

# Time for Change



## UNISON / Employer Partnerships

**UNISON and employers working together to improve health and social care delivery and working lives**

# Contents

---

Introduction	3
--------------	---

## Completed projects

1. Royal Belfast Hospital for Sick Children - Better Ways of Working Partnership	5
2. NI Care Home Partnership – Together We Can	7
3. Belfast Trust Infection Control Partnership	9
4. RJMS Health & Wellbeing Partnership	11

## Ongoing projects

5. West Belfast & Greater Shankill Health Employment Partnership	13
6. Western Area Care Homes Partnership	15
7. UNISON / Southern HSC Trust Laundry Partnership	16
8. UNISON Homecare Partnerships with the South Eastern HSC Trust, Northern HSC Trust, and Belfast HSC Trust	17
9. South Eastern Trust Support Services Partnership	19

## Appendix 1

- The UNISON / Royal Hospitals Support services Partnership 20
- The International Action Research Project (IARP)

## Appendix 2

- A report from the International Action Research Project Measurement Sub-Group on the principles and values of our approach to measurement, documentation and research 21

This report was printed in October 2015 and is available in accessible formats. Please contact Thomas Mahaffy, Head of Organising & Development, UNISON, Galway House, 165 York Street, Belfast, BT15 1AL. Telephone – 02890270190. Email - [t.mahaffy@unison.co.uk](mailto:t.mahaffy@unison.co.uk).

## Building the future – UNISON Partnerships that make a difference

Over the past 15 years UNISON has initiated a series of unique Collaborative Partnerships with health employers in NI on a wide range of projects producing real outcomes on improved care and satisfaction for patients, clients, health and social care workers alike.

Our health and social care service has been subjected to endless reviews and reorganisation for more than 30 years. Some of the progressive changes have been supported by UNISON.

Many of them owe more to budget reduction and persistent efforts to outsource and privatise. This state of perpetual reorganisation has brought us into conflict with decision-makers.

Today our service is facing its greatest funding crisis. Despite this, our partnership work demonstrates that together we can do better even in the most contested circumstances.

The collaborative model utilised within each Partnership has been described by the King's Fund as 'ground breaking' and is based on true inclusion; real equality of decision-making, resources and support; as well as trust and respect for UNISON members.

The model has its origins in the pioneering UNISON / Royal Hospitals Support Services Partnership and has also been influenced by the work of the International Action Research Project. More information on these two innovative initiatives is reported in Appendix 1.

Some of the Collaborative Partnerships outlined in this report are UK wide award winners and others have created jobs in our most disadvantaged communities. All of them highlight the real value of the incredible jobs done by our members in areas like homecare, residential care and support services.

### Core priorities

Whilst each Partnership has its own specific aims and challenges, they are underpinned by a number of common core priorities and objectives.



*Event for residents of Seymore Gardens, Derry - organised by the Western Area Care Homes Partnership*

### Core priorities for Collaborative Partnerships

- Enhancing the delivery of health and social care services.
- Improving outcomes for patients, clients and other service users.
- Improving the working lives of staff through change interventions to improve their job satisfaction, health and well-being.

The focus of each Partnership on tackling work factors linked to ill health and job dissatisfaction are a recognition of the extensive research showing that organisations with healthy and satisfied staff will be more efficient and effective. Specific interventions to meet this core priority have focused on a number of key areas.

### Interventions to improve the working lives of staff generally focus on:

- improving workplace relationships and respect between staff groups, between staff and managers, and between staff, patients, clients and the public;
- promoting teamwork and better communications;
- enhancing the sense of personal control workers have over their jobs;
- enhancing perceived fairness in the applications of policies and procedures;
- improving the physical working environment;
- addressing educational and skills deficits and increasing opportunities for job progression.

## The key challenges of working in Collaborative Partnership.

### 1. The challenge of transcending traditional adversarial roles and defining common interests

Traditionally union and employer relations have been viewed in adversarial terms with union and management each defining and pursuing their independent agendas in an attempt to maximise their self-interests. This is legitimate. However, we have long held the view that a reworking of relationships produces better outcomes on equality and rights.

Transcending these adversarial perceptions by identifying common interests, aims and objectives is a key process for setting the stage for effective union/employer partnerships. This requires strong leadership from the union and employer in order to achieve buy-in from middle management and workers and to minimise misunderstandings and misperceptions.

### 2. The importance of building and sustaining trust

Trust is by far one of the most important ingredients for carrying out successful joint initiatives as well as being one of the most difficult to establish and maintain. It takes a great deal of commitment, honesty and open communication to be able to continuously build trust and exhibit behaviours that demonstrate this value.

### 3. Ensuring everyone is on the same page

The alignment of all levels of management, the union, and all staff groups to partnership is a key ingredient for success. Challenges for employers in achieving this include ensuring effective communications at all levels of the organisation and scepticism from managers about the value of such work. Union challenges include overcoming members' fears that the union might be "selling out" and managing potential confusion over the changing roles of union leaders at all levels.

Overcoming these challenges requires timely communications of the joint message; acceptance that the individual interests of partners are valid and understood; and clarity on goals & joint interests.



### 4. Measuring the impact and making the case for joint work

The measurement and evaluation of Partnership outcomes is essential so that we can prove that the process works and that the change interventions we initiate are making a real difference to quality of care and the working lives of staff.

In each Partnership UNISON has taken the lead in developing and administering a robust framework utilising internationally recognised and validated tools to measure key outcomes such as the job satisfaction and mental health status of staff (see Appendix 2). Additional quality of care and organisational outcomes such as patient satisfaction and sickness absence rates are also measured.

This report summarises the development and key outcomes from a selection of the Collaborative Partnerships we have developed over the past 15 years. Core to our participation in them is the fundamental concern that joint work must be to the benefit of care standards and our members; must help to secure their jobs; and must create increased opportunities for frontline workers to have a voice in how quality care is delivered.

None of this work would have been possible without the full participation of our members, other health workers, health management at all levels, patients and clients, local communities, and dedicated health campaigners who have given freely of their time and expertise. We thank them all.

*Patricia McKeown*

**Patricia McKeown**  
Regional Secretary, UNISON





# 1. Royal Belfast Hospital for Sick Children - Better Ways of Working Partnership Project

*The Royal Belfast Hospital for Sick Children provides general hospital care for children living in Belfast, as well as providing most of the paediatric regional specialities for children throughout NI. This UNISON/Employer Partnership focused on how the work of front line health care workers can be valued and rewarded through an innovative workforce development approach that linked improved job satisfaction and worker health with improved patient satisfaction and other organisational outcomes.*

## The challenge

In September 2003 the UNISON/Royal Hospitals Partnership Forum identified growing levels of job dissatisfaction, poor worker health and a high rate of sickness absence within the Royal Children's Hospital as a priority area for action. It was agreed to set up a Partnership project for Ward Bedside Hygiene (WBH) and catering staff within the Children's Hospital to find a model of "Better Ways of Working" which could be transferable across the Royal Hospital's site.

## The solution

The Collaborative Partnership model developed by UNISON was unique in many ways with a joint Steering Group established where workers, UNISON and the employer come together as equals to address the challenges that had been identified. This process included partners acknowledging their individual and joint interests; and agreeing common aims and objectives.

**The key aim of the Partnership** was to improve the job satisfaction and health status of WBH and catering staff with a concurrent improvement in sickness absence rates and other patient and organisational outcomes.

UNISON developed a comprehensive framework to set key baselines against which the success of the project could be measured. This included the administration of staff job satisfaction and health status surveys and a series of focus groups with WBH, catering and nursing staff.

Findings included:

- that staff overall were not satisfied with key facets of their job including the work itself, their supervision, their co-workers and other key work environment factors;
- that WBH staff, part-time staff and those with dependents were the least satisfied groups;
- that poor relationships between staff groups and with management was a priority issue;
- that higher levels of sickness absence amongst particular groups was linked to lower job satisfaction and lower mental health status.



*UNISON partnership reps Geraldine McCluskey and Leanne Robinson at the Children's Hospital*

Based on these findings the Steering Group implemented change in a number of areas.

## Interventions

- ✓ Team building sessions were organised to increase understanding, empathy and a culture of respect between all staff groups and between staff and management. As a result there was increased recognition across the system that WBH and catering staff are key members of the healthcare team.
- ✓ Building works were procured to provide improved changing facilities for staff.
- ✓ Increased opportunities were provided for learning, skill development and job progression.
- ✓ To increase a sense of personal autonomy, control and involvement in decision-making, team meetings were reassessed, reshaped and prioritised as a forum for real staff participation.
- ✓ To ensure that staff could better balance work life issues, a review was undertaken of the implementation of family friendly policies.
- ✓ To address perceived issues of 'favouritism' and inconsistency in the application of policies, a review was undertaken to ensure that terms and conditions, such as carers leave and overtime, were implemented equally, equitably and with increased transparency.

## Key result: Job satisfaction and health status increased

The job satisfaction and mental health status of workers increased across a variety of work environment measures between 2004 and 2006. In addition to an increase in overall satisfaction with the job in general, work itself, supervision and co-workers, Fig 1 shows that:

- a higher proportion of workers were satisfied on key work environment factors such as (i) their general terms and conditions (up from 35% to 63% satisfied, and (ii) how these terms and conditions were being implemented (up from 25% to 44% satisfied).
- Particular improvements in satisfaction were evident for WBH staff who had the lowest baseline satisfaction scores in 2004. For example, Fig. 2 shows that the proportion of WBH staff satisfied with their general terms and conditions increased from 30% to 60%.
- Crucially, increased job satisfaction was linked to both increased mental health status and lower sickness absence rates. Fig. 3 shows that staff not satisfied with their job in general in 2006 had much lower average mental health status scores out of 100 (M=36.0) than those who were satisfied (M=49.4).

## Key result: Sickness absence rates decreased and improvements were noted on other service quality measures

A more positive working environment and better working relationships was linked to direct improvements in sickness absence levels and other indirect gains across the site. For example:

- The 3 year trend chart for Patient & Environmental Services (Fig. 4) shows continued improvement in sickness absence from over 16% in December 2004 to below the 8% target rate from June 2007.
- 2005 and 2006 Picker inpatient satisfaction surveys showed positive results for cleaning and catering services compared to previous years and other Trusts.
- Other positive organisational outcomes during the project period included a 30% reduction in patient complaints to Patient & Environmental Services and a marked improvement in Departmental commissioned independent environmental cleanliness audits.

## Key result: Increased participation & union building

- As a result of the Partnership a platform was created for workers to participate more meaningfully in decisions affecting their jobs and working lives. It can be inferred from the results that this improved participation had a positive impact on service quality.
- Education and training was increasingly available to facilitate job progression.
- Selection & recruitment processes were changed to capture the right workers for the job.
- Staff were also more involved in the redesign of services and work-life balance issues.
- Union-building took place in a climate that better promotes respect, participation and equality and UNISON membership grew significantly as a result.
- New leaders were developed, both by the union and the employer.

Fig 1 - % of all respondents satisfied with aspects of work environment

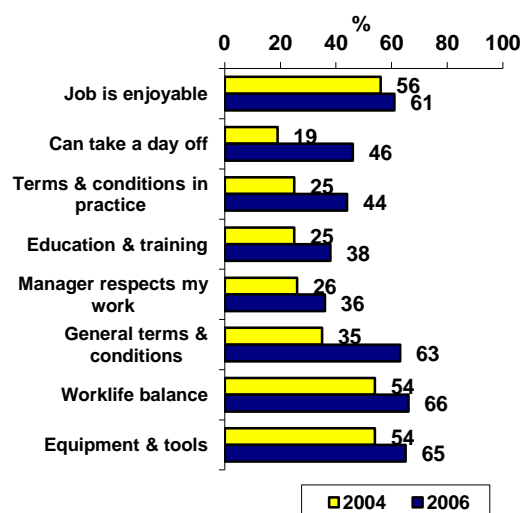


Fig 2 - % of WBH staff satisfied with aspects of the work environment

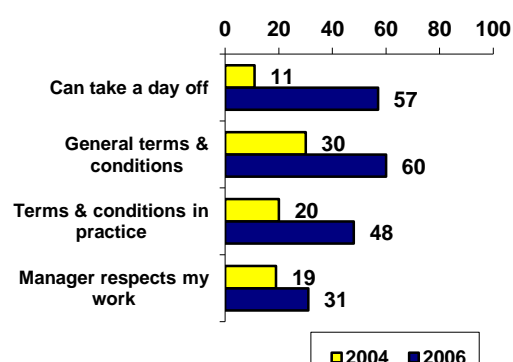
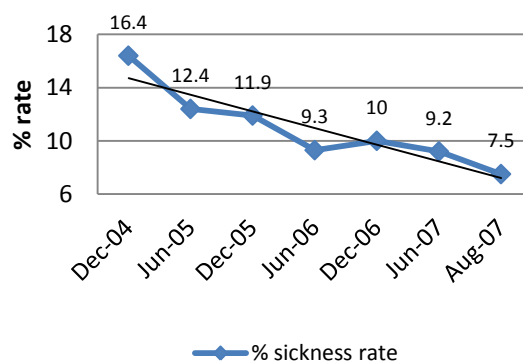


Fig 3 - % Mean 2006 mental health status scores of staff either satisfied or not satisfied with their job in general - measured by the SF-12 health scale (0=Low; 49.4=UK norm; 100=high)



Fig 4: P&C Support Services 3yr rolling sickness trend chart - Dec 04 to Aug 07



## 2.NI Care Homes Partnership – Together We Can

*Inspired by the work of the 1199SEIU New York Quality Care Committee, this project was launched by UNISON and the legacy North and West Belfast Trust in January 2007 with the participation of three care homes from the statutory, voluntary and private sectors. Focusing on patient-centred care and improving the satisfaction of residents, family members and staff, the project achieved real measurable results and underscored the capacity of collaborative partnership working to make real, sustainable change in the care home sector.*

### The challenge

Advances in technology and the treatment of a range of conditions means that many people are living longer, healthier lives and are able to manage independently for longer. This is to be celebrated. UNISON has long advocated real investment and development in homecare. However, there will always be the need for collective residential care for some. This is currently a highly contested area. The health and social care system in NI is facing increasing demands with many care homes struggling to meet people's needs. Delivering 'person-centred' care also requires that older people are treated as individuals, empowered to make choices about their own care. This project sought to implement a model of Collaborative Partnership where UNISON, workers and employers would work together to meet these challenges.

### The solution

The NI Care Home Partnership was initiated by UNISON with the support of the North & West Belfast Trust. Three care homes from the statutory, voluntary and private sectors participated - Grovetree House Elderly Persons Home (now a casualty of the cuts), Clifton Voluntary Nursing Home and Loughview Private Nursing Home.

**The key aim of the Partnership** was to improve quality of care in each facility through organisational change based on the principles of "person centred care" and collaborative partnership working.

Our partnership model included the establishment of an overarching Steering Group and individual Work teams in each facility. On all these structures, workers, UNISON and the employers took joint decisions on an agreed set of interests and objectives. In consultation with residents and their families each home decided to focus their change efforts on improving the resident experience of food, laundry and activities provision – three fundamental components of person centred care.

A comprehensive framework was designed and administered by UNISON to set key baselines against which the success of the project could be measured and evaluated.



In addition to measuring the satisfaction of residents, families and staff with food, laundry and activities, information was also collected on residents' nutritional status and other quality measures such as number of falls. In recognition that organisations with a healthy and satisfied staff will be more efficient and effective, tackling work factors linked to ill health and job dissatisfaction were also key objectives.

Despite high levels of satisfaction across key facility factors and services such as the physical environment; the provision of quality care; and their relationships with management and other staff, the 2007 baseline survey identified that residents, staff and family members had a number of common concerns. For example,

- a significant number were not satisfied with the food service, laundry service and activities; and
- a significant number were concerned over the ability of residents to exercise choice.

Despite high levels of overall job satisfaction many staff were also dissatisfied with their working conditions, work-life balance and their involvement in decision-making processes.

### Interventions within each home included:

- changing the main meal of the day from lunchtime to dinner time to facilitate increased afternoon activity and a more restful night's sleep;
- introducing greater food choice and variety;
- introducing new and improved equipment;
- increased staffing levels;
- increasing participation at residents' meetings;
- introducing new laundry systems and labelling;
- organising team-building workshops and gerontology training facilitated by UNISON;
- improving communications systems;
- increasing staff participation at team meetings and in decision-making processes.



## Key result: The resident experience of key facility services was improved.

Across the three facilities, the proportion of residents satisfied with key organisational factors rose markedly between 2007 and 2008. For example, Fig 5 shows that:

- the proportion satisfied with the laundry service increased from 64% of residents to 83% of resident;
- the proportion satisfied with activities provision increased from 41% to 59%;
- the proportion satisfied with the food service overall increased from 77% to 96%, with very high and increasing proportions stating that they received the right amount of fresh food served on time (up from 80% to 100% satisfied), and that staff kept a close eye on their intake (up from 64% to 84% satisfied).
- A priority of the project - affording residents greater choice and control over the decisions affecting their lives - was also reflected in the decreased proportion of residents stating that they felt powerless to change the food served (down from 34% to 17% of residents). An increased 63% of residents also stated they had the capacity to refuse food they did not like (up from 36% in 2007).

It was also clear from qualitative interviews with staff and family members that interventions such as changing the main meal of the day to the early evening had a dramatic impact on the functional status of residents during the afternoon with increased numbers participating in activities at this time.

## Key results: Staff job satisfaction and mental health status increased

- In addition to an increase in overall satisfaction with the job in general, work itself, supervision and co-workers, Fig 6 shows that a higher proportion of staff were also satisfied across factors such as the facility as a place to work (up from 74% to 90% of staff satisfied); meals (up from 46% to 81% satisfied); laundry (up from 52% to 81% satisfied); activities (up from 48% to 69% satisfied); and management (up from 69% to 90% satisfied).
- Crucially, increases in job satisfaction was linked to both increased mental health status and lower sickness absence rates. Fig. 7 shows that staff not satisfied with their job in general in 2008 had much lower average mental health scores out of 100 (M=33.4) than those who were satisfied (M=51.6)

## Key results: Sickness absence improved. Staff turnover reduced. The functional status of residents increased.

- Increases in job satisfaction and mental health status was linked to lower sickness absence levels. For example, staff absent for 10 days or less during the period of the project had markedly higher job satisfaction scores and mental health scores than those absent for 11 days or more.
- Staff turnover across the three homes dropped by 38% from 21 staff in 2006/07 to 13 staff in 2007/08.
- There was also a downward trend in the number of general incidents and falls across the three homes surveyed – supporting the relationship between improved food service satisfaction and improved clinical outcomes such as functional status.

Fig 5 - % of resident respondents satisfied with key organisational factors in 2007 and 2008

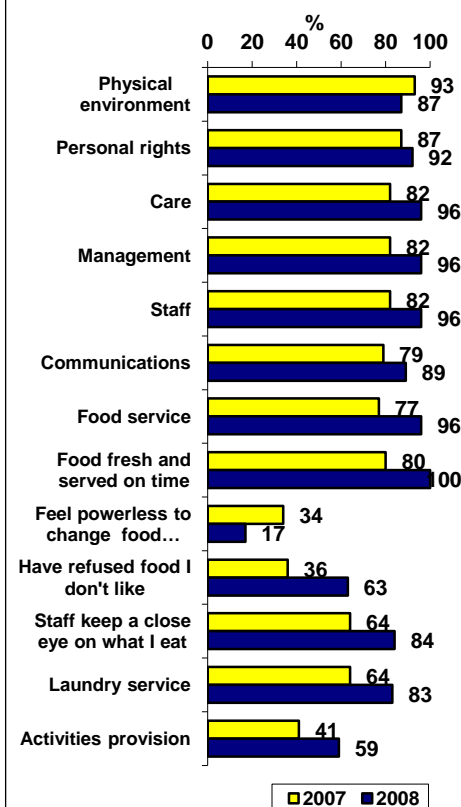


Fig 6 - % of all staff respondents satisfied on key organisational factors in 2007 and 2008

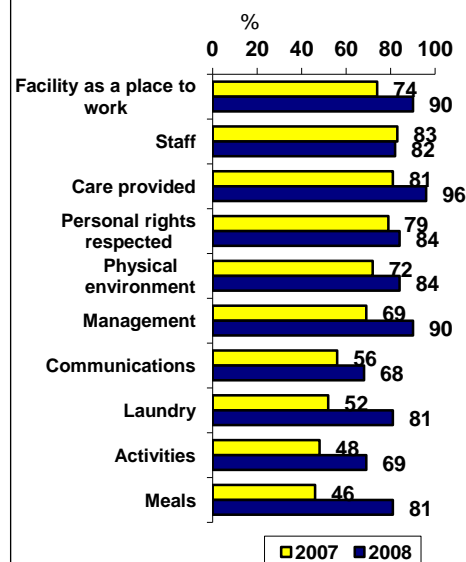
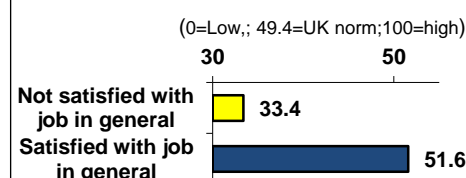


Fig 7 - % Mean mental health status scores of staff either satisfied or not satisfied with their job in general - measured by the SF-12 health scale





### 3. The Belfast HSC Trust Cleanliness and Infection Control Partnership

*The Belfast HSC Trust Cleanliness and Infection Control Partnership was a unique model that extended across four wards in the Royal and Belfast City Hospitals. The two project strands raised awareness of Healthcare Associated Infections (HAIs) amongst patients, visitors and staff; improved practice across occupational groups; and provided compelling evidence that enhanced cleaning resources can have real impact on cleanliness, tackling HAIs and improving service provision.*

#### The challenge

Service pressures such as excessive staff workload and unacceptably high rates of bed occupancy have contributed to the spread of MRSA and other HAIs in hospitals throughout the UK. This project sought to implement a model of Collaborative Partnership to improve hospital cleanliness and contribute to the fight against HAIs.

#### The solution

Initiated by UNISON this innovative Collaborative Partnership project with the Belfast HSC Trust linked improving the job satisfaction of staff to more effective action to challenge HAIs. Extending across four wards in the Royal and Belfast City Hospitals the Project had two complementary strands.

**Strand 1** sought to challenge HAIs by improving awareness, procedures and practice amongst all staff groups. Key to this objective was giving cleaners, porters, catering staff, doctors, nurses and all other front-line workers more say in the job that they do; ensuring that they are treated with respect, and that all are recognised as key members of the healthcare team; and that attention is paid to their job satisfaction and working environment.

A joint Steering Group was established where workers, UNISON and the employer come together as equals to address the challenges that had been identified. This process included partners acknowledging their individual and joint interests; and agreeing common aims and objectives.

UNISON developed and implemented a comprehensive measurement framework to set key baselines against which the success of the project could be evaluated. This included administering staff job satisfaction, health status and HAI awareness and practice surveys; as well as facilitating a series of focus groups. Two multi-disciplinary workshops were also organised at the RVH and BCH with over 60 participants. Uniquely, this partnership approach was inclusive of all clinical professions, staff groups, management and unions.



*Dr Cathy Jack, Deputy Medical Director; Dr Sara Hedderwick, Steven Caskey and UNISON members, Dominic Murray and Denise Donnelly at a multi-disciplinary workshop in the RVH.*

Key issues arising from the survey and workshops included the need for:

- standardised HAI practices and policies across staff groups and areas;
- improved team working across staff groups;
- improved communications and training;
- increased domestic services staff;
- the empowerment of all workers to be able to challenge other staff groups, patients and the public on following good HAI practice.

Participants acknowledged that everyone on the ward has a unique and important contribution to make if this issue is to be dealt with effectively.

A **Strand 2** initiative was simultaneously developed with NI Department of Health funding to explore the effect of enhanced cleaning resources on cleanliness and infection prevention and control across the four wards.

The methodology drew heavily on earlier research by Stephanie Dancer and others in Scotland which showed that enhanced cleaning had a measurable effect on the clinical environment, with apparent benefits regarding MRSA infection.

An enhanced cleaning schedule was introduced at both sites, targeting the cleaning of hand-touch surfaces, particularly those near to patients. Selected hand-touch sites were screened weekly (using dipslides) for microbiological analysis for overall aerobic colony counts.

**Strand 1 results: The Partnership had an impact on improving staff morale, workplace relationships and respect. Cleanliness and HAI awareness and good practice was also improved among staff, patients and visitors.**

The timetable for Strand 1 of the project had to be extended as a result of increasing pressure on the healthcare system overall. This resulted in delays in implementing the Strand 2 enhanced cleaning schedule and the work needed to demonstrate its effectiveness.

This project became a classic example of how innovative partnership work, designed for improved outcomes, can be pushed down the list of priorities as pressures on the healthcare system increase. Consequently, UNISON undertook a qualitative analysis of the impact of Strand 1 on staff through a series of focus groups, group discussions and interviews. These centred on the extensive change of interventions implemented by Work teams across the four wards.

From this analysis it was clear that the project had made a real difference in improving morale, workplace relationships, respect, as well as raising the awareness and practice of staff, patients and visitors with regard to HAIs.

**Qualitative results indicate that:**

- The inclusion of cleaning and catering staff in ward meetings increased the respect afforded these roles by other staff groups. At meetings HAI issues were discussed and remedial actions agreed on a multi-disciplinary basis.
- Interventions such as the enhanced 'Strand 2' cleaning schedules; the installation of new low-level sluices; revised arrangements for the use of bedpan washers; and the replacement of fabric bed curtains with disposable curtains were instrumental in raising HAI and cleanliness awareness and practice.
- The design, by multi-disciplinary ward teams, of 'HAI and cleanliness awareness' posters raised the profile of the issue amongst staff, patients and visitors; improved relationships between staff participating on design teams; and further raised the profile of support services staff as key members of the wider ward and healthcare team.
- The visit of RVH and BCH ward team members to Galway University Hospital led to the sharing of best practice on HAI related issues between sites.

*"I think the most useful thing was to meet staff members from other disciplines (especially porters and domestics) that we don't normally sit down with" – Prof Patrick Bell, speaking at multi-disciplinary workshop.*

**Strand 2 results: Enhanced cleaning resources was associated with a decrease in bacterial levels. New cleaning posts were subsequently agreed at Belfast City Hospital.**

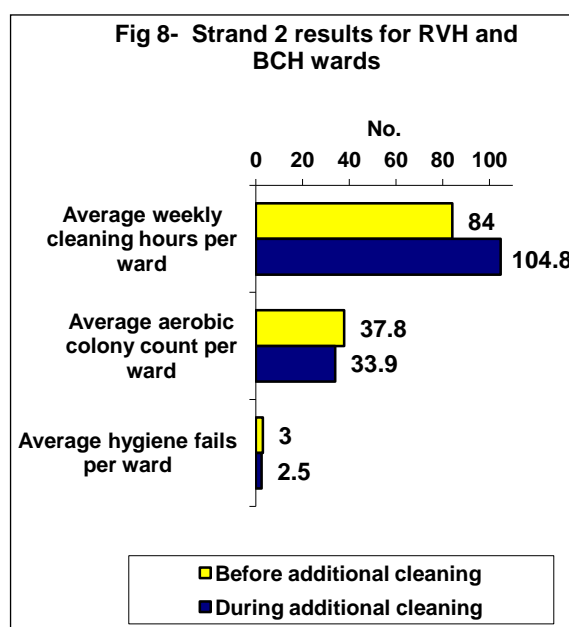
An increase in ward cleaning staff (targeting hand-touch surfaces) was associated with a decrease in bacterial levels. This is consistent with the results of Dr Dancer's earlier Scottish study. In RVH wards bacterial levels rose again when the increased staffing input was withdrawn. Fig 8 shows that:

- excluding toilet handles, bacterial levels fell during the intervention period – the aerobic colony counts fell by 10.3%;
- targeted additional cleaning (an additional 20.8 hours per week) was associated with an approximate 15–20% reduction in "hygiene fails".

The project has drawn further attention to the importance of providing appropriate ward cleaning staff levels, and appropriate targeting of cleaning schedules.

**Bargaining:** The success of the project informed formal negotiations between management and UNISON on agreed service needs and staffing levels and contributed to a significant number of new cleaning posts in the Belfast City Hospital in mid-2012.

**Union building:** The partnership resulted in high levels of unionisation of the affected workers and increased participation in union education and training programmes. New union leaders were also developed.



## 4.RJMS Health & Wellbeing Partnership

*The Royal Jubilee Maternity Service (RJMS) is one of four linked hospitals that makes up the Belfast HSC Trust. RJMS delivers over 5000 babies each year, providing maternity services to the population of Belfast. The RJMS Health and Wellbeing Project is a further important example of how trade unions and employers can work together in partnership to support high quality public services and improve quality and equality outcomes in health care delivery for service users, staff and the wider community.*

### The challenge

UNISON and the Belfast HSC Trust/Royal Jubilee Maternity Service (RJMS) were jointly committed to improving service delivery and staff job satisfaction, health and well-being in the context of growing service pressures and perceived low morale across all staff groups.

### The solution

A Collaborative Partnership was developed by UNISON and the Trust to address these challenges.

**The key aim of the Partnership** was to improve the job satisfaction, health and wellbeing of a wide range of staff groups in the RJMS.

A joint Steering Group was established where workers, UNISON, the employer, and other unions came together as equals. This process included partners acknowledging their individual and joint interests; and agreeing common aims and objectives.

To establish key baselines against which the success of the project could be measured, UNISON administered a job satisfaction and health status survey of Ward Bedside Hygiene (WBH) staff, catering staff, clerical/admin staff, medical secretaries, midwives and nursing auxiliaries. This was followed by a series of UNISON facilitated focus groups. Workers on all shifts participated.

Baseline results revealed that despite high levels of overall satisfaction a marked proportion from all groups were dissatisfied on key work factors. WBH staff were the least satisfied group overall.

To address these issues a series of interventions were implemented:

- to improve workplace relationships & respect;
- to promote teamwork & better communications;
- to enhance the sense of personal control workers have over their jobs
- to enhance perceived fairness in the applications of policies and procedures;
- to improve the physical working environment;
- to address educational and skills deficits and increase opportunities for job progression.



*UNISON members Claire Sullivan, Josephine Devine, and Colette Masterson at the new redeveloped RJMS entrance*

### Interventions

- ✓ Staff information sessions were organised on the application of policies such as carers leave.
- ✓ Multi-disciplinary staff teams developed materials highlighting the contribution that *all* staff groups make to the healthcare team.
- ✓ Meetings of union stewards and supervisors took place on a more regular basis to ensure the early resolution of potential problems.
- ✓ Information sessions were organised with a welfare rights advisor.
- ✓ More regular team meetings took place with increased opportunity for staff to participate and influence decision making.
- ✓ We helped to fast-track the redevelopment of the RJMH front-entrance. A new cleaning schedule was also introduced for the front entrance toilets.
- ✓ To increase health & well-being awareness, we publicised and participated in two Health Fairs.
- ✓ We identified education and job progression opportunities; and potential training to help staff deal with potential conflict with service users.
- ✓ To support nursing auxiliaries and midwives, an Early Pregnancy Unit was created alongside the introduction of a new Maternity Support Worker role, new role responsibilities and new management processes.
- ✓ Additional management resources were allocated to support admin and clerical staff
- ✓ To support WBH and catering staff there was an increased focus on communications & improving relationships between staff and supervisors.



### Key result: Job satisfaction increased

Results for the entire staff group indicate that the interventions initiated between 2010 and 2012 had a positive impact on maintaining, and in specific areas improving workplace relationships, team working, staff participation and other key work environment factors linked to job satisfaction and prioritised for action by the RJMS project. This is a very positive outcome, particularly in the context of continuing service pressures that resulted from ongoing refurbishment work, service changes, as well as a major critical incident during the period of the project. For example, Fig 9 shows that between 2010 and 2012:

- the proportion of all staff satisfied that their job is good rose from 79% to 90%;
- the proportion satisfied that their manager respects their job increased from 58% to 68%;
- the proportion satisfied that they feel a respected healthcare team member rose from 54% to 60%;
- the proportion satisfied with their terms & conditions and how these are implemented rose from 53% to 61% and from 48% to 56% respectively;
- the proportion satisfied with their opportunities for education and training increased from 47% to 60%;
- the proportion satisfied with their involvement in decisions rose from 42% to 49%;
- the proportion satisfied that team meetings are useful rose from 34% to 46%.

Results indicated that WBH evening staff were much more satisfied in 2012 with the proportion agreeing that their job in general is good rising from 50% to 90%. This was the group that had been particularly targeted for improvement following low satisfaction scores in 2010.

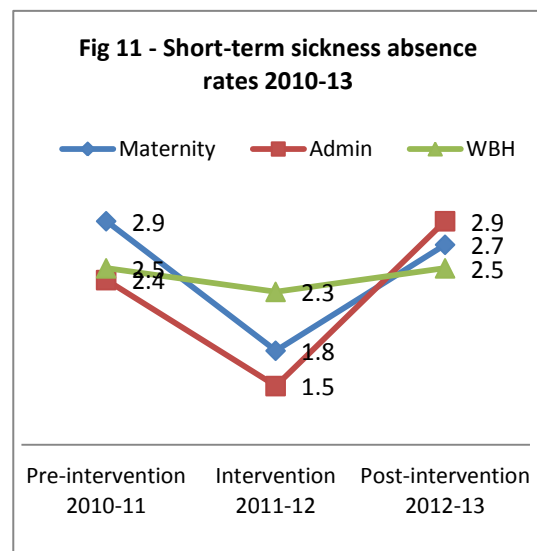
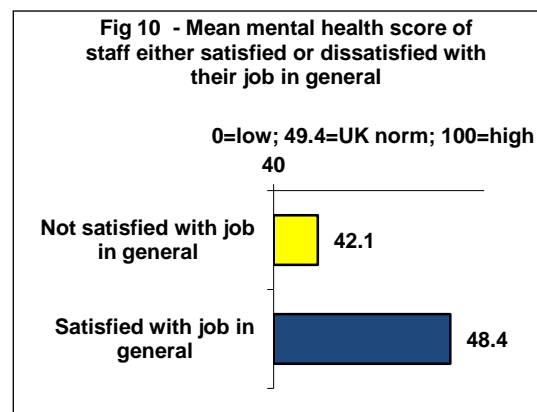
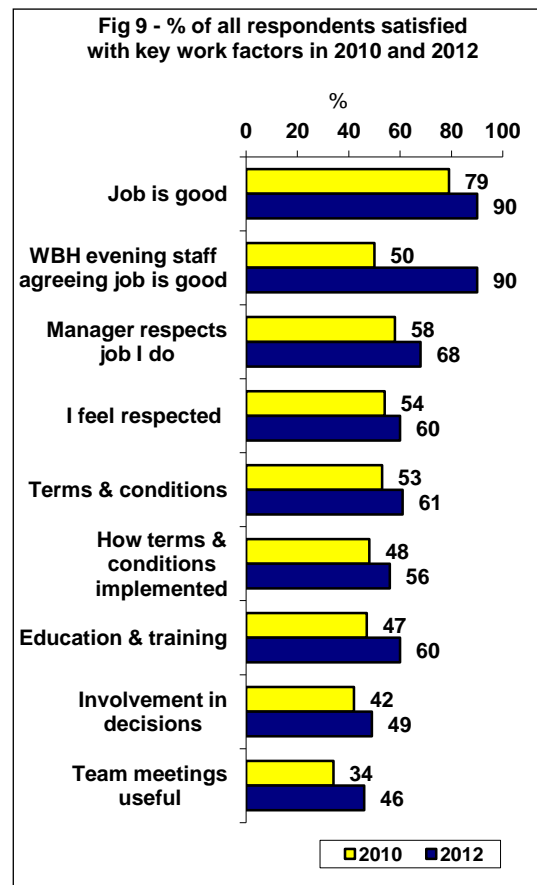
### Key result: Mental health status levels improved and were linked to job satisfaction

The results reaffirm the link between job satisfaction and mental health status with dissatisfied staff within the RJMS much more likely to be at risk of poor mental health. Fig 10 shows that staff not satisfied with their job in general had a markedly lower mean mental health score (M=42.1) than those who were satisfied (M=48.4).

### Key result: Sickness absence decreased

Fig 11 shows that during the period of the project there was a measureable improvement in the short-term sickness absence levels of maternity, clerical/admin staff and WBH staff. The subsequent rise in rates at the end of an intensive project demonstrates the importance of mainstreaming this work, making it sustainable and viewing it as core business rather than a one off project.

**Union-building:** The Partnership resulted in high levels of unionisation of the affected workers and increased participation in union education and training programmes. New union leaders were developed.



## 5. West Belfast & Greater Shankill Health Employment Partnership

*The first initiative of its kind, the West Belfast and Greater Shankill Health Employment Partnership was initiated by UNISON, local community based organisations, and the former Royal Hospital, Mater Hospital, and North & West Belfast Health and Social Services Trusts. It is a practical example of partnership working to changing the patterns of the past on the basis of objective need. In the course of this ground-breaking project we challenged health inequality alongside social and economic deprivation.*

### The challenge

To demonstrate that a major public service could fulfill its obligations on promoting equality of opportunity and develop its core objectives on tackling health inequalities by working in a unique and challenging partnership project that is different from decades of failed initiatives.

### The solution

We created a unique Partnership between UNISON; the former Royal Hospitals, Mater Hospital and North & West Belfast Health and Social Services Trusts (later the Belfast HSC Trust); the Greater Shankill and West Belfast Community Partnerships; alongside the Employment Services Board, Job Assist centres in West Belfast and Greater Shankill and the Employers' Forum. We secured total cross-party support for the project with funding from the Department of Health.

The Partnership aimed to create access to jobs for the long-term unemployed and economically inactive in the West Belfast and Greater Shankill areas of severe social and economic deprivation, by addressing issues of long-term unemployment in the communities and poor job progression in the health system.

These issues were addressed by 2 key strands of the Partnership initiative:

- **Pre-employment** - Working with primarily long-term unemployed people and women returns this strand enabled potential candidates to train in health relates areas such as infection control, food hygiene and first aid, and established a programme of mentoring and support through the Job Assist Centres.
- **Job Progression** - Developing job progression opportunities within the three Trusts, this strand created innovative career pathways for staff into non-traditional areas, thus creating vacancies which could be accessed by the pre-employment strand.

In 2009, the initiative won the UK Healthcare People Management Association (HMPA) award for Excellence in Partnership Working.



*Project participants*

The Partnership was the only project from NI to be shortlisted for the final award and the judges praised it as truly ambitious and one which linked community with business at a fundamental level.

*"This partnership with the trade union UNISON has made a substantial contribution towards regeneration by tackling long-term unemployment and poor job progression...The ambition to tackle a root cause of social deprivation was greatly admired by the judges".*

**Citation from judges of HMPA award for Excellence in Partnership Working**

In November 2010, the partners launched the results of an independent evaluation of the project undertaken by Pat Brand, formerly of the King's Fund.

The evaluation concluded that the Programme has been uniquely impressive and value-for-money and that: *"The excellent results would not have been achieved in the absence of partnership working."*



*The Partners – Stormont, 2010*

## Key results (as at 2010)

The Partnership has helped unemployed people to skill up so that they can get hospital jobs. It has also provided training for lower-paid hospital workers so that they can move up the ladder through career progression, thereby creating vacancies for those coming behind to secure a job.

The results are an overwhelming “good news” story for many participants, their families and communities, the health service, and for effective use of public monies.

### Pre-employment

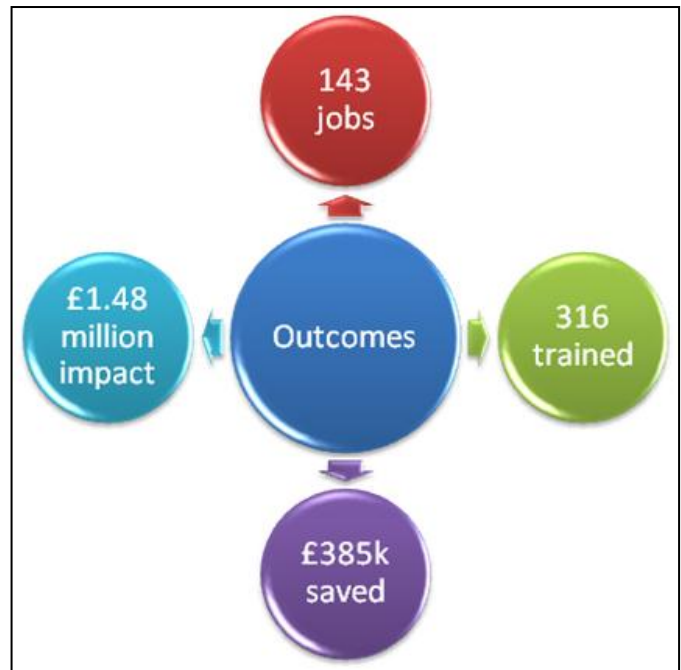
- **143 long-term unemployed and women returners** secured permanent jobs with the Belfast Trust. The retention rate is in the high 90s.

### Job progression

- **316 lower-paid staff** in the Trust have received additional training to help them develop their careers, and a high number obtained promotion in the first year.
- Domestic and catering assistants progressed to supervisor roles.
- Domestic progressed to health records assistants and catering assistants progressed to cooks.
- More than 50% of staff have accessed accredited learning and development opportunities through the Partnership including:
  - Essential Skills (Literacy and Numeracy)
  - Computer related training (ECDL, CLAIT, Introduction to IT);
  - ILM Level 2 & Level 3 Programme in Leadership
  - NVQ in Catering
  - Access Certificate in Foundation Studies
- The Partnership also developed new ways of working within recruitment and piloted a recruitment exercise to ring fence a percentage of posts for the long term unemployed.

### Social, economic and health benefits

- **£385,000 saved each year** – the estimated Government saving on benefits such as Job Seekers Allowance, Income Support, and Incapacity Benefit.
- **Up to £1.48 million impact each year** – the added economic impact on the local economy in West Belfast and Greater Shankill.



The work has yet to be undertaken on the medium to long term health benefits of this initiative but it is clear from evidence elsewhere that having decent employment is crucial to health, wellbeing and tackling health inequalities.

Every political party and all Ministers in the Executive lauded this project. However, since the evaluation launch all have failed to date to produce the small amount of money across three Government Departments - Health, Social Development, and Employment & Learning – required to enable us to roll this superb project out across the whole city of Belfast and develop it as a transferable model for the rest of NI.

UNISON and our partners are determined to secure the necessary funding to move to the next phase of this project.

*“This project is an excellent example of partnership working. Existing staff have enjoyed career progression and access to learning and development opportunities which previously may have been unavailable.”*

*Initiatives such as this can only benefit service provision by widening access to employment and offering development opportunities to those who directly provide that service.”*

**Michael McGimpsey, Health Minister**



## 6. Western Area Care Homes Partnership

*Building on the success of the 2008 NI Care Homes Project, this ongoing Partnership with the Western HSC Trust; Age NI and Four Seasons is focused on providing care in a way that empowers residents and enables older people to “thrive” in the context of person-centred care and the protection of their human rights. It is also about improving the working lives of our members through actions that have a positive impact on their job satisfaction.*

### The challenge

This Partnership is focused on meeting the challenges facing the care home sector in NI (see page 7) by developing the ‘NI Care Homes Project’ Collaborative Partnership model with statutory, private and voluntary sector care home providers in the Western HSC Trust area.

### The solution

The Western Area Care Home Partnership was initiated by UNISON with the support of the Western HSC Trust. Three care homes from the statutory, voluntary and private sectors are participating – the County Care Home, Enniskillen; Meadowbank Residential Home, Omagh and Seymore Gardens Residential Home, Derry.

**Key aim:** By intervening on key issues that have a direct impact on the quality of life and dignity of residents this UNISON initiated Collaborative Partnership project is seeking to ensure that care is provided in a way that empowers residents and enables older people to “thrive” in the context of person-centred care and the protection of their human rights.

Our partnership model on this project has included the establishment of an overarching Steering Group and individual Work teams in each facility. On all these structures workers, UNISON and the employers are taking joint decisions on an agreed set of interests and objectives. In consultation with residents and their families each home has decided to focus their change efforts on:

- improving overall quality of care;
- improving the residents’ experience of activities;
- improving the treatment of the residents’ personal possessions – including laundry.

As with all UNISON led projects, it is also about improving the working lives of our members through actions that have a positive impact on their job satisfaction and health status.

A comprehensive measurement framework was designed and administered by UNISON to set key baselines against which the success of the project could be evaluated.



*Resident and staff enjoy the new redeveloped garden at Seymore Gardens Residential Home*

Staff and family members have been surveyed to identify their satisfaction on issues such as the care provided, the home environment and whether the dignity and privacy of residents is respected. The project is also measuring success against international human rights, RQIA and Departmental standards.

Action plans have been developed and UNISON is currently facilitating Workteam meetings of staff within each home environment. Some current interventions have included:

### Seymore Gardens Residential Home

- Residents and staff have worked together to redevelop the outdoor garden. This was officially ‘opened’ at an event in August 2015.
- Resident are increasingly using memory boxes.
- A new activities programme is being rolled out.
- Staff training has been provided on Trust policies and discussions are ongoing about how to best integrate support staff into team meetings.

### The County Care Home

- The activities programme has been expanded; a Newsletter has been developed and these have been showcased to the other homes participating in the Partnership.
- Staff meetings are now taking place regularly.

### Meadowbank Residential Home

- There has been increased participation in activities within the home including new art, music, cooking and film courses.
- Resident are increasingly using memory boxes
- New laundry equipment is being provided, staff now have personal lockers and regular team meetings are taking place.

# Snapshot of other ongoing projects

## 7. UNISON / Southern HSC Trust Laundry Partnership

### The challenge

In March 2012, UNISON concluded an agreement (without competitive tendering) for the ongoing provision of services from the Craigavon laundry to Belfast Trust. This agreement protected our members from privatisation and job loss by ensuring they kept the Belfast Trust contract and sustains overall service delivery for at least the next 5 years. Our mission remains to ensure that the work is retained in-house.

### The solution

In 2013 the UNISON-led Southern HSC Trust Laundry project was developed to ensure the ongoing long-term efficiency and effectiveness of the service as well as trying to make the Craigavon Area Hospital laundry a better place to work for our members.

**Key aim:** The specific aims of the project are:

- to improve service delivery;
- to enhance the working lives of staff in the laundry;
- to demonstrate the added value of highly trained and satisfied laundry workers to improve staff health and organisational effectiveness within the Southern Trust.

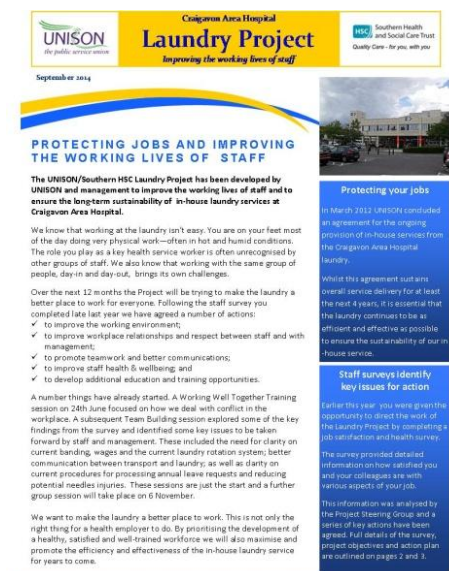
Our Partnership model for this project has included the establishment of a joint Steering Group including UNISON, workers and the employer taking joint decisions on an agreed set of interests and objectives.

UNISON has developed a comprehensive measurement framework and at the end of 2013 staff completed a detailed job satisfaction and health survey. An action plan was subsequently agreed:

- to improve the working environment;
- to improve workplace relationships and respect between staff and with management;
- to promote teamwork and better communications;
- to improve staff health & wellbeing; and
- to develop additional education and training opportunities.

A number of training and team building sessions have taken place focusing on resolving some of the key work issues causing problems for staff and the employer.

Staff also participated in information sessions on the impact of welfare reform measures such as changes to Working Families Tax Credit.



Staff newsletter

This ongoing project is demonstrating that prioritising the development of a healthy, satisfied and well-trained workforce also promotes the efficiency and effectiveness of the in-house laundry service.

In the course of this partnership, as with others, we have faced difficult challenges in workplace relationships. This is demonstrating the value of such project work in reworking relationships, not only between union and management and staff and management, but also between peer groups of workers.

This project will be evaluated during 2016.

## 8. UNISON / HSC Trust Homecare Partnerships

### The challenge

Standards of homecare provision are at risk due to political decisions to outsource the majority of homecare. At present there are just over 5000 homehelps/homecare workers now employed in the NHS and more than 12000 employed in the private sector. The problems besetting delivery of homecare in England have recently been highlighted by the Quality Care Commission report.

In NI, UNISON has given comprehensive evidence to the current Departmental homecare review of the deteriorating situation in the delivery of private sector homecare for clients and care givers alike.

This series of projects concentrate on in-house provision in difficult circumstances. They are interlinked with formal union-employer negotiations on the procurement process for homecare and the standards of service delivery and training being developed in conjunction with other agencies.

### The solution

UNISON's homecare projects with the South Eastern HSCT, Northern HSCT and Belfast HSCT are about supporting and promoting the in-house service, and ensuring that our members are highly trained, motivated and respected.

We are working with managers who take pride in statutory homecare services and share our belief that well trained and motivated directly employed staff can respond to the needs of users in a more flexible way and can ensure effective co-ordination of resources across the public services.

This partnership approach creates increased opportunities for frontline workers to have a voice in how quality care is delivered.



*Launch of SE Trust Homecare project in 2010*

These partnerships are continually hampered by political decisions and by service responses to an increasing budget deficit.

As with all our partnership work, these projects have been underpinned by a comprehensive measurement framework. Steering Groups within each project were created that include UNISON, workers and the employer.

In the South-Eastern and Northern Trusts UNISON facilitated extensive survey and focus group research with hundreds of workers to determine satisfaction with current services and their working environment. Four client focus groups were also held in the SE Trust.

This research has shown that whilst the vast

majority of homecare workers were satisfied with the jobs that they do and the services provided for clients, a number of key work-related issues are having a negative impact on their morale and motivation as well as the perceived quality of care they are able to provide for clients.

Some specific interventions and results are detailed on the following page.





## Results: South-Eastern HSC Trust

The 1<sup>st</sup> phase of this Partnership came to an end in 2013 following a series of successful initiatives. For example

- Staff moved from casual contracts to contracted hours.
- Team meetings took place more regularly and with increased staff participation.
- There was increased care worker participation on client care reviews. This improved the service to clients and enhanced the role respect accorded to the workforce.
- Best practice on issues such as team meetings, communications and e-rostering was shared across localities.
- There was increased awareness of RQIA training requirements as well as the use of staff health and wellbeing services.
- A quarterly staff newsletter and an annual report for service users are now produced to ensure they are kept up to date with service developments
- Outcome survey work in 2013 also indicated
  - that 86% of staff remained satisfied with the Trust as a place to work;
  - that an increased proportion thought that that services are reliable (93%) and that clients are treated with respect (97%).
- However low morale remained a key issue of concern.

## Results: Northern HSC Trust

The 1<sup>st</sup> phase of our homecare project with the Northern Trust came to an end in 2013 following a series of successful initiatives. For example:

- Staff moved from casual contracts to contracted hours.
- Team meetings were taking place more regularly and with the increased participation of staff in decisions.
- There is increased staff participation in client care reviews.

However, as with similar projects in other Trusts we now need to revisit this project as the results of the homecare review in NI become available.

## Results: Belfast HSC Trust

The initial focus of our homecare project with the Belfast Trust was focused on agreeing a contracted hours agreement for domiciliary care staff. This was successfully implemented in 2014.

Work is currently ongoing to produce a development plan for the in-house service, including a career framework.



## 9. Ulster Hospital Support Services Partnership

### The challenge

This UNISON initiated project at the Ulster Hospital is focused on demonstrating the added value of a highly trained, motivated, respected and satisfied domestic and catering workforce to improved staff health, patient outcomes and organisational effectiveness within the South Eastern HSC Trust.

### The solution

Our Collaborative Partnership model for this project involves a joint Steering Group that includes workers, UNISON and the employer who come together as equals to address the challenges that have been identified. This process has included partners acknowledging their individual and joint interests; and agreeing common aims, objectives' and a comprehensive measurement framework.

120 staff surveys were administered by UNISON in 2013 and a detailed action plan was developed with a series of measures:

- to improve workplace relationships and respect;
- to promote teamwork and better communications;
- to enhance work life balance; improve the working environment;
- to increase opportunities for learning & skills development and job progression; as well as actions to improve the health and wellbeing of staff.

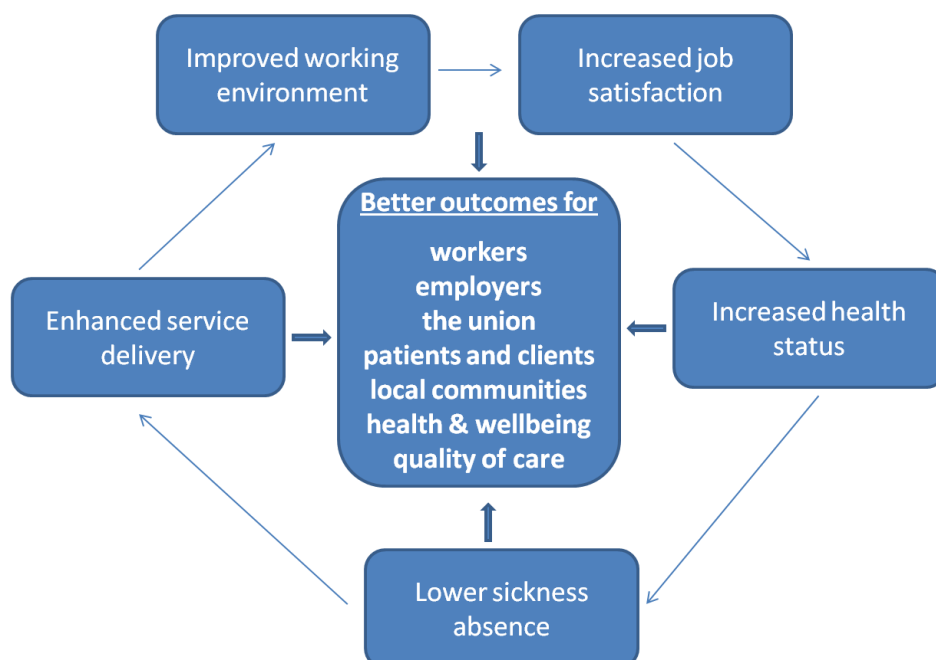


To date key interventions have included:

- information sessions for support services staff focusing on the content and application of Trust HR policies such as annual leave, carers leave and parental leave; sickness absence policies and overtime;
- a review of communication protocols and the effectiveness of team meetings

The project is due for evaluation in 2016.

### Benefits of Collaborative Partnership Working



# Appendix 1

## The UNISON / Royal Hospitals Support Services Partnership

In 1997 UNISON approached the Royal Hospitals Trust with an alternative to market testing which had created a strong 'conflict' model of industrial relations. As a result, the first formal partnership in the NHS was created to bring UNISON's principles on best value and best practice into being in over 1000 support services jobs in the Trust.

As a result of this partnership, there were significant achievements in tackling low pay and promoting equal pay with Royal Support workers moving to the highest hourly rates in the UK at that time. Significant work was also undertaken on reorganising job content and job boundaries, introducing new teams, establishing team leaders and developing training programmes. A key feature of the partnership programme was

the move away from temporary to permanent work.

Following a review by the Kings Fund the structure of the partnership was transformed into an overall partnership body with an increased number of projects either directly managed by it or linked to it. These included the Children's Hospital Better Ways of Working Project and West Belfast & Greater Shankill Partnership Project.

Much of our joint learning on how to develop our unique partnership model took place in this original project<sup>1</sup>. It also opened the link to our future programme of work with 1199SEIU and the League of Voluntary Hospitals in New York.

## The International Action Research Project (IARP)

The International Action Research Project (IARP) was established in 2003 by a consortium of key union and management leaders from UNISON and the Royal Hospitals in NI and from the union 1199SEIU and the League of Voluntary Hospitals in New York. Its key aim was to improve quality and equality outcomes in healthcare delivery by identifying, in a co-operative way, the joint needs and interests of patients / residents, workers, management and local communities to deliver innovative solutions and improvement.



Fostering a partnership approach between labour and management was seen as the most effective way to make such change a reality. Core to the IARP was the belief that a valued respected workforce, well-trained and involved, will produce better outcomes for patients / residents, the community and staff. It will also create opportunities for frontline workers to have a voice in how quality patient care is delivered.

In laying the foundation for the project, an international conference was convened in Belfast in July 2003 to share the experiences of joint approaches as a process to improve health outcomes and the economic viability of surrounding communities. The IARP's Spring 2005 conference in New York, "Shared Leadership: Creating the Future of Healthcare" tackled the challenges of leading jointly in a rapidly changing environment. The September 2007 IARP conference "Better Healthcare and Working Lives", held in Belfast, marked the formal conclusion of the Project by sharing

learning from completed and ongoing projects. NI, RoI and New York explored how to continue the collaborative work into other areas.

The development of the IARP was supported by the work of the North South Health Services Partnership – a UNISON initiated partnership of user/community representatives, trade union leaders, employer CEOs and senior Departmental appointees from Ireland, North and South. Between 2000 and 2009 this partnership worked together to produce detailed action plans on promoting nutrition and catering for ethnic minority groups in hospitals; providing access to employment in the health and social services for people with disabilities; and promoting the role of health and social services in reducing health inequalities through sustainable development initiatives.

<sup>1</sup>A video showcasing the successful outcomes of this massive change and change management partnership is available from UNISON.



# Appendix 2

## A report from the International Action Research Project Measurement Sub-Group on the principles and values of our approach to measurement, documentation and research

### 1.0 PRINCIPLES OF MEASUREMENT

#### 1.1 Key principles

- (a) To see how collaborative programs are making a difference in the lives of employees;
- (b) To help program/initiatives improve services measuring would provide a learning loop that feeds information back into programs/initiatives on how well they are doing by offering findings that can be used to adapt, improve, and become more effective
- (c) To be able to demonstrate that collaborative efforts are making a difference and help institutions:
  - Recruit and retain talented staff while enlisting and motivating staff.
  - Attract new participants and engage collaborators.
  - Garner support for innovative efforts.
  - Retain or increase funding.
  - Gain favourable public recognition.

#### 1.2 Why measure?

- (a) To know how well we are doing / have done / can do.
- (b) To use data to help improve our work in a timely manner
- (c) To convince our direct stakeholders (chief officers, Boards, representatives, members) that what we are doing is worthwhile, and the best
- (d) choice when there are other approaches (e.g. improvement by edict, contracting out) that are available and have been used.
- (e) To promote what we are doing to indirect stakeholders (funders, communities, local and national governments)
- (f) Develop best practices

#### 1.3 Risks/ dangers in measurement - *None of these are decisive arguments against measuring.*

- (a) 'Targetitis' - measuring what is easy to measure rather than that which has value, and distorting care by focussing on targets and performance which fail to affect the whole system need. (E.g. improved waiting times for first outpatient appointments achieved by cancelling follow up appointments.)
- (b) Measurements we understand communicating little to others and our wider constituencies
- (c) Constraining our ability to take risks or go for breakthrough (linked to fundamental feature of partnership work that there may be failures and the important thing is to learn from them)

#### 1.4 What can we measure? – potential areas of measurement

##### (a) Direct outcomes

- Improved health status
- Improved quality of care
- Growth in treatments
- Reduced health inequalities
- Improved patient satisfaction
- Worker retention and progression obtained
- A more equal and representative workforce
- Job satisfaction
- Reduced costs associated with labour relations problem (e.g. unnecessary grievances and arbitrations)
- Reduction in health and safety problems
- Reduced non-labour costs
- Increased revenue, funding and number of patients seen

- Improved public support for unions
- Improved functioning and viability of local unions
- Growth in membership and union density
- Personal growth and opportunities for union members

**(b) Indirect outcomes:**

- Working relationships and conflict reduction
- Community support for local health services
- General levels of workforce or patient satisfaction

**(c) Process improvements;**

- Reduced waiting times
- Reduction in recruitment lead times

**(d) Critical numbers;**

- budgets/spend/revenues
- subscription income/union revenues

## 1.5 A single issue can have a range of measurement dimensions - Examples

**(a) 'Growing union membership' includes**

- current membership baseline
- mapping of membership
- membership density
- current turnover in membership
- sources of new membership
- constituencies under represented

**(b) Quality of care**

- Similarly, '**quality of care**' needs to go through a similar sieve of supporting data to become a sensible measurement that makes a difference rather than just a number.

## 2.0 CRITICAL ROUTE MAP FOR A LABOUR-MANAGEMENT PARTNERSHIP

**Core message: We must sort out our interests and objectives first before going for a joint measurement framework**

- (a) The measurement framework has to derive from the acknowledged interests and agreed objectives. Otherwise we lack focus.
  - (b) There will be a common core of interests and objectives that should be assessed jointly and be jointly accountable. These must incorporate core management and union issues.
  - (c) Partners may each be measuring other issues (e.g. the steward/representative base, management capability). This is fine as long as it is described and understood.
  - (d) Some measurement will be quantitative, some qualitative, some both. We try to manage a good balance between quantitative and qualitative measurement tools in the context of a participative action learning process.
  - (e) The basic measurement framework should be adaptable and able to react to joint learning.
  - (f) The framework for measurement needs to be clear and approved by both labour and management leaders.
  - (g) It must also acknowledge wider frameworks such as clinical practice; core targets in the corporate plan; and equality objectives and assessment.
  - (h) It should be simple, robust, and limited to say maximum 10 measures overall for a specific project
  - (i) It should focus on substantial improvements/transformational and long-term changes. Any system has inherent small variations around measures, and these can be easily mistaken for progress or failure.
- ***As in negotiation, the critical factor will be 'getting inside the head' of the other partner to build our measurement consensus. The broader consensus on objectives and awareness of interests is the precondition of this.***

### 3.0 PROJECT ASSURANCE AND MEASUREMENT PROCESSES

➤ A project worthy of endorsement under the New York / NI framework should meet the following standards and processes:

- (a) A comprehensive process of declaration of partner's interests, plus acknowledgement of interests as either shared, or if not shared, understood.
- (b) A process of creating jointly shared objectives for the project.

- (c) **A MEASUREMENT FRAMEWORK linked to interests and objectives** which reflects joint working on what needs to be measured in respect of the following categories:
  - Gains for healthcare institutions
  - Gains for the health of patients
  - Gains for health workers
  - Management gains from the project
  - Union gains from the project
  - Gains for health status
  - Promotion of equality
  - Gains to communities
  - Creating affordable and accessible health services

Note: these can reflect interests which are understood but not necessarily shared

#### MEASUREMENT PROCESS

- i. Must ensure the rest of project assurance document [left] stands up to scrutiny
- ii. Brainstorm and generate measures for each of the categories (a) to (g) opposite (Note: if thinking can't identify measures for some categories the thinking is still important.
- iii. Make a commitment to revisit 'blank' categories later in the partnership project.
- iv. Check that there is partnership agreement on this long list of measures
- v. Jointly ask whether it is easy to gather and interpret the information for each measure.
- vi. aim to have at least one and no more than three measures for each of the categories above

- (d) A **strategy for training** and sustaining the participants in the project
- (e) A **communications approach** to ensure the widest recognition of the project and the issues it is addressing.
- (f) A **jointly agreed project plan** with time-scales and end-dates: Baseline; Diagnosis; Solutions; Implementation
- (g) Joint confirmation by partners that **resources** in terms of people and funding are in place and can be obtained
- (h) A **critical risks assessment** of the project plan with control measures identified for key risks.
- (i) Demonstrable **top-level endorsement** from partners.

### 4.0 NOTE ON THE JOB SATISFACTION AND HEALTH STATUS MEASUREMENT TOOLS UTILISED BY UNISON

The measurement framework developed by UNISON utilised internally recognised tools to measure job satisfaction and health status. These include the Job in General scale and Job Descriptive Index (Bowling Green State University) and the SF-12 health profile tool (Medical Outcomes Trust).

Overall job satisfaction is measured using the Job in General (JiG) scale. This scale reflects how satisfied a person is with the five principle facets of job satisfaction (the work itself, supervision, co-workers, pay and promotion opportunities) as measured by the Job Descriptive Index (JDI). It also reflects other long-term situational and individual work environment factors. Scores on the JiG and JDI range between 0 and 54. They are obtained by assigning numerical values to an individual's 'yes', 'no' or 'don't know' responses to questions. A score of 22 or below indicates dissatisfaction, whilst a score of 32 or above indicates satisfaction. Scores between 22 and 32 indicate a neutral, ambivalent feeling.

Mental health scores on the SF-12 range between a low of 0 and a high of 100. As scores decrease below the UK population norm average of 49.4, a person can expect a decrease in mental health status, indicating the presence of psychological distress and/or depression.



## **UNISON / Employer Partnerships**

**UNISON and employers working together to  
improve health and social care delivery and  
working lives**

*For further information on the Partnerships  
detailed in this report contact:*

**Thomas Mahaffy,  
Head of Organising & Development,  
UNISON  
Galway House  
165 York Street  
Belfast  
BT15 1AL  
02890270190  
[t.mahaffy@unison.co.uk](mailto:t.mahaffy@unison.co.uk)**