

**Meeting Note: Special Area Partnership Forum – Acute Workforce**

**Date/Time: Monday 26<sup>th</sup> February 2024 at 2pm**

**Via MS Teams**

**Attendees:**

| <b>Name</b>           | <b>Title</b>                                    |
|-----------------------|---|
| Claire Burden         | Chief Executive / Chair of Management Side      |
| Jenny Wilson          | Nurse Director                                  |
| Sarah Leslie          | Director of OHRD                                |
| Derek Lindsay         | Director of Finance                             |
| Tim Eltringham        | Director of South Ayrshire HSCP                 |
| Jacqueline Nicol      | Site Director of University Hospital Crosshouse |
| Lynne McNiven         | Director of Public Health                       |
| Nicola Graham         | Director of Infrastructure and Support Services |
| Roisin Kavanagh       | Director of Pharmacy                            |
| Allina Das            | RCN Representative                              |
| Frances Ewan          | Unite Representative                            |
| Sandra Hunter         | UNISON Representative                           |
| Lucie Fontana         | BAOT Representative                             |
| Siobhan McCready      | Unite Representative                            |
| Robert McLaughlin     | UNISON Representative                           |
| Wendy Smith           | RCM Representative                              |
| Sam Mullin            | GMB Representative                              |
| Ewing Hope            | Employee Director                               |
| Kimberley Montgomerie | Unite Representative                            |
| Lorna Kenmuir         | Assistant HR Director                           |
| Miriam Porte          | Head of Communications                          |
| Matt McLaughlin       | UNISON full time officer                        |
| Caroline Cameron      | Director of North HSCP                          |
| Craig McArthur        | Director of East HSCP                           |
| Margaret Weir         | Head of Office (Meeting note)                   |

**Apologies :-**

Lorna Sim, RCN Representative

Ann Crumley, Assistant HR Director

Kirsti Dickson, Director of Transformation and Sustainability

Elspeth Jaap, British Dietetic Association Representative

Liz Bruce, CSP Representative

Terri Collins, Unite Representative

Ken Brown, Partnership Representative for Acute

Louise Sinclair, CoP Representative

Nicola Gault, Society of Radiographers

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| 1] | <b>Welcome &amp; Apologies</b>   |  |
|    | CB welcomed everyone to the meeting. Apologies were noted as above.  |  |
| 2] | <b>Acute Services Management Structure and Governance</b>  |  |
|    | <p>CB spoke to the paper, Acute Services Management Structure and Governance and highlighted the following key points;</p> <ul style="list-style-type: none"> <li>• The leadership structure for the Acute Directorate Hospital leadership was the lightest she had seen. Shortly after joining the Board following a HSE review the organisation was highlighted as one of serious concern in regard to safety concerns around safety huddle and patient flow. These concerns have now been addressed.</li> <li>• There was another issue of ensuring shared decision making with clinical input and an equitable voice of clinical staff.</li> <li>• A triumvirate’s structure was therefore put in place. This is not a new structure, some Board already successfully have this in place.</li> <li>• Within the triumvirate there is representation from Acute, Nursing and Medical.</li> <li>• An important section within the paper is that addressing roles and responsibilities.</li> <li>• This structure mirrors that of those already in place within other Boards e.g. NHS Tayside.</li> <li>• Nursing and medical teams along with management teams made commitment to progress something substantive in May / June 2023.</li> <li>• Senior triumvirate consists of the Nurse Director, Medical Director and Acute Director, sponsored by the Chief Executive. All met to discuss the pros and cons of triumvirate working and the decision was taken to enter organisational change with the main purpose being shared decision making.</li> <li>• Change management process issued in September 2023.</li> <li>• Introduction of triumvirate shared decision making with direct line of sight and management through triumvirate.</li> <li>• The Director of Acute, Deputy Nurse Director and Deputy Medical Director should cascade operational objectives into each triumvirate.</li> <li>• There is a nuance that the Site Director for UHA has a led portfolio of electives and Site Director for UHC has led portfolio for urgent and emergency care. We want matrix working, responsible to ensure services are congruent to site and also specialty triumvirates.</li> <li>• Nursing professional line management will shift to within Nurse Directorate. Managers are spread to thinly across workforce and many haven't had PDRs, with compliance sitting at 32%. Aligning to ensure clinical colleagues are appropriately managed through clinical career, safety matrix and clear line of sight. Nurses are managed professionally through their line manager and all are unified through triumvirate.</li> <li>• All involved in the process have had the opportunity to participate to input when developing the SBAR.</li> <li>• In terms of cost pressure with £1.4m, it should be noted that half of those cost pressures were inherited before the change management process. There is a gap in core funding for some of the posts that existed.</li> </ul> <p>SL advised at present professional line management sits with the Nurse Director however functional line management will move from divisional general management to nurse leader job role. This will also transfer staff governance from Acute Director to</p> |  |

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|  | <p>Nurse Director. Whilst we have changed the functional reporting lines. Budgeting finances still rest with the Acute Director and Board Chief Executive.</p> <p>An Acute Workforce Transformation Group has met weekly and then fortnightly to monitor this process with representatives from Management, Staffside and HR.</p> <p>To support colleagues during the change process, staff side asked if a Stress risk assessment would be undertaken during the process. A questionnaire was issued during the process to assess staff satisfaction and concerns. A similar evaluation will take place to evaluate the process and this will be agreed.</p> <p>In view of the structural nature of the changes within acute and individual job roles, an Equality Impact Assessment was not necessary.</p> <p>In response to a question regarding how the structure will work for AHPs, CB advised AHPs will remain where they are hosted at the moment. This is a multi-skilled workforce and there is no reason this couldn't apply to AHPs. JW advised there was a deliberate inclusion of AHPs, and the temporary Chief AHP role to allow this model to be tested.</p> |  |
|  | <b>Close</b>   |  |