with the issues that were important to them (69.8%) and that were strategically important for the NHS (76.0%). However, only one in ten (8.0%) thought it was 'very successful' in these areas, suggesting partners saw there was some room for improvement. This seems to be confirmed to some extent by the work plan of the SPF groups and the communications, which – although they do include some strategically important topics – tend to be focused on more transactional issues.

*'I think we've missed this huge opportunity to make agreements around the big issues in healthcare, or identify big strategic goals – around integration, or staff, or saving money... I don't think we get much beyond individual engagement on specific policies.'*

Staff side

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<sup>7</sup> *Partnership in Scotland, 1999 – 2011*, Nicolas Bacon and Peter Samuel, 2012



The apparent inability of the SPF to get stuck in to the key strategic issues may in part be due to the crowded agenda. It might also be due to the desire to maintain positive partnership relationships by avoiding controversial topics.

However, there does seem to be a shared appetite for the SPF to tackle the bigger – and potentially more controversial – strategic issues facing the NHS. As one staff side partner put it; *‘we want to influence, rather than just agree.’* There is also some evidence that the situation may be changing, with the SPF – and the Strategic Group in particular – starting to engage with the key issues facing the NHS. Recent meetings have discussed significant strategic issues such as seven-day services, NHS finances, and the 5-year Forward View. A recent workshop style meeting of the Strategic Group on the Workforce Strategy was also very well received by partners.

### Delivering tangible outcomes

There is a widely held perception among partners that the SPF sometimes struggles to deliver tangible and impactful outcomes. The SPF Wider Group was seen as effective in terms of promoting positive relationships, but for some it risked becoming a *‘discussion-forum’* – something which was seen as having benefits, but also limitations. This was linked to the perception that meetings of the SPF were too presentation-focused, rather than being participative and action-focused.

Partners also explained that the SPF struggled to build momentum around issues and ensure actions were taken forward in-between meetings. This was seen as being potentially due to the long time between meetings, but also the SPF not being seen as a pressing priority for some, and the sheer amount of work people are facing. The challenge doesn’t seem to be new either; the 2008 Stocktake quoted one employer as saying *‘sometimes you can raise something and it disappears into the ether.’*<sup>8</sup>

Again, there is a desire to change this situation. Partners emphasised that although there remains strong support for the SPF, there is a desire to make it *‘more meaty and more effective.’* There was a perceived need to both deliver and demonstrate some concrete outcomes. In terms of how this is done, partners suggested that there was a need to be clearer about the aim and desired outcomes of items on the agenda. Instead of just introducing items for discussion, there should be clarity on what

<sup>8</sup> NHS Social Partnership Forum Review – Final Report, Involvement and Participation Association, 2008

is being asked of the SPF. The lack of tangible outcomes was also seen as being linked to the over-crowded agenda, which prevented the SPF from engaging in depth on issues. A narrower agenda, focused on the key strategic issues was seen as delivering more tangible outcomes. It was also seen as being linked to the lack of early engagement. Partners suggested that if issues were brought at an earlier stage, the SPF would be able to have a more tangible impact.

## Meeting style

Another perceived area for improvement for the SPF that was regularly raised by partners was the style of meetings themselves. Many partners commented that the meetings were largely made up of presentations on projects being carried out elsewhere, with a limited opportunity for question and answers. This made the meetings feel rather *'top-down'*, controlled and focused on communication, rather than being genuinely involving and participative. This was seen as a particular issue with the Wider Group, but less of a problem at the Strategic Group and the SPG, which are more effective in this area.

It was also felt that on some occasions the aims and objectives of the discussion were not quite clear. Information was sometimes presented to the SPF with no clear objective from the conversation.

As one staff side partner explained, *'it's very much a presentation, followed by a few questions, rather than saying 'this is an issue, how do you think we can resolve it?' it's not very good at problem solving.'* A local employer representative also highlighted this approach to meetings, saying that as a result they were *'more consultative maybe than what I would call participation.'* The SPF Action Log also suggests this may be an issue. Rather than the SPF leading on issues, many of the actions are around *'engaging SPF partners'* in various work streams or providing updates.

Again, there is appetite for the SPF to change here and to become more genuinely participative. Rather than just hearing updates on work programmes, there is a desire to identify challenges, find common ground and build on it collectively. There also seems to be an appetite to try different types of meeting. Partners suggested different approaches such as group-work, workshops on particular issues or away-days. The recent discussion on the Workforce Strategy was seen as a good example of this – focusing in-depth on a specific issue and working through the challenges in partnership.

*'I still think new system partners bring things to the national meetings to "present" or "update" on activity rather than true partnership work and the chance to consult and engage and develop in "partnership".'*

SPF Secretariat

## Crowded agendas

Another regularly identified areas for improvement for the SPF was its crowded – and perhaps over-crowded – agendas. Several partners commented that agendas, particularly for the Wider Group, had too many items. This meant that many issues were covered, but at the expense of allowing proper debate and depth.

The SPF Action Log for 2014/15 lists 37 different work streams. This does suggest that there is a risk that the breadth of the focus, and the sheer number of issues it is trying to deal with, may crowd out depth and detail.

There are a number of factors behind this. First, the remit of the SPF is itself very broad, and there are a huge number of issues it needs to consider. The relatively infrequent meetings – particularly of the Wider Group – limit the ability of the SPF to cover all these issues in sufficient detail. However, some partners did suggest that part of the problem was due to the agenda being too open rather than narrowing down the agenda to the key strategic issues. Again, the Wider Group was seen as being weaker in this respect, whereas the SPG was seen as quite strong at covering issues in detail, partially because of its narrower remit and regular meetings.

*'We give very little time to major issues – maybe ten or fifteen minutes. All we really do is scratch the surface of pretty much everything we discuss. We never really go into any depth or detail about any one particular issue. That may not be possible. The advantage is you cover a lot of areas, the disadvantage is that you don't do it in any particular depth'*

NHS employer

Partners tended to agree that agendas should be narrower, more planned and focused on a small number of key strategic issues, agreed by the wider SPF.

### Late engagement

Effective partnership working requires early engagement around issues and challenges, giving all sides an opportunity to input and meaningfully to shape outcomes. This approach is enshrined in the NHS Partnership Agreement which emphasises the need for *'early discussion of emerging issues and maintaining dialogue on policy and priorities'* and to *'ensure a no surprises culture.'*<sup>9</sup>

However, several partners raised concerns that the SPF does not live up to these aims, and that it often fails to deal with issues in a timely manner. As one put it, *'it often feels that, rather than being involved in the formulation of policy, the SPF is just one of many groups consulted as part of consultation processes.'*

*'[There is] frustration at the lack of engagement in policy development at an early stage, so SPF is often discussing workforce as a bolt-on to already established government policies.'*

Staff side

Getting partners to engage early was seen as a particular challenge for the newer ALBs. They were described as often failing to bring emerging policies to the SPF at an early stage for discussion. In explaining this, partners pointed to a perceived lack of awareness among some policy makers of the purpose of the SPF and an insufficient understanding of the benefits that partnership working could bring to policy formulation.

Again, there was a widely held desire to change this situation and to facilitate more early engagement in policy development. Some partners highlighted some recent progress in this area, with those developing policy being increasingly aware of the importance of bringing emerging policies that have workforce implications along to the SPF at an early stage.

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<sup>9</sup> *Partnership agreement*, Department of Health, 2012

## Getting the right people in the room

Effective partnership working requires consistent and genuine commitment from senior people in partner organisations. This imperative is referenced in the NHS Partnership Agreement which emphasises the need for *'top level commitment'* to partnership working.<sup>10</sup>

However, several partners suggested that the SPF was falling short in this area. In some cases at partner organisations, responsibility for attending SPF meetings was delegated to less senior staff. Partners also mentioned there was too much deputising, with more junior staff standing in for more senior people. There was also concern over turnover of representatives at SPF. This was seen as a particular problem following the restructuring of the NHS which led to a lot of flux and turnover in terms of representation. This seemed to be confirmed by observations of the meetings.

This was seen as being a problem for a number of reasons. First, if senior figures did not attend, it was seen as undermining the commitment of some organisations to partnership working. More practically, having more junior staff meant there was a risk that people in attendance lacked a strategic overview or the authority to speak and act for the organisation. As one member of staff side explained, *'there has been some difficulty in getting the right people in the room. Without the right people in the room, you don't build the relationships, you don't get the decision-makers.'* Given the importance of trust and relationships to partnership working, high levels of flux and turnover in representatives can be a challenge as relationships have to be built afresh.

There was a view that getting the right people in the room – and top-level commitment – from the ALBs was a particular problem. The unions on the other hand were seen as demonstrating commitment to the process by sending their senior representatives.

## Engaging with arms-length bodies

Finally, a number of partners identified the difficulty in engaging with NHS ALBs as an area for improvement for the SPF. There was a belief that engaging with these bodies was more difficult than it had been when their functions were based in DH.

The challenges around early engagement and getting the right people in the room were seen as particularly pressing for these ALBs. The difficulty in effectively engaging with these bodies was seen as being in part due to the lack of recognition of the importance of partnership working to policy development. However there was an indication that the situation was improving, and that the relationships with the ALBs were improving, particularly with Monitor. There was a willingness to build on this progress and to continue to encourage the newer arms-length bodies to engage. There is also some partnership working within the ALBs themselves, with organisations such as Health Education England and NHS England having their own internal partnership structures.

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<sup>10</sup> *Partnership agreement*, Department of Health, 2012

## National, regional and local partnership

The previous two stocktakes have focused on the relationship between national, regional and local partnership working. This review on the other hand is focused primarily on the new national ways of working. However, it is worth briefly considering how the relationship between national, regional and local partnerships has progressed since the last stocktake.

### Previous stocktakes

The stocktake carried out in 2012 found that whilst social partnership was widely seen as important to the functioning of the NHS *'regional partnership working was perceived as patchy, in some cases effective and in others tokenistic.'* Regional SPFs were seen as offering a *'valuable mechanism'* for bringing partners together, but that their full potential was not being realised.<sup>11</sup>

The 2013 stocktake event was focused on regional SPFs and their relationship with the national SPF. It came up with a number of recommendations, including that:

- National SPF members regularly attend regional SPFs;
- Regional SPFs be invited to join national meetings on a rotational basis, through a regular slot on the agenda;
- Two-way communication be improved;
- The national work-plan is cascaded to regional SPFs to ensure agendas are aligned.<sup>12</sup>

Following this review, a new subgroup of the Embedding Partnership Working Group was introduced known as the National Regional Group. This brought together the Chairs of the 9 regional SPFs and members of the national SPF secretariat, to learn from each other and share experiences. In addition, following the recommendation, there was a series of visits from national SPF members to regional SPFs to improve dialogue and mutual understanding between the two. A 'portal' was also created allowing the regional SPFs to feed issues and concerns into the Strategic Group.

A more detailed review in 2014 found the situation had improved. It made further recommendations, many of which echoed the previous year's review. These included;

- Providing and articulating a better understanding of how national organisations operate at a regional/local level;
- Communicating national work plans more effectively;
- Improving two-way communications between national and regional SPFs.<sup>13</sup>

### Impact of the changes

There is clear evidence that the relationships between the national and regional SPFs have improved following recent changes. Last year's stocktake found that the changes following the 2013 review had been effective, with the majority of respondents saying the changes had been positive in their

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<sup>11</sup> Better Together – improving patient care through regional social partnerships, SPF Stocktake 2013

<sup>12</sup> Better Together – improving patient care through regional social partnerships, SPF Stocktake 2013

<sup>13</sup> Social Partnership Forum Stocktake 2014 – Social Partnership Forum, 2014

region. However, it still identified the need for better links between the national and regional forums.<sup>14</sup>

There is further evidence for this review that the relationship between national and regional SPFs has continued to strengthen. As the graph shows, four in five respondents (82.6%) to the survey said that the work to improve communications with the regions had been effective, while no respondents disagreed. Similarly, half of respondents (47.8%) said that they thought the national meetings and subgroups were considering the areas that are a priority at a regional level, with just one in six (16.4%) disagreeing.

The regional visits are seen as being particularly effective in building links between national and regional forums. They were universally valued by partners and there is a desire for these to be continued.

Similarly, the visits of the regional SPFs to national meetings has also been seen as very valuable in terms of building links and supporting mutual understanding. The formation of the National Regional Group has also been seen as helping this process. Finally, the new website and the e-bulletins are also seen as having improved connectivity between national, regional and local.

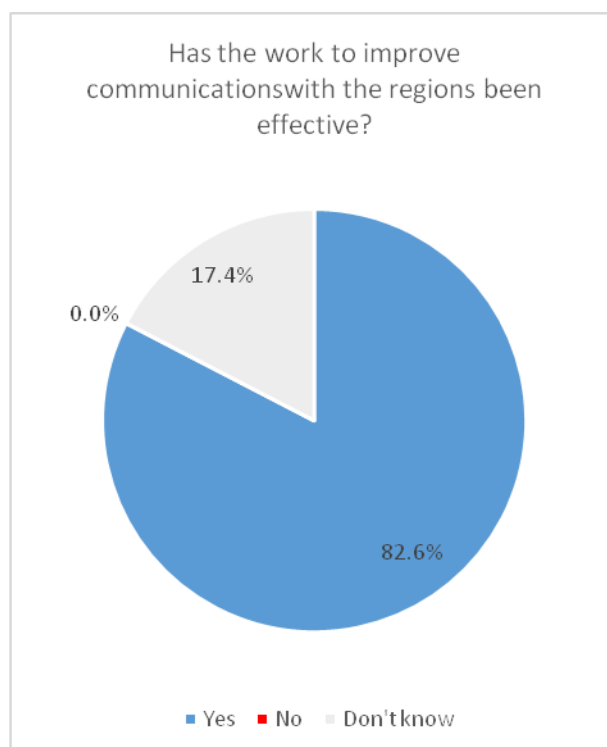
### Areas for further improvement

There is a recognition that the quality of the regional groups is quite variable. There was also a perception among some that regional SPFs weren't very effective at sharing best practice with each other, although this had improved recently. The National Regional Group may be able to identify best practice in regional partnership working and help share this.

In terms of further improvements to regional SPFs, the most commonly cited was the need to improve the engagement of local employers. This was mentioned repeatedly by interviewees and in the survey.

Partners suggested the reason some local employers fail to engage with regional SPFs was that they could not see why the meetings were important, and that they failed to understand the benefit and value of regional partnership working. Others suggested that perhaps local employers were simply less committed to regional partnership working than the trade unions whose attendance was normally better. As one local employer put it, *'if they were really committed to it, they would be there, regardless of the agenda, because they'd want to influence and improve partnership working.'*

In terms of overcoming this challenge, partners suggested a need to make the agendas of the regional SPFs more outcome focused and relevant for local employers. Others suggested that NHS



*'There's much better connectivity both nationally to regionally, but also across the regional SPFs, what they're talking about and the issues that are important to them. The connection between the national SPFs and regional SPFs is much improved I think, the fact that people have gone out and visited the regional SPFs has been really valued.'*

NHS Employers

<sup>14</sup> Social Partnership Forum Stocktake 2014 – Social Partnership Forum, 2014

Employers might be able to encourage more local employers to attend by promoting the importance of regional SPFs and demonstrating leadership on the issue.

Asides from employer engagement, there is a perceived need to improve further communications between national and regional SPFs. Despite the progress that has been made on this front, many partners still see room for improvement. It was seen as particularly important that national and regional forums have an understanding of each other's work, with regional SPFs being aware of the national work programme and also being able to shape it.

## SPF Subgroups

As part of the review, we also looked at the SPF subgroups, how they are working, and how they relate to the wider SPF. There are currently two SPF subgroups; the Staff Passport Group and the Embedding Partnership Working Group, which itself has the National Regional Group as a subgroup.

### Staff Passport Group

The Terms of Reference of the Staff Passport Group (SPG) set out its aim to *‘provide a partnership forum for the discussion and consideration of workforce implications of NHS reform policy’* and to promote partnership working, nationally, regionally and locally on the workforce implications of policy. This function is similar to that of the Scottish Workforce and Staff Governance (SWAG) Committee in the highly successful Scottish SPF.<sup>15</sup> The SPG meets on a monthly basis, reports to the Wider Group and is jointly chaired by Jon Restell of Managers in Partnership and Tim Sands of DH.

The SPG is seen as being a particularly successful and productive part of the SPF. It examines a wide range of issues but the monthly meetings allow it to get into depth that other parts of the SPF struggle to. It has recently conducted a review of widening access to the NHS Pension Scheme, the staff transfer guide, and inputted into policy such as procurement guidance, pricing and the NHS standard contract. It is seen as having played an important role in promoting partnership working on the workforce implications of restructuring and outsourcing within the NHS.

*‘The SPG is a crucial driver of work. To be honest, it’s almost more than a subgroup. It’s absolutely crucial... They’ve dealt with some quite hard and transactional issues which you might have thought would otherwise go through the Staff Council.’*

Staff side

Interestingly, although those familiar with its work were very complimentary of the SPG, many of those not involved with the group were less aware of its work. Its name, derived from the process by which terms and conditions are *‘passported’* when an NHS employee moves between different providers, was seen as perhaps no longer being relevant, and potentially needing to be changed.

### The Embedding Partnership Working Group and the National Regional Group

The Embedding Partnership Working Group (EPWG) aims to encourage partnership working at all levels within the NHS, to promote the case for and benefits of partnership, and to articulate what constitutes good partnership working. It meets on a quarterly basis and is chaired by NHS Employers (from March 2015 the chair will be Rebecca Smith).

The National Regional Group (NRG) was set up following the 2013 stocktake in order to *‘ensure the national SPF and the regional SPFs have a continuing dialogue and a co-ordinated approach to progressing their work and achieving their objectives.’* The NRG brings together members of the national SPF with representatives from all the regional SPFs. It works as a subgroup of the EPWG and meets twice a year and is chaired by Christina McAnea, Head of Health at Unison. It has led on implementing many of the recommendations from the previous two reviews which have significantly improved the strength of the links between the national and the regional SPFs.

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<sup>15</sup> *Partnership in Scotland, 1999 – 2011*, Nicolas Bacon and Peter Samuel, 2012

Both the EPWG and the NRG are well-regarded and seen as doing important work – although perhaps delivering fewer concrete outcomes than the SPG. However, those not involved with the groups seemed far less aware of their work. There is also a risk though that the agendas of the two groups are too similar.

### Francis subgroup

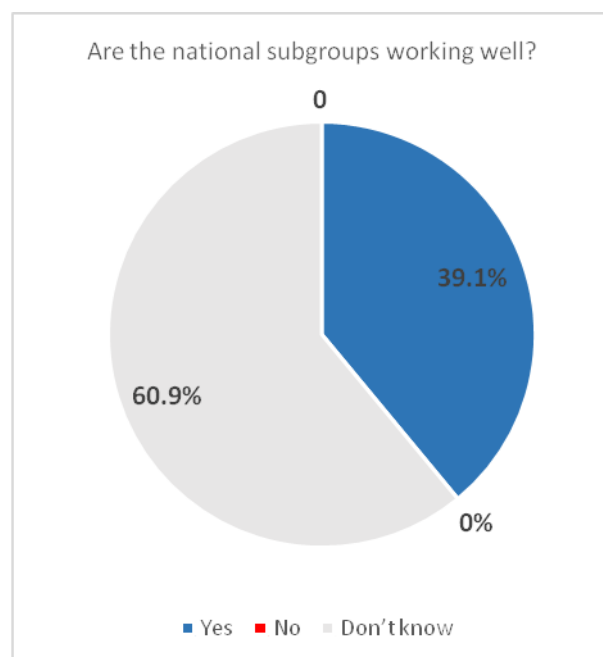
Asides from the two currently operating subgroups, one has recently finished its work. The SPF Francis Group (*Workforce issues arising from the Public Inquiry into Mid Staffordshire Hospitals NHS Foundation Trust*) was seen as being successful in delivering concrete outcomes following the Francis Report. It met monthly from June 2013 until March 2014. Having contributed the six key messages for the *Hard Truths* report, it published detailed guidance on staff engagement for the system in July 2014. The group maintained an overview of the workforce issues arising out of the Francis Report and worked on some of the recommendations for DH. It is seen as a good example of a time-limited subgroup, working on a specific topic and producing tangible outcomes.

### Views of the subgroups

There is a shared view among partners that the subgroups are working relatively effectively. Not a single respondent to the survey said they were not working well, although there were a large number of ‘don’t knows’ (60.9%), perhaps reflecting a lack of involvement in or understanding of their work, and a need to improve communications in this area. Most respondents (55.0%) said they believed the terms of reference of the national subgroups adequately reflected priorities in their region. The partners who took part in the interviews were also largely positive.

There is also a consensus around the number and focus of subgroups. Partners believed that the existing structure could accommodate all the important issues that needed to be addressed, and there was widespread wariness of setting up new groups unless they were absolutely necessary. This was summed up by one partner who explained ‘*I am very cautious about adding more groups... I think the core purpose of the SPF is captured in the groups we have got.*’ Of those expressing a view, the majority thought there were the correct number of subgroups (61.5%) with only small numbers believing there should be more (15.4%) or fewer (23.1%).

Partners did acknowledge that there may be a need for further subgroups in the future, particularly if there was a new government with a significantly different policy agenda. The three areas which partners suggested might warrant additional subgroups include the NHS Five Year Forward View, workforce supply, and health and social care integration. However, if there were to be new subgroups, partners emphasised that these should be focused, time-limited and ‘*task and finish*’ type groups, similar to the Francis subgroup. There was no appetite for new permanent additions to the SPF structure, a further indication that partners are satisfied with how it currently works. We shall



examine in a subsequent chapter the areas partners identified as strategic priorities for the SPF in the coming year.

However, although the subgroups were seen to be working effectively, there was also a view expressed by some that they needed greater clarity in terms of their focus and function. Some suggested that in order to ensure greater alignment and coordination, there should be some form of annual process by which the Wider Group agrees with the subgroups what they should focus on in the coming year.

There are also questions over the effectiveness of communications between different groups of the SPF. The subgroups are accountable to the Wider Group of the SPF and the chairs of the subgroups sit on the Wider Group. The subgroups produce reports on their work which are sent to the Wider Group, and particularly important issues are raised on the agenda of the Wider Group. There is also an action log detailing the issues they are working on. Some saw this process as effective, but many partners expressed doubts about the linkages. Several partners on the SPF did not seem to have a high level of awareness of the work of the subgroups unless they sat on them. This suggests the methods for communicating the work of the subgroups and linking them to the rest of the SPF and wider stakeholders needs to be reviewed and improved.

## Communication

As part of the 2015 Stocktake, we looked at how effectively the SPF communicated with its key stakeholders. The SPF communication plan sets out its aims as raising awareness, understanding and support for the SPF's priorities; promoting and disseminating information on the SPF's work to key stakeholders; and promoting and embedding partnership working on a national, regional and local level. It looks to promote and articulate the benefits and value of partnership working and highlight examples of effective partnership. It identifies its key audiences as being the national SPF and subgroup members, regional and local SPFs, and partner organisations.

### Effectiveness of communication

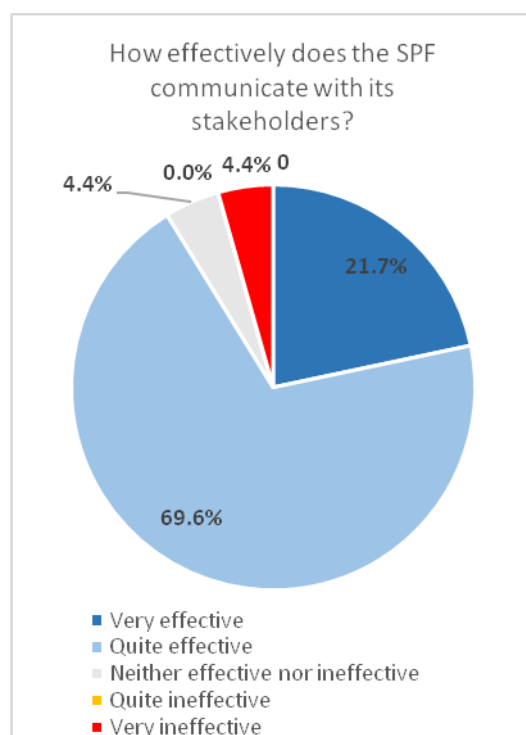
The consensus among partners was that SPF communication had improved in the last two years. The SPF team were seen as doing a good job in getting the information out there; *'they communicate really well... They do things which are accessible and timely.'* This was reflected in the findings of the survey, in which nine out of ten respondents (91.3%) said they thought SPF communications were effective.

The new website and the bulletins were seen as an effective resource for communicating the work of the SPF. The refreshed SPF website was launched in February 2014. It aimed to be more accessible, mobile friendly, usable and useful. Partners generally agreed that this had been successful, with one saying that is now *'visually more appealing and better enables the communication of information about the SPF and benefits of partnership working.'* Visits to the new website peaked around the launch at over 1,200 a month but have since fallen back to an average of around 700 a month.

The SPF Secretariat produces a bulletin every two months that is sent out to partners and a wider mailing list. The bulletin is well-produced and provides a wide variety of information. The main focus is on explaining the work of the SPF, highlighting its achievements and the impact of its work, providing examples and case studies of effective partnership working, and flagging consultations and other opportunities for partners to engage. The reach of the bulletin has increased by 70% in the last year, but it remains relatively modest at 186 subscribers.

The vast majority of respondents to the survey thought the bulletin and the website were effective at delivering messages to constituents (31.8% said very effective, 59.1% said quite effective). These results are markedly more positive than previous surveys on the effectiveness of the website.

However, communication it is still seen as only moderately effective, and having a limited impact on wider stakeholders. Although a large majority said they thought communication from the SPF to stakeholders was effective, seven in ten said they only thought it was 'quite effective'. Several partners expressed doubt over whether the communications from the SPF reached a wide audience beyond participants in the SPF. A staff side representative summed this up, saying that SPF communications are *'not mass appeal – it's for the people that are involved in it I think, and*



*professional staff and HR.* This judgement is supported by evidence of the relatively modest reach of the bulletins and website.

The lack of reach of SPF communications was not deemed to be an indictment of its quality, which was generally seen as high. In explaining the lack of reach of its communications, partners highlighted the fact that the work of the SPF was not perceived as relevant to people's roles, and that most were under pressure and were too busy. Several partners mentioned the need to extend the reach of SPF communications and raise awareness of the body and its work among employers, staff side and frontline staff at a trust level. However, it was recognised that the potential for doing so was limited unless it could demonstrate the relevance of its work.

*'If I asked a random Chief Exec in the NHS what the SPF had been talking about, some of them I think wouldn't even know what the SPF is, and most wouldn't have a clue what they've been talking about. I think there's a really big question mark around its connectivity back into the service.'*

NHS employer

Partners on all sides acknowledged that they had an important role to play in communicating the work of the SPF. Instead of seeing communication as the responsibility of the SPF Secretariat through the website and the bulletins, there was a recognition that partners had to support the process by actively cascading information through their own networks. This was seen as a potentially highly effective way of communicating the work of the SPF, as the organisations represented have extensive networks and are trusted by their members. There was also a recognition that currently, partners were not doing enough in this area, and that there was room for improvement.

### **Communication within the SPF**

Communications between the national SPF and the regional SPFs are seen as having improved significantly. The changes introduced following the previous two stocktakes including the visits by national SPF members to regional forums and having one regional SPF come and speak to the Wider Group of the national SPF at each meeting, seem to have been very effective. Four in five respondents to our survey said that communication between the national SPF and the regional SPFs had improved.

The challenges of communications between the subgroups and the rest of the SPF is set out in the previous chapter.

There were also some doubts expressed about the procedures for communication between the Strategic Group and the Wider Group. The terms of reference for the Strategic Group dictates that it provides update reports for the wider SPF meetings. These aren't formal minutes, but agreed communications, allowing for members of the Strategic Group to have an open conversation in an atmosphere of confidence. However, some partners seemed unaware of the process for this. As one partner put it, *'I'm not sure I could draw you a wiring diagram of things we discuss at Strategic Group, and things that end up on the agenda at Wider Group.'*

## Challenges

As part of the stocktake review, we looked at the most significant challenges facing the SPF over the next year. These are set out below. It is worth noting that although there are some potentially serious challenges, partners remain committed to the SPF and confident that these challenges can be overcome.

### The industrial relations climate

The biggest perceived challenge to the SPF is the difficult industrial relations climate. In the last year, the NHS has experienced a significant and lengthy industrial dispute over pay.

The SPF does not itself deal with pay, which is instead addressed at the NHS Staff Council. However, there was a widely held view that the industrial dispute had had a negative impact on the relationships between partners, and thereby on the SPF itself. As one member of staff side put it; *'things leak across. If the relationship is difficult in one area that will inevitably test the partnership relationship.'* A local employer representative echoed this, describing the dispute as *'a running sore'* and that *'pay is the elephant in the room always when we meet, because we know that's an issue.'*

Partners on all sides suggested that if the current difficult industrial relations climate continued – or worsened – it would start to pose a significant challenge to the work of the SPF. Staff side members of the SPF highlighted concerns that their increasingly frustrated members might withdraw consent for partnership working if the situation continued. The commitment to the SPF remains strong, but as one staff side member warned, *'if our members are getting stuffed by decisions on pay, then our commitment to that kind of discussion starts to retreat a bit... It's a prospect for the future.'*

However, it is worth noting that the SPF has continued to operate effectively despite the challenging industrial relations climate. This demonstrates the strength and maturity of the partnership relationships.

### The General Election

The upcoming general election was seen as a significant potential challenge to the SPF. There were two main factors at play here.

First, partners regularly highlighted the fact that an incoming government may have very different policy priorities on the NHS. This could potentially create significant new areas of work for the SPF, as it would have to consider the workforce implications of any changes. For example, partners highlighted the integration of health and social care as a significant change with profound potential consequences for the NHS and the SPF. Partners also highlighted the potential of further structural change in the NHS, which might require further changes in the SPF in order to adapt.

Secondly, partners were aware that the general election may lead to a change of ministerial staff. This was seen as a potential challenge as an incoming minister might need to be persuaded of the value of the SPF, and a new relationship would need to be built.

Effective partnership working requires partners to be able to commit to the process and dedicate time. Several partners were concerned that – given the pressures on the service – people were increasingly finding it difficult to do this.

Partners highlighted the fact that many people are having to focus on immediate and pressing problems in their roles. In this context, partnership working risked being squeezed out, as people struggle to balance multiple priorities.

It is essential that partners continue to prioritise the SPF. Although the time commitment partnership working requires may seem like yet another considerable demand when there are so many competing pressures, it is vitally important. As the review into partnership working in the Scottish NHS found, *'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.'*<sup>16</sup>

The word cloud below shows responses from the survey to the question on challenges facing the SPF in 2015. It clearly shows industrial action and the election featuring prominently.



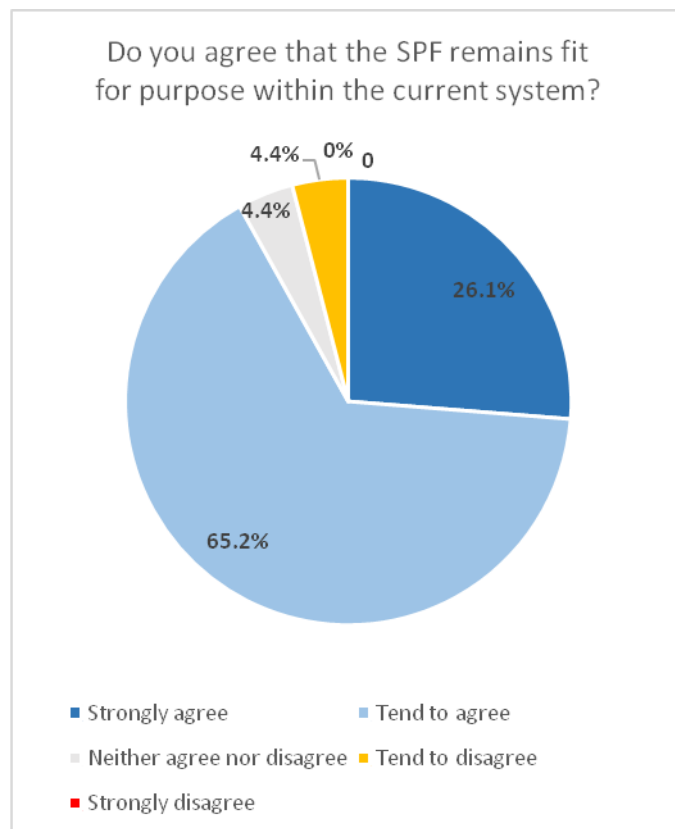
**Figure 2 – A word cloud for the question ‘What do you think are the biggest challenges facing the SPF?’**

<sup>16</sup> *Partnership in Scotland, 1999 – 2011*. Nicolas Bacon and Peter Samuel, 2012

In this chapter, we consider the extent to which the SPF is fit for purpose in the current NHS architecture. We set out how the SPF might need to change and what it might focus on in the coming year.

There remains strong commitment among partners to the SPF. It is valued by all sides, and seen as having an important role in preserving partnership relationships and shaping the impact of NHS policy on the workforce. Indeed, several partners explained how the SPF was more important now – during times of significant change and growing pressure in the NHS – than ever before. As one partner put it, *‘if it wasn’t there, you would have to invent it.’*

The word cloud below demonstrates the responses to the question about how the SPF needs to improve in 2015. It highlights a number of the areas identified, including the need to focus on outcomes and demonstrate achievements.



In order to understand the extent to which the SPF remains fit for purpose, we have assessed it against the six key partnership challenges set out in '*Partnership in Scotland*', the review into the Social Partnership Forum in the Scottish NHS.<sup>17</sup> This two year-long study, carried out by Nicholas Bacon and Peter Samuel of Nottingham University Business School picks out six key factors that underpin effective partnership. Based on the evidence we have gathered of the national SPF, we have assessed the extent to which it meets the partnership challenges, and 'RAG' (Red/Amber/Green) rated each area. The table in appendix 1 shows that the national SPF performs particularly well in frequency, voice and partnership behaviours, but less well in shared aim, partnership structures and scope.

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<sup>17</sup> *Partnership in Scotland, 1999 – 2011*, Nicolas Bacon and Peter Samuel, 2012

## The strategic agenda for 2015

As part of the stocktake, we asked partners what they saw as the key strategic issues facing the NHS that the SPF should focus on in 2015. When asked this question in the 2014 stocktake, partners suggested the priorities should be as follows:

- Raising concerns about the NHS system;
- Developing flexibilities in the workforce over 24/7 and capping agency rates;
- Reviewing commitment to partnership working across the regions;
- System wide support mechanisms to anticipate long term changes needed;
- NHS Finances.

The priorities in 2015 are similar, but with a slightly different emphasis in terms of relative importance.

## Finances

In terms of key strategic priorities for the SPF to address, the most commonly raised was the financial situation facing the NHS. This is seen as by far and away the most significant problem facing the NHS, yet many partners feel the issue has not been adequately addressed by the SPF to date.

The view is that the SPF can play an important role in considering how the NHS continues to deliver high quality care and support its workforce in times of austerity and pressure on budgets. There is appetite on all sides to tackle these challenges at the SPF.

## Seven day services

The government's policy decision to move to seven day services in the NHS was seen as a vital area of work for the SPF. There is considerable support for the measure, and a recognition of why it is important for the NHS. However, there was also significant concern – particularly among staff side partners – about what it will mean in practice, how it will be delivered and the impact it will have on the workforce.

Partners mentioned that seven day services has been discussed at the SPF in the past year. However, as a key strategic issue facing the NHS, it was seen as warranting further attention and focus in the coming months. The issue of seven day services was one of the areas which might potentially warrant a time-limited 'task and finish' style subgroup, although there is not an overwhelming demand for this.

*'There are really critical workforce issues [around seven day services] and I mean practical workforce issues as in, have we got the recruitment numbers, have you got the right staff, have they been trained at the right level, are you likely to face problems in getting staff who have never worked unsocial hours to start to work them, what are the cost implications?'*

Staff side

## Health and social care integration

Depending on the policy direction following the general election, the integration of health and social care may be a significant area of work for the SPF in the future. Again, although the policy was welcomed by partners and seen as key to the long-term sustainability of the NHS, it was also seen as

posing significant challenges for the workforce, which would have to be worked through in partnership.

Partners identified issues around training, professional boundaries, culture and institutional reorganisation, that would have to be overcome. This issue was also raised repeatedly in survey responses. Again, if NHS policy went in this direction, partners suggested it might require a time-limited subgroup to work in detail on this issue.

### **Five year forward view**

Several partners highlighted the NHS Five Year Forward View as a key issue for the SPF over the coming year. The Five Year Forward View was seen as having significant consequences for the NHS and its staff, and the SPF should therefore play a role in this.

Some partners suggested that the SPF and staff side could have played a greater role in the development of the Five Year Forward View itself. Partners seemed very willing to play a part in taking it forward. There had been some recent progress in this area with the workshop in early February 2015 on the Five Year Forward View being very much welcomed, and seen as a good example of how the SPF can make a difference by focussing in detail on a key strategic issue. Again, partners suggest this area might warrant a time-limited subgroup if it became a larger area of work in the future.

### **Workforce Supply**

Workforce supply was seen as one of the most pressing challenges for the NHS in the coming years. The issue was raised repeatedly in the survey, as well as in interviews, with partners highlighting the importance of ensuring there was a steady and reliable stream of staff being trained and then entering the service, in order to meet rising needs in the future.

### **Morale and wellbeing**

Staff morale and wellbeing was seen as another important issue for the SPF to focus on in 2015. There was a recognition that good staff morale and wellbeing were not just important in themselves, but vital to high quality care.

Partners did not see staff morale as being a significant problem at the moment, and this is backed up by results from the NHS Staff Survey. However, it was seen as a potential issue going forward, particularly with ever greater demands and pressure being placed on the NHS workforce.

### **Culture and whistleblowing**

Several partners raised issues around culture in the NHS, particularly in terms of whistleblowing. The SPF was seen as having made a valuable contribution to the work around the Francis Report. But the agenda is continuing to evolve, with Francis having recently published his report into whistleblowing;



### Taking the decision – Is the SPF about relationships or outcomes?

Several partners suggested that the SPF as it currently functions is more about building relationships than it is about tackling key strategic issues and delivering tangible outcomes. As one member of staff side asked; *'is it just a meeting where we get together and exchange views and ideas and try to foster friendly relations where we can, or is it where all of the difficult issues are being dealt with?'*

This is not necessarily a problem. Even those who mentioned this point remain committed to the SPF and acknowledged that there is value in a partnership structure even if its primary outcome was to support positive partnership relationships. There was also a recognition that the SPF manages this function – building relationships between partners – very effectively.

However, going forward, it would seem to be important for the SPF collectively to agree whether it should be a forum primarily to build and sustain relationships, or whether it should be a more outcome-focused forum that looks collectively to address the key strategic challenges facing the NHS. The latter is more ambitious, more difficult, but potentially more impactful and transformative.

There does seem to be a desire among partners on all sides to move towards a model that was *'more action-orientated and outcomes-focused... rather than simply discussing items.'*

*'What we've just got to do is get on with some 'meat' this year. We spent the last year just getting the relationships in place, getting the terms of reference, starting to have some more frank conversations. Now we just need to get on with delivering something that isn't just talking.'*

Staff side

## Conclusion and recommendations

As we have seen, the SPF continues to operate effectively and it remains one of the best examples of social partnership in the British public sector. Despite the difficult industrial relations climate, it continues to promote positive and productive relationships, and influence policy for the better.

The SPF has delivered a number of achievements in the last year, most notably in preserving positive relationships, adapting to a changing landscape, and shaping important areas of NHS policy. The changes to the SPF made following previous stocktakes have been highly effective in making the SPF more strategic, as well as in strengthening the relationship between national and regional structures. The SPF is widely seen as still being fit for purpose – indeed many see it as more important than ever before given the challenges the NHS is facing and the change it is experiencing. It retains widespread commitment from all partners, who value its work and want to see it continue and improve further still.

However, there are a number of areas for improvement for the SPF which partners are keen to address. They want to see the SPF pay more attention to the really important and often challenging strategic issues facing the NHS. These are seen as being the funding challenge, seven day working, workforce planning, health and social care integration, morale and wellbeing, and culture and whistleblowing. These are big issues, with significant workforce consequences, that warrant a partnership approach. Partners think the agenda should be more focused and meetings should be more interactive and consultative. Early engagement is seen as being a priority, as is ensuring the right people are around the table.

Based on our evidence, and the suggestions from partners, we have developed the following recommendations

- **Identify the key strategic priorities for the SPF and focus agendas on these issues.** There should be an early SPF meeting with the Minister chairing the SPF where a strategic work plan should be agreed. There should also be an early meeting with the Chief Executive Officer of NHS England, the body whose role is central to delivering the NHS Five Year Forward View. The SPF should be more ambitious in tackling the big issues for the NHS, and avoid sticking to more transactional issues which are less controversial. Efforts should be made to narrow down agendas at SPF meetings, to allow more time to focus on these important issues and to make real progress. The SPF could hold a workshop following the election to identify emerging priorities based on the new government's health policies and the medium to long term challenges for the system. Similar meetings could be held annually or every two years to review and refresh the strategic work-plan for the SPF.
- **Change the approach to meetings** of both the Wider Group, Strategic Group and subgroups, so that they are less presentational and more genuinely consultative and engaging. On each item, there should be clarity on what the SPF is being asked to do and what the desired outcome of the discussion is. Consideration should be given to having more workshop-type meetings such as the one on the NHS Five Year Forward View, allowing for a detailed and collaborative examination of a particularly important issue.
- **Promote a culture of early engagement** whereby senior leaders in all policy making organisations that are members of the SPF bring policy to the SPF at a formative stage where possible, rather than just use the SPF as part of a consultation process. This means that the

right people at the right level within each of the partner organisations need to be involved in the meetings, in order to ensure meaningful engagement. As well as examining work streams or proposals from policy makers, the SPF could look at particular challenges and consider how these might be addressed in partnership.

- Make the SPF more **action-focused and demonstrate the impact of the SPF** by highlighting areas where it has made a tangible difference to NHS policy and for the workforce. Partners should make clear where policies/plans have been changed following discussion at SPF and these examples should be featured prominently in SPF communications.
- Continue to **strengthen relationships between national and regional SPFs**. The visits of national SPF members to regional SPFs should continue, as should the item on the agenda at the Wider Group which invites a regional SPF to attend and update the national body. SPFs should be further encouraged and supported to share best practice and learn from each other. Further work should take place to encourage employer engagement with the regional SPFs. This might include NHS Employers taking a leadership role and encouraging trusts to engage, ensuring the agenda is focused on the key issues for employers, focusing communications on this group and engaging with regional HR Directors' networks.
- **Continue to improve communications** and encourage partners to play their part through cascading information to their networks. Communications should consistently focus on the difference the SPF has made to policy and for the workforce. The work of the subgroups needs to be more effectively communicated both to the wider and strategic groups and to wider stakeholders. Wider communication across the NHS should be in an appropriate style so as to make it accessible and relevant to stakeholders.
- **Continue to review the effectiveness of the SPF** on an annual basis. Consider renewing the Partnership Agreement following the election, to reflect priorities for the government and to include HEE and NHS England as partners. Consider a visit to see the working of the SPF in the Scottish NHS to identify what might be learnt from other successful examples of social partnership.

The SPF – like the NHS itself – faces challenges in the future. But partners value the SPF, they are committed to it, and they display a shared willingness to overcome these challenges. We hope that our report and recommendations can help the SPF continue to improve, and carry on doing its critically important work.

## About the IPA

The IPA exists to promote the involvement and participation of employees in their places of work, and through doing so improve the quality of working lives. The IPA is Britain's leading organisation delivering partnership, consultation and employee engagement in the workplace. Through our research and practice we develop new ways of working, based on trust and collaboration that deliver better workplaces and better outcomes – employee wellbeing, increased productivity and improved services.

The IPA is a not-for-profit organisation, funded by membership subscriptions and fee income from consultancy, training and research services. We are one of the few 'open spaces' in the UK where employers, trade unionists and other workplace representatives, academics, legal experts, human resource and employment specialists can come together with politicians and policy makers to discuss and debate employment issues and policy.

The IPA has extensive experience of working with the NHS, including a recent report into employee engagement in the NHS – *Meeting the Challenge – Employee engagement in the NHS*.

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- |                                          |                                           |
|------------------------------------------|-------------------------------------------|
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| • Barrie Brown, Unite                    | • Jon Restell, Managers in Partnership    |
| • Karen Charman, NHS Employers           | • Dean Royles, NHS Employers              |
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| • Josie Irwin, RCN                       | • Jon Skewes, RCM                         |
| • Raj Jethwa, BMA                        | • Rebecca Smith, NHS Employers            |
| • Christina McAnea, Unison               | • Claire Sullivan, CSP                    |
| • Barry Mussenden, Department of Health  | • Lee Whitehead, Health Education England |

Thanks also to the 31 SPF members who completed our online survey.

We hope this report will be of use to the SPF, and that it can help it further improve the way it works, for the benefit of the NHS and its workforce.

## Appendix 1

### The SPF assessed against the six 'Partnership Challenges' identified in Bacon and Samuel '*Partnership in Scotland*'

| Partnership challenge                                                                                                                                 | How does the SPF do?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RAG rating |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| A <b>shared aim</b> an agreed approach on the way forward                                                                                             | All partners remain committed to a universal NHS with high quality services, free at the point of use. However, there has been much disagreement among partners in recent years over the direction of NHS policy, particularly around the Health and Social Care Act 2012. Conflicts over this and NHS policy have challenged partnership working, although it remains robust. The SPF has continued to work on the workforce implications of reform, even when those reforms are contentious. |            |
| <b>Partnership structures</b> that go beyond traditional consultation and negotiation and support early involvement                                   | The SPF has an effective formal structure which both includes a broad variety of partners, and allows for sufficient focus to get work done. The Wider Group serves its purpose well and the subgroups operate effectively. The introduction of the Strategic Group has significantly improved the situation. Many partners have suggested a need to improve early engagement with issues at the SPF.                                                                                          |            |
| <b>Frequency</b> of well-attended meetings with partners dedicating time to the process                                                               | Relatively regular meetings with generally good levels of attendance, although some issues around bringing senior figures from some organisations to the table. Again, the introduction of the Strategic Group has helped this process. The SPG meets regularly and delivers a significant volume of work.                                                                                                                                                                                     |            |
| <b>Scope</b> of partnership meetings, with a broad array of strategic issues discussed                                                                | A broad array of issues are discussed at the SPF, but many partners are concerned that it does not sufficiently tackle the key strategic challenges for the NHS. The introduction of the Strategic Group has helped this process, but there is still some way to go. The SPF needs to identify the key issues for the service in the coming years, and examine them in partnership.                                                                                                            |            |
| <b>Voice</b> – partnership meetings should permit active participation and a diverse set of contributions                                             | Evidence suggests that all partners make a full contribution at the SPF meetings. It is not dominated by any one side with all organisations being able to have a fair hearing and an equal say. However, some participants have questioned the impact of this voice, arguing that the SPF struggles to deliver tangible outcomes.                                                                                                                                                             |            |
| <b>Partnership behaviours</b> – positive interactions from all side to develop a cooperative partnership climate, characterised by openness and trust | There is evidence of strong commitment from all sides to partnership working, backed up by positive interaction at SPF meetings. Although the industrial dispute has impacted on relationships between partners and affected trust to some extent, partnership working has continued, with partners displaying a willingness to continue working together openly on areas of common interest.                                                                                                  |            |