

Moving Forward Together Workforce Reference Group

Minute of Meeting

Thursday 17th October 2019, 2.00 pm,
Meeting Room A, JBR House,
Gartnavel Royal Hospital.

PRESENT:

Sarah Leslie	Deputy Director of Human Resources & Organisational Development (Chair)
Danny Furnivall	Workforce Systems Analyst - Moving Forward Together
Kirsty Harper	RCN Officer
Isla Hyslop	Head of Organisational Development - Partnerships
Doug Mann	Head of Organisational Development, Acute & Corporate
Andrew McCready	Senior Representative – UNITE
Dorothy McErlean	Employee Director, NHSGGC
Kirstin McKenzie	PA to Director of Human Resources & Organisational Development
Jonathan Pender	Workforce Planning & Analytics Manager
Una Provan	Staff Side Representative – UNISON
Tom Quinn	Head of People & Change – East Dunbartonshire HSCP

1. Welcome & Apologies

S. Leslie welcomed everyone to the meeting. Apologies were received and acknowledged from Anne MacPherson, Director of Human Resources & Organisational Development; Sam Mullin, Branch Convenor, GMB; Andy Carter, Head of People & Change, Regional Services; Joan Smith, Head of People & Change, Clyde Sector, Moira Macdonald, Learning & Education Manager and Sandra Bustillo, Interim Director of Communications.

2. Minute of the Last Meeting

The Minute of the Last Meeting was approved as a correct record.

3. Rolling Action List

Members were taken through the rolling action list as attached.

Following discussion of the rolling action list, it was agreed that S. Leslie and A. MacPherson would draft a communication to all members regarding their responsibility to the group and to follow through with their actions.

Action: S. Leslie and A. MacPherson to discuss communications to the group and workstreams regarding members responsibility to the group and follow through of actions.

3.1 Information to Workstreams

D. Furnivall confirmed he had met with Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, to build the workforce profile for each workstream.

D. Furnivall asked the group for their thoughts on incorporating other ideas such as:

- general overview
- age demography
- where people fall within their Directorate
- job families
- retirement vulnerability
- sickness absence

Discussion followed with T. Quinn commenting that we have all this data to hand however what was the purpose of it and outlined that the challenge within the Mental Health Directorate was that there was no one at the front end to work with the data and gave an example of the need for double running, if Ward A was to close, Ward B needs to be up and running to allow it to close. I. Hyslop commented that there was a requirement to understand how we are coping with change and the impact change is having on staff.

D. McErlean advised that whatever changes were taking place, everything should be done in Partnership and what we do with data is crucial.

K. Harper asked if there was data available regarding qualifications that could be used for workforce planning purposes. Members agreed that data was available however it would mostly show clinical staff having V300 training and any additional training information would only be voluntary added to e-ESS. J. Pender added that qualifications data would only help us realise what we have now and not future planning.

S. Leslie suggested coordinating data for hard to fill occupations and suggested offering data to workstreams allowing them to decide what would work best within their workstream. S. Leslie asked D. Furnivall to provide workstreams with their data sets prior to the MFT Programme Board. A. McCready added that it would be useful for workforce planning to have retirement data. It was agreed and suggested that D. Furnivall meet with B. Culshaw to scope a tailored communication to go out from A. MacPherson.

S. Leslie suggested that D. Furnivall also e-mail ? to retrieve information on non-medical prescribers. S. Leslie advised she would ask Karen Whyte, Team Administrator, to set up a meeting to discuss what was required with regards to non-medical prescribers. It was agreed that U. Provan should be included in this discussion. J. Pender identified that Marjorie Johns, Planning Manager—Regional Services, had indicated that she would require 7.5wte non-medical prescribers. It was agreed that a further analysis of this was required, to look at the suitability and to develop a projection plan.

Action: D. Furnivall to provide workstreams with their data sets prior to the next MFT Programme Board.

Action: D. Furnivall to scope a communication with Beth Culshaw to go from A. MacPherson's office.

Action: D. Furnivall to contact ? to retrieve information on non-medical subscribers.

Action: S. Leslie to meet with colleagues regarding non-medical prescribers. Meeting to include U. Provan.

3.2 Membership Refresh

S. Leslie confirmed the workstream HR leads as follows:

- Planned Care – Lisa Gregson
- Unscheduled Care – David Dall
- Older Peoples – Joan Smith
- Mental Health – Tom Quinn
 - S. L asked T. Quinn how Christina Heuston wanted to get involved.
- Regional – Audrey Slater & Andy Carter
- Local Care – Brian Green (as Serena Barnatt is moving to a new role)

D. McErlean explained that Anne McDaid, Senior Steward, RCN, had not yet been invited to any Older People's workstream meeting and explained that this was unacceptable. D. Furnivall explained that the group led by Julie Murray, Chief Officer, East Renfrewshire Health & Social Care Partnership (HSCP) had only met once however there had been some additional activity. D. McErlean reiterated that Anne McDaid had not been invited to participate in any activity and explained that if there was no staff side involved this would slow down progress. D. Furnivall agreed to take this forward.

D. Mann explained that he had aligned OD Advisor's to their relatable Head of People & Change as follows; Joyce Bowes with Audrey Slater/Andy Carter for Regional; Teri Hunter with David Dall for Unscheduled Care; Julie Pearson with Joan Smith for Older People; Pamela McGoldrick with Lisa Gregson and Jen Calder with Brian Green for Local Care.

S. Leslie suggested that D. Mann draft this into a table. D. Mann confirmed that he had and S. Leslie asked for all leads to be on one paper.

Action: T. Quinn to explore how Christina Heuston wishes to get involved with the Mental Health workstream.

Action: D. Furnivall to ensure that staff side representatives are being invited to workstream meetings specifically Anne McDaid to the Older Peoples workstream.

Action: All leads to be added to one paper for circulation.

4. MFT Highlight Report

S. Leslie referred to the circulated report and highlighted the key updates. Members were directed to the amber actions at the end of the report and discussed the following.

The Training and Learning Plan for which an update from M. Macdonald was expected had yet to be received. S. Leslie confirmed she would pick up on Job Descriptions for new roles as no feedback had yet been received from an e-mail issued from A. MacPherson's office asking for a response to 3 questions set by D. Furnivall. Discussion followed regarding the timings of a paper due to the MFT Programme Board and S. Leslie asked K. McKenzie to forward to her the sent e-mail in order for S. Leslie to send out a reminder to Workstream Leads. D. Furnivall commented that we may not yet have had any replies due to groups not having yet met.

K. Harper commented that there would be a need to consider roles not included in the Literature Review. All agreed.

Action: M. Macdonald to update on the Training and Learning Plan for next meeting.

Action: K. McKenzie to forward the e-mail issued from A. MacPherson's office regarding the new roles literature.

Action: S. Leslie to issue a reminder to workstream leads regarding feedback.

5. Project Plan

D. Furnivall spoke to the circulated paper and asked if members felt there was value in developing the plan any further. All agreed there was however there was a need to explore why updates were not forthcoming and a need to enable staff to get to the right place. It was noted that T. Quinn's updates were received on a regular basis.

T. Quinn identified that the 'tests for change' section within the report should be noted as ongoing and not complete. D. Furnivall to update.

Discussion followed with T. Quinn explaining that the challenge for workstreams is not knowing what the end product will be or look like therefore making it difficult to know what to do in-between. I. Hyslop asked the group what the driver of the project plan was and referred to the list of principles that were attached to the side of the plan explaining that although we do not have an end point, the principles can be used as guidance. T. Quinn added that there was a need to be vigilant of destabilising other parts of the service in reaching any end goals.

S. Leslie commented on the need to manage expectations on all sides. S. L suggested that she and D. Furnivall review the project plan further. J. Pender added that R. Fishlock was working on the overall MFT Plan in November and should be able to link in. D. Furnivall confirmed this.

Action: D. Furnivall to make amendments to the plan.

Action: D. Furnivall and S. Leslie to review the content of the plan.

6. Staff Engagement

It was noted by the group that it was felt that there was a lack of corporate messages being issued therefore workstreams were unsure what they should be communicating. I. Hyslop suggested the group and workstreams review what messages can be issued. D. McErlean agreed and explained that some communication even if repeating what has gone before is better than silence. All agreed.

K. Harper asked if there had been any communication issued via Twitter. S. Leslie confirmed that there had not been.

D. Mann asked the group exactly what it was we want staff to know about MFT and what they need to know. I. Hyslop commented that health educational messages are useful for staff to know about. Discussion continued with T. Quinn suggesting it may be helpful to take packs into schools referring them to self-care, changing the culture within the community as he was unsure if Public Health or Clinical Health had bought into MFT as was seen as a clinical programme.

S. Leslie agreed to ensure S. Bustillo was present at the next meeting to discuss communications and engagement with staff further. D. McErlean added that it would be useful to know what was happening nationally and suggested S. Bustillo could update on this.

Action: S. Leslie to speak with S. Bustillo regarding staff communications and attendance at the next meeting.

Action: S. Bustillo to update to be given on national activity.

6. New Roles

As discussed within section 4 and the rolling action list.

7. ANP Paper

J. Pender explained that the Advanced Nurse Practitioner paper had gone to the last MFT Programme Board for discussion. The action from the meeting was for J. Pender, Mark Cooper, A. MacPherson and Dr. Margaret McGuire to meet and bring together subsequent papers. It was acknowledged by the group that J. Pender had met the remit that had been set and would discuss what was required with A. MacPherson and Dr. Margaret McGuire at the meeting. J. Pender confirmed he would liaise with K. McKenzie regarding the setup of the meeting.

Action: Update at next meeting.

Action: J. Pender to speak with K. McKenzie regarding set up of the meeting.

8. Trauma Centre Update

Action: F. MacKay or a member of the planning team to give an update at the next meeting.

9. Focus of Meeting

S. Leslie summed up the group's discussions and confirmed that the group had identified further areas of risk; the need to be proactive in getting the minimum data set out to all workstreams; S. Leslie confirmed she would speak with HoPAC's and ask them to provide their updates for the next meeting; and the group were asked to give consideration to closing down the 'new role' piece of work Better communications/messages were required and that future meetings should be used to problem solve.

10. A.O.C.B

T. Quinn questioned if there would be sufficient progress made in time for our next meeting and a brief discussion took place regarding the frequency of meetings.

S. Leslie confirmed that the meetings frequency would remain status quo.

S. Leslie thanked everyone for attending.

11. Date & Time of Next Meeting

Thursday 14th November 2019, 9.30 am, Meeting Room A, JBR House, GRH.