

CS19: HMP DORCHESTER HEALTHCARE PARTNERSHIP

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Context

HMP Dorchester was a local prison with an in-patient healthcare facility, managed by the local Primary Care Trust (PCT), which was also responsible for health care in the community. The relationship between the prison and PCT was productive at a strategic level, but not within the prison at an operational level. Poor working relationships between Prison operational staff and managers on one side and the Healthcare staff, doctors, nurses and managers on the other, had worsened to the point of conflict. Prison Dialogue (PD) had played a key role in a dramatic Prison turn-around at HMP Dorchester over the previous 4 years (see CS14) and was still working on the Bournemouth Threshold Dialogue (see CS21). The Governor had worked with PD extensively for some ten years previously, and he knew that Dialogue was a powerful means of addressing conflict at organisational interfaces. He proposed that PD facilitate a Dialogue process between the groups. The PCT agreed and offered to fund that, such were their concerns.

Aims and Objectives

PCT and prison managers had started to undermine each other in a very public way. Both sides now wanted the other to understand their concerns and interests, solve the problems they had and to reduce conflict.

PD had succeeded in some powerful interventions in recent years, working with prison management to address their needs. They had become reliant on charitable funding to do this, however, and wanted to position Dialogue as a professional approach that added value in terms of sustainable change, and should be contracted and paid for by those involved.

Method: Activity, Participants and Duration

An off-site session was planned to bring together the different perspectives held by the PCT and the prison – strategic, professional, organisational, operational and hierarchical. On the prison's side the prison Governor, a key senior manager and middle manager attended, whilst on the PCT side there was the senior health service manager, a doctor and senior nurse. Individual

conversations with each of these participants beforehand enabled PD to understand their different experiences, needs and interests, to get a picture of the whole situation and its history, and to build a container to enable open Dialogue about the issues. The session combined open Dialogue to bring out all of the information and issues, with a process to set a common vision for their partnership. It involved all participants contracting to meet their expectations of each other, and practical planning that would help to bring about material changes. Early on PD presented ideas about partnership to stimulate the thinking.

Outcomes

PD delivered a short-term solution-based intervention to contract.

The Dorchester Healthcare Partnership was successfully agreed at a strategic level and delivered at an operational level. The working relationships of all involved changed through establishing common vision, understanding and expectation, and the partners committed to holding a regular forum to maintain this quality of conversation, relationship and effective working together.

Learning

PD developed its thinking about Partnership, promoting the idea that in the strongest partnerships each partner wants to help the others succeed in all of their goals, not just in their common goals. PD realised that a process based on the Dialogic Principles (potential, participation, coherence, awareness) will free up a stuck situation and refresh the relationships. In this case the potential was brought out through the shared vision, participation was established through the contracting about expectations and commitment, coherence was provided by agreeing a joint plan of action, and awareness of the whole situation gained in the Dialogue session that was designed to hear and understand all of the perspectives.