<table>
<thead>
<tr>
<th><strong>first impression</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job number:</strong></td>
</tr>
<tr>
<td><strong>Proof number:</strong></td>
</tr>
<tr>
<td><strong>Date received from client:</strong></td>
</tr>
<tr>
<td><strong>Date returned to client:</strong></td>
</tr>
<tr>
<td><strong>Designer/Producer:</strong></td>
</tr>
</tbody>
</table>
A Report on the
HSNPF Exhibition and Conference
in the Burlington Hotel, Dublin, on 1st December 2004

Excellence Through Workplace Partnership
This DVD contains all of the speeches and presentations made on the day, together with a sample of the exhibition activity. The full DVD runs for close to three hours, however, each chapter can be accessed separately and may prove useful for reference or for training purposes.

Chapter 1: Introduction – Larry Walsh, Director, Health Services National Partnership Forum (HSNPF) (2 minutes)

Chapter 2: Opening of the Exhibition and Conference by An Tánaiste Mary Harney, T.D., Minister for Health and Children and welcoming remarks by the Joint Chairs (16 minutes)

Conference speeches:
Chapter 3: Pat Harvey, Joint Chair, HSNPF (11 minutes)
Chapter 4: Matt Merrigan, Joint Chair, HSNPF (15 minutes)
Chapter 5: Kevin Kelly, Executive Chairperson iHSE (10 minutes)

Conference Presentations:
Chapter 6: Des Geraghty, ICTU Executive Council Member
Productive Partnership in the Health Services (19 minutes)

Chapter 7: Lucy Fallon-Byrne, Director, NCPP
The Impact of Partnership Approaches to Changes in the Irish Health Services (20 minutes)

Chapter 8: Damien Thomas, National Co-Ordinator, NCPP
Information and Consultation – Case Study Reviews of Current Practice (26 minutes)

Chapter 9: Isobel Butler, Organisational Psychologist
Learning in Partnership – A Review of Health Service Partnership (30 minutes)

Chapter 10: Maureen Lynott, Chairperson, Health Sector Performance Verification Group
Partnership and the Customer (22 minutes)

Chapter 11: Larry Walsh, Director, HSNPF
Health Services Partnership in the New Health System (16 minutes)

Chapter 12: Larry Walsh, Director, HSNPF
Concluding remarks and contact information (1 minute)
Foreword

December 2004 was a truly significant date in the history of the Health Services in Ireland. It marked the ending of the health service structures that had served Irish society for more than three decades and heralded the transition to the reformed system under the new Health Service Executive. It also marked the completion of the first five years of structured partnership working at national and local levels through the Health Services National Partnership Forum (HSNPF).

To mark the occasion, we in HSNPF decided to host a conference and exhibition Excellence Through Workplace Partnership, where we brought together representatives of the key national and local partners in the health services – at political, social partner, workplace and service user levels – to discuss and to demonstrate our commitment and our achievements through partnership in both strategic and practical aspects of service delivery.

The energy and enthusiasm emanating from the speakers and from the more than three hundred participants from across the health services and the agencies with whom we work, was exciting, enriching and invigorating.

The evidence presented through research and through measured outputs at workplace level allows us to assert, with confidence, that partnership works. It works for patients, clients and service users – for managers, staff and their union representatives – through added value, and through quality improvement in service delivery and in quality of work life.

HSNPF is positioned and is ready to facilitate and support the social partners across the health services to deliver the next phase of change and the development of a world class health system. We look forward to the challenge.

Larry Walsh, Director.

May 2005

It is a pleasure to be here today.

Partnership at local level is important.

But it is not important because of the touchy feely stuff that it implies. That can be important some of the time.

But in the working environment of today, it is not about us and them. It is not about management and the people they manage being directed or channelled in a particular direction.

We have a much different work model in place than we had a decade ago. I am happy with that, because in the work model in place at the moment everybody has an important contribution to make.

In healthcare, for example, everybody’s contribution is important from the patient’s perspective.

They want the care setting that is appropriate. They want the highest possible standards of healthcare. But they are also concerned about administration responsiveness, friendliness and attitude.

These things affect all of us when we are ill. And, therefore, the role of every single person working in healthcare is important in ensuring that the healthcare system is as responsive as it needs to be to meet the needs of our citizens.

We are currently going through a very challenging time for the healthcare services in Ireland.

It is a time of enormous change. And clearly challenge comes with change.

Equally, it is a time of opportunity. It is an exciting time to be involved in the delivery of healthcare in Ireland. Exciting because the reform agenda is focussed on one thing and one thing only – trying to put in place, at the start of the 21st century, a model that is more effective from the patients’ point of view. That is what the reform process is all about.

It is not about a new administrative system. If it was merely about administration, there would be no need to go through the challenges we are currently going through. In a half an hour’s time I will be spending the rest of the day before the Budget and all of tomorrow and Friday taking the committee stage of the Health Services Executive Bill through the Oireachtas.

…the role of every single person working in healthcare is important in ensuring that the healthcare system is as responsive as it needs to be to meet the needs of our citizens.
Some people asked me, on my arrival here this morning, should this Bill not be delayed? The answer is No. It shouldn’t be delayed. For eighteen months now the Government has made clear the outcome we want to achieve.

The last thing we need is to take the foot of the accelerator in terms of the legislative process. The momentum, as far as patients are concerned, would be greatly diluted if we were to do that. It would send all of the wrong signals.

There is nobody more conscious than me of the anxieties, the challenges and the worries of people going through change. That’s a normal human reaction.

But everybody that works in the delivery of healthcare equally knows that nobody’s terms of employment are going to be in anyway diluted as a result of the change that we put in place.

Yes, people may work to a different business model. One that is more appropriate to the 21st century, rather than one that was put in place in the late ’60s and early ’70s.

All over the world change is happening and happening very rapidly. The mobile phones that most of you carry have one thousand times more power than the first vehicle that took man to the moon for example. That is an extraordinary statistic.

But that just shows us the kind of change that is occurring around the world in a short period of time. Technology is driving a lot of change and, as human beings, we are all part of that change process. We are the innovators and we are creators of most of the change.

The reason I am such a fan of people engaging in the very lowest level, at ground level, with each other, is because sometimes change is misunderstood. This happens when people don’t talk to each other or don’t talk in a language that is understood.

I was asked, recently, to launch a booklet, which basically had the intention of empowering patients.

This means that, if you are a discerning patient and you are going to have a knee operation, you are supposed to ask to have the appropriate knee marked. Or if you are having a brain operation you are supposed to ask to mark the left side or the right side. You’d want to be a pretty strong patient to ask for that.

But the book was also about getting doctors to talk to people in language that they understand.

So, instead of telling somebody that they have a myocardial infarction or any of the 50 words to tell you that you have a heart attack, you should tell a person that he or she is having a heart attack. The idea is that you talk to people in a language that they understand. And in medical terms we see how important it is for people to understand what is wrong with them and the care package that they need to recover.
In the workplace as well, we need to talk a language that people understand. I learnt seven and a half years ago, when I became a Minister, that if you go around mentioning three or four different phrases you would probably get away with seven and a half years - mainstreaming and benchmarking and all these buzz words were in nearly every script that was prepared for me. And I remember saying what on earth was all this about.

The more we can communicate with people in a way that they understand, the more people can embrace change: change is about doing things differently; and change is not negative; change includes, for example, employers and managers understanding the needs of employees.

Maybe I am biased, but I think women are better at it than men. An employer that understands that a woman might like to have a certain period of the day off when her child is sick or might need to go to a parent/teacher meeting, or might need to take her child for a medical appointment.

An employer that can understand this, and factors it into the daily routine, is one that is going to be highly rewarded. You are going to motivate that employee, you are going to be understood by that employee, you are going to get an awful lot more out of that employee than an employer that says, sorry, you must do it in the evening or you must do it before you start work or you must take a day’s holiday.

I just give that example because I think all of us have to understand the needs of each other – the reason we need each other.

Inflexibility and rigidity is always a bad thing. If everybody abides by rules only, one thing is certain, we will not deal with the needs of society of the day. If, in this legislation I am putting through, everything was to be written into law and we were all to behave as if we were lawyers or barristers going into court, just observing legal routine, we will not deliver the kind of healthcare system that the patients of Ireland want.

The second thing our healthcare system needs is motivated employees. Everyone that works in the healthcare system has to be empowered; empowered to achieve more for themselves; empowered to work in the best possible working environment.

We have, in Ireland, and across the European Union, every year, awards for good employers. I hope to see many sections in the health services feature in those awards in the coming years, as we go forward.

Because it is one of my aims to create, in Ireland, a world-class system in health delivery. That does not mean we can do all the procedures that they can do in a very large country like the United States, where they have a population of over 300 million.

But it does mean that, in a country of four million people, we can have the best possible model, from the world perspective, on how healthcare is delivered.
As I said at a different forum recently, we have the privilege, over the last couple of years, of welcoming to Ireland over 120 different representatives, at different times, of different countries, who came here to see how we created the economic success known as the Celtic Tiger.

I hope, in time, that people will come to Ireland to see how we created a world-class model of healthcare delivery.

That is up to me, clearly, as Minister for Health, and it is up to all of you.

I have discovered over the last couple of weeks, eight weeks now since I became Minister for Health that working in healthcare is not like working anywhere else.

It touches so many people and the most vulnerable time in their lives. When people are sick they are at their lowest. Not just the individual patient, but also their families, depending on their level of illness.

Therefore it is a unique opportunity, at my level as Minister for Health and at your level at the delivery of healthcare, to understand that we work in a very privileged position, touching, literally, every citizen in the country.

One thing is certain, all of us, at one stage in our lives, will use the healthcare system. And when we use it, we want to know that we are using a system that offers the best, not that money can buy. But offers the best that our healthcare needs require at the time that we require it.

And it can’t be about money, it has to be about medical need. If you have money you can always buy the best health care service either here or elsewhere and the challenge is to provide the same quality healthcare service for those that need it regardless of their financial needs. That’s the challenge for all of us. 120,000 people work in the healthcare delivery, paid for by the state, and many more work in the voluntary sector. Some of the 120,000 thousand are part-time workers, but in all we have 120,000 people.

It is an enormous army of committed and motivated individuals. And the purpose of this partnership, five years on, is to motivate people to work together, to understand the common agenda, to understand that it is not about ‘us and them’, it is not about big management and employees being managed. It is about human beings, who have chosen, as their career, to work in healthcare delivery, because they want to serve the wider community, the most vulnerable in our community, when people may not understand the complexity of everybody in that chain of providing healthcare.

In conclusion can I say that, from the time somebody arrives in a healthcare facility, whether it is the person you meet at the door, or whether it is the top specialist that might eventually deal with your particular ailment, people expect the highest possible standards right along the line.
And everybody’s reaction creates the patients’ experience and we all know that. We are very fortunate to live in a country where, for the vast majority of our patients, the healthcare experience is a very positive one indeed.

You don’t read about that in the newspapers, you read about, unfortunately, the difficulties and the challenges. You read about the trolleys or when people are sent home or when they can’t have their surgery.

But every single day, 24 hours a day, women and men throughout this country work in the provision of a very high quality of healthcare to the vast majority of the million patients that receive healthcare. And for that, I just want to say thank you very much. Because very often too many complain and they don’t say thank you. I want to use this opportunity to say thank you.

I want to encourage you to work with us in the journeys of reform and I give you this commitment; by this time next year I will be amazed if there is anybody working in the delivery of healthcare who feels that they are not working in improved working conditions, in a more effective, and more motivated environment where they feel that they are recognised and their talents are acknowledged.

Thank you.
Speech by Mr Pat Harvey, Joint Chairperson of the National Partnership Forum at the conference in the Burlington Hotel on 1st December 2004.

On behalf of my Joint Chairperson, Matt Merrigan and myself, I would like to thank you all for joining us at for this conference. I would also like to record our appreciation to the Tánaiste for joining us. It is an important day for the Government on Budget Day and for the Tánaiste’s endorsement of the work. And she found time to join us and to speak to us and go around some of the displays. Her endorsement of the work of Partnership is very important to us.

I also want to welcome our panel. Matt Merrigan, Joint Chairperson of the National Partnership Forum. Matt has been the heart and sole of the Partnership Forum for the last few years and in many respects has done more to drive it forward, to nurture it, to foster it than probably anybody else.

Larry Walsh is the Director of the National Partnership Forum. Larry has the unenviable task of sitting on the fence where he is neither management nor union. But he definitely has the full confidence of the unions and management and has done wonderful work. I would like to acknowledge that, here today, and thank him for all the good work.

Kevin Kelly who is Executive Chair of the Health Services Executive and is taking on the chief executive post. I am delighted that he has taken the time to speak to us.

Kevin, Pat, Larry, Matt and I had the same breakfast this morning.

Well we had breakfast this morning… we are not that much into Partnership!

This breakfast was sponsored by Matt and we had a very productive and positive session this morning. We talked through some business in relation to partnership and where to go from here. How might it all happen, how it may look and what is the significance of the Health Services Executive coming into being.

We looked at what reconfiguration do we need at Partnership Forum level to help the establishment of the Health Services Executive and there is no doubt that there is commitment at every quarter to the whole philosophy of partnership.

We will have a significant workshop at Partnership Forum level in the coming days to tease through that agenda to find out what we want to do. But more importantly, in the first instance, how might we do it and what does partnership mean at a national level.

The Tánaiste’s endorsement of the work of Partnership is very important to us.
All of us in this room have a good feel for what partnership means at local level, but we need to know what it should look like and feel like at national level. I think that will be a welcome and very useful forum. So, Kevin, thank you for that.

Many of you will be familiar with Des Geraghty, the General President of SIPTU. He is a member of the Executive Council of ICTU and we are delighted that he has joined us and we look forward to his presentation.

Lucy Fallon-Byrne, who gives us this rich story that she did something to her ligaments when she was out in the garden. I am not sure where it happened, but she has come out of sick leave to join us and she has told me that she is fed up watching daytime television programmes and would prefer to be here this morning and we are delighted that you could join us.

I would also like to thank all those who were involved in the presentations and displays this morning. A huge effort goes into preparing the displays and it is a demonstration of the wonderful work that has been going on round the country and the high level of support there is for it.

I just want to express our thanks to all involved, particularly those who turned up for the early start this morning and also the Partnership Forum staff and also to Grayling the PR company who have been very significantly engaged to get the event up and running. Their work is truly wonderful and I will go back to the work of some of the facilitators in a few minutes.

Now I want to say just a few words on partnership itself, from my own perspective as a manager in the system. It is about working together in every sense.

I would like you to just think through this imagery for a moment. A traditional board of people sitting opposite each other at maybe an adversarial board or an IR board. Imagine the level of dynamics where both management and unions move around the side of the table.

And how the view changes and how you give up some space and give up some sense of personal power and you get closer and closer, till you get elbow to elbow to each other and you look commonly at the problem.

And you all have a common ownership of it and we all have that common ownership. That imagery gives a very different perspective to the way the business might be done and how problems might be tackled as distinct from sitting opposite each other and taking positions. You are actually getting to one position. And in many respects that, to me, captures the imagery of what partnership is about.

You have to internalise it. You have to believe it and you have to demonstrate it in all the endeavours. You have to have joint ownership of the problem, not just joint ownership of the solutions. It is a way of working.
We are at the earlier stages of being grounded at the moment. We are not at the stage where we can have joint decision making in every front. But we are surely at the point where we can have joint consultation and we can have discussions around what are possible solution routes. We flag the issues and flag the faults. In every corner of Ireland, we have evidence of how that works. And how it makes sense.

Indeed we have evidence of it at national level. Take something like Sustaining Progress - you are getting in there now to a greater extent at the top levels of the health service – be it union level or health service delivery, or department level. This is the sort of imagery I have.

It’s a philosophy that demands confidence and courage by all participants. It has to have that spirit of wanting to have that ‘win win’. Because once it comes a win/lose, once it becomes a stroke, the other partner wants to pull out. So when there is a joint ownership there of doing it as a practice and a philosophy, then it works.

I just want to give one illustration on my own patch in recent weeks, where partnership has moved, and where it has come from.

We have been for years, bedevilled with our ambulance service. We have wanted to move the ambulance service onto a new plane. We wanted to reconfigure it, restructure it, bring in technology, develop the rosters, and bring in more people. There was a difficulty in moving it forward in any sort of leap.

Then we said that, if the philosophy means anything, why don’t we just get into the one room and stay in it in partnership mode and have it facilitated by one of the facilitators, Billy Gallagher, in this instance. He spent two to three days doing that, in the Slieve Russell Hotel and a deal was arrived at. One which the union was very happy with, and the management were very happy with. One which has been jointly developed and was true partnership in action and caused the process to leap forward from where it was for seven years.

That was just one illustration and there are hundreds of illustrations around. It should be said that the union representatives at that Ballyconnell/Slieve Russell session are now known as the Cavan Seven. I am not sure what the management three are going to be called.

Tommy O’Doherty is here. He is the Joint Chair of the Partnership Committee in the North West, and Frank McClintock, the Chief Ambulance officer, is also here and both are very familiar with what happened.

I am excited, now, at the prospects of doing something similar in many other settings in mental health and so on.

Again I am just echoing what any of my colleagues would say in all of the other health boards and major Dublin hospitals and other settings.

Today is particularly about doing a stock-take of where we have arrived at, over the last few years and it is well and truly on display out there.
I do look forward to the views and thoughts of the panellists, here this morning, who will give us some steering and guidance on moving forward. We have done research and a report and stock take in our own right. Isobel Butler has developed it for us and it makes for very exciting reading.

But I think that we should not draw conclusions on it until we have our debate today and see what issues evolve and emerge out of that discussion.

Finally I would just say that if we are only depending on what our own experiences are on partnership, then we might still have some doubts. There is any amount of research out there at international levels that partnership makes good sense.

There is any amount of evidence out there at business levels that there is a gap of 35%, in productivity levels, between a situation where you have management and union partnership and where you have the absence of unions in that sort of setting. A thirty five percent gap!

We can improve from a baseline by 20%, if you have partnership, and in the absence of it you can drop back by 25%. So to take that alone, just on productivity in pure commercial terms it is significant evidence. There is any amount of evidence that demonstrates that the workplace is a better place to work if you have partnership. I’ve just mentioned the value for money and quality, of course, improves as well.

So without any further ado, let me invite Matt Merrigan to say a few words before we go in to the other speakers.

Thank you very much indeed.
Speech by Mr Matt Merrigan, Joint Chairperson of the National Partnership Forum at the conference in the Burlington Hotel on Wednesday, 1st December 2004.

Thank you very much for coming here today. In particular, I would like to thank those who have made long journeys to be here.

I would like to complement the head office staff who have actually put this event together and it is very interesting.

But this is your day. You are the champions of partnership at local level. Quite apart from the support we can give you at national level, obviously that is important, I think you are really making a difference in terms of patient care and in relation to your own staff as well, and it is important that we reflect on those achievements today.

First off, as Pat has indicated, what we have today is a showcase in relation to partnership within the Irish health services. I think it is based on the whole issue of how the Partnership Forum has developed and has become centre stage in relation to the developments in the workplace partnership within health.

I think we have got to recognise that, over the last four years, we have made tremendous strides in relation to how we do our business. That’s against the background that there are obviously challenges for all partners within this room towards how we develop the new health services in the 21st century and indeed I think it is important that we step up to that challenge.

How we are going to do that in terms of our future, obviously, and our involvement with the ways things are going will be the subject of discussions and workshops today.

Everybody has to acknowledge the pretty momentous change that is actually going to take place within health services; the way we deliver it; what type of role and support that partnership has in relation to ensuring that we deliver better care service out there for the public.

Let us all recognise that there is a new buzz within the system in terms of dynamism and the Tánaiste has mentioned it this morning when she made herself available to attend the event. And I publicly acknowledge that the acting CEO, Kevin Kelly has agreed to talk to us today in relation to the way he sees partnership fitting into the HSE.

It is important, I think, to note that Mary Harney’s predecessor, Michael Martin, had a pretty good working relationship with us in the Partnership Forum and indeed in the trade union movement as well. It is my firm belief that those positive relationships, with Kevin Kelly and his team and also with the Tánaiste’s team within the Department of Health, should continue in the future.
The unions, and I want to make this quite clear, represent over 100,000 employees. We are not going to go away. We are here to stay in relation to the way we do our business in the health service.

Recognising that there is always a bumpy ride in terms of handling change management, it is our view and indeed our goal, that we can play a fruitful and positive role with the Health Services Executive in relation to the delivery of a better care system. But this can also allay the concerns of the people whom we represent out there in the workforce.

It is not about the change itself, it is about how to manage the change; how you involve staff; how they are involved in the decision-making process. More importantly, it is about developing a new health care system; letting staff be party to that system, party to decisions being made and then moving forward in relation to that. Because the main ethos of how we develop our policies is on the basis of how to deliver better patient care, better client care to the people we serve.

I think it is also important to note, and certainly it is the view of myself and indeed Pat as Joint Chairpersons, that general protocols and structured agreements be put in place with immediate effect in relation to how we handle change both now and in the future. I urge all parties, both in the trade union side and on the management side, to engage seriously in that sort of process.

I welcome the developments that have been agreed this morning with Kevin Kelly in relation to the immediate involvement at HSE level and at trade union level, in terms of trying to map out the future and how we deal with ourselves internally within the HSE and also externally within the broad department relationship as well.

I think it is important to note the structural changes that have taken place already within the last four years. Nothing has stood still within the service. I think it is a reflection of the staff and their calibre and the professionalism of the staff internally and indeed their representative bodies in the trade unions, that working in partnership has delivered. The types of projects that we have done, at national and local level, have delivered real change under the three themes – better patient care, better client care, involvement of the staff and also in terms of delivering better value for money initiatives in relation to change initiatives for people out there.

One thing I think is important for you to note is that you learn from your successes and you also learn from your failures. I think the success of today is that I think we should have done this a bit earlier.

We need to reinstate the whole partnership issue and get people together at a national level and refocus our attention and give partnership a bit of buzz.

It is important that, in yesterday’s Irish Times, we highlighted the significant progress that we have made in relation to what we can make in terms of the contribution to the new agreements that we have reached in the ambulance services in the North Western Health Board and indeed in many other areas as well, particularly in relation to the extended opening hours within the various facilities.

I think, also, that the trade unions should lay down the marker here and now, that we want a stronger voice in relation to the interests of our members and indeed the wider community. Indeed the way to deliver this is through the social partnership model within the health services.
We also want to make it quite clear that there are many individual vocational groups within the health services that have interests as well. And, through the representative bodies that are there, I firmly believe that there should be proper engagement with the HSE in relation to moving that forward.

I think if one takes into account what the Tánaiste said this morning, and also what she has been saying over the last number of weeks, in relation to the whole issue of the investment and the reform package, you can see the link now being developed at political level in respect of the fact that we want to move ahead with the reform package and also, then, in relation to the investment issues.

And I think it would be fair to say that over the last two to three years in relation to Quality and Fairness, and in relation to the Prospectus, Hanly and indeed the Brennan reports, there has been a broad positive reception both in the service and outside the service, that we need to reform the structure that is over 30 years old.

But there is also the question that there are local and regional interests as well, that obviously the pressures of representative organisations have to take into account in relation to the way Hanly is being rolled out.

And with that in mind, we make this call in relation to the consultants - if you read the report that Isobel Butler is going to present this morning and the informal recommendations, you will see that unless we get the consultants’ group involved seriously in the way we do our business in health, then an awful lot of the process that we are engaged in becomes meaningless, because they are one of the major drivers of costs within the service. Indeed we publicly call on the IHCA and the IMO to engage with us seriously in relation to that process, never mind at national level but also at local level in the way we do our business.

We also have to put on the record, trade unions also have their own views. They are not necessarily the same views that the employers will have or indeed that the Government of the day will have. I think parity of esteem comes into play in relation to our dealings with people on the basis that you are respective positions that people have to adopt in terms of public and indeed private in terms of moving forward in the way we do our business.

I think that if there is progress being made in the health services for the benefit of the patient and the care facilities out there, we will support it. But it is against the basis that there is a commitment regarding increased investment within the service in terms of infrastructure staff training and development. We also firmly believe that, in terms of how we do our business, we have to send the same signal to our own people internally in the system that there are obviously going to be changes taking place. And I think that it is important that we bed down the situation of the unease that is out there in the system that this is the biggest management change that is taking place.

Kevin Kelly and the representative bodies are hopefully going to engage in a process in relation to dealing with that situation.
I think it has been made quite clear that we don’t sell ourselves very well in the health services within Ireland. In actual fact, I think it is one of the areas that the previous Minister and indeed the Tánaiste have indicated. The good news that comes out of health is very seldom reported and the public perception is that the health service is in crisis.

You could argue the point as to how long the crisis is allowed develop in the health services; how long have we had people on trolleys; how long have we had under-investment in a number of our facilities. But I think, broadly, that we have to take on board the knowledge of what is happening elsewhere, in Europe and America, in the way they manage themselves.

Unless we get additional bed capacity in the Dublin area, then we are still going to have the unhappy situation regarding people on trolleys over unreasonable periods of time. The previous Minister had a commitment in this area, but we have got to move things forward faster to resolve some of our difficulties and I think the Tánaiste has acknowledged that tends to be a Dublin problem in relation to the lack of step down facilities.

I think also we have got to use our heads about the public perception and how we deal with that. The public perception is guided by the way the PR exercises operate in terms of media and the newspapers. We saw a whole week of activity regarding the unbelievable situation that faces patients in relation to A&E departments and emergency departments. We have got to resolve that. And that is the perception because this system affects everybody within the entire country both users, individuals and extended family members as well.

They all have horror stories. But there is also an enormous amount of good stories out there that we have got to put up champions of the health services to give us some good publicity. Because that’s what people will want. If you constantly attack the staff for non-delivery, the moral of the people then suffers.

It would be fair to say that there is a job of work to be done in terms of raising the morale of the people within the system. I want to make it quite clear that the successes that we have had in relation to the cardiovascular, oncology, the Treatment Purchase Fund and other things like that, need to be recognised as well.

As members of the trade unions, and indeed many people would be in the service, we are prepared to face change - there is no difficulty with that. We have done it over the last number of years. But we also want a say in it. There are windows of opportunity available to the HSE and within the Department of Health, where people are really engaged. If you don’t avail of these windows in a speedy and efficient manner, then people will back off and revert to their normal ways of work that they had in previous years. Indeed there are a few of us of the view that, if you go back that way, it will take us ten years to set up the whole partnership role again.

In practical terms, we are also saying that you can hold people for a certain period of time, but people have to be prepared to engage in the change management programme. But if people feel that they are being excluded, then people will respond in the old traditional way.
We are looking forward to developing a new relationship with the HSE and the change management team. As far as we are concerned we welcome the appointment of people within the system. But we are also making it quite clear that we have a specific role to play within the Partnership Forum, both in terms of the way we do business internally within that body and also as independent trade unions. There is a human dimension to this whole change thing and we shouldn’t lose sight of this. We are in a people management business and unless you get it right, you will turn off and disaffect people. This is the only system that can be affected by a decision at local level and can have a knock-on effect internally within the system, right up to the top level. And unless you get it right at local level you are not going to get it right at national level.

If you have a service that is continuing investment, that there is a real outcome and output in relation to staff, then people will engage willingly in the process.

Finally, I do not know what is going to happen to Pat Harvey in a few weeks time. I will let other people determine that. I will have no say in that issue. But I want to put it on the record, formally, my appreciation of Pat’s work for the past four years.

Four years ago the CEOs would not even talk to us in the trade unions. But we have changed a few of there minds. I want to thank Pat Harvey for his support and endeavours in terms of opening up doors for the Partnership Forum among his own senior management team and for his support at national level both with the Tánaiste, the Minister and the Secretary General.

Thank you very much indeed.
Speech by Mr Kevin Kelly, Executive Chairperson, iHSE, at the Health Services National Partnership Forum conference in the Burlington Hotel on 1st December 2004.

Joint Chairs, ladies and gentlemen, thank you for allowing me to say a few words here this morning. What I would like to do is to cover the points in two sections.

Many of you have heard me speak in recent weeks and have got news updates on where the HSE is at this point of time. Some of you haven’t and I want to spend some time on that. Then I want to spend some time on the whole issue of partnership.

We came ‘live’ nine months ago and I spent the first couple of months touring the country, talking to people in the different services. Just getting a sense of what was happening on the ground.

There are a number of reports that map out the journey – Quality and Fairness, Hanley, Prospectus and so on.

But there is a practical challenge now for us to implement these reforms, based on the cabinet decisions. I came to a number of views that I would like to share with you.

First of all, the deadline of the 1st January is very tight. But I am very confident that we will go live on the 1st January and it will be done with the minimum of risk.

The journey will start and there will be the minimum of change.

The second view I came to is that the system has been well reported on and now we have to get the practitioners in to bring about the change and to decide on the most practical way forward.

That has led to the establishment of a change management team. There are about forty of them who will continue to work for a further six months until the 30th June. They have been doing a lot of work in three phases. First of all they did a lot of fact finding, and have put together a very rich vein of knowledge, which will be very helpful to us over the coming year or two.

They then did the design phase and this is completed and we are now moving into the implementation phase. One key thing they did, which I found fascinating, is that they tracked, what they call patient journeys. Where a patient or client and their family touched off the service in anyway, they traced what happened to them. What has come out of that, and you will be more aware of the result than I, is that it is a very fragmented system from a patient’s point of view. It is no criticism of the past, but it is a reflection of where we are and is a reality of where we are. Our challenge is to make it patient/client centred.
I came to the view, and this is going to be the philosophy in the HSE. That it will be driven by three things. And I make the point first that, as the Tánaiste touched on this morning, there is no point in having reorganisation for the sake of reorganisation.

It will only frustrate people and as Matt Merrigan alluded to earlier, it could actually set things back many years.

Everything we do has to be benchmarked against ‘does it improve the patient/client journey?’.

From what I have seen from the maps we have done, I am very optimistic that, over time, it won’t happen on the 1st January, that, working together, we will create an improvement.

The second difficult point is, for staff, it will have to create a better environment. Again, no criticism of the past, it is just the way the system has developed, there is too much bureaucracy, too much administration. What we want to do is take that out and free people up, empower staff more to deal with patients and clients at the front line.

And thirdly, obviously, we have to deliver value for money for the Government. But, again, coming to it, initially with a very simplistic view, I have now come to the view that value for money for the health services is much more complex.

The more successful you are with health interventions – the medicines, the technologies, the public health improvements and prolonging life – it is actually adding to the costs in the long term, and that is going to be a matter for society and for the political system.

One thing that struck me strongly and Matt referred to it, is the image of the sector. Like most people who deal with the sector through my family and my friends, I have a very positive image. I have seen the market research from the Department of Health. On the acute side, the patient satisfaction, once they get into beds, is higher than anything I have every seen in the private sector.

And when I travelled the country, and I have been travelling for many, many months, I see the quality of service being offered on the ground. Then you open the paper in the morning, and see the contrast, it must be awfully frustrating for everybody involved in the service.

And that is going to be a challenge for us going forward – we need to change the image and get out the positive message that we have a top class health service. Yes, we have some problems, but they can be dealt with.

One final thing I would like to talk on before coming on to partnership is communications. We have 120,000 employees direct and indirect coming to us on the 1st January, many of whom do not have access to emails. I am very conscious of the anxiety levels that are out there. There will be minimal change from the 1st January. We have sent out 120,000 of the latest Link magazine, explaining to everybody exactly what is happening on the 1st January. For some small number of people reporting relationships will change, and they will know by the 8th December exactly what that change will be.
Partnership

What we are dealing with, in this programme, is the biggest change programme in the history of the State and it is extraordinarily complex and I believe that Partnership has got to be at the heart of it.

I was reading a document that Lucy will be presenting later and I picked out a table. I believe that it reflects an awful lot of what you have been about and reflects the philosophy of the HSE.

Benefits for service users; improved standards of patient care; better informed service users; increased focus on service user involvement in decision-making; more flexible approach to service delivery; improved links with community.

All of this has been coming out of the projects that you have been working on over the last five years.

Increased organisational efficiency; improved capacity for learning and problem solving; a new approach to human resources management; improved quality of working life.

That is the way in which we must move forward. The work you have been doing has been very impressive. Walking around all the stands and the posters, and seeing what has been achieved in recent times has set a framework for partnership going forward.

But as the two joint chairpersons alluded to, and we talked about at breakfast this morning, this programme is so complex we are going to have to have a fresh look at partnership at a higher level. We won’t achieve the change without your help and cooperation at a higher level, because of the sheer complexity of the change.

So we are going to get involved in a working group to work out the extra elements that we need to add to partnership.

The other point that I would like to make, and this is a delicate point, but it is always an issue when you come to partnership. Where do you draw the line between industrial relations and partnership?

I believe that the more you can move the pitch from industrial relations into partnership, the more you will achieve in all our interests, both staff and patients and clients.

I present this as a challenge for us and I believe that if we can pull that off we will bring about the changes more speedily and in a much more satisfactory way.

By the way our first meeting is next week and I might say in passing that I have partnership tabled as one of the first items on the agenda.

Finally, and I think it fits into a lot of what you have been working on, the sort of philosophy I have in mind for the management team of the HSE and all employed in it.

I like to see a company that can say ‘I admit I made a mistake’; where you say ‘You did a good job’; where people say ‘What is your opinion’; where people say ‘You tried’; and most of all where people say ‘Thank you’ and most of all an environment where the most important word is ‘We’ and the least most important word is ‘I’.

Thank you very much.
Health Services National Partnership Forum (HSNPF)

List of main themes/issues exhibited:
- HSNPF Website
- Learning in Partnership – A Review of Health Services Partnership
- HSNPF Annual Report 2003
- Tools for Change Through Partnership
- Staff Childcare Facilities in the Health Services
- Training, Development and Life Long Learning in the Health Services
- Partnership Diagnostic Toolkit
- HSNPF Vision Statement
- Working Together for a Better Health Service – The Health Service Workplace Partnership National Agreement
- Who Knows Best How to Improve Our Health Service
- The Measurement of Patient Satisfaction Guidelines

Pictured (left to right) at the HSNPF exhibition stand:
Larry Walsh, Director, Pat Harvey, Joint Chair, Shine Thomas, Officer, John McAdam, Project Manager, Agata Lipinska Beyer, Officer, Hannah Hastrup, Acting Operations Manager, Seosamh Ó Maolalai, Facilitator, Jenny Carroll, Acting Project Officer, Des Geraghty, ICTU Executive Member, Carol O’Reilly, Facilitator, Matt Merrigan, Joint Chair, Michael Kelly, Facilitator.
Adelaide and Meath Hospital Incorporating NCH (Tallaght Hospital)

List of main themes/issues exhibited:

- Action Plan 2004
- 2003 Partnership Committee Annual Report
- Hospital Partnership Website
- AMNCH Hospital Crèche Report and Manual
- Joint Training in HR Policies (Train the Trainer)

Pictured (left to right) at the AMNCH exhibition stand:

Mat Merrigan, Kathleen Murray, Brendan Fagan, Claire Quinn, Catherine Cummins, Pat Harvey, John O’Connor, Mary Tynan.
Beaumont Hospital

List of main themes/issues exhibited:

- Second Chance Key Skills
- Enteral Feeding Programme
- Partnership
- Teleworking Pilot
- Beaumont Hospital Broadcasting
- Partnership week
- Video – ‘What makes a real partnership?’
- “Let’s Talk” booklet

Pictured (left to right) at the Beaumont Hospital Stand:
Anne McNeely – HR Manager, Pat Harvey, HSNPF Joint Chair, Christine Cully, IMPACT, Liam Duffy, CEO, Martina Coyne (SIPTU), Patricia Owens, IR, Lesley Hewson (Facilitator), Matt Merrigan (HSNPF Joint Chair), Ann Quinn (Partnership Administrator).
Cork University Hospital

List of main themes/issues exhibited:

- CUH Focus – In House Magazine
- Biannual Reports 2000-2001
  2002-2003
- Partnership Committee Leaflet
- CUH 25th Anniversary celebration
- Power Point presentation:
  - Overview of projects
  - Communication
  - Capital Projects – Development programme
  - Crèche working group; Projects Protocols
  - Our Service
  - Our Staff; Reason for Change; Planning for the Future

Pictured (left to right) at the CUH exhibition stand:
Margaret O’Shea (Partnership Secretary), Pat Harvey (HSNPF Joint Chair), Mary Lynch Healy (MLSA),
Yvonne Davidson (Business Manager, Oncology), Tess O’Donovan (Facilitator), Matt Merrigan (HSNPF Joint Chair),
Noelle Dineen (SEO Finance).
**East Coast Area Health Board**

List of main themes/issues exhibited:

- Partnership Brochure
- Photography of Partnership Steering group
- Sample Snack Box
- Project information ‘Catering for All’

**Pictured (left to right) at the ECAHB exhibition stand:**
Pat Harvey, Margaret Coughlan, Matt Merrigan.

**Not in Photograph:**
Liz White (Partnership Facilitator).
Irish Blood Transfusion Service

List of main themes/issues exhibited:

- Working together for a better D’Olier St Blood Donation Clinic
  
  Bringing partnership to the frontline of service
  
  All unions, management and staff representatives engaged in a process to improve the D’Olier St. Blood Clinic – getting buy-in, education, approach through consensus, regular meetings, staff owned process – time and motion studies. Joint management/staff development of Action Plan to help improve service delivery

- Corporate identity project

  Involving all staff in the design of a new national uniform for all clinic staff.

Pictured (left to right) at the IBTS exhibition stand:

Pat Harvey, Gillian McMahon, Bernie Conolly, Chantelle Fleming, Matt Merrigan.
The Mater Misericordiae University Hospital

List of main themes/issues exhibited:

- Exercise + Education
- Exercise treatment room
- Rheumatology/Physiotherapy waiting area
- Complementary Therapies for Patients
- Outpatient Elderly Care
- Recruitment + retention of medical social work staff
- Renovation of squash courts

Pictured (left to right) at the Mater Hospital exhibition stand:

Pat Harvey, Mary Ferris, Des McGoldrick (Unions Joint Chair), Brian Conlon (Management Joint Chair), Ann Dolan, Anne Dillon, Martin Igoe, Séamus Hanney, Matt Merrigan.
Mid Western Health Board

List of main themes/issues exhibited:

- Understanding Service Planning
- Non Pay Benefit Booklist
- Partnership Programme Report
- Health Service National Partnership Forum
- PDU – Practice Development Unit
- Partnership Update 2004
- Staff Handbook

Pictured (left to right) at the Mid Western Health Board exhibition stand:

Pat Harvey (HSNPF Joint Chair), Tess O’Donovan (Facilitator), Denis Mulcahy (SIPTU Joint Chair),
Aileen Ryan (Partnership Assistant), Jim Fleming (HR Joint Chair), Matt Merrigan (HSNPF Joint Chair),
Pat Brosnan (Director of Mental Health).
Midland Health Board

List of main themes/issues exhibited:

- Service Planning training video commissioned by the Regional Partnership Committee
- Regional Ambulance Service: Post LRC work on rosters, transfer policy and other change agenda work.
- Community Ophthalmic Service: multi-disciplinary work in tackling the waiting list issue.
- Grievance Handling Training.
- Examples of project work undertaken by the Midland Regional Hospital Portlaoise partnership committee e.g. car parking initiative
- Quality of Working Life Programme – leaflets
- Communications Strategy – leaflets
- Salary Information Cards – explanatory leaflet for all staff within the board.
- Weekend working for community psychiatric nurses Laois/Offaly Mental Health Services.
- Provision of nursing badges for qualified psychiatric nurses.
- Development of clients occupational and recreational activity at St Loman’s Hospital, Mullingar

Pictured (left to right) at the Midland Health Board exhibition stand:

Pictured (left to right) Clare Mulligan, MLSA, Mullingar, Oliver Smith, Partnership Facilitator, Orlaith O’Brien, Director of Nursing, MRHT, Pat Harvey, Joint Chair, HSNPF, Dr Marie Houlihan, Community Ophthalmic Physician, IMO, Brege McCarrick, Disability Services, Larry Bane, Director of Human Resources, HSE, Midlands Area, Matt Merrigan, Joint Chair, HSNPF, Majella Guinan, Human Resources Dept., James Gorman, Finance Specialist, Veronica Gavigan, IMPACT, MRHM.
Northern Area Health Board

List of main themes/issues exhibited:

- Staff handbook
- Partnership Newsletter
- Service planning
- Summer fair & Sports day
- Family Friendly working Hours pilot project
- Recycling Project/Waste management
- Summer away days for clients
- Craft fair; Partnership report
- Health Promotion Fair
- Communications needs assessment
- Staff survey; Multicultural Awareness event
- Family Fun day; Christmas bazaar; Communications Audit

Pictured (left to right) at the Northern Area Health Board exhibition stand:

Attracta Cannon, Shay Smith, Breda Hyes, Pat Harvey, Jo Hardwick, Matt Merrigan.
North Eastern Health Board

List of main themes/issues exhibited:

- Joint Problem Solving
  Medical Record Department Cavan
  Villa Hostel Ardee
  St Christopher’s Cavan

- Education & Training Programs
  Maintenance & Craftsman training programme, Clerical Grade 3 & 4, Customer Service, Second Chance Skills, Support Service staff, Personal Development Planning, Management development programs, People Management – The Legal Framework

- Relocation of services
  Transfer of Services from St. Felim’s Hospital to Virginia Health Care Unit using partnership approach

- Health Strategy for the People of the North East

- Joint Development Plan for Partnership in the North Eastern Health Board.

Pictured (left to right) at the North Eastern Health Board exhibition stand:

Back row:
Concepta Tallon, Geraldine McCabe, Matt Merrigan, Sarah Moore, Thelma Pentony, Colm Conachy, Pat Harvey.

Front row:
Mai Kearns McAdam, Aidan Coyle, Gerry Cunningham, Ann Papworth, Seamus Quinn, Carmel Mathews, Bernie Healy, Eamon O’ Brien.
North Western Health Board

List of main themes/issues exhibited:

Partnership Committee projects and articles were reflected through displays of key areas of partnership development in the NWHB including:

- partnership module
- examples of formulated partnership
- partnership for all
- project development by the partnership committee.

Projects included the development of key service awards for staff working for 20 years within the health board.

Pictured (left to right) at the NWHB exhibition stand:
Pat Harvey, Tommy O’Doherty, Fintan Hourihan (IMO), Marian Doran, Matt Merrigan, Breda McHugh, Liam Doran (INO), Jim McDonald, Frank McClintock, Austin Cribben.
Portiuncula Hospital

List of main themes/issues exhibited:

- Baby Friendly Hospital Award
- Stroke Support Group
- Security Project
- Portiuncula Induction
- Staff Handbook
- Recycling
- Service Planning

Pictured (left to right) at the Portiuncula Hospital exhibition stand:

Carol O’Reilly (HSNPF Facilitator), Anthony Kelly-Porter, Anita Carey (IT manager), Colm Kavanagh (Human Resource Manager), Hazel Sherlock (Clinical Nurse Specialist Infection Control), An Tánaiste and Minister for Health and Children, Mary Harney, T.D., Michelle Fallon (Community Liaison Nurse), Fergus Hannon (Patient Services Manager).

Cake courtesy of Mary Briggs-Connolly (Chef Grade I - Catering Department).
South Eastern Health Board

List of main themes/issues exhibited:

- Partnership the way we do things rather than something we do
- Managing Change
- Communication
- Education/Training
- Links with the Community
- Partnership in Practice

Pictured (left to right) at the SEHB Exhibit Stand:
Pat Harvey, Bridget Burke, Anne Nee (Facilitator HSNPF), Annette Gee, Oonagh Denton, Matt Merrigan.
Southern Health Board

List of main themes/issues exhibited:

- Service Planning
- Ambulance Partnership
- Home Help Service
- Pathology Accreditation

Pictured at the Southern Health Board exhibition stand:

Bernard Flynn, EMT Team Leader. Also in attendance, but not pictured here, Gerry Christie, Michele Bermingham, Agnes Linnane, Pat Dorrington, John Linehan and Pat Evans.
St. James’s Hospital

List of main themes/issues exhibited:

- Staff Newsletter
- Employee Assistive Programme
- Training Projects
- Cultural diversity programme
- Second Chance Key Skills
- Portfolio Development (Personal and Professional Development Plans)
- Hospital wide Communications Programme
- Technical Services – Flexible working time – Model Project

Pictured (left to right) at the SJH exhibit:

Matt Merrigan, Ian Carter, Jack Kelly, Ted Duff, Mary Tynan, Pat Harvey, Brian Keegan.
St. Vincent’s University Hospital

List of main themes/issues exhibited:

- Communications
  - Strategy
  - Implementation
- Developing Partnership
- Future Search
- Quality Improvement
- Partnership + Patients
- Partnership + Staff
- Partnership Leaflet

Pictured (left to right) at the SVUH exhibition stand:

John Byrne (CSSD - SIPTU), Bernie Stenson (A&E INO), Dave Britton (Laboratory MLSA – Joint Chair), Sorcha O’Quigley (HR), Lloyd Felton (IT), Michael Rourke (IT), Pat Harvey (HSNPF Joint Chair), Mary Shore (Corporate Affairs), Matt Merrigan (HSNPF Joint Chair).
South Western Area Health Board

List of main themes/issues exhibited:

- Service Planning Project – Day Hospital
- ‘Quality Life Assessment Form’ Naas General Hospital
- Cultural Awareness Week May 2004
- Joint problem Solving Training
- Employee Charter
- Partnership mission statement
- NGH Mission Statement
- Introduction of Health Care Assistant – St. Vincent’s Athy – using a Partnership and Joint Problem Solving approach

Pictured (left to right) at the SWAHB exhibition stand:

Pat Harvey (HSNPF Joint Chair), Linda Smyth (Joint Chair, SIPTU, Care Assistant, St. Vincent’s, Athy), Margaret Armstrong (INO, CNM Naas General Hospital), Olive Ennis-Farrell (Joint Chair, INO, Ward Sister, St. Vincent’s Athy), Matt Merrigan (HSNPF Joint Chair), Mary O’Mahony (Joint Chair, IMPACT, Senior Physiotherapist, Naas General Hospital).
Western Care Association

List of main themes/issues exhibited:

- Introducing Personal Outcome Measures

This was one of the national projects carried out by the HSNPF in conjunction with Western Care. It is a quality based project which involves offering individuals/clients control over their lives and opportunities to make choices.

Pictured (left to right) at the Western Care exhibition stand:

Pat Harvey (HSNPF Joint Chair), John O’Dea (Joint Chair), John Browne (S.I.P.T.U. Joint Chair), Eamon Naughton (Facilitator), Brian O’Donnell (CEO National Federation of Voluntary Bodies), Matt Merrigan (HSNPF Joint Chair).
Western Health Board

List of main themes/issues exhibited:

- Development of a Nurse-Led Community Leg Ulcer Clinic, Roscommon
- Partnership Exhibition road show for County Roscommon
- Development of Mission and Vision for Galway Regional Hospitals through a consultation process with Hospital and Community Services staff, Voluntary agencies and patient advocate groups
- Development of client and staff friendly facilities in Galway Community Services
- Flexible working hours project in Mayo Community Services
- Implementing a Consultative Process in the workplace in Mayo General Hospital
- Complementary Therapies pilot project for nurses and midwives in University College Hospital, Galway

Pictured (left to right) at the WHB exhibition stand:
Breda Garvey-Cecchetti, Paddy Creaven, Dr Sheelah Ryan, Pat Harvey, Ann Lavelle, Esther-Mary D’Arcy, Anne Broderick, Matt Merrigan.

Also at the exhibition and conference, but not in the photograph:
Vera Kelly, Bridget Howley, Mary O’Keeffe, Colette Lynskey, Lourde O’Byrne, Martina Gardiner, Helen Murphy, Dolores O’Neill, Mary Parker, Mary Courtney, Breege Kelly Frank Murray, Patricia Barrett-O’Boyle, Martin Lavin, Margaret Egan, Rosaleen Flanagan, Frances McCann, Matt Hurley.
Health Services Employers Agency (HSEA)

List of main themes/issues exhibited:

- People Management – The Legal Framework
- Dignity in the Workplace

Pictured (left to right) at the HSEA exhibition:
Elva Gannon, Gerry Barry, An Tánaiste and Minister for Health and Children, Mary Harney, T.D.

HSEA Staff members also at the exhibition:
Denise O’Shea, Sonia Shortt, Catriona McConnellogue.
North South Health Services Partnership

List of main themes/issues exhibited:

- North South Health Services Conference Report
- Ethnic Catering in Hospitals – Project Summary
- Health Inequalities – Project Summary
- Employing People with Disability in the Health Services – Project Summary
- AHHRM Award to The Royal Hospitals Belfast and Beaumont Hospital

Pictured (left to right) at the NSHSP Exhibition Stand:
Pat Harvey, Michael Kelly, An Tánaiste Mary Harney, T.D., Larry Walsh.

Not pictured but also present at the NSHSP exhibit:
Jonathan Swallow (Swallow Consulting and UNISON), John McAdam HSNPF.
National Centre for Partnership and Performance

List of main themes/issues exhibited:

- Promoting Innovation and High Performance
  The impact of Partnership Approaches to Change in the Irish Health Service

- Workplace of the Future:
  Achieving High Performance: Partnership Works The International Evidence

Pictured at the NCPP exhibition stand:
Larry Walsh (Director HSNPF), Julia Kelly (National Centre for Partnership and Performance).
Presentation by Des Geraghty, ICTU Executive Council Member

Productive Partnership in the Health Services
Des Geraghty – Member of ICTU Executive Council

Productive Partnership in The Health Services
Wednesday, December 1, 2004
Burlington Hotel, Dublin

DESI GERAGHTY
Irish Congress of Trade Unions
Executive Council

Former:
General President, SIPTU;
National Secretary, Health Services;
Member of European Parliament.

NATIONALLY
National Agreements provide framework;
Sets national objectives;
Provides support for approach;
Ensures resources are allocated;
Political/Employer/Union endorsement;
National support.

SECTORALLY (i.e. Health Sector)
Framework Agreement;
Commitments at highest level;
Clear focus on objectives;
Adequate support and resources;
Training and facilities;
Good communications;
Regular review;
Actions speak loudest.
WORK LOCATION (the critical level)
- Clear local agenda – realistic objectives;
- Acknowledges different priorities;
- Establishes mutual interests;
- Effective decision-making;
- Maximum involvement;
- Regular communication;
- Constant review.

COLLECTIVE BARGAINING (Industrial Relations)
- Partnership operates within an Industrial Relations framework;
- Industrial Relations provides Safety Net.

EXPERIENCE TO DATE
- “A better way to manage change”
- “Respects various interests”
- “Gives ownership to people”
- “Requires good local leadership”
- “Involves a culture change”
- “Liberates initiative”
- “Creates better job satisfaction”

CAUTION!
- Changing behaviour is difficult;
- Many have vested interests in status quo;
- Requires middle Management/Union Representatives support;
- Direct involvement works best;
- Challenges hierarchical structures;
- Requires time, resources and patience;
- May not work.
CRISIS!
- Can be help or hindrance;
- Sometimes, needs a protective wall;
- Fear of unknown creates resistance;
- Decisions or resources are not local;
- Time is often not available;
- Old certainties preferred.

PERSONAL VIEW: Worth doing
- Requires good local leadership;
- Unequivocal Management/Union support (at highest level);
- Works best in solving problems;
- Middle management of Utility and Union need support (above and below);
- Direct and indirect engagement;
- Trust grows from actual experience.

PARTNERSHIP CHALLENGE
CAN WE DELIVER -
- A better Health Service?
- Manage Change Successfully?
- Improve Work Satisfaction?
- Increase Opportunities?
- Reduce Frustration and Conflict?
Presentation by Lucy Fallon-Byrne, Director, NCPP

The Impact of Partnership Approaches to Changes in the Irish Health Services

Lucy Fallon-Byrne speaking at the conference.

Promoting Innovation and High Performance
The impact of partnership approaches to change in the Irish health service
Lucy Fallon Byrne, Director, NCPP
HSNPF Conference 1st December 2004

The research project
- Six case studies – partnership approaches to organisational change in health service organisations
- Undertook over fifty substantial interviews
- Examined Irish, UK and international research data
  - Pressures for change, barriers
  - Links change, HR practices & performance
- Examined impact of partnership approaches to change on levels of organisational innovation and subsequent performance in the case study organisations

What is organisational innovation?
- Organisational innovation encompasses any aspect of workplace change that can deliver improvements, such as: new ways of working, new management practices, use of new technology, new business processes and investment in human resources.
- People and human resource management practices are central in this regard.

Six inspiring stories
- Western Health Board – Roscommon Community Services
  - Have you got a good boss for quality?
- Midland Health Board
  - Communicating for better job quality
- South Eastern Health Board
  - Introducing Smartwork
- St James’ Hospital Engineering Department
  - Planning flexibility
- Western Care Association
  - Implementing Personal Outcomes
- Action Plan for People Management
  - A new HR strategy through partnership
A Report on the HSNPF Excellence Through Workplace Partnership Exhibition and Conference - December 2004

**Partnership – Organizational Innovation – High Performance**

- **Improved service delivery**
  - Standards of patient care
  - Organisational efficiency
  - Quality of working life

- **Partnership activities**
  - Effective communication
  - Shared understanding
  - Improved morale
  - Joint problem solving

**The benefits of a partnership approach**

<table>
<thead>
<tr>
<th>Benefits for service users</th>
<th>Benefits for organisation</th>
<th>Benefits for staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased organisation efficiency</td>
<td>Increased capacity for learning and problem solving</td>
<td>Improved quality of working life</td>
</tr>
<tr>
<td>Better service delivery</td>
<td>Increased focus on HR issues at senior management level</td>
<td>Increased employee autonomy and job satisfaction</td>
</tr>
<tr>
<td>More flexible approach to service delivery</td>
<td>Improved transfer of knowledge and expertise</td>
<td>Improved communication leading to reduced stress</td>
</tr>
<tr>
<td>Improved links to community</td>
<td>Improved understanding</td>
<td>Increased trust between staff, unions and management</td>
</tr>
</tbody>
</table>

**Barriers to a partnership approach**

- Need to improve management ability to implement progressive human resource policies
- Low levels of consultation and feedback
- Hierarchical and bureaucratic organisational structures
- Low levels of performance management
- Unwillingness of management, staff and unions to change
- Low levels of trust in organisations

**Good practice approaches to partnership**

- Encourage learning and development
- Communicate effectively with staff
- Put resources in place – time, people, money
- Measure impact of innovation on service delivery
- Develop new ways of working together
- Encourage creativity and harvest ideas
- Build trust – the pilot project
- Ensure representation and employee voice to get agreement for change

**HSNPF can support this approach by refocusing resources**

- Organisational innovation – overcoming barriers to change by promoting organisational innovation in four key areas
- Systems to disseminate learning more effectively throughout the health service
- Measure impact of partnership & benchmark performance of individual organisations
- Link workplace partnership with strategic change – support incremental change at local level and link it with strategic change at national level.
Presentation by Damian Thomas, National Co-Ordinator, NCPP

Information and Consultation –
Case Study Reviews of Current Practice

Damien Thomas speaking at the conference.
A Report on the HSNPF Excellence Through Workplace Partnership Exhibition and Conference - December 2004

Workplace of the Future

- "Builds on existing directives with a view to encouraging and on-going and general process of information and consultation" (Evelyne Pichot, European Commission)

- "Active process – employers and representatives will have to inform, explain, justify and make proposals" (Dr. Pascale Lorber, 2003)

High Performance Work Organisations (HPWO)

- Informing and Consulting are the building blocks of HPWO
- ForumSurveys – managing organisational change effectively dependent on engaging/consulting with employees
- "Good communication and open systems of employee consultation and engagement will be required to enable difficult change to occur" (IMI, Submission)
- ESR/NCPP Employees Survey - Significant minority disengaged from HR processes
- Lack of shared objectives and low trust main barrier to change (LPC)

NCPP Research Project: Learning Network

- Allianz Ireland
- Barnardos
- Beckman Coulter Instruments
- Dell
- Dublin City Council
- Electric Paper Co.
- ESB
- GMIT
- GE Interlogix
- Medtronic AVE
- Multis
- Nortel Networks
- Roches Stores
- VHI Call Centre

Informing and Consulting

- Direct Information Sharing
  - Extensive range of practices & methods
  - Regular employee briefings (level/frequency/scope)
  - Personalised interaction (formal/informal)
- Direct Consultation
  - Individual
  - Permanent groupings / initiatives
  - Temporary projects
  - Open ended initiatives

Informing and Consulting - Indirect

- Unionised – established IR structures & relationships main vehicle for informing and consulting with employee representatives
- Issues extend beyond pay & conditions
- 7 organisations had established formalised partnership-style arrangements or structures
A Report on the HSNPF Excellence Through Workplace Partnership Exhibition and Conference - December 2004

Key Lessons

- Good platform
- Shared understanding of the potential value of enhancing I & C practices and procedures
- Integration into business/organisational strategies
- Managers more at ease with informing (variable enthusiasm)
- Consultation less prevalent in early planning compared to implementation phases
- Unionised - early consultation on HR issues
- IR arena - not limited to core IR issues
- Meaningful dialogue

Key Lessons

- Distinction blurred
- Direct and indirect practices mutually supportive
- Informal dialogue and highly personalised relationships
- Work in progress
- Top level support for the development of a participatory management culture
- Employees want to contribute & managers encouraged to foster such an approach
- Context, manner and spirit

Summary of the Advantages

- Overall Performance
  - Competitiveness
  - Customer Service
  - Understanding of goals/objectives
- Change
  - Openness to change
  - Anticipate and manage change
  - New & flexible ways of working
  - Continuous improvement
- Capability
  - Better informed decisions
  - Problem solving and innovation
  - Effective implementation

Attitudes and Perceptions towards ICD

- HR Managers - generally supportive - balanced with flexibility and competitiveness
- ‘daunting’ to workable
- Recognition of the potential value that this initiative could bring
- Employee Representatives - less knowledge of the detail welcomed any initiative that would enhance employee voice

Transposing the Directive into Irish Law

- Key Management Issues
  - Flexible arrangements
  - Confidentiality
  - Locus of Decision Making (autonomy)
  - Distinction between consultation & negotiation
  - Relationship with existing structures ie industrial relations or partnership

Challenges

- Business Culture
- Managers Right to Manage
- Non-unionised establishments / non-unionised employees
- Securing staff interest
- Improving current practice
- Existing industrial relations culture/structure
- Communication overload
- Resourcing/Training (managers/representatives)
Organisational Culture, Practices and Procedures

- Adapting, formalising and/or regularising existing arrangements/practices
- 3 examples where character, structure, composition and function of existing structures would more than meet future requirements
- Changes –
  - earlier and increased consultation
  - more regularised information flows;
  - new arrangements for indirect representation

ICD – Opportunity for the Health Sector

- Directive as general framework that will act as a catalyst for focusing attention on improving organisational culture and current practice in relation to informing & consulting
- Opportunity to develop customised, partnership-style arrangements for managing and anticipating change (mutual gains)
- I & C arrangements build on / enhance existing structures / procedures
- Fostering a culture of real engagement and meaningful dialogue (how can ICD assist in this process)

No Single Model

NCPP Case Studies
- Product of agreement/negotiation
- Agreed and written constitution
- Open and elected membership (designated parties)
- Business-focused agenda
- Information sharing, employee dialogue and participation
- Evolutionary dimension

DETE Consultation Paper (Rules)
- Enterprise Workforce/ negotiated (drafting)
- Written / drafted / available / Signed / Supported
- Subjects and consultation
- Principles for negotiation

Principles (Article 5)
- Agreements must be effective
- Enterprise/Employee interests
- Rights/obligations of both parties
- Spirit of 2-way operation
- Arrangements based on direct involvement – fees to enable parties to have employee representatives

Framework of Good Practice

- Customised arrangements
- Viable, practical and sustainable
- Adhere to spirit of the Directive
- Adopt benchmarks of good practice
- Effective and Flexible
- Agreement
- Integrated (HR) policy – build on and complement existing mechanisms/policies
- Aligned with business/organisational strategy
- Evolution & Experimentation
- Monitoring and reviewing – benefits & outputs (active)
- Foster a culture of information sharing / participation and consultation

Going Forward

- Something should be doing (potential benefits) rather than have to do (regulation)
Presentation by Isobel Butler – Organisational Psychologist

Learning in Partnership –
A Review of Health Service Partnership

Isobel Butler speaking at the conference.

Research Questions
- Describe the Partnership Process in this Organisation/Area.
- Particular emphasis was placed on Structure, Membership, Workings of the PC, Training, Budgetary Issues, issues dealt with through Partnership, Vision of the Future and Lessons learnt.
- What has worked well or being successful? Why?
- What has been a challenge/a difficulty/failed? Why?
- What Gaps exist? Why are these seen as Gaps? How can they be overcome?

Methodology
- Identification of a cross section of Health Service Partnerships
- Focus Groups with Facilitators and HSNPF staff team
- Semi-structured interviews with Joint chairs, past and present
- Focus groups with PC’s
- Interviews with sample of Forum members
- Use of documentation and reviews carried out by Partnership Committees

Themes Emerged
1. Structural Issues
2. Partnership Committees Working well as groups
3. Importance of Clarity of Role, Terms of Reference, Protocols, Project Mgt Issues
4. What is Partnership?
5. Learning Curves
6. Unions and Partnership
7. Management and Partnership
8. Role of HSNPF
9. Role of Facilitator
10. Communication – a challenge
11. Training

1. Structural Issues
- Membership
  - Flexible membership Vs. Prescriptive membership
  - Involvement of Medical Staff
  - Involvement of CEO/GM
  - Involvement of union officials
  - Union reps - activists or members?
  - Importance of involving employees not traditionally involved
  - Issues arising with changes of membership
- Joint Chairs
  - Time commitment
  - Issues of release
- Use of Sub groups

2. Partnership Committees
Working Well together as a Group
- One of the key successes of Partnership
- Issues having an impact on effective committee working identified
  - Role and skills of facilitator
  - Visible Commitment of Senior Mgmt
  - Enthusiasm/commitment PC members
  - Regular & consistent attendance
  - Interesting & meaningful agenda
- Lack of cohesion causes identified
  - Lack of any of the above
  - Particular importance of attendance
- Changed Roles in Partnership for both union reps & mgt

3. Importance of Clarity about Role of Partnership Committee, Terms of Reference etc
- Positive impact of agreeing Role, Mission Statement, Objectives etc
- Lack of clarity leads to time wasting
- Importance of minutes
- Communication with stakeholders
- Terms of Reference for Sub-groups, Local Groups and Projects
  - Key stages and aspects and stages of project/process
  - Pilot? Length of? When moving to implementation?

4. What is real meaning of Partnership? How do we move it beyond the Committee?
- Ongoing debate. Differing Views emerging
- Partnership as Information Sharing
- The issue of Consultation
- Joint Problem Solving
- Projects
  - both positive and negative experiences
  - Projects only change the attitudes and behaviours of those directly involved

Mainstreaming Partnership - different models emerging
- “Partnership Proofing Committees”
- “Learning from successes and failures of major change type Partnerships”
- Different strands to the work of Partnership
- Partnership Committee in every location
- Voluntary Sector
- OD, Partnership and IR as separate parallel strands within one Organisation
- Difficulties associated with Mainstreaming
5. Learning Curve
- Increased knowledge of how Health Services & Org operate
- Kinds of issues which can be dealt with
  - Early days lack of clarity
  - Mature committees with Mission Statements: Agreed Roles, Strategic Plans etc
- Trust
- Culture change is a long-term activity
- What is consultation?

6. Unions and Partnership
- Early days seen as sell out
- Often lack of training/communication with reps by unions
- Disconnect between unions at National and Local Level
- Too much post hoc definition of issues

7. Management and Partnership
- Real Commitment
- Organisational Plans, Changes etc sharing information
- Skills and Competencies
- Leadership - senior managers role in challenging non-partnership behaviours
  - Connect to middle managers

8. Role of HSNPF
- Role needs to be more clearly articulated and stronger leadership
- Problems
  - Slow response rates
  - Pressure to spend money
  - Protocols and reporting mechanisms
- Role should be re-emphasised and developed
  - Leaders of process and provision of support eg clearer communication from Forum members to constituent groups both union and management
  - Providing resources eg Database, Networks, Funding: admin support
9. Role of Facilitator

- Seen as essential
- One of the aspects of Partnership that is seen as working well
- Some areas feel role could be broadened

10. Continuing Challenge of Communication

- Challenge includes
  - Willingness to communicate
  - Infrastructure
  - Skills
  - 2-way communications
- Two strands
  - Organisational Communication and Partnership Communicating
    - Partnership to staff
    - Partnership to Unions and Management

11. Training

- Joint Training
- Need to provide joint training to staff and managers outside Partnership
- Joint Training in project management skills
- Tools for Change seen as positive
- Joint Training on Health Service Partnership Principles to be given to full-time Union Officials and Managers who are outside the process
- Advanced training for mature committee eg around dissemination of best practice and lessons learnt eg organisational change which has been successful
Presentation by Maureen Lynott, Chairperson, Health Services Performance Verification Group

Partnership and the Customer

Maureen Lynott speaking at the conference.

PARTNERSHIP AND THE CUSTOMER

Maureen P Lynott
Chairperson
Health Sector Performance Verification Group

Sustaining Progress: Social Partnership

- More than IR
- Health Sector Priorities
- Skill mix and working
- Hours and range of services
- Performance Management
- Value for Money
- Staff Development and Training
- Industrial Relations and Peace
- Improved Customer Service
- As patients
- Clients
- Consumers

The Customer’s Experience

- Expertise/skill
- Ethics/culture
- Organisation and structure of services
- How central to service delivery?

What happens at point of access, use, need?

The PVG Process

- Criteria and format for assessment
- Site visits
- Corporate presentations
- Submissions
- Review and recommendation process
A Report on the HSNPF Excellence Through Workplace Partnership Exhibition and Conference - December 2004

The PVG Experience

A. Initial responses:
- Sloppy
- “Shopping List”
- Report card
- Leadership issues
- Not systematic
- Lacking corporate context/Management role
- Varied experiences
- PVG feedback and recommendations

B. Evolving Responses:
- Taken more seriously
- More focused, specific and relevant
- Improved sense of corporate cohesion
- Increased leadership
- Varied experiences
- Standards of services and impact for customer: work in process
- Move to partnership activity demonstrated
- Maintaining IR peace
- PVG feedback and recommendations

FORWARD IN THE PROCESS

- Still early days
- Pilots becoming mainstreamed
- Ethics/culture becoming embedded
- Evidence of productive partnership evolving
- Higher bar
- No tolerance for industrial disputes with SP

What is ahead for Partnership and the Customer:

A. Key challenge of service delivery, management and reform
B. Who is driving the engine for change?
C. Essential role of leadership
   - Ethics/culture
   - Staff empowerment and respect
D. For the Customer: Centrality
   - Expertise and high-quality service
   - Integration of services
   - Access
   - Voice
   - Customer care
**Presentation by Larry Walsh, Director, Health Services National Partnership Forum**

*Health Services Partnership in the New Health System*

Larry Walsh speaking at the conference.

**Health Services Partnership in the new Health System**

1\textsuperscript{st} December 2004

Larry Walsh, Director

Health Services National Partnership Forum

- Review of partnership in the health services carried out by Isabel Butler, August – September 2004
- Future Search – "Workplace Partnership in the new health system", 7\textsuperscript{th} and 8\textsuperscript{th} October 2004
- HSNP FORUM day long review meeting 20\textsuperscript{th} October 2004

**Health Services Partnership in the new Health System**

- The Health Services National Partnership Forum and its role
- Local structures to support partnership as "the way we do business"
- The role of local partnership committees in 2005
- Key recommendations from Learning in Partnership Report (Isobel Butler)
- Commitment to Partnership

**The Health Services Partnership Forum**

- 24 Members
  - 12 management
  - 12 union
- Management
  - Senior representatives from HSE, DoHC, Voluntary hospitals, Federation of Voluntary Bodies
- Union
  - Senior representatives from ATGWU, IHCA, IMO, IMPACT, INO, MLSA, PNA, SIPTU, Crafts Group
Role of the Health Service National Partnership Forum

- Provide leadership and commitment
- Set broad parameters for partnership at regional and local level
- Support and resource the partnership process within agencies
- Assist development of best practice communications
- Communicate the partnership message
- Promote and develop measurement and evaluation
- Develop strategic links
- Verify progress under National Partnership agreements

Revised Local Partnership Structures

- Partnership Committee in each LHO
- Partnership Committee in each acute hospital
- Networks
  - of LHOs within regions
  - of hospitals
  - Across the pillars

Role of Partnership Committees in 2005

- Manage the transition to new partnership structures
- Continue to implement service/action plan for 2005
- Existing health board partnership committees to oversee the setting up and training of the new partnership committees and networks
- Ensure continuity
  - Communicate, Communicate, Communicate

Recommendations

Structural Issues

- Partnership Committees to have a membership which best represents all the stakeholders including medical staff and the most senior managers
- Union representatives to include shop stewards and activists
- Formal communication links to management team, union committees and full time officials
- With changes in membership
  - Training and Induction
  - “New Committees” to refocus and reformulate objectives
- Provide support to staff/union representatives
- Clear understanding of role of facilitator

Recommendations

What is the real meaning of Partnership and how do we move beyond this committee?

- A vision of partnership should be developed in each organisation with the partnership committee, senior management and the unions (including full time officials)
- Information sharing - e.g. Plans, Budgets
- Consultation
- Joint problem solving
- Joint decision making
- Accreditation and service planning
- The way we do our business (continuous)

Recommendations

How will Partnership be mainstreamed?

- HSNPF to agree templates and models based on best practice
- HSNPF to develop protocol for handling major change through partnership
- Service Planning
- Accreditation
- Close contact with IR areas, HR/IR and change management and organization development management and staff training
- Agree process for referral to industrial relations
- Partnership proof organisation’s activities
- Communicate partnership message
A Report on the HSNPF Excellence Through Workplace Partnership Exhibition and Conference - December 2004

Recommendations

Learning curves
- Recognise that changing a culture is a long term activity
  Consultation and implementation must take place at the earlier stages of change projects
- Recognise that real partnership means you can have a row over one issue and still be working successfully on others
- Threatening to pull out when a problem occurs is not conducive to developing real partnership
- If agreement is not reached and change not achieved there must be no recriminations if parties stick to terms of reference, ground rules etc.
  Even a non successful outcome can be successful
  - Building trust and Improving understanding

Recommendations

Unions and Partnership
- Unions to play key leadership role in partnership to ensure they bring the people and key objectives to the process
- Ensure good communication links from national to local level on decisions and goals
- Agree to a communication process with partnership representatives
- Unions at HSNPF level need to communicate HSNPF’s decisions within their unions
- Partnership committees to discuss with union officials how issues can progress through partnership and into IR arena if necessary
- Trade union training programmes for fulltime officials and elected representatives to include partnership skills including facilitation and joint problem solving

Recommendations

Management and Partnership
- Management to ensure that at a minimum organisational changes etc. are shared with partnership committees and where possible are carried out in a partnership manner
- Accreditation process and service planning to be carried out in partnership manner
- Recruitment, training and mentoring to ensure managers are competent to work in partnership manner
- Leadership – Senior managers must lead and challenge non partnership behaviours
-Management at HSNPF level to communicate HSNPF’s decisions

Commitment to partnership
- Government
- Health Service Executive
- Unions
- HSNPF Leaders
- Sustaining Progress
- All have agreed to work together through partnership
  - to improve health services
  - to provide a better working environment for staff

Future
- 5 years experience has prepared us for the future development of partnership
- Evidence / Guidelines / Recommendations
- No shortage of ideas – 400 projects
- Mainstream / continuous process
  “The way we do things around here”

Presentation
By
LARRY WALSH
DIRECTOR
HEALTH SERVICES NATIONAL PARTNERSHIP FORUM
Email: lwalsh@hsnpf.ie
www.hsnpf.ie
Biographical Notes on Speakers

Pat Harvey, Chief Executive Officer, North Western Health Board
Pat Harvey is Chief Executive Officer of the North Western Health Board since September 1998. Prior to that he held various management posts in the Board including that of Hospital Manager in Letterkenny General Hospital and subsequently Sligo General Hospital over a period of 16 years. Pat has carried out various full time and part time studies in business and public administration and holds an MSc (Management Practice). He also holds several positions in national fora such as Joint Chairperson of the Health Services National Partnership Forum, Chairman of the Health Service Employers Agency. He also leads on a number of National Projects and themes: for instance he chairs the National PPARS Project and has taken the lead CEO role in developing the National Health Strategy.

Matt Merrigan, National Industrial Secretary, SIPTU
Matt Merrigan is the National Industrial Secretary for SIPTU and a Joint Chairperson of the Health Services National Partnership Forum.

Kevin Kelly, Executive Chairperson of the Interim Health Service Executive (iHSE)
Kevin Kelly was appointed Executive Chairperson of the Interim Health Service Executive (iHSE) Board last November. On 20th November 2004, the Tánaiste announced Mr Kelly’s appointment as interim Chief Executive Officer of the Health Service Executive. Kevin will step aside as Chairman of the Health Service Executive in order to take up this new interim position from 1st January 2005. He will remain in place until a new CEO is appointed. Kevin is a member of the National Steering Committee on Health Service Reform. He also attends the meetings of the Cabinet Committee on Health. Kevin is a Chartered Accountant and was formerly Managing Partner of Coopers & Lybrand. He was Managing Director of AIB Bank from 1996-2001 where he had previously held the position of Group Financial Director. During the 1980s he was appointed Executive Chairman of the PMPA insurance Co. by the Government. Currently, he is also Chairman of Schroder Private Equities P.L.C., Director of Kerry Group P.L.C., and the Museum of Modern Art amongst others. A former Chairman of the Irish Management Institute, he is also a former President of the Irish Bankers Federation.

Des Geraghty
Des Geraghty is currently a member of the National Executive Council of the Irish Congress of Trade Unions; is a former President of SIPTU and was National Industrial Secretary for the health services in the ITGWU. He was also a member of the European Parliament serving on the Economic and Monitoring Committee. He has been involved over many years in national negotiations in virtually all sectors of the economy and in the formulation of policies for national partnership agreements. Recently a member of the Enterprise Strategy Group, Des has served on the National Competitiveness Council and is currently a member of the Board of FÁS and the RTÉ Authority. He is a strong advocate of participation and change management through partnership agreements.
Lucy Fallon-Byrne, Director, NCPP
Lucy Fallon-Byrne was appointed Director to the National Centre for Partnership and Performance in May 2001. Previous to this, she was Assistant Chief Executive of the National Council for Curriculum and Assessment and formerly a primary school teacher and principal. Lucy has extensive experience in strategic management and planning and has worked as a consultant to educational organisations at national and international levels. She holds an MBA Degree with particular reference to strategic planning and organisational change and also an MA in political science.

Dr Damian Thomas, National Co-ordinator, National Centre for Partnership and Performance
Damian Thomas was appointed to the Centre as National Co-ordinator in January 2002. Before joining the Centre, Damian worked as Research Officer with the AHCPS. Prior to this Damian was the Labour Court Newman Scholar at the Graduate School of Business, UCD (1997-2000). Damian has also worked as a Research Associate in the Centre for Urban & Regional Development Studies (University of Newcastle upon Tyne). Damian received his PhD for work on Social Partnership in Ireland.

Isobel Butler, MSc and Organisational Psychologist
Isobel Butler is an MSc and Organisational Psychologist who has worked in the field of Partnership both in the public and private sector.

Maureen Lynott, Chairperson, Performance Verification Group
Maureen Lynott is a management consultant, with extensive experience at senior management levels in the public and non profit sectors, particularly in relation to delivery, policy and organisation of health services and services for disadvantaged children, families and communities. She was a member of the public service benchmarking body, and is currently chair of Ballymun Regeneration Limited, the National Treatment Purchase Fund, and the Special Residential Services Board; and current board member of the Homeless Agency and Housing Finance Agency, and previously of Focus Point and the VHI. She is the current chair of the Performance Verification Group for the health sector. Her family emigrated to New York when she was a child, and she returned in 1987 as a visiting academic at Trinity College; she continues to lecture in an annual seminar at Trinity.

Larry Walsh, Director of the Health Services National Partnership Forum
Larry Walsh has worked in the health service for most of his career. He was Head of Personnel and subsequently Assistant Chief Executive Officer in the North Eastern Health Board. He was a member of the Health Services National Partnership Forum (HSNPF) from its inception and subsequently took up the post of Director of the HSNPF in December 2002. He is a Fellow of the Chartered Institute of Personnel and Development.
List of Agencies Attending or Participating in the Conference & Exhibition

More than three hundred delegates and speakers from fifty two agencies attended the Conference and Exhibition (all agency titles are pre-health reform titles)

1. A&M inc NCH – Tallaght Hospital, Dublin
2. Beaumont Hospital, Dublin.
3. Brothers of Charity
4. Cheshire Ireland
5. Cork University Hospital
6. Department of Health & Children
7. East Coast Area Health Board
8. Eastern Health Shared Services
9. Eastern Regional Health Authority
10. Galway Association
11. Health Services Employers Agency
12. Health Services National Partnership Forum
13. Health Sector Performance Verification Group
14. interim Health Service Executive
15. IMPACT
16. Irish Blood Transfusion Service
17. Irish Congress of Trade Unions
18. Irish Nurses Organisation
19. James Connolly Memorial Hospital
20. Leopardstown Park Hospital
21. Labour Relations Commission
22. Mater Hospital, Dublin.
23. Midland Health Board
24. Mercy University Hospital
25. Mid Western Health Board
26. MLSA
27. Northern Area Health Board
28. North Eastern Health Board
29. National Centre for Partnership and Performance
<table>
<thead>
<tr>
<th></th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>National Maternity Hospital</td>
</tr>
<tr>
<td>31</td>
<td>National Rehabilitation Hospital</td>
</tr>
<tr>
<td>32</td>
<td>North South Health Services Partnership</td>
</tr>
<tr>
<td>33</td>
<td>North Western Health Board</td>
</tr>
<tr>
<td>34</td>
<td>Office for Health Management</td>
</tr>
<tr>
<td>35</td>
<td>Independent Consultant</td>
</tr>
<tr>
<td>36</td>
<td>Irish Patients Association</td>
</tr>
<tr>
<td>37</td>
<td>Our Lady's Hospital for Sick Children, Temple Street, Dublin</td>
</tr>
<tr>
<td>38</td>
<td>Portiuncula Hospital, Ballinasloe, Galway</td>
</tr>
<tr>
<td>39</td>
<td>PNA</td>
</tr>
<tr>
<td>40</td>
<td>Sisters Charity Jesus and Mary Services</td>
</tr>
<tr>
<td>41</td>
<td>Stewarts Hospital, Dublin</td>
</tr>
<tr>
<td>42</td>
<td>Southern Health Board</td>
</tr>
<tr>
<td>43</td>
<td>SIPTU</td>
</tr>
<tr>
<td>44</td>
<td>South Infirmary-Victoria Hospital</td>
</tr>
<tr>
<td>45</td>
<td>St. James's Hospital Dublin</td>
</tr>
<tr>
<td>46</td>
<td>Songfield Consultancy</td>
</tr>
<tr>
<td>47</td>
<td>South Eastern Health Board</td>
</tr>
<tr>
<td>48</td>
<td>St. Vincent's University Hospital, Dublin</td>
</tr>
<tr>
<td>49</td>
<td>South West Area Health Board</td>
</tr>
<tr>
<td>50</td>
<td>UCATT (Craft Unions)</td>
</tr>
<tr>
<td>51</td>
<td>Western Care</td>
</tr>
<tr>
<td>52</td>
<td>Western Health Board</td>
</tr>
</tbody>
</table>
Two publications were launched at the exhibition and conference:

*Learning in Partnership* –
A Review of Health Services Partnership, published by HSNPF. Copies of this document are available from HSNPF or on our website www.hsnpf.ie

*Promoting Innovation and High Performance* –
The Impact of Partnership Approaches to Change in the Irish Health Service, published by NCPP and co-funded by HSNPF. This document is available from HSNPF or at www.ncpp.ie and www.hsnpf.ie
Excellence Through Workplace Partnership

A Report on the HSNPF Exhibition and Conference in the Burlington Hotel, Dublin, on 1st December 2004