



Case study report

Prepared for the
Public Services Forum
September 2004

Jointly commissioned with the



Case study report

About this report

This is the case study report on ten public sector organisations that participated in The Work Foundation's study of trade union and employee involvement in public service reform, conducted on behalf of the Public Services Forum.

Key themes from the ten case studies are outlined in the final report.

Employers and trade unions interviewed as part of the research have agreed the content of each study.

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Central Government

1. Department for Education and Skills – Remodelling the school workforce

Introduction

The National Agreement on School Workforce Reform is built on a shared agenda aimed at tackling teacher workload in order to improve retention of teachers, and enable them to focus on teaching and learning, and the needs of individual pupils, thereby raising standards.

Contractual change is an important lever for delivering reductions in teacher workload, but this can only be delivered by:

- Reform of the roles of support staff, including improved training, career paths and recognition.
- Government action on reducing the bureaucratic burdens on schools.

The mutual benefits of this agenda have emerged over a sustained period of time:

- *Professionalism and Trust*¹ analysed issues of teacher supply and demographics and concluded that demand could not be met simply by employing more and more teachers.
- The teacher workload study² responded to teacher union demands for action on workload by providing an evidence base and some practical approaches to tackling the problem.
- The School Teachers Review Body (STRB) workload report³ contained a series of specific recommendations on contractual and other changes for the Government.

How were trade unions and employees involved?

These developments were discussed by the School Workforce Remodelling Working Group; a monthly meeting of Government, agencies, employers and unions. The tone of meetings was relatively formal and tentative in terms of outcomes. Following the outcome of the Spending Review (in July 2002), David Miliband, with the support of Brendan Barber, initiated a process aimed at reaching an agreement with national partners.

The first stage involved agreement of a 'shared principles' document. This was developed in a series of meetings chaired by David Miliband in September/October 2002. This formed the basis of the publication of *Time for Standards*, which included a document setting out the rationale for reform, the Government's response to the STRB's recommendations on contractual change and a consultation document on the development of school support staff, including draft regulations.

¹ DfES, *Professionalism and Trust – The Future of Teachers and Teaching*, November 2001

² PricewaterhouseCoopers, *Teacher Workload Study, 2001*

³ School Teachers Review Body, *Workload Report*, May 2002

During the next two months, two intensive processes were undertaken at official level:

- Bilateral meetings with the different groupings of partners – support-staff unions, teacher unions, head teacher associations and employers to gauge reactions to the Time for Standards package and specific concerns.
- A series of awaydays with all parties to develop, in partnership, the material that would form the National Agreement. Key issues included further work on the detail of the contractual changes; an agreed position on the nature of support staff reform required to deliver them; and the operation of the Implementation Review Unit (IRU).

In order to make progress (especially in making legal and contractual changes in time for September 2003), the group felt it necessary to impose a deadline (15 January 2003) for agreeing to a framework document. The National Agreement left some key questions unanswered, but amounted to a public statement of intent. It also mapped out future work to be undertaken by a new group (the Workforce Agreement Monitoring Group, or WAMG) to support and promote implementation in schools. At this point that the NUT decided that its concerns had not been met and that it could not therefore sign.

Since January, there have been monthly meetings of the 'full' WAMG, attended by general secretaries and chaired by either David Miliband or, more usually, a senior official. In between meetings, weekly sessions are held with officials and deputies (often at the NASUWT offices in Covent Garden). These are ongoing.

The full WAMG is primarily a strategic body for debating the key issues and areas of contention rather than rubber-stamping the work of the sub-group. It also receives formal updates from the National Remodelling Team (NRT) and presentations from other groups such as IRU, which looks at ways to reduce bureaucracy in schools.

WAMG includes the Welsh Assembly Government as one of the signatories to the National Agreement. It ensures that the agreement is fully implemented in Wales. The group also has an element of local democratic accountability via NEOST (National Employers Organisation for School Teachers), the representative body for LEAs as employers for teachers.

The model is also two-way. It provides top-down guidance and receives information, ideas and feedback on its activities via the trade unions and the NRT, which works more closely with LEAs and 'early adopter' schools. For example, LEA remodelling advisors have worked closely with the NRT to look at the impact of future contractual changes, such as a limit to the number of hours of cover provided by teaching staff, and the implementation of a guaranteed 10 per cent preparation time for teachers.

Though not its primary function, WAMG has also developed a protocol for dispute resolution, which helps to troubleshoot local industrial disputes. A recent dispute at a school in Oldham over the use of learning managers to provide absence cover led to members of WAMG working directly with their respective members to resolve the different concerns.

What were the outcomes?

A huge amount of time and resource is needed to service and maintain WAMG, but the achievements of the group have been manifold, including:

- Process:
 - Developing successive drafts of legal and contractual changes prior to public consultation; discussing the responses and agreeing any subsequent changes.
 - Producing joint guidance on the legal and contractual changes that form the basis for a shared interpretation of the reforms.
 - Promoting and promulgating the remodelling agenda, both through the publications of individual signatories (which are shared with the rest of the group) and through joint WAMG bulletins and conferences. WAMG members regularly share platforms and give joint presentations to LEAs and other stakeholders.
 - Helping to set up the IRU and the NRT, and taking regular and detailed updates on progress.
 - Agreeing a joint toolkit for schools that have not implemented the first phase of contractual changes and a protocol for responding to schools where local disputes arise.
 - Developing, with the NRT, agreed resource packs to help schools manage the next stages of contractual change. The 'cover pack' was launched on 25 March.
- Policy development:
 - The WAMG model has been replicated elsewhere in the department, notably to look at the upper pay spine for teachers. A Rewards and Incentives Group (RIG) now operates on a similar model.
 - The trust developed in WAMG has encouraged other officials to involve trade unions that they have traditionally not consulted.
 - Links have been made with other policy developments, for example WAMG has received presentations on the 2003 Children's Green Paper *Every Child Matters* and discussed its implications for the role of teachers.
- Service delivery:
 - Though it is difficult at this early stage to attribute to WAMG, there is evidence of reduction in the amount of time that teachers spend on administrative and clerical tasks.

Why involve the trade unions and employees?

All of the members of WAMG have a shared conviction that:

- The process presents a real opportunity to tackle teachers' workloads.
- Not being part of the process is more of a risk than taking part.

- Without its existence;
 - Progress on reform would have been considerably slower.
 - Independently produced guidance would not only incur higher costs, but more importantly lead to different messages, confusion among teachers, schools and LEAs and potentially result in disputes. Several head teachers have commented to their unions that they can use the WAMG advice and guidance with confidence because it is jointly produced.
- *'With schools reform, if you need to develop a standards agenda with any meaning, you need the staff representative bodies on board.'*⁴

The forum works well in resolving major areas of difference between employers and unions, and between the unions representing primary and secondary staff, support staff, heads and teachers. The considerable time commitment to the process is seen as essential to ironing out the complexity of some of the issues, thus outweighing the costs of individual time. In this sense: *'It's a model of very good practice'*.⁵

What were the conditions for success?

At the core of WAMG's success is a clear and agreed evidence base for reform coupled with a shared agenda that enables all parties to see the benefits for their members as well as the benefits to the service as a whole. This is due to the nature of the agreement, which although top-down, is based on shared principles rather than detailed prescription. *'It is pretty close to being the Holy Grail.'*⁶

Internal disciplines for the process stem from spirit of the original agreement, so *'nothing is agreed until everything is agreed'* and *'if it's in the Agreement, we must have agreed it'*.⁷

Ministerial commitment combined with a willingness to listen to WAMG members has been a significant, even unique, factor in keeping the process on track, building trust and embedding the process as a model of good policy development and implementation.

A willingness to be open at all times and to take risks, often in public, on behalf of the process is required of WAMG members: *'It is a very honest and open process'*.⁸ Building trust has taken time as this involves breaking down ritual positions and behaviours. Much of the trust that has been built up is because the process of WAMG is so different to the way the department used to consult. *'It used to be the basic application of the meaning of consultation, often via bilateral meetings with the unions that resulted in the department just cherry-picking what they wanted. This is genuine consultation'*.⁹

Allied to this is the ability, from all parties, to compromise and give and take. Having most of the stakeholders round the table, there is mutual acceptance of each other's democratic processes and bottom lines, which means that agreement can be reached given time.

The success of WAMG is, to a lesser extent, contingent on the personalities round the table as well as on formal representation of key organisations. However, the DfES believes that the structure is robust enough not to unfurl should key individuals be replaced because of the shared belief that the work of the group is critical to educational reform.

A huge amount of time and resource is devoted to relationship management – not just regular meetings, but also contact in-between meetings. A stable and dedicated team of officials has enabled these relationships to grow stronger over time.

⁴ Trade Union Representative

⁵ Trade Union Representative

⁶ WAMG Member

⁷ WAMG Member

⁸ Trade Union Representative

⁹ Trade Union Representative

There has also been external 'challenge' to the success of the group. The decision by the NUT to not sign the agreement to some extent helped to steel the resolve of the WAMG members and put a higher premium on joint promotion and promulgation of the agreed reforms.

What were the challenges?

All parties have to be very proactive in shaping policies and guidance, reaching compromises and feeding back to their members. Compromise at the national level has required all WAMG members to look at the total reform package rather than to singularly push one policy. Several unions have had to remake the case for continuing to be part of WAMG and the national agreement to their members.

Attention to detail coupled with a clear sense of momentum and progress have become more of a challenge as the process matures. Without the former, the process remains about broad consultation; without the latter, it can degenerate into a talking shop.

Involving multiple unions in lengthy and frequent discussion can lead to the inevitable criticism that time is spent on issues that do not pertain to a particular union. The department is having to strike a balance between excessive involvement (that can damage momentum and focus) and lack of involvement (that can lead to criticisms of exclusivity).

Several members commented that recently the process may be losing its original momentum because of the need to *'fill the agenda – we sometimes look for issues where there are none'*.¹⁰ Spin-off discussions, for example around pay, have also caused the group to splinter slightly, with some fearing that the group is losing its focus. This has led the department to review the current way in which WAMG operates.

Other tensions that arise tend to be subject-specific, rather than a problem inherent in the structure or objectives of WAMG. For example, the recent leaking of a document to the press had the potential to dent the trust built up in WAMG. But, in retrospect, it has tested the robustness of rather than jeopardise the process.

¹⁰ Trade Union Representative

Central Government

2. Department of Health – Agenda for Change

Introduction

Agenda for Change has been one of the most complex and lengthy pay negotiations in the world. The vision was to develop a new pay system that would provide fair pay for the huge numbers of non-medical staff in the NHS, based on the principle of equal pay for work of equal value alongside flexible modern working practices.

The objective has been to create a modern pay system that brings benefits for staff and patients alike, such as:

- Service modernisation and higher productivity.
- Better pay and career opportunities.
- Pay linked to service objectives.
- Equitable and coherent basis for pay levels.
- Ability to respond to local labour markets.
- National pay systems with key local flexibilities.

The new system will cover over 1.2 million staff, a paybill of over £20billion and more than 650 different professional and non-professional jobs and grades. Key features of Agenda for Change are:

- A national pay and grading system based on equal value principles delivered through a custom designed, equality-proofed job evaluation system.
- A competency framework to assist with raising the skills levels of the workforce.
- Harmonised 37.5 hour week and annual leave.
- Harmonised arrangements for working flexibly, outside normal hours and on call.
- Assimilation and protection arrangements.
- Pay in high-cost areas.
- Recruitment and retention premia.

The negotiations concluded in November 2002. Full details of the proposed agreement were circulated in January 2003 and 17 staff-side organisations balloted their members. The final ballot results enabled the representative Central Negotiating Group to agree to the next stage; testing the new pay system in

the jointly selected Early Implementer sites (EIs). The key challenge now is supporting the 12 EIs to ensure that pay modernisation achieves its potential to deliver benefits to staff and patients.

How were the trade unions and employees involved?

During the pay disputes in health in 1995, the trade unions established an informal NHS joint trade unions group, which brought together for the first time all the NHS unions on pay, as well as on terms and conditions, issues.

This formed the basis for creating the Central Negotiating Group (CNG) comprising all the key unions and NHS employer representatives, with delegated staff-side and management chairs taking responsibility for the overall development of the Agenda for Change proposals. A smaller Joint Secretaries Group comprising management and staff-side chairs and secretaries was also formed to undertake the detailed work, liaise with ministers, etc. Reporting directly to both these bodies, working groups looked specifically at technical issues such as the job evaluation scheme, terms and conditions and the Knowledge and Skills Framework. In practice, the Joint Secretaries Group took a policy steer from the CNG and developed solutions, which were then 'ratified' by the wider CNG.

Part of the Joint Secretaries Group and CNG's role was developing the criteria for selecting the 12 EI sites, ensuring that there was a good geographical spread and type of trust, as well as including a specific requirement that each pilot area could demonstrate existing commitments to partnership working.

Following the selection of the 12 EIs last year, the DoH and the trade unions are working closely with local staff to implement Agenda for Change. One of the first steps at each EI was a series of events involving board members and senior trade union representatives, designed to persuade key individuals of the importance of a shared vision for reform and of the role of partnership working. Events for staff were jointly facilitated. At one site, the event provided a first opportunity for the staff-side chair and the CEO to talk directly with one another.

Local EIs then established 'project boards' – replicating the national CNG – to steer the process and oversee detailed work on job evaluation, the skills framework and the assimilation to the new terms and conditions of service. At the local level, the new structures for Agenda for Change exist alongside the formal negotiating machinery, although the boards tend to comprise the same individuals as the representatives on the JCCs.

At the national level, part of the agreement has been to formalise the CNG with a written constitution, now the 'NHS Staff Council', and the Joint Secretaries Group, now the 'Shadow Executive'. Both bodies continue to operate as a problem-solving forum, rather than reverting to an adversarial 'body of two sides'.

What were the outcomes?

A formal evaluation of the EIs is currently underway and the DoH will report in June in time for union second ballots of their membership in the autumn. Early indications suggest that:

- Partnership working is transforming relationships in the EIs. Project boards are building trust and energising the staff and management representatives, becoming more powerful mechanisms for change and dampening the activity of the JCCs, which deal with the traditional issues, such as grievances, rather than unite both sides in a common project. *'If you observed one of meetings, most of the time you wouldn't know who was management and who was staff-side.'*¹¹

¹¹ EI Official

- Agenda for Change is acting as the oil in the machine for further changes at the Els, for example:
 - Developing an Accelerated Development Programme for radiographers and their support staff.
 - Undertaking a skills review of their maintenance staff, with a view to multiskilling and upskilling the workforce.
 - Reviewing the roles of paramedics, for example looking at developing ‘super paramedics’ who can play a more proactive community-based role to ease the burden on the ambulance service.

Why involve trade unions and employees?

The current Government brought elements of change as well as continuity. The internal market was abolished, but the split of commissioner and provider, market testing, best value techniques and management techniques and managerialism is widespread. Regulatory systems to enforce the demand for quality, such as CHAI, targets and star ratings are putting pressure on the NHS to demonstrate improvements with finite resources. Addressing these considerable demands and pressures required the consent of the workforce through partnership.

DoH ministers recognised that there would be a better chance of achieving sustainable change to pay structures on such an ambitious scale in partnership with staff, through their independent organisations – the nationally recognised trade unions – rather than in conflict. This was at the heart of the staff involvement agenda that led to the report of the NHS Staff Involvement Taskforce.¹²

The TUC’s principles of involvement also put a strong emphasis on the importance of training and development, which is emphasised in the Knowledge and Skills Framework, aimed at assisting the service to move personal development in knowledge and skills into every area of the NHS by 2006.

Ultimately, the sheer scale of Agenda for Change and its implications for staff time and resources pushed staff and management-side representatives towards partnership working. Securing agreement on how to move forward towards implementation has required the ‘*commitment of the parties to a relationship based on clear, mutually agreed objectives and expectations*’.¹³

What were the conditions for success?

The shared commitment to the NHS among staff is very strong. The goal of making communities healthy places to live and work and the provision of services free at the point of need and financed from general taxation remains widely supported in the service. There is also widespread support for improving the quality of work being done in the service. Public support for the NHS in many opinion polls and other surveys has also demonstrated high public satisfaction among those who have direct experience of the health service, in comparison with other public services.

There is a common vision of the role that pay modernisation has in making the NHS a more equitable employer. This means developing a new pay system that would provide fair pay for the huge numbers of non-medical staff in the NHS based on the principle of equal pay for work of equal value alongside flexible, modern working practices. Nearly all parties thus signed up to developing and agreeing a pay package designed to balance benefits for NHS patient services and benefits for NHS staff.

¹² Department of Health, *Report of the NHS Taskforce on staff involvement*, 1999

¹³ Department of Health Presentation 2004

A partnership approach has been adopted towards all aspects of the negotiations, including:

- Communication: Agreed joint (rather than separate) communications on progress were issued. There was also an appropriate mix of informal and formal communications – a combination of formal engagement between Government, trade unions and NHS employer representatives (the CNG) and less formal contacts to explore positions and joint solutions to problems
- Implementation: Experience in the EIs to date suggests that the partnership approach is more serious than anything that has gone before. The appearance of senior management and staff side colleagues together at awareness raising events in the EIs has made a real impression on staff.
- Developing the key tools: all aspects of the new NHS pay system, for example the NHS Job Evaluation Scheme and the NHS Knowledge and Skills Framework, have been developed jointly, and supported by independent consultants with recognised expertise.

Flexibility built into the national agreement allows the detailed issues to be dealt with by local managers and staff, for example job evaluations are being conducted by joint panels of trade union and management, and managers hold 1:1s with staff about the new competency-based Key Skills Framework and their personal development.

What were the challenges?

The highly political context for NHS reform cannot be underestimated. There have been differences between the Government and the trade unions on how to best to improve the NHS. Some trade unions expressed their doubts about foundation hospitals and the use of private finance initiatives, which has prolonged the discussions on Agenda for Change.

A large legacy of distrust from the years of “forcing” in the NHS – where employers used their powers to unilaterally force change and weaken trade unions – is still in evidence. To an extent, it risks undermining the NHS’s current ability to embed the right attitudes, abilities and approaches of management, employees and unions needed to implement Agenda for Change at the local level.

The informal mechanisms – at national level with the CNG and at the local level with the project boards – have been challenging for both trade unions and employers, who feel more protected by the constitutional arrangements of joint consultative committees. Part of the felt threat is that the skills required in informal, problem-solving environments are different to the negotiating skills demanded of a formal, adversarial mechanism. *‘The arrangements require individuals to be far more open than in the past, but this is a pre-condition for trust to be built.’*¹⁴

Concerns about the capacity of union and management have been raised, but evidence from the EI’s sites suggests that the project boards are liberating individuals from the constraints of formal arrangements. Of greater concern is the capacity in Trusts to backfill staff that are involved in implementation, which remains unresolved. Even large players such as UNISON, Amicus and the RCN are dependent on relatively few people in each Trust to undertake industrial relations work: *‘It is a great opportunity for reform, but we are seeing fatigue on all sides.’*¹⁵

Agenda for Change is not without risks, such as the possibility of appeals, financial overrun, the alienation of key individuals and groups, management capacity and timetable pressures. The real opportunity is for organisations to see this as a root-and-branch reform enabling them to re-think fundamentally how work is organised and to drive service modernisation rather than being seen as just a simple assimilation exercise from one pay rate to another.

¹⁴ National Trade Union Representative

¹⁵ National Trade Union Representative

Central Government¹⁶

3. National Probation Service – Developing and implementing a national health and safety strategy

Introduction

In September 2001, Unison and NAPO initiated joint work on health and safety in the National Probation Service with a joint union proposal to set up a National Health and Safety Committee for the service. The proposal stated: *'At national level, communication on health and safety matters has tended to be sparse and informal, and joint action on an ad hoc basis. The recent creation of the National Probation Service, with its clear mandate to set national standards and direction for the service, throws this absence of national health and safety machinery or target setting into stark relief.'*

With the subsequent establishment of the National Health and Safety Forum¹⁷ giving a national focus to health and safety issues in the service, the National Probation Directorate (NPD) launched the Health and Safety Strategy in response to an audit of health and safety across the service in March 2003. The audit found serious shortcomings with regard to the standard of health and safety across the 42 local Probation Board Areas. Although there were many examples of good practice, there was also evidence of poor reporting of incidents, inadequate risk assessments and failures to apply legal standards – issues that had for some time concerned the trade unions.

Following the strategy, the NPD began intensive work to develop a new approach to health and safety and to implement the objectives. In the main, this process was carried out in conjunction with the Probation Boards Association (PBA), local Probation Areas and two of the recognised trade unions, Unison and the National Association of Probation Officers.

How were trade unions and employees involved?

Reporting to the National Health and Safety Forum, the NPD established a number of working groups to provide practical solutions for meeting the 11 objectives contained in Phase One of the strategy.

A principal project group was set up to manage the process and to deliver on key objectives, for example on Objective 8: *'To provide a national Health and Safety Policy defining the roles, responsibilities and accountabilities of all staff and the arrangements for complying with legislative requirements'*. The group aimed to discuss key issues, prepare outline documents and reach agreement on areas of policy, risk assessments, and accident and incidents. A number of smaller groups and focus groups on specific policies were also established.

Each group comprised of the following core members, with many of the same individuals attending the main project group and each of the sub-groups.

¹⁶ Strictly speaking, the Probation Service is a 'law enforcement agency' with a distinctive governance arrangement. There are 42 local Board employers, based on the Criminal Justice System boundaries, and the National Probation Directorate (Home Office) – the 'directing mind', but not the employer

¹⁷ The Forum does not have statutory status

- Group Leader/facilitator (from the NPD)
- Up to four Area representatives (generally drawn from volunteers from across the health and safety professionals)
- Trade union representation (representing the two principal trade unions)
- One representative identified by the PBA.

Early on in the process it was recognised that key to success would be the ability of the various parties to work together in a mutually supportive and constructive manner. *'The value to be gained from developing the solutions to the 11 objectives through such a partnership approach is immense. The working groups will be able to build on the expertise and knowledge of a broad spectrum of experience. As a consequence the output should be practically based and hence more readily acceptable to those who will ultimately be charged with the detailed implementation within the individual Areas.'*¹⁸

The wider process of consultation has been extensive, albeit conducted to tight deadlines. All 42 Areas were consulted on the final documentation that has become part of the new *National Health and Safety Policy Manual*. Local Area Health and Safety Committees, the membership of which includes a trade union representative, but may or may not have a non-union elected staff representative, were also regularly consulted via their health and safety advisor. Non-union representatives were not formally represented on the working groups, other than in their personal capacity as Area representatives, or indirectly via the wider consultation with the advisor network (the National H&S Practitioners Group).

What were the outcomes?

Each working group completed its programme of work in time for approval at the H&S Forum meetings on 11 December 2003 and 11 February 2004.

The H&S Forum agreed an overall policy for the NPS and major national policies on risk assessment and accident and incident recording and investigation. These, together with a raft of other health and safety arrangements, were launched on 1 April. In December 2003, the Forum also agreed and launched a comprehensive policy on the management of asbestos in the NPS estate. This significant piece of joint work would seem to be the first such policy to cover the whole estate of a government department.

An evaluation of the success of developing and implementing the national health and safety policy is due in 2005.

Why involve trade unions and employees?

Historically, the Home Office (the administrative centre) has not had a history of working closely in partnership with the trade unions or with the local Probation Boards (the operational units and employers). Three, national-level disputes or disagreements over the safety of staff working in hostels, the implementation of a poor IT software package designed to manage offenders in the community and unmanageable workloads had left an uneasy climate of employee relations for the new service.

For several years, the trade unions have called for a higher profile for health and safety, initiating and welcoming the establishment of the joint national H&S Forum (although concerned that it lacks statutory status) and the Home Office audit of health and safety that led to the strategy in 2003. But, partnership working specifically on health and safety is taking time to embed, in part due to:

¹⁸ *Method of Operation of H&S Working Groups* – NPD internal document, 2003

- The need to shift attitudes towards health and safety policy from a culture of ‘just do it – there are inherent risks in being a probation officer’ to ‘how can we reduce the risk to staff in all situations?’
- The need to change the tendency to issue ‘central diktats’, and instead produce policies of either minimum standards or best practice, around which local approaches could be best developed.

What were the conditions for success?

Early mistrust over the meaning of partnership has spurred on a new approach to openness and involvement in the working groups. The facilitator was clear from the outset that without union involvement the delivery of the strategy would fail, so it was agreed that either a Unison or NAPO officer should be involved as an equal partner. The GMB declined to participate actively although received information on progress, being content to let the other unions to take the lead.

Early on in the process, stakeholders established the risks of not being involved, for example:

- The unions would lose the chance of improving the safety of their members.
- The employers needed to protect the legal position of local Boards in the event of a health and safety issue leading to legal action.
- Employees failing to input into the process would diminish the already patchy quality of health and safety, and lead to proposed solutions to the problems being unworkable in practice.

The appointment of an expert external facilitator was seen as critical to the success of the process, as was the credibility of the NPD official (formerly a local Area health and safety advisor), leading the work. The facilitator maintained momentum in the process, for example by following up meetings with notes and redrafted papers within the week, which helped meet participants’ expectations. The NPD official ensured the process was managed successfully.

What were the challenges?

Prior to the setting up of the working groups, the spirit of partnership was tested in the early stages of the policy development on health and safety. Despite being consulted on the audit criteria itself, NAPO and Unison saw only part of the audit results until the complete audit was made a public document in March 2003. Second, the trade unions were not able to see the strategy before the day of its launch at a conference in March 2003. *‘It felt as if management had decided what we are going to do with the service, even though the Health and Safety Executive Director talked about the importance of working in partnership.’*¹⁹

The original 11 objectives were therefore not drawn up in conjunction with the unions. Without the Directorate conceding that they should have involved NAPO and Unison in the development of Phase One of the strategy, and given the existing good working relationship between the main NPD official on health and safety and the national unions’ health and safety representatives: *‘The strategy could have come down like a pack of cards. In the end, we just decided to bite the bullet.’*²⁰

The NPD state that the costs of the policy development on health and safety was calculated for the project, including the costs of the facilitator, meeting rooms, staff time and facility time, which was paid for by the local employers. As safety representatives, the national trade union representatives received facility time for normal health and safety duties from their local employers, in this instance, the London Probation Board. But, until January this year, neither union representative received compensation for the

¹⁹ National Trade Union Representative

²⁰ Union Representative

time taken to attend the national NPS meetings from the NPD, estimated at half a day per week plus the build-up of case work that was left to do completely in the individual's own time. A 'secondment' paid for by the NPD was suggested by the trade unions, but at the time this raised the issue of accountability for the trade union representatives. The unions have suggested that if national funding was not possible, each probation area could contribute a proportionate amount to cover the costs of safety representatives on national working groups, or even to fund full-time positions. Although the NPD are compensating the NAPO representative's local area for time committed since January 2004, ultimately the issue remains unresolved with the release of staff from key duties in the service and the burden on the the national workload. With the cost being borne by the local employer, it is seen as '*fortuitous for the NPD*'²¹ that both representatives were based in London, rather than elsewhere in the country.

For the area representatives and the PBA, the benefits of involvement were seen to outweigh the costs of being involved in developing national policy. However, the scale of the work required to achieve Objective 8 resulted in a series of tight deadlines for the turnaround of documentation. Although the NPD committed staff at the centre (facilitator, administrative assistants, etc) it was felt that the NPD could have seconded an area representative to the project: '*Doing your job and getting involved is an everyday activity – your workload just stacks up.*'²²

Although still in its infancy, the Forum lacks formal committee status and is therefore unable to hold the NPS to account for decisions that could jeopardise the implementation of the Strategy and lead to future industrial unrest. Additional funding to the areas for the implementation of the first phase of this strategy has been provided, but it has not been ring-fenced. There is a risk that: '*All the good work produced in the working groups will not be supported by adequate promotion, training and monitoring required to implement many of the policies in the Areas.*'²³

Expectations among probation staff of improvement in health and safety may also have been raised by the gathering momentum and focus at the national level. While highly supportive of the strategy, the establishment of the H&S Forum and the associated working groups, the unions perceive that the risks at the national level may be replicated at the local level if inadequate funding, profile, capacity – effectively disempowering the local health and safety committee – combined with the unresolved issue of facility time required to address health and safety issues on the ground, persist.

The future amalgamation of the Service with the Prison Service into the National Offender Management Service (NOMS) presents a number of challenges that could delay the implementation of the health and safety work, and once achieved will require a review of the current documentation. However, the NPS' *Health and Safety Policy Manual* was written from the outset with the view to its contents being transferable to other environments, which should ease this process.

²¹ Union Representative

²² Area Representative

²³ NPD Official

Health

4. Wolverhampton City Primary Care Trust – Developing real staff involvement and partnership working

Introduction

The current staff involvement strategy at Wolverhampton City Primary Care Trust (WCPCT) was developed in line with one of the Governments principal aims to reform the NHS – a patient-focused approach. This calls for a shift of power to front-line staff who have day-to-day understanding of patients' needs. Both cultural and structural changes are required to make this a reality: *'A new model where the voices of patients, their carers and the public are heard through every level of the service, acting as lever for change and improvement.'*²⁴

In 1999, Wolverhampton Health Care NHS Trust (WHC NHS Trust, now part of WCPCT) was awarded funding by the Department of Trade and Industry's (DTI) Partnership at Work initiative. Initially, Unison approached the Trust to ask if they, along with the Department of Health, would put forward a project proposal. This raised £65,000 (half from Unison and half from the DTI). The project had three key areas: developing a practical model of partnership working; devising a new leadership style to increase staff involvement; and improving partnership working with trade unions.

The strategy has survived the merger of Wolverhampton Health Care NHS Trust with Primary Care and Mental Health Services and Learning Disabilities, to create Wolverhampton City PCT.

How were trade union and employees involved?

WHC NHS Trust had already started consulting staff groups on 'Developing Real Staff Involvement' under its then chief executive. This included looking at the values needed to create an open, end-user focused and blame-free culture. After the DTI/Unison funding was awarded, a project steering group was established, which included the CEO, two human resource (HR) directors, a DoH official, staff-side chair, three Unison representatives and an external facilitator.

The CEO and HR director produced a consultation document stating the intention of the staff involvement strategy, which was circulated to staff, managers, unions and the board at the same time. In summer 2000, the full project started with a view to having four phases:

- Phase one: Taking a Snapshot – Group interviews carried out with staff, managers and trade union representatives to illustrate current relations and provide a benchmark. This was an independently produced report, which threw up a number of issues about partnership working
- Phase two: Learning Together – Workshops with staff, managers and unions to design a problem-solving tool. The CEO, HR director and staff-side chair were required to attend meetings about the project and professional forums were held to ensure that all staff were reached. From this phase, a problem-solving tool and leadership framework were developed.

²⁴ *Working together – involving staff. A guide to partnership working and staff involvement*, March 2002

- Phase three: Working on Real Problems – Problem-solving model put into to action.
- Phase four: Spreading the Word – Assessment, final report and dissemination of a working model of staff involvement and partnership working. Members of the project team attended the national HR conference and held four workshops across the conference to disseminate what had been developed.

What were the outcomes?

The involvement culture has survived the merger of Primary Care, Wolverhampton Health Care NHS Trust and Mental Health Services and Learning Disabilities to create WCPCT. The Trust cited a number of benefits, but in the absence of more detailed evidence, these cannot be linked directly with service improvements. These include:

- Employee relations has evolved from a ‘them and us’ culture to one where managers and unions work together on all issues. Nearly five years on, there is still a commitment to involvement: *‘Staff have more ideas and find better solutions.’*²⁵ Staff involvement is seen as a way to *‘get niggly problems on the table early on’*²⁶. Elements of service improvements that may not work are therefore being addressed in the early stages, potentially shortening the implementation time of any service changes.
- Trade union membership has increased which, while not unexpected, was greater than people may have predicted.
- The staff survey shows that staff feel positively about the involvement process.
- The problem-solving tool has become a way of working – both informally and formally.
- Staff and end-users were jointly involved in choosing the fixtures and fittings for a new mental-health site, generating a sense of pride and ownership in the working environment.

Why involve trade unions and employees?

In 1999, there was no culture of staff involvement in the Wolverhampton Health Care NHS Trust, but an employee relations climate characterised by friction and adversarial negotiations. The launch of the NHS Taskforce report on staff involvement in 1999 prompted senior Trust officials to look seriously at the contribution staff can make to decision-making and problem solving.

Crucially, the CEO signalled his belief that improvements to the employee relations culture and services could be made at the same time through an involvement culture.

Access to DTI/Unison funding was a significant catalyst to the process, itself attracting further commitment, time, resources and energy.

What were the conditions for success?

DTI/Unison funding helped a great deal in the initial stages of the process, and an evaluation conducted by external people in line with this gave the process credence. This was cemented by existing support from the chief executive, which many staff felt was essential in driving the process through the organisation.²⁷

²⁵ Care Services Director

²⁶ Staff-Side Chair

²⁷ Staff-Side Chair

A good communications strategy served a number of purposes. First, it ensured that both unionised and non-unionised employees were treated equally. Second, it was a means of bringing staff on-board at the start of the process, so there was a real sense of ownership. Finally, participants felt that the benefits of involvement had to be constantly reiterated through communication channels to prevent apathy and convert the cynical. This has become increasingly important as staff, and particularly those involved through working groups, etc have left the WCPCT and are replaced.

Consistent review of formal documents is also seen to be an important part of the involvement process. This has two purposes: to check the formal agreement is fit for purpose, and to refresh commitment to the process. This lesson arose from the difficulties experienced during the merger of institutions into WCPCT: *'The problems that arose in the autumn last year tested the real strength of the partnership working, the fact that we got through the suspension of the agreement and reached an agreed revised agreement that was owned by everyone, with little impact was a real test of our ability to sit down and talk through things in a mature way.'*²⁸

An open and honest environment, including approachable managers for staff and good working relationships between the staff-side chair, human resource professionals and chief executive, has been an attractive outcome and an important part of sustaining a culture of involvement. HR professionals and the staff-side chair are now more able to share problems before they become an issue. The neutrality of the staff-side chair, who was appointed by the chief executive for this reason, played a crucial role – the post is now seconded full-time to the HR department.

Those involved in the project from the start were surprised how smoothly various inter-union relationships ran. For instance, although the RCN and Unison have competed for membership, both parties realised that not participating would have been to their detriment.

What were the challenges?

There was a significant test in 2002 for the new involvement culture when the health authority applied to form a primary care trust. This created feelings of uncertainty all over the Trust and staff wondered if the culture could be maintained. The staff-side felt that *'management were getting carried away and were not working in line with the partnership agreement'*²⁹. Following trade union threats to dissolve the agreement, the original agreement was revisited. An away-session facilitated by Acas was used to reaffirm commitment and there were some minor changes to the strategy document, finalised in January 2004.

Understanding the link between involvement and service delivery through measurement and evaluation has still not been managed: *'We do struggle to find hard evidence and I wouldn't be able to point to any.'*³⁰ For the staff-side, the intangible benefits are sufficient and, perhaps *'measuring waiting lists does not necessarily say much about the quality of the service anyway'*³¹.

Some staff and managers do not see the value in involvement: *'You can't expect everybody to want to come to work and get involved.'*³² In some cases, staff misunderstood what partnership and involvement meant, but can be persuaded of the benefits. Yet, there is a minority of staff who simply have no interest in being involved. A defeatist attitude on behalf of staff, at all levels, also interferes with the process. A senior manager who had made attempts at involvement that had not been successful was reluctant to involve staff again in the future.

A barrier that needed to be overcome initially was managers being able to accept and admit that they do not always have the answers to service improvements. There was a perception that the commitment of the band of middle managers may be hard to achieve simply because of the amount of people it includes. All parties agree that it takes time and energy to change attitudes and approaches to work.

²⁸ HR Director

²⁹ Trade Union Representative

³⁰ HR Director

³¹ Trade Union Representative

³² Staff Side Chair

It was, and still is, a major challenge to communicate with all the 2,800 staff – union and non-union – with the WCPCT being dispersed geographically and the make-up of the staff (by profession and role) being so varied. The WCPCT not only includes hospitals and day centres, but also care staff who work independently in the field, for example district nurses.

Time was the key cost of the process. Initially, the project had deadlines to meet as the then WHC NHS Trust was acting as a pilot site for central Government. However, a six-month extension was needed to manage the process of getting people together to agree documents. Even when staff are able to take time off, this is costly for the WCPCT: *'Funding for backfill is a key issue and is unresolved. Agenda for Change is forcing this issue now, we can't just keep asking people to be involved.'*³³ Awareness training has been provided jointly for managers and staff-side representatives.

Some staff were critical of the staff-side chair being employed by the management and felt that they were 'too close to management' and not working for staff interests. The staff-side chair felt this was only a minority opinion and easy to rectify as there was no risk to union power.

Overall, there is now a feeling that not involving staff is the greatest risk, particularly now expectations have been raised around staff having a genuine voice in strategic decisions affecting the Trust. Leaving staff out in the future may result in the loss of essential ideas about service improvements and store up problems around future implementation. All parties agreed that employees can easily pick out where things may not run smoothly: *'They make the process more pragmatic.'*³⁴

³³ HR Director

³⁴ Care Services Director

Health

5. South Yorkshire Ambulance Service – Culture change, and staff and union involvement

Introduction

In 2000, South Yorkshire Ambulance Service (SYAS) was a failing organisation with financial and organisational problems. There were increasing difficulties in meeting performance targets, and the trade unions took a strong line on issues and industrial relations were poor. A command-and-control culture existed, with little staff involvement. Any existing staff involvement happened on a formal basis and was often linked to disciplinary issues or industrial action. Indeed, some staff only went to head office when 'they were in trouble'.

The new CEO joined the organisation in 2000. He recognised that in order to turn the organisation round, staff and union involvement was going to be essential in improving the culture and success of the organisation. The culture change programme was built around the concept of 'NHS-ising' the SYAS. Part of the conditions of the new appointment was a large financial investment into vehicle improvements for the service. Alongside this was a job-evaluation programme, which resulted in a large amount of staff changes. Many managers who had worked at SYAS for many years moved on to other roles in the NHS and new roles were developed.

How were trade unions and employees involved?

Definite measures have been taken to encourage partnership working with the trade unions. The Trust developed an open-invitation policy for all staff representatives, including attendance at board meetings and involvement in senior manager interviews. A full-time union convenors office based at HQ shared by the two unions, T&G and Unison, was also established and funded by the general managers out of their local budgets. The two unions take it in turns, week by week, to staff the office, with approximately six different union convenors working weekly stints in the office.

Further to this, more formal arrangements support union involvement. These include:

- Joint Negotiating Committee (as and when the meetings occur depend on agendas)
- A Negotiating Group (involving employers, stewards and JNC stewards to discuss all issues on a 3 weekly basis).

There are no formal structures to support inter-union relationships, but both trade unions realise and agree that it is better to work co-operatively than to revert to the past way of working.

Attempts have been made to get staff involved in discussions and decisions affecting the Trust via both formal and informal processes. This has included working groups and focus groups to uncover opinions on various issues and service improvement ideas. For example, there was a working group with staff to agree the specification of new ambulances.

What were the outcomes?

Since 2002, there have been major improvements in meeting the organisation's performance targets. The Trust is now a '3-star' organisation, and has been praised by several external organisations such as the Commission for Health Improvement for its partnership working. The Trust has also reached an agreement to track Agenda for Change Early Implementers on the basis of its robust partnership working. But whether or not service improvements are a result of partnership working and involvement strategies remains unclear.

Although there is currently no formal partnership agreement documentation, there have been marked improvements in the working relationships between unions and employers, and between the two recognised unions. Formal agreements have become easier to reach and the Trust has avoided industrial action regarding pay settlements. There has been no industrial action since 2000. Staff-side representatives are working jointly on projects such as 'Redesign of FRV'³⁵ and 'Urgent Tier Development'³⁶ with positive outcomes. Both managers and union convenors feel that there is more proactive management of issues.

While senior managers may feel that staff are more involved, there may not be the same sentiment among staff on the ground. In light of the focus group responses, the main benefits of the improvement process at SYAS may, at the moment, be centred around working with the unions. However, staff do agree that there have been improvements around flexible working and are pleased that the trade unions are more accessible and influential.

Why involve trade unions and employees?

The state of industrial relations was so poor that many senior managers believed it was affecting the service. The unions and employers faced a new dispute every few weeks and there was a great deal of industrial unrest. At the same time, the organisation was consistently failing to meet performance targets and had major financial difficulties.

The new CEO felt that the adversarial culture of the organisation perpetuated a vicious circle of employee relations problems. Combined with rigid management hierarchies at work, staff felt under considerable pressure by managers in their day-to-day work. With renewed vigour and focus brought about by the CEO, a new lease of life for partnership working and involvement was seen as a boon to service improvement, particularly in light of central Government support for such an approach.

What were the conditions for success?

Where partnership is concerned, the union convenors' office at HQ made it easier for members to contact their unions and receive support on a number of issues, and for union representatives to speak to managers where necessary. Previously, the staff representatives worked only in the field and managers could '*avoid their calls if they wanted*'³⁷. With their own HQ, the union convenors could physically see if managers were present or not. Access to IT and copying equipment at HQ has also simplified the communication process between unions and their members.

³⁵ The 'FRV tier' comprises the fast-response vehicles (cars), which have been used to get to patients within 8 minutes, as first responders. The FRV then has to wait for an ambulance crew to transport the patient to hospital. Through skill development, the staff can now do more in the field to prevent patients having to go to hospital

³⁶ The 'urgent tier' is a service provided mainly to GPs who request an ambulance within an agreed timescale. Staff with the appropriate clinical skills are required to deal with these patients, but they may not always be paramedic staff

³⁷ Union Convenor

Further to this, the unions feel that positive interaction between the CEO, senior managers and full-time trade union officers is essential for agreeing solutions to issues. However, the effectiveness of this agreement process is dependent on personalities.

The extent of union involvement in management activities – board meetings and committees – makes it much easier to influence decision making, which is preferable to challenging decisions that have already been made. The union convenors stated that they find negotiating easier because they understand the constraints that managers face. Employers agree the process is better because there is a willingness on both sides to find the most beneficial outcome.

Underpinning the success of the cultural change programme has been the extensive staff changes that resulted from the job-evaluation programme, with many managers and senior managers moving out of the organisation. Managers now feel that they need to be able to communicate: *'It is no longer acceptable to hide behind memos and authority.'*³⁸

Both staff and employers feel that major benefits to the service were a consequence of investment in new vehicles. Previously, worn-out vehicles that broke down frequently made it impossible to achieve performance targets.

What were the challenges?

Overcoming initial scepticism and negativity was a key challenge to the involvement culture as morale was already low and people were 'scared to get things wrong'. Managers felt that there was a very difficult phase for 18 months to two years, particularly during the job-evaluation period. At times, there was concern that the new CEO was failing to convince people of the benefits of joint working. During one staff session to talk about 'partnership', staff were extremely vocal about 'not getting into managers pockets'.

Such scepticism may be the reason that staff involvement, particularly that encouraged by management, is still a major challenge. To some extent, the trade unions believe that mistrust can be overcome by persuasion, but more importantly by demonstrating where improvements can be achieved. However, many staff are still uncomfortable to approach managers with problems, particularly senior managers, and prefer to approach the trade unions directly. Confusion still remains about how to differentiate between the basic issues and problems, and those that require a more formal approach. Indeed, unions felt in some cases employees approaching management directly would make things difficult 'further down the line'.

Increased workload is a real risk for those getting involved and those driving the involvement process. Unions find themselves being involved in issues that they would not traditionally have dealt with and which some representatives regard as facile, for example choosing the colour of paramedics' shirts. To some extent, for unions, the adversarial culture was easier – *'one meeting, one fight'*³⁹ – whereas with a culture that places a premium on involvement *'You cannot take a break from the determination, energy and capacity needed to drive changes'*⁴⁰.

More prosaically, backfilling staff for staff involvement in reform has been and remains a major problem. For instance, the CEO had indicated that SYAS need to encourage more staff with clinical expertise into the communications department (where emergency calls are taken) in order to reduce the amount of activity on the road (clinical direction can be given over the phone). However, reforms of this nature – although they may be a better way of working – require juggling resources. Unions and staff felt that this has put a further drain on resources in an already under-resourced environment.

³⁸ Manager

³⁹ Union Convenor

⁴⁰ Head of Service Representative

Unions are also having problems getting members to be active participants in trade union business, for instance it is becoming increasingly hard to recruit shop stewards and organise local branch meetings. Shift patterns are a major barrier to trade union organising and may become an industrial relations issue in the future.

While the relationships between senior managers and unions are working more effectively, the unions feel that this breaks down at middle-management level and below. This was attributed to:

- Lower management levels finding it hard *'coming to terms with arrangements – they want more power'*⁴¹. This may be partially explained by the target culture of the service. Staff are feeling under pressure to achieve performance targets, but earlier failures to consult on *'what are meaningful targets?'* means that targets are dividing, rather than uniting, managers and employee in service reform. The managers suggest that performance targets are misunderstood by staff and they do relate to patient care.
- Poor communication across the different locations. Managers feel that some messages may be diluted by the time they reach the front line of staff. Although communication channels exist, getting staff interested in finding out is key. On some occasions, staff felt that there was often too much communication, particularly emails, but appreciated the local notice-boards as the information seemed more relevant.

Staff, unions and management are in agreement that a movement away from the rigid discipline culture has, in some instances, gone too far: *'Discipline has moved too far left. Staff are hiding behind unions to get away with things. This has been recognised and steps are now being taken.'*⁴² Staff suggest that what is 'fair' needs to be defined as 'fair for all', not just fair for particular individuals with their own agendas. Issues around choosing and swapping shifts, where 'those with the loudest voices seemed to get first choice'⁴³ seemed to frustrate staff the most. Some staff commented that the old regimented way of working was not too bad – *'at least you know where you stand'*⁴⁴ – and that now managers are *'afraid to manage'*⁴⁵.

Future risks lie in the demands of the Agenda for Change. Both employers and unions agree that this is going to be a difficult process because of capacity issues. They are going to struggle to cover the costs of backfill for staff who are involved. However, they are currently developing a formal partnership agreement and a facilities agreement that will benefit both managers and unions.

⁴¹ Union Convenor

⁴² Head of Service Representative

⁴³ Comment from staff focus group

⁴⁴ Comment from staff focus group

⁴⁵ Comment from staff focus group

Health

6. Good Hope Hospital Trust – Computerised self-rostering

Introduction

In 2001, Good Hope Hospital Trust began a pilot project of a computerised self-rostering system – ‘Rosterpro’ – for approximately 120 nursing staff in four hospital wards, with a view to rolling out the system across the Trust. The key advantage of the system was that it could be specified functionally to enable the automation of rostering, giving ownership over time worked to staff rather than managers.

Initially driven by the trade unions⁴⁶ and fully supported by the HR team at Trust HQ, the project aimed to address employer and staff-side concerns over the Trust’s adoption of flexible working among nurses and midwives, which was affecting staff satisfaction, and to meet the objectives of the DoH initiative ‘Improving Working Lives’⁴⁷.

Unions and management established a clear win-win agenda for the pilot programme at the outset. Its objectives were to:

- Improve access to flexible working arrangements for all staff.
- Improve recruitment by offering flexible working.
- Improve retention by dealing with staff or manager dissatisfaction, for example by ensuring fairness in the allocation of time for training and leave.
- Reduce ward management time associate with rostering.
- Provide more robust arrangements for monitoring:
 - Nurse registration
 - Working Time Directive
 - Use of agency staff
 - Sickness absence.

Initially funded by the NHS Modernisation Agency, the pilot was co-ordinated by a project leader and overseen by the ‘Project Board’, chaired by director of HR and comprising key management, staff and a Unison representative nominated by the Trust’s JCNC, who was paid facility time for attending meetings.

⁴⁶ Joint Consultation and Negotiation Committee comprising the key professional and support staff unions, Unison, the RCM, BMA, and representative bodies

⁴⁷ The IWL Standard states that a Trust should have ‘Team based employee-led rostering, with strong cultural acceptance. Innovative systems for workforce scheduling that enable staff greater control over the times and hours they work.’

Following the procurement of the IT equipment, a systems manager took over the implementation of the pilots in each ward, acting as a direct contact for ward managers and staff using the system. Early successes in the pilot wards secured continuation funding for the system and systems manager post from the hospital's Charitable Trust Fund. After the evaluation of the pilot wards, the Project Board became a less formal steering group, which continues to oversee progress and roll-out to other wards and staff across the Trust.

How were trade unions and employees involved?

As a pilot project, staff involvement was integral to the process. Alongside formal arrangements between the Project Board and the JCNC, the pilot programme involved staff at every stage of the change process, with staff devising best and fairest practice throughout to ensure user ownership of the system.

- Specification:
 - A project group, including a range of staff grades, union and non-union members, developed the 'Statement of Need' for the system based on functionality. Staff therefore stated at the beginning what they wanted the system to do.
 - Workshops were held with staff to help management assess the required approach for the system, taking into account issues such as banked hours, skill mix and annual leave.
- Procurement:
 - Users were invited to view a demonstration of possible roster systems.
 - A panel of users scored each suppliers' response to the specification, leading to a preferred option.
 - The Project Board conducted an economic and feasibility analysis on all options, weighing costs against the benefits for the preferred option selected by the users. The preferred supplier was both better and cheaper.
- Set up and implementation:
 - Presentation to ward managers, inviting them to volunteer as pilot wards.
 - Ongoing consultation with staff via the Project Board.
 - Close contact between the ward and roster managers and the system manager in iteratively fine-tuning the software.
- Training:
 - The system manager worked alongside the company that provided the roster system to train nurses and roster managers. Staff were able to feedback about the timing and duration of the training, issues with the system, etc.
- Evaluation:
 - A key deliverable of the pilot programme was an evaluation of the system according to how it had improved working lives from the staffs' perspective.
 - Ward and roster managers provided evaluations of the system.

- This degree of involvement was a consequence of:
 - The generally positive climate of employee relations at the Trust.
 - The enthusiasm for the project from the trade unions and management given its clear benefits for both sides.
 - The personal learning of the project leader from previous experience of IT-based solutions where users were not consulted *'at the right time in the right way'*⁴⁸.

What were the outcomes?

There were a number of benefits to the system that emerged during the course of the pilot, but these are more pertinent to the application of the system rather than a consequence of involvement per se. Arguably, without staff involvement the pilot may have been less effectively implemented with many of these benefits being foregone, for example:

- Actual benefits:
 - Improved ward staff computer skills, for example some staff had never used a mouse.
 - Safeguarding mandatory training and mentoring schemes.
 - An increase in staff retention on the pilot wards compared to the non-pilot wards.
 - A decrease in sickness absence on the pilot ward compared to the non-pilot wards.
- Potential benefits:
 - Linking the system to the NHS payroll (suggested by the trade unions).
 - Rolling out the system to the new Diagnostic and Treatment Centre for outpatients, which will be dependent on staff flexibility.
 - Using the data in the long term to analyse demand and supply of staff and skill mix according to patient need.

Why involve trade unions and employees?

*'Not involving staff was not an option.'*⁴⁹ Although the Trust is facing a number of strategic issues regarding its financial position, employee relations at the Trust have historically been conducted in the spirit of partnership. An open-door policy towards union involvement in initiatives to rethink service delivery has been in existence for some years, with management alerting the staff-side before, rather than after, a decision is made. Staff involvement in this project was seen as critical because staff needed to 'own' the system. Involvement was also seen as a way to communicate the positive impact it would have on staff, which was not immediately apparent, as well as to give staff realistic expectations.

Management and unions considered the business case for service improvement, of which staff involvement in the process was a given. Analysis of the costs of the process of involvement, for example of facility time, was not a separate feature of the business case, although it would have been possible

⁴⁸ Project Leader, Good Hope Hospital Trust

⁴⁹ HR Director

to cost scenarios of different ways of involving staff and undertake risk assessments.⁵⁰ However, extensive scenario planning of this nature would have itself incurred a cost.

Formal representation from the JCNC on the Project Board and steering group was agreed given the cultural approach to employee relations, but also due to the high level of union interest in and endorsement of the pilot given its potential to benefit all staff. Without involvement, management were concerned that pilot would be viewed as a centralised imposition, a cost-reduction exercise or a pre-emptive move to annualised hours⁵¹, which given current sensitivities were critical to avoid.

What were the conditions for success?

The Project Board was viewed as a relatively less adversarial environment in which to debate service improvements arising from the pilot than the JCNC.⁵² Non-unionised staff were not officially represented, although trade union representatives felt that their duty extended to all employees. No union/member specific issues have arisen during the course of the project.

The following staff were viewed as key to involvement in the pilot projects:

- The nursing director on the Project Board to dispel early scepticism that the project was aimed at securing management rather than staff benefits.
- A system manager with a nursing background and therefore experience of roster systems.
- Project manager's personal approach and enthusiasm for involving staff, eg personally meeting with the staff-side to discuss the system, explain its benefits, and what was required of staff.

Early involvement in the process of the pilot helped to deal with the suspicion that management had a hidden agenda about the need for change: *'Unions can sometimes come with the expectation that employers are guilty until proven innocent.'*⁵³

Ward managers volunteered to take part in the process rather than being selected by management. This raised the degree of motivation among ward managers and their commitment to the success of the pilot: *'I didn't want to be seen as being negative about the system in front of the nurses, even though there were teething troubles with the technical side, the training etc.'*⁵⁴

What were the challenges?

There was a perception that the scope and level of staff involvement during the pilots diverted attention away from securing buy-in from the senior executives – apart from the HR director who chaired the process – and members of the Trust's Board. Lack of senior championing of the initiative in the early stages of the pilot left some managers concerned that giving staff control over their time would lead staff to 'abuse the system', resulting in scepticism that could otherwise have been avoided. With senior executives' attention focused on the financial situation of the Trust, interest and faith in the project was secured by a demonstrable impact on the quality of working life for staff, combined with the high level of interest in the scheme from other Trusts, private sector organisations and central government.

There was insufficient consultation on the installation of PCs on the wards, emphasising the importance of *'involving staff on the right issues in the right way'*.⁵⁵ Management and IT agreed that new PCs should go into staff rather than clinical areas.

⁵⁰ HR Director

⁵³ Management

⁵¹ HR Director

⁵⁴ Ward Manager

⁵² Union Representative

⁵⁵ Project Leader

Those working predominantly night shifts were not as involved as those working during the day, resulting in them receiving information later on in the process of implementation, with training courses being offered at inconvenient times, etc.

Emphasis on staff involvement in the specification and procurement of the system may have led to the project team underestimating the level and kind of training required to ensure optimum value from the system during the implementation phase:

- All staff were trained, but a programme of 'devolved mentorship' (informal learning or 'sitting with Nellie') was developed to help staff use the system in the working environment.
- Staff needed additional training on the principles underpinning the system, and how it required human input and team co-operation to ensure that it operated equitably.
- Staff were initially trained on the logistics of the system, which exposed the gaps in computer literacy amongst many staff.

Ongoing consultation and informal feedback to the systems manager have enabled issues to be dealt with as they have arisen, stressing the importance of closely involving staff when new ICT impacts directly on employees 'control' over their working time.

Health

7. Southport and Ormskirk Hospital NHS Trust – Learning Resource Centres and the partnership and involvement network

Introduction

In 2000, the Southport and Ormskirk Hospital NHS Trust and recognised representatives published a statement of intent on partnership and involvement that committed them to the principles of partnership working. In the same year, the Trust opened its first Learning Resource Centre (LRC), with the aim of providing e-learning and other learning opportunities for all staff at their place of work. The centre is based on a partnership involving the NHS, UNISON, TUC, Skelmersdale and Ormskirk Colleges, the Lancashire Colleges Consortium and the European Social Fund.

The LRC has demonstrated what can be achieved through partnership working. In March 2003, the 'Partnership and Involvement Network' strategy agreed through the Partnership Forum and a series of sub-groups, was produced to focus involvement at an operational level. The new strategy replaced the traditional Joint Consultation and Negotiating framework, supplemented by a workers' council, which had run its course.

The partnership network extends successfully to external partners. The Trust recently set up a Job Guarantee Scheme with Job Centre Plus, NHSU and Manchester college of Art and Technology. The scheme is encouraging the unemployed to attend a four-week training course that results in basic qualifications and a guaranteed job in the trust at auxiliary level, with a view to development.

How were trade unions and employees involved?

The partnership and involvement network is a simple structure. At the top of the structure there is a 'partnership forum', which provides an umbrella group to monitor the effectiveness of the Trust's strategy and is consulted on finance, workforce and service issues. The forum meets approximately quarterly. In addition, there are a number of sub-groups that feed into the forum, including:

- Joint Negotiating Committee
- Joint Medical Staff Negotiating Committee
- Health and Safety Committee
- Staff Involvement Groups
- Improving Working Lives Steering Group
- Learning Representatives Committee.

The Joint Negotiating Committee negotiates employment terms and conditions including contractual arrangements, pay, employment policy and procedure, and the implementation of statutory provisions. The new approach to partnership working with the unions has had the most significant impact on this

forum – all ten of the recognised trade unions are signed up to the partnership agreement and have endorsed the establishment of the LRC.

The Staff Involvement Groups (SIGs) that have replaced the old workers' councils are designed specifically for staff to exercise their voice. In order to make staff involvement more relevant, a SIG for each specific department was created. There are now six distinct groups, each with a content-led rather than process focus: surgery, medicine, specialist services, rehabilitation and support, facilities and corporate. Staff can now debate and escalate issues that directly relate to their department rather than the general workforce, which was the case with the workers' council.

Representatives for the SIGs are nominated by the staff themselves and there are an equal amount of managers and staff at each group meeting so *'no one feels intimidated'*⁵⁶.

Training courses have been provided for staff to illustrate what partnership working involves and to increase interest in staff representation. These full-day courses have now been modified to half a day so managers can attend. The management courses have yet to take effect, but there have been 24 more staff volunteering to be staff-side representatives. There are also briefing sessions for staff on issues such as Agenda for Change and the European Working Time Directive.

What were the outcomes?

Partnership working, both internal and external, is praised for creating many positive outcomes:

- An open-door policy to resolve issues in the early stages.
- A marked improvement in industrial relations with very little need for the use of formal grievance and disciplinary procedures.
- Working in partnership with the wider local health economy, which has included the local health economy being among the first trusts in the country to apply for validation for 'Improving Working Lives' practice plus status.
- A marked change in the demographics of staff-side representatives, with these staff now being more representative of the workforce.
- The success of initiatives such as the Learning Resource Centres and Job Guarantee Scheme are addressing some of the skills shortages with a view to improving services to patients.
- In the first year of partnership working, the unions saw a 23 per cent increase in membership. Membership now better reflects the staff demographic.

Staff involvement has promoted wider participation by all grades and disciplines of staff in all of the Trust's business, making staff feel more valued and encouraging ownership of Trust issues. This is, in part, due to the improvement in communications the SIGs have created. Staff felt that: *'The more you know about the organisation, the more you understand about what is going on, the more you know what needs to be done.'*⁵⁷ One consequence of improved morale has been a reduction in turnover and sickness absence levels in some areas.

Upskilling through the LRC has meant that auxiliary staff are improving their performance. A tangible benefit of this is that the hospital is cleaner and infection rates have reduced significantly. The hospital is now in the lowest quartile for costs, but also pays in the highest quartile and meets all its key performance targets, but whether or not this is a result of involvement and partnership is unclear.

⁵⁶ Comment from staff focus group

⁵⁷ Comment from staff focus group

The tangible benefits of development are being felt by those who are using the resources of the LRC. Auxiliary staff who used the LRC to get NVQs enjoyed a 3 per cent pay increase and negotiated a 37.5 hour week.

Unions, manager and staff agree that partnership and employee involvement strategies have resulted in a vastly improved working environment, although those in more senior positions felt this most strongly. For example, the success of working in partnership externally, notably with the NHS Estates, NHSU, Job Centre Plus and various WDCs and SHAs partnerships, is attributed to working more strategically internally.

Why involve trade unions and employees?

Prior to the partnership and involvement strategy being developed, adversarial industrial relations were problematic for both management and the trade unions, who were unable to offer anything positive to their members. Staff representatives found themselves in tribunals month after month and the 'us and them' attitude dominated every union-employer discussion.

Management began to see employees as part of the solution rather than the problem. Involving staff was viewed as a means of gathering ideas about saving money and generating income, which remains a perennial issue in the Trust.

What were the conditions for success?

Initially, it was clear that a few key people who were comfortable to share information and documentation helped to 'end the power play', and encourage an open and honest environment. Many of the staff-side representatives committed their own time to developing their skills and qualifications. High-level commitment was forthcoming from the chief executive when he volunteered and trained to be a Learning Representative.⁵⁸

Human Resources staff took the time to ask department heads/managers to release staff and encourage people to attend the SIGs. The relationships between these key people were also a success factor. Many felt that their ability to maintain a trust-based working relationship with other stakeholders was essential, as well as being able to agree the end-game so everyone can work towards a common goal.

Additional funding from external partners (for example, the Learning Skills Council) was central to the process and continues to support the initiative.

What were the challenges?

Time is the main cost of the partnership and involvement process. The SIG meetings are supposed to be monthly, but in some areas they have not happened for a while, particularly in clinical areas where staff are under considerable pressure. It was agreed that if nominated staff miss three SIGs, then they are considered to have resigned the post. This was supposed to encourage attendance, but it is still not always feasible and has caused delays and inconsistencies in the process.

Overcoming the attitudes and work habits of middle managers has been a major cultural barrier. This is particularly the case for those managers who have worked in the Trust for a long time and who are not used to a partnership or involvement approach. In some cases, it was felt that the managers needed new skills to increase their confidence. Where staff are increasing skills and qualifications through the LRC, some managers are being left behind.

⁵⁸ The representatives' role is to raise people's awareness of the benefits of learning and promote learning in the workplace. They identify people's learning needs, provide advice and guidance to staff and help staff to access funding for learning

The element of elitism among clinical staff – something that was attributed to the NHS generally rather than specific to this Trust – has meant that doctors tend not to be involved and those in the non-clinical and auxiliary/infrastructure jobs tend to shy away from involvement, feeling like ‘poor cousins’ to the clinical staff.

Many of the risks cited related specifically to the issue of training rather than involvement, but they can have a negative impact on the virtuous circle of partnership working, communication, upskilling, better terms and conditions, for example:

- The Learning Resource Centre require additional resources. Rooms are often not available for training. One manager commented that she had found herself training people in a corner of the restaurant.
- There is a risk that expectations are raised and some schemes may be unsustainable in the future. Overspending on budgets means that a process of cost cutting may be needed, in this case: *‘training is the first thing to be looked at. It is seen as taking funding away from patient care’*⁵⁹. Further to this, staff are increasing their skills and qualifications through the LRC, but are unable to use these skills in their positions. This can cause frustration among staff, although others are happy just to have the development opportunity.

One of the more unseen costs is depleted energy of the key individuals who drive and participate in involvement strategies. For example, a considerable amount of training relating to partnership working is facilitated by managers and staff-side representatives in addition to their day-to-day duties. Also, staff involved in the SIGs have found themselves updating their colleagues while they are working.

⁵⁹ Head of Services

Local Government

8. South Lanarkshire Council – Home Care Review

Introduction

Social work is one of the largest services provided by South Lanarkshire Council, of which Home Care is the main service that the resource provides. Home Care covers a range of services to clients in their own homes, including adults, children and families, but in the main, home carers support older clients with a range of disability and care needs, working closely with district nurses, GPs and social workers.

In 2000, Social Work Resources began its Home Care Review in order to meet the increasing demands placed on the service due to an ageing and increasingly vulnerable population, and to develop a Best Value service that, as well as providing a high quality service, could 'compete' with the private sector provision.

One of the core changes required of the service was the need to provide home care over 24 hours, with the majority of the service provided between 07.00– 22.00, seven days a week. The level of care also had to reflect the need to provide increased and extended personal care, as well as domestic and practical assistance.

How were trade unions and employees involved?

There were extensive formal and informal arrangements for involving staff and the trade unions. Alongside the formal structures across the council, there is a service Joint Consultation Committee – held quarterly – a Health and Safety Committee and working groups involving unions for each part of social work resources, including Home Care.

A separate group external to the existing formal arrangement was established to conduct the Home Care Review. Staff were heavily involved throughout via a combination of more formal top-down and bottom-up processes to discuss the detail of service provision, as well as to communicate decisions and developments or feed back ideas and results. For example:

- A Best Value Review Group⁶⁰ and sub-groups on specific items, for example training and development, including trade union representation
- A Home Care Implementation Team⁶¹, including the trade unions, which continues to run to ensure a project-management approach to implementation of the review.
- Joint management and staff-side road-shows held at the start of the process

⁶⁰ Including Head of Service, Service Managers, Operational Managers, Operational Staff from within Older People's Services, Home Care Services. There were also representatives from Support Services in terms of HR and Finance. There were representatives from Health on the overall review Group. There was trade union representation on the Best Value Review Group and the Sub-Groups

⁶¹ Including a Project Leader, a Staff Support and Transitions Officer, and a Customer Care and Standards Officer

- ‘Patch meetings⁶²’ held by home care managers and their staff to discuss the review and put across their views from the frontline.
- 1:1 meetings with every home carer to discuss the impact of the review, changes to their conditions of service, etc.
- Home Care newsletters reporting general developments sent to every home care workers home address.

Other joint trade union/employer initiatives have focused specifically on the development of training and performance. The Unison representative has been closely involved in improving the quality of the training provided, for example for core caring skills, induction, and moving and handling.

What were the outcomes?

The package of care that service users receive has changed significantly. There has been a:

- 44 per cent rise in the number of service users receiving ten hours care or more
- 38 per cent increase in weekend service
- 64 per cent increase in evening services.

A greater number of staff increased their contracted hours and, as a result, work shift patterns. Approximately 800 out of 1,200 are working shift patterns over seven days. This includes 300 new staff who have been recruited on the new terms and conditions. Through employee demand, the average number of contracted hours has risen from 20 hours to 24 hours per week. Efficiency savings from revised working practices are being reinvested in front-line service delivery, for example in terms of new shopping services and a pre-prepared meals service.

The overall level of training has risen, for example out of 1,200 home carers: 1,102 staff have received training on core caring skills; 1,102 in first-aid; 1,093 in food-safety; and 1,105 in moving and handling. A number of home care workers have moved up the grading scale to provide extended personal care, indicating that skills levels have increased. One home care worker commented: *‘In an ideal world, all home carers would be able to provide extended care – then any home carer could provide all.’*⁶³

The Home Care service is now working more closely with Health. A formal job shadowing programme is in place, and Health are involved in the training programme for moving and handling and core skills training.

Why involve trade unions and employees?

One of the aims of the review was to *‘produce agreed strategies and solutions by consensus rather than adversarial collective bargaining’*⁶⁴. Extensive changes to working arrangements, terms and conditions, a new grading structure and the appropriate network of training support required the

⁶² These meetings are an established structure in Home Care to ensure that fieldworkers are managed. Held approximately every 6 weeks between the Home Care Managers and their local home carers, the meetings are used to discuss the needs of clients, general concerns and to update carers on the service issues

⁶³ Staff Focus Group conducted for the Audit

⁶⁴ Social Work Resources – Internal Document

commitment of all levels of staff, employers and unions. *'Management could not take the risk of not involving staff'*⁶⁵ – and *'As managers, we simply don't have all the answers to what needs to be done'*.⁶⁶

Part of the inclusive approach was founded on the sound basis for partnership working that has been promoted across the council. *'As a new authority, the new corporate management team were working alongside the union, so we have had a change culture from day one; long before a partnership agreement.'*⁶⁷ With the restructuring affecting social work from generic to specialist areas, the trade unions had to be involved both at macro and political level⁶⁸. However, it was felt by some managers that the 1997/8 council restructuring had not involved staff sufficiently, which led to a degree of staff insecurity about the revised structure, its aims and objectives.

Differences of opinion about the employee relations climate are now minimal. Unions and management were in agreement that the letter of the formal partnership arrangement is put into practice, with the council encouraging employees to become members of a nationally recognised union. Unions also have access to new employees at the 'Induction for Home Care'.

What were the conditions for success?

There was a shared belief that the review would bring benefits for all stakeholders. Joint and common goals established at the start of the process about improved service delivery dispelled the usual adversarial approach to change, even though it meant that the management needed to concede on some areas and the unions had to provide clear messages to their members about the need for change, as well as embracing the principles of change. Much of this was achieved jointly through the joint union-management road-shows that enabled them to speak directly to a large number of staff.

South Lanarkshire currently has a mix of local authority and voluntary/private services. The decision to keep the service predominantly in-house and accelerate the quality of care to compete specifically with private providers removed a major potential obstacle to joint working with the unions. The Home Care service purchases just over £2million of external services, compared to £15 million on in-house provision.

The role of the Implementation Team, which helped to ensure there was capacity among front-line staff to implement the review, was crucial in achieving changes to the service, specifically the shopping service, meals service, extended personal care projects and joint working with health. The team also helped facilitate 1:1 management meetings with staff, so that all home carers were aware of the implications of the review.

Involving staff on the right issues allayed concerns about change. For example, many staff had not received any training for several years and were anxious that their abilities and skill levels would be exposed during a training course. Staff were closely involved in the design of the 'return to learn' programme, and life-long learning advisors were trained through a Unison training course to help encourage participation among the home carers.

The trade unions: *'put their heads above the parapet by going with managers to the road-shows. And it wasn't just about increasing trade union membership, but a chance to have a real discussion with all staff.'*⁶⁹ With significant numbers at the events – the Council paid staff to attend – there was a perceived risk for trade unions being seen to be co-opted by management, but the road-shows were a success.

⁶⁵ Senior Manager

⁶⁶ Senior Manager

⁶⁷ Senior Manager

⁶⁸ Group Discussion – Senior Management, HR, Home Care and Trade Union

⁶⁹ Senior Manager

What were the challenges?

Protecting the conditions of service of existing staff while being able to recruit new employees on the revised terms and conditions and instill work practices that could deliver flexible work services were at the heart of the challenge faced by management and the trade unions. A survey conducted at the start of the Home Care review found that only 65 per cent of employees believed that the current services met the needs of the service users, and 70 per cent did not wish to work alternative hours.

Management conceded that there would be no compulsory movement of existing workers to shift working: *'We said to the unions that we wouldn't change anyone's contract if they didn't want it changed.'*⁷⁰ However, management didn't anticipate the high level of demand from existing staff to increase their contracted hours and as such, move onto shift patterns. This meant that extended rosters could be covered, funded from the Supporting People initiative funds.

Management and the key trade unions – Unison and GMB – negotiated several compromises in order to progress the review in the early stages so that more staff could be moved across shifts and into extended personal care roles. *'Trade unions were on-board for three fundamental reasons: no jobs under threat, no pay cuts and the service was being kept in in-house.'*⁷¹

Issues that required more formal negotiation included:

- The removal of enhancements for shift working, flexible rosters and revised working practices. Management had to move from a position where enhancements were protected for three years to permanent preservation (or as long as the individual held their post).
- Arrangements for existing staff moving to revised shift patterns and flexible work patterns. Management conceded that there would be no compulsory movement of existing workers to shift working because 70 per cent of staff did not want to work shifts (even though staff wanted to increase their contracted hours).
- Agreeing the new grading structure.
- Moving to a 37 hour week and a two-weekly payroll.

The overall package of incentives offered to staff to achieve the desired changes included a number of benefits for staff, notably:

- An opportunity to increase contracted hours and therefore enhance job security, which many staff had wanted.
- An increase in annual leave.
- Increase in basic salary with further increases when moving up to extended personal care tasks.
- Introduction of the 'Competence Initiative' and a full training and development programme.

Counteracting damaging rumours via extensive communication was a key part of the process of the review. Staff were fearful that they were going to be forced to undertake new tasks, with which they might feel uncomfortable. Moving from the provision of domestic tasks (cooking, shopping) to extended personal care (washing, dressing and providing medication) would require higher skills, but be a personal challenge for many home carers. It was agreed, and communicated via newsletters, road-shows and 1:1 meetings that no one would be expected to provide an extended level of care without their agreement. Rumours also spread about compulsory redundancies.

⁷⁰ Senior Manager

⁷¹ Senior Manager

Paradoxically, rumours spread quickly but accurate information was slower to circulate about what was happening to the service and the role that staff could play in its reshaping. Road-shows were well, but not fully, attended, even though staff were paid to attend. Information was included in newsletters, but management still needed to provide a hotline to answer calls from confused staff (which at times provided conflicting information).

Time commitments of trade union representatives has been a key issue for individuals closely involved in the Home Care Review. While Unison had consistent representation, it was not always possible for other trade unions that were involved to have a representative at every meeting. This meant that at times it was: *'One step forward and two steps back.'*⁷² The majority of the work thus fell to the Unison representative. *'There will always be a big impact on our time – we have other trade union commitments plus own roles.'*⁷³

Some cultural barriers to fully effective involvement still exist, for example the unions are reluctant to be part of extended management teams as it potentially leads to their being seen as *'the extended arm of management'*⁷⁴.

The current challenge facing the service is implementing the next stage of the review with a revised management structure operating over 7 days, from 07.00–22.00 that can support front-line staff. Maintaining the momentum of the Implementation Team, of which the trade unions are members, will be key. Having secured further funding, the ongoing success and energy of the review is likely to continue.

⁷² Senior Manager

⁷³ Union Representative

⁷⁴ Social Work Resources – Internal Document

Local Government

9. Leeds City Council – Restructuring the Revenue Service

Introduction

Leeds City Council's Revenue Service has shown steady improvement in both collection rates and service delivery, but it was under both internal and external pressures to continue this improvement and achieve upper quartile collection targets for council tax and business rates. The service was experiencing some staff morale issues as a result of high turnover among staff in its call centres, and this was having an impact on the sickness absence rate.

With the Audit Commission's Corporate Performance Assessments challenging councils' willingness to change, traditional practices across the council were under review. The corporate centre of Leeds City Council was restructured in April 2003, with IT, Personnel, and the service delivery of Revenues and Benefits brought into one department to develop the Council's 'Closer Working, Better Services' objective.

Achieving and demonstrating continuous improvement in the Revenues team without an increase in capital, a fixed staff base and limited incentives to offer staff placed the service under considerable pressure to raise labour productivity. A 'mini-restructuring' of the Recovery function took place to incorporate a change in the way the Sundry Debtors function would operate following the implementation of a new IT system. The trade unions were involved in the process. In addition, the Recovery Section was nominated to carry out the piloting of a work-life balance initiative, which was viewed as a possible solution to raising labour productivity, staff well-being and securing continuous improvement (which is the focus of this study).

How were trade unions and employees involved?

Funded by the DTI Challenge Fund, a pilot project in two divisions – revenues recovery and internal audit – was set up to improve work-life balance among staff and look at the potential for a more flexible service. Staff across the council were already operating on flexi-time, but the proposed scheme offered a range of options to staff, giving them greater power over long-term planning of working hours and leave, and short-term requests for time off.

The process of involvement was:

- Consultants surveyed staff regarding their current satisfaction with the approach to flexi-time and work-life balance needs in the first instance.
- The formal, corporate-level Joint Trade Union Committee was briefed regularly by management about the scheme.
- The Departmental JCC had the opportunity to view draft documents on work-life balance.
- Unions participated directly as members of the WLB Steering Group, although they were not part of the process of selecting the pilot areas.

- It was agreed that during the pilots, there would be an 'amnesty' on grievances in respect of work-life balance issues. Staff who did not want to change from flexi-time were given the option of not participating.
- WLB Co-ordinators were appointed in each team to provide advice to staff about the practical application of the new system.
- Each member of staff participating in the scheme had to prepare an individual 'business case' stating why they were taking part, and what the benefits would be to them individually and for the service.

What were the outcomes?

There have been a number of positive benefits for management, staff and for the service, principally:

- A reduction in sickness absence.
- A reduction in the number of staff reporting stress.
- An increase in staff satisfaction and morale. Senior management believes that the pilot has forced staff to discuss the service and how they work in their teams.
- Generating an increase in arrears recovery.
- No degradation in the level or quality of the service.
- Due to the hours that staff wished to work, the telephone service was extended by two hours from 09.00–17.00 to 08.00–18.00, generating an increase in recovery for non-payment as staff were able to reach people when they were at home.

The scheme has been partially rolled out to other teams in the Revenues and Benefits division, and the council are now looking to extend the scheme service-wide.

Why involve trade unions and employees?

With a rule-driven culture in the Revenues team where staff were used to the existing flexi-time system, HR and senior management were keen to use the increased sovereignty over time to motivate staff, so linking improvements to their working life with business benefits. Involving the trade unions was imperative given the specific changes affecting staff and the perceived risks of the scheme.

GMB and Unison also requested closer involvement with the initiative, partly because work-life balance was a key union objective and 'achieves real results for members', but also out of fears that some staff were expressing. To some members of staff, the scheme seemed too good to be true and there was a feeling that *'staff were going to be conned into working longer hours when they didn't want to.'*⁷⁵

What were the conditions for success?

Clear parameters were set about what constituted success, for instance no detriment to the service during the pilot scheme. Management were very clear that this was the primary objective, even though the scheme clearly brought about a more positive climate of employee relations, benefits to staff – 'they think it's the best thing since sliced bread' – and raised the visibility of the trade unions.

⁷⁵ Union Representative

Early and regular communication with staff, and trade union and staff willingness to participate were the primary reasons for the pilot's success.

- The consultants involved in setting up the project were careful to meet and consult with GMB, Unison and staff, and lead them through the project, responding to issues as they arose. It was reiterated that the project was only a pilot scheme, so that employees did not feel that the change was a top-down imposition, but an opportunity to work differently.
- The trade unions were able to talk directly with senior managers if they were concerned about the direction of the project, which helped to allay concerns that the pilot project would be extended, for example into full-time weekend working.
- A meeting was held with management, the trade unions and staff to iron out the differences between management and staff, for example about the fair level of calls, ie reasonable productivity levels. The openness of the meeting allowed individuals to speak their minds without being exposed. Staff were reassured by the trade unions present that any repercussions would be dealt with by the unions on their behalf.

The close personal working relationship between the senior management and the trade union representatives, who are both managers, has been a critical success factor for both the restructuring exercises and the implementation and roll-out of the work-life balance scheme. *'We have an open-door policy with our trade unions in this area [Revenues] – it's not confrontational.'*⁷⁶

What were the challenges?

The overall climate of employee relations has been characterised by the traditional 'us and them' approach, with the JCC a forum for raising crisis issues rather than adopting a problem-solving approach to dealing with those crises. It was felt that the trade unions have been 'reluctant to put ideas on the agenda of the Departmental JCC'.

The restructuring of the corporate centre and the Revenues team created a sense of uncertainty among staff that at times impacted on the work-life balance project by exposing the different relationships between unions and management in different areas.

As a result of this climate, the Departmental JCC was not consulted about which teams were to pilot the work-life balance scheme. Management deliberately selected two areas where the micro-climate of employee relations was positive (a good personal relationship between the senior managers and union representatives) and where management were more receptive to change. It also considered that the two areas should have quite distinct functions in that one area had a customer-facing aspect while the other was more centrally focused. This decision was taken because the scheme needed to be implemented relatively rapidly, and more importantly there was a perception that the climate would allow the benefits of the scheme to emerge and sell on to other teams. *'We could concentrate on the issues raised by the scheme rather than get wrapped up in existing problems between staff and management.'*⁷⁷ It was considered more risky to implement where the climate of employee relations was still adversarial, where the level of grievances was already high and where the scheme would have been seen solely as a management imposition. Although management took a risk in not consulting the trade unions on the location of the pilots, in retrospect it was considered a gamble worth taking because the risk of piloting in the wrong team or division was greater.

The culture of the authority, and particularly the revenues service, was fairly rigid and rule-driven. The new scheme required staff as well as management to think about time in a different way. Managers initially felt that giving control over time to staff was a real risk, and would leave the system open to

⁷⁶ Senior Manager

⁷⁷ Senior Manager

abuse. *'Managers were used to rules and regulations – they knew where they stood – but the new scheme requires managers to use their own judgement rather than rely on the book, which is a massive culture change.'*⁷⁸ Management capability regarding change initiatives of this nature remains an issue as the senior team consider how to roll-out the scheme council-wide.

Some staff regarded the new system as *'just super-enhanced flexi-time'*.⁷⁹ Changing individual perceptions required communication that not only informed staff and management about the scheme, but ultimately changed their behaviour and attitudes.

⁷⁸ HR Manager

⁷⁹ Union Representative

Local Government

10. Brighton and Hove City Council – Home Care Review

Introduction

Brighton and Hove is the largest city in the South East, with a population approaching 260,000. It has an ageing population, unemployment higher than the national average and, of its 26 wards, 12 are among the 25 per cent most deprived in England and Wales, and eight are among the 10 per cent most deprived on the Housing Index.

Brighton and Hove City Council became a unitary authority after local government reorganisation in 1997. As such, it merged both Brighton and Hove Borough Councils and took on Social Services (now called Housing and City Support), Education and other roles from East Sussex County Council (ESCC).

The Social Services Department in ESCC had, for some years, been seeking to make changes to the configuration of its Home Help service. These changes were driven by the need to reduce costs and to work collaboratively with other agencies (eg health providers). However, these changes were never agreed with UNISON or GMB and no substantive progress towards reform was made. The setting up of a Social Care team in the new unitary authority of Brighton and Hove City Council coincided, although shortly after, with a Best Value review. This review provided the impetus for a re-organisation of home care services for elderly and vulnerable people in order to:

- Reduce the number of elderly people in residential care and increase the numbers sustained and supported in their own homes.
- Shift the emphasis of the service from the provision of routine care in the home (eg domestic services, shopping, collecting pensions) to more complex packages of personal care (eg focused on rehabilitation support for those recently discharged from hospital, administering medication, case recording, etc).
- Contribute to the process of unblocking hospital beds in the city through the provision of continuity of care into the community, and through the reduction of re-admission rates, re-infection rates and post-operative complications.
- Provide care in more integrated, cross-agency and multi-disciplinary teams (including social workers, district nurses, occupational therapists and physiotherapists) in a client/patient-focused way.
- Allow the involvement of independent (ie private and voluntary) sector contractors in the provision of some care packages in the scope of clear and centrally monitored quality standards. Allied to this was the aim to reduce the unit cost of care compared with the independent sector – prior to the review the City's unit costs were more than double those of the independent sector.
- Review and modernise a complex array of terms and conditions that contributed to the high unit-cost base and reduced workforce flexibility. For example, among the 400 home care staff there were four different employment contracts, guaranteed hours and home-to-work travel allowances.

- Invest in and develop the skill base and competencies of the in-house Social Services Home Care teams.

The review had to take account of a number of inherent difficulties. First, the traditional home care workforce is female, long-service, locally-based (and therefore relatively immobile and reliant on public transport) and relatively unskilled (often with low literacy and numeracy skills).

Second, the involvement of the private and, to a lesser extent, the voluntary sector in the delivery of care was controversial for two reasons. One, the unions were against private sector involvement in principle. Two, this involvement would lead to headcount reductions among Home Care workers and the transfer of some Brighton and Hove staff to contractors. The trade unions' objective was to protect the in-house service, but since no transfers took place it did not become an issue with employers.

Third, the implementation stage of the review coincided with negotiations over the implementation the Single Status pay agreement. The question of the grading of Home Care staff and their rewards was inevitably going to be raised as a result of the review.

Fourth, the organisation of care, with fewer Home Care staff expected to cover larger geographical areas, meant that shift and rostering systems would have to deliver continuity of care (with clients seeing the same carer, as far as possible), ensure there were sufficient staff prepared to work evenings and weekends and extend the geographical dispersal of care 'patches' or territories while relying on relatively immobile (ie non car-owning) staff.

How were trades unions and employees involved?

Both Unison and GMB were involved in the Best Value pilot study together with officers and members. This involved some benchmarking activity, together with a review of user needs. The benchmarking exercise showed that the unit costs of care provided by the city council were twice those of the independent sector. The feedback from users showed that they were not concerned about whether the care provider was from the public, private or voluntary sector – they were concerned that they received consistency and quality of care. However, the cost of the in-house service was higher because, as the trade unions argued, conditions were better than those offered by the private sector. Turnover was lower as a consequence. The data from the review led both sides to the conclusion that the service needed to be reformed, and through a process of joint working to ensure mutual benefits, a set of proposals were arrived at.

Essentially, these proposals amounted to a headcount reduction among city council care staff with no compulsory redundancies. Staff in the in-house service were reduced primarily through natural wastage/retirement and voluntary release. Of the staff remaining, some – around 100 – moved into the new care role on higher grades of pay while others – around 25 – remained as home carers on new terms and conditions, but with pay protection for three years.

A planned process of consultation and communication with staff was jointly planned and executed. This involved staff meetings and focus groups. All staff were also interviewed individually. On the whole, staff views were mixed with the younger employees being generally more positive about the new job roles.

What were the outcomes?

Agreement over the model for Home Care was achieved through these joint communication and consultation processes. However, details of the transfers to the independent sector and the re-grading, pay, and terms and conditions of the new posts took longer to agree. As might be expected, these issues were addressed through more conventional bargaining processes. After a year of planning, design, consultation and bargaining, the whole package was agreed and implemented.

A year after implementation, residential care numbers had fallen in line with targets.

The unit cost of delivery is now comparable with the independent sector.

Clinical measures of success, such as re-admission rates and post-operative complications have reduced so that the city is now in the upper quartile on these measures nationally. User feedback on the new service is positive.

While some staff are still to settle into their new roles and issues of mobility, car use and rostering still remain, staff have settled into the new pattern of service delivery.

Why involve trades unions and employees?

In normal circumstances it would have been easy for the city council to propose changes to the service and then consult and bargain on them in the conventional way. However, the Best Value review offered an opportunity to engage with both unions and employees earlier in the process on a more explicitly joint basis, and with a view to looking jointly at the demand for and costs of the existing model.

This took longer than a conventional 'bargaining' approach, but resulted in more consultation, and a genuine opportunity for staff to shape both the configuration of the new service and the process by which it was implemented.

What were the conditions for success?

There were several factors that contributed to success in Brighton and Hove:

- Time to consult and negotiate properly in a climate where adequate money was made available, not just for increased grades for a more flexible workforce, but also training, etc.
- Willingness of management to involve the unions very early in the process of scoping change. This meant that some compelling cost and user data (supporting the need for change) was unearthed jointly, rather than being imposed by managers.
- Willingness of union officials to engage in the process early on. This was a high-risk strategy, but was a judgement based on a belief that they could shape the options for change rather than just respond to them.
- Political support from members and from chief officers.
- Joint consultation and communication with staff. This helped present a joint view of the need for change, as well as reassurance about the outcomes.
- Both unions and management recognised that spending time on the process would probably contribute decisively to its success. This proved to be so.

What were the challenges?

The key challenge was that the unions had to compromise on their in-principle objection to the role of the private sector in service delivery. Faced, however, with the inevitability of change, they made the pragmatic judgement to engage in the process and influence its direction.

In addition, the city itself had to face the challenge that the changes would not be implemented as quickly as they had envisaged originally. Again, the judgement was made that a six-month delay would make a sustainable solution more likely.

A final challenge was that of precedent. Some union officials and members expressed concern that the process of change has made it more difficult for them in the future to adopt a more conventional 'opponentist' stance in areas where they feel they must take a stand, although others commented that where members want the union to oppose management, *'we will if that is what our members want'*⁸⁰. While many can see the benefits of closer working in this specific instance, many are concerned that this model might not suit every circumstance.

⁸⁰ Trade Union Representative

