


# Partnership Agreement

*An agreement between DH, NHS Employers and  
NHS Trade Unions*

**NHS TRADE UNIONS**



A part of the NHS Confederation  
working on behalf of the 

## Foreword



The NHS workforce deliver excellent care day in, day out. It is thanks to them that the best in the NHS is amongst the best in the world. Our aspiration is to build on their achievements to date to improve care for patients. It is for this reason that we are introducing a range of important changes and reforms.

A key factor in any successful change programme is a commitment to engaging and involving the workforce at all levels. Staff who understand the need for change and are fully involved in the process of change can make a larger contribution to improving the service.

It is through partnership between patients, users, managers, employees and trade unions that organisations can innovate. The views of staff matter – staff have the knowledge and experience to know what really works, and we need to harness this knowledge and engage the experience to help facilitate change.

It is these messages which the trade unions brought to me in the summer. I invited Minister of State, Andy Burnham, to lead a short piece of work to see how we could improve our existing arrangements, and I am delighted that this work has now brought forward the proposals in this document.

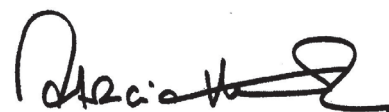
This partnership agreement outlines how partners will work together to promote effective partnership working on the workforce implications of policy. It recognises respective roles and responsibilities, establishes shared values and common purpose and sets some key principles for effective joint working. I am confident that this provides the basis for a continually improving partnership which will lead to long-term solutions that work both for staff and, more importantly, for patients.

Trade unions play a central role to giving NHS staff a voice at national and local level. They have championed the cultural change necessary to improve services. The reassurance they give staff that their voice is heard at a national level is essential at this time of change in the NHS. Our clinical leaders also have a role to play in engaging all staff to ensure they

understand and support the change agenda. It is only by working together that we will achieve the principles outlined in this agreement.

Whilst the arrangements outlined in this agreement apply to national arrangements, the principles of partnership which we have developed and the shared values we have identified will be equally applicable at more local levels. I would therefore encourage local employers and SHAs to review their existing arrangements against this document.

I would like to record my thanks to all those involved in working on this document and the spirit in which this has been developed.



**Patricia Hewitt**  
**Secretary of State for Health**

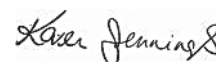
Clare Chapman  
*DH Workforce Director-General*



Steve Barnett  
*NHS Employers – Director*



Karen Jennings  
*Chair of the Social Partnership  
Forum Staff Side*



NHS TRADE UNIONS

## 1. Introduction

This Partnership Agreement sets out a framework agreed by the Department of Health, NHS Employers and NHS Trade Unions. It describes the principles of partnership, processes and structures which are linked to the partners' shared goals and objectives. It outlines how the partners will work together to promote effective partnership working on the workforce implications of policy and sets out agreed working arrangements for the revised Social Partnership Forum (SPF).

## 2. Aims of the Social Partnership Forum

The SPF will be a partnership which is used to discuss, debate and involve partners in the development and implementation of the workforce implications of policy. In particular, it will:

- contribute trade union and employer perspectives to the development of policy
- provide constructive comments on emerging policy at a formative stage
- contribute ideas on the workforce implications of developing policy and implementation
- promote effective communications between partners.

## 3. Roles and Responsibilities

To enable effective operation of these partnership arrangements, all parties agree to recognise and respect each other's roles and functions which are distinct but complementary.

In particular, this agreement recognises explicitly that:

- Ministers are democratically elected and have formal responsibility for developing and implementing public policy through the Department of Health
- Trade Unions have a responsibility to represent and act in the interests of their members
- NHS Employers has a responsibility to represent the views of its members (individual NHS employers)
- other stakeholders will also have legitimate views that Ministers and policy developers will need to consider and take into account.

## 4. Shared Approach

This partnership agreement is underpinned by considerable shared values and common purpose. In particular partners:

- are committed to an NHS which provides a universal service paid for from taxation, with equal access for all and free at the point of use based on clinical need not ability to pay
- support an NHS which is accountable to Government and commissioners and provides high quality and integrated health services for patients and service users
- have a shared commitment to continuous improvement, including access to high quality services and delivering value for money to the public
- believe the NHS should promote good practice in all areas of staff management, including equality and diversity, staff development and a commitment to security of employment
- agree that the NHS should adopt a collective approach to support staff who may be affected by service changes.

## 5. Principles for Effective Joint Working

To deliver partnership working successfully it is important to develop good formal and informal working relations that build trust and share responsibility, whilst respecting difference. To facilitate this, all parties commit to adopt the following principles in their dealings with each other:

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

## 6. Benefits

Effective partnership working has the potential to produce some important benefits for all parties. These include:

- delivering improved services to patients/users
- improved mutual understanding
- an opportunity for partners to contribute their experience and ideas to the development and implementation of the workforce implications of policy on health and social care
- more effective implementation of policy
- ensuring high standards of employment practices
- providing a transparent and streamlined structure for Trade Union, employer and staff engagement.

## 7. Working Arrangements at National, Regional (SHA) and Local Level

### i) National Level

The National Stakeholder Forum (NSF) is a high-level strategic group comprising a range of different stakeholders across health and social care. It will discuss and debate broad policy development and policy implementation issues.

The Social Partnership Forum (SPF) underpins the NSF and is a tri-partite partnership model between the Department of Health, national Trade Unions and NHS Employers which is used to discuss, debate and involve partners in the development and implementation of the workforce implications of policy. This agreement outlines the arrangements for the work of the SPF. It will meet monthly and will be chaired by a Department of Health Minister. Detailed working arrangements are attached at Annex A.

Where a specific SPF view is required, for example on workforce issues, the NSF may refer items for more detailed consideration by the SPF. Conversely, the SPF may also refer issues to the NSF for further consideration as appropriate.

A range of other groups and networks exists at national level with whom the SPF will need to liaise and interface. This includes the NHS Staff Council which is responsible for formal negotiations around pay and terms and conditions issues.

### ii) Regional Level/SHA

This document highlights some key principles of partnership working which have been agreed at national level. It is expected that the new Strategic Health Authority (SHA) structures (which are broadly co-terminous with Trade Unions' regional structures) will also review regional arrangements with a view to replicating the broad principles and structures

of partnership working laid out in this document at a regional level. A range of strategic regional issues may be appropriate for discussion at such a partnership forum; for example regional workforce planning (including education and training), tackling SHA-wide issues such as displaced staff or working through the wider implications of service changes or re-configuration which affects more than one employer.

### **iii) Local Employer Level**

Many local employers already have good working relations with staff sides and work constructively together on a range of local issues. In many instances there may be no need to make significant changes to local arrangements. However, as a matter of good practice, it will be important to review local arrangements, in conjunction with staff side representatives, against these nationally agreed principles and consider whether change is needed. It is also intended to develop jointly some supporting tools and guidance on partnership working to assist local reviews.

## **8. Evaluation and Review**

As a matter of good practice these arrangements will be subject to a review after 12 months of commencement and periodically (probably 12-monthly) thereafter. The review will consider whether arrangements can be improved.

## Annex A – Detailed Working Arrangements

1. The new partnership arrangements will continue to work under the established name of the Social Partnership Forum (SPF). From time to time, as appropriate, the SPF may establish sub-groups to develop specific pieces of work or to look at particular issues in more detail.
2. Monthly meetings will be held and be chaired by a Department of Health Minister. The full SPF will meet every fourth month with a smaller steering group meeting in the other three months. Items may be placed on the agenda by any of the parties. Secretariat arrangements will be provided by the Department of Health who will liaise with corresponding representatives from Trade Unions and NHS Employers.
3. Each of the three partners will be responsible for nominating their representatives for the SPF steering group. Membership will be: five Department of Health representatives; five employer representatives; and eight Trade Union representatives. The steering group will be accountable to the SPF.
4. This agreement does not substitute or replace existing employment relations systems and procedures. It is recognised some business of the SPF may have to be referred to other groups or meetings. These will be discussed on a case by case basis and onward referral handled as appropriate.
5. A key factor in the success of the arrangements will be continuity and the ongoing development of trust between the parties. Therefore, attendance should only be by agreed members and/or specifically nominated deputies. Members will be expected to attend regularly and contribute fully through the preparation of papers, presentations, provision and sharing of information.
6. The three main parties (Department of Health, NHS Trade Unions and NHS Employers) will each nominate a 'lead' person who will be responsible for co-ordinating relevant views. The 'lead' person would normally be Department of Health Workforce Director-General; Director of NHS Employers; and, the Chair of the Trade Union Side. This group may meet occasionally to consider any issues which might arise outside formal meetings.

### Review

7. There will be an annual review of the operation of the arrangements to ensure the system remains fit for purpose.



## Consultation and Information

8. In addition to SPF meetings, consultation and dialogue with policy areas and between partners will continue as normal where partners will continue to meet informally as necessary to discuss specific policy issues.
9. To help facilitate effective working the partners agree to the following:
  - every effort will be made to provide information in good time for discussion and/or consultation
  - all parties will undertake to provide a considered, co-ordinated and timely response to issues on which their views are sought/on which they are consulted
  - all parties undertake to respect confidentiality where that is required or requested; and otherwise to conduct their dialogue openly.

## Communications

10. All meetings will be formally minuted. Joint 'public' communications will be agreed from time to time and at the close of each meeting the group should be clear on the agreed communication points for wider dissemination.

## Annex B – Resources, Links and Information

### Relevant Websites

Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)  
NHS Employers [www.nhsemployers.org](http://www.nhsemployers.org)  
Trades Union Congress [www.tuc.org.uk](http://www.tuc.org.uk)  
UNISON [www.unison.org.uk](http://www.unison.org.uk)  
Royal College of Nursing [www.rcn.org.uk](http://www.rcn.org.uk)  
GMB [www.gmb.org.uk](http://www.gmb.org.uk)  
Amicus [www.amicustheunion.org](http://www.amicustheunion.org)  
Royal College of Midwives [www.rcm.org.uk](http://www.rcm.org.uk)  
Society of Radiographers [www.sor.org](http://www.sor.org)  
British Medical Association [www.bma.org.uk](http://www.bma.org.uk)  
Society of Chiropodists & Podiatrists [www.feetforlife.org](http://www.feetforlife.org)  
Chartered Society of Physiotherapy [www.csp.org.uk](http://www.csp.org.uk)  
British Orthoptic Society [www.britishorthopticsociety.co.uk](http://www.britishorthopticsociety.co.uk)  
Community & District Nurses Association [www.cdna-online.org.uk](http://www.cdna-online.org.uk)  
British Dieticians Association [www.bda.uk.com](http://www.bda.uk.com)  
Federation of Clinical Scientists [www.acb.org.uk](http://www.acb.org.uk)  
Transport & General Workers Union [www.tgwu.org.uk](http://www.tgwu.org.uk)  
British Association of Occupational Therapists [www.cot.org.uk](http://www.cot.org.uk)  
Ambulance Service Association [www.asancep.org.uk](http://www.asancep.org.uk)  
Confederation of Shipbuilding and Engineering Unions [www.cseu.net](http://www.cseu.net)  
The Partnership Institute [www.partnership-institute.org.uk](http://www.partnership-institute.org.uk)  
Advisory, Conciliation and Arbitration Service [www.acas.org.uk](http://www.acas.org.uk)  
Chartered Institute of Personnel and Development [www.cipd.co.uk](http://www.cipd.co.uk)

## Relevant Guidance and Documentation

- [www.driveforchange.org.uk](http://www.driveforchange.org.uk) – Drive for Change provides a practical guide for improving services through the effective engagement of the trade unions and the workforce. Developed through a partnership between TUC and Cabinet Office with the support of public sector unions and organisations.
- [www.acas.org.uk](http://www.acas.org.uk) – ACAS guidance on partnership working.
- *Partnership Under Pressure: How Does it Survive?* (2002) Peter Reilly – Institute of Employment Studies.
- *Strategic Unionism and Partnership: Boxing or Dancing?* (2004) Edited by Tony Huzzard, Denis Gregory, Regan Scott.

## Annex C – Social Partnership in Context

**Definitions** – Social partnership can be defined as a tri- or multi-partite arrangement involving employers, trade unions, public authorities and/or others eg, voluntary sector. Social partnership is usually concerned with areas of economic and social policy and might be based on a binding agreement or declaration of intent. ‘Social partners’ is the term used to designate the representative organisations of trade unions and employers. What differentiates social partnership from collective bargaining arrangements or consultation is that at its heart is shared decision-making, with the outcomes of the process agreed and supported.

**Models of Partnership** – Below, we set out some illustrative examples of social partnership developed in other countries and sectors to explore the types of issues covered in other partnership agreements, their guiding principles and some of the outcomes of working in partnership.

**Social Partnership Agreement on Education in England and Wales – Remodelling the School Workforce** – The Social Partnership Agreement (SPA) describes the relationship between teachers’ organisations and Government where agreements are made as if the Government is the employer. Brokered initially as an agreement focusing on the conditions of service of teachers and on the improvement of the pay and conditions of school support staff, the scope has now expanded. The SPA covers an unlimited number of DfES policy areas, including a new system for paying teachers for additional responsibilities, and a restructuring of the existing performance-related pay system for teachers. As part of the social partnership process, teacher organisations within the SPA alongside the DfES and employers representatives present joint evidence annually to the School Teachers’ Review Body.

**Legal & General and Amicus** – In 1997, Legal & General and Amicus struck a partnership agreement as part of an explicit move away from an old-style adversarial system of industrial relations towards a collaborative management approach. The partnership arrangement allowed L&G to approach significant issues to the business, such as compliance with financial market regulation, in a structured manner. Workplace representation was also reshaped, by allowing generous time off to a smaller group of representatives; as a result stronger relationships have developed and trade union–management interactions have shifted to a more consultative direction.

**Multi-union Partnership, City of Seattle, USA** – In the mid-1990s, the first steps were taken to create a city-wide coalition of the 25 unions representing the city workforce and reach an agreement with the City of Seattle. The resulting “Service Excellence Partnership” recognised that while each City Department had autonomy, it was important to build a shared culture. Taking an initial city-wide approach to building partnership was

important in setting the tone and building ongoing union–management trust and agreement. Efforts were made to support work undertaken at a lower level through departmental and worksite committees.

A review undertaken in 1999 by the social partners noted a dramatic decrease in grievances, time lost due to injuries and illness and cost savings. Partners reflected that this had been helped by a Mayor and City Council statement of commitment to union–management decision-making, a culture of worker participation and a joint approach to problem solving and change.

The partnership has seen a great deal of flux since 2000, with changing leadership and fiscal pressures to reduce the workforce and outsource work. However, the commitment to partnership by city management and union leadership has remained solid.

**Scottish Partnership Forum** – Is the forum where the Scottish Executive Health Department (SEHD), NHSScotland employers, trade unions and professional organisations work together to improve health services for the people of Scotland. Members engage with key national policy leads from across SEHD to inform thinking around national priorities on health issues. It has a broad, strategic role and is involved in policy formulation as well as leading practical implementation initiatives and championing partnership behaviours.

Specifically, the aims of the forum are to:

- provide the main forum where representatives of trade unions, professional organisations and NHSScotland work together to influence national priorities and policy on health issues in Scotland
- ensure the principles of partnership are practiced in NHSScotland and the Scottish Executive
- champion partnership between NHSScotland and other organisations
- develop partnership working through evidence based practices
- promote and facilitate the behavioural changes that genuine partnership working entails.

An evaluation of the Scottish Partnership Forum concluded that: “the current partnership arrangements have delivered some significant benefits to NHSScotland both nationally and locally. It is recognised by all partners that establishing and maintaining a climate that is conducive to constructive problem solving is more productive than one where there is little co-operation or trust.”

