

**NHS GREATER GLASGOW AND CLYDE**

Minutes of the Meeting of the  
Area Partnership Forum (Workforce) held in the  
Boardroom, JB Russell House and via Microsoft Teams on  
Wednesday 13<sup>th</sup> November 2024, 10am

**Chair:** Anne MacPherson

(Sederunt at end of paper)

		<b>Action By:</b>
<b>1.</b>	<b>Welcome &amp; Apologies</b>	
	<p>A. MacPherson welcomed everyone to the meeting.</p> <p>Apologies were acknowledged and received from William Edwards, Chief Operating Officer, Emilia Crighton, Director of Public Health; Professor Angela Wallace, Executive Director of Nursing; Cathy Miller, Branch Secretary, Unison; Ricky Sherrif-Short, RCN; Craig Rennie, Workforce Planning &amp; Information Manager and Rose Anderson, Unison.</p> <p>It was noted that Susan Groom, Director -Regional Services would be attending future APF meetings to provide the Acute update for a 6-month period with Ann Traquair-Smith, Director - Diagnostics following thereafter.</p> <p>A reminder was issued that all were welcome to attend meetings in person.</p>	
<b>2.</b>	<b>Winter Planning</b>	
	<p>A. MacPherson welcomed Ali Marshall, Deputy Director of Planning, to the meeting and referred to the Winter Plan circulated with papers.</p> <p>A. Marshall presented an overview of the Winter Plan including key NHS GGC winter priorities; alignment with the Scottish Government;</p>	

the planning process for 2024/2025, bed surge plan, a whole-system approach to stakeholder engagement and impact risks.

The presentation was suspended as a Co-Pilot recording had started; following discussion, it was agreed that the meeting could be recorded by N. McSeveney for Core Brief use and disposed of in accordance with the Guidance. It was noted that any recordings being taken required agreement at the start of any meeting. The presentation resumed.

F. Carmichael observed and noted the optimistic expectation that footfall in Emergency Departments (ED) would reduce which despite best efforts in previous years had yet to be seen.

F. Carmichael then queried the comments made regarding Hospital at Home explaining that whilst in a recent meeting for Glasgow City HSCP, F. Carmichael had been advised that Hospital at Home in Glasgow City HSCP had been disbanded and staff would be supernumerary until another host could be found as were no longer required.

A. Marshall noted that she was referring to the new Hospital at Home model with G. Usrey adding that the Hospital at Home due to lack of funding had been disbanded last week however, there was a Community Hospital at Home Service being developed expected to commence February/March of 2025 and staff were being asked to assist ensuring their clinical skills were being kept up to date in other Acute areas until the new service is up and running. T. Keenan corroborated G. Usrey's explanation.

A. MacPherson suggested it would be helpful for A. Marshall to provide an update, given the different model to ensure that this is understood in the context of the Plan.

L. Mullen noted his concerns that the Winter Plan focused on practical steps and given that the service will not commence until the New Year therefore not in place for winter 2024, he advised of the strong feeling amongst staff onboarded for Glasgow City HSCP Hospital at Home that are not able to use their extensive clinical experience for this winter period.

Discussion followed with L. Mullen querying the expected impact of the Winter Plan specifically for 2024. A. Marshall responded that the Plan was focused on building the virtual capacity in line with the Unscheduled Care Programme to highlight alternative pathways with an overall aim to reduce footfall through ED departments as well as a focused communications campaign. Acknowledging the systemic pressures, L. Mullen reiterated his concerns that staff would be unlikely to share the optimism for these long-term solutions.

Discussion followed with A. Hair raising concerns regarding the closure of Ward 36 in Renfrewshire HSCP.

A. MacPherson summed up that wider discussion was required and suggested that it would be useful for A. Marshall to come back to a future APF to provide an update noting discussion.

A. Cameron-Burns sought clarity on the campaign timeline for power of attorney and who would be the most suitable contact, what support was being provided specifically relating to funding. B. Culshaw confirmed there was a national campaign as well as the six HSCP local campaigns, supported by Chief Officers and was happy to pick up on any gaps. It was noted that some areas do provide financial support.

J. O'Connell raised concern regarding the focus on community care in the plan and on reducing footfall, stating that he did not see the community care model required in place, asking A. Marshall for clarity on whether an impact assessment had been done. A. Marshall explained that no impact assessment had been carried out however lessons learned from last year had been considered and would be happy engage with staff side to do this for 2025 and actions aligned with services provided.

N. McSevery assured the Forum that internal communications would involve the Core Brief, the urgent care oversight board monthly meeting, and Team Talk.

A. MacPherson conclude discussion ensuring that a further update would come to a future meeting and any concerns can be picked up through local Fora.

	<p>J. Connell thanking A. Marshall for comments made requested an impact assessment be carried out and reviewed specifically regarding community care and asked for all HSCP's to submit a detailed plan with what community services are being cut. A. MacPherson stated this will tie in with the sustainability and value workstreams further on the agenda.</p> <p>A. MacPherson thanked A. Marshall for the presentation and asked B. Culshaw to pick up discussion with Chief Officers for future updates.</p>		<b>B.C</b>
<b>3.</b>	<b>Food, Fluid and Nutritional Care Policy</b>		
	<p>Anna Baxendale, Head of Health Improvement, provided an overview of the Food, Fluid and Nutritional Care Policy, brought to the Forum for awareness and noted its governance pathway.</p> <p>Noting discussion that had taken place at the APF Secretariat, E. Quail commented on the training aspects and the further information sought due to lived experience and that the perception that the training isn't as embedded as the Policy would suggest.</p> <p>A. Baxendale acknowledged this and confirmed that the additional information regarding AHP's had been made available and noted the active training agenda in place, however, would require extra time to provide data on other job families.</p> <p>A. Baxendale confirmed that training communication would be discussed at the next Food, Fluid and Nutrition (FFN) Oversight Group meeting. Meal provision is regularly monitored, with routine reports submitted to the FFN Oversight Group, which Baxendale offered to share.</p> <p>A. Baxendale highlighted challenges with defining national descriptions for modified diets due to their complexity and emphasised the need to focus on local producers. M. Gardner assured that food provision is a fundamental part of care and acknowledged training shortfalls during the pandemic. Efforts are being made to improve this through reinvigorated programs and incorporation into the induction program.</p>		<b>A. B</b>

	A. MacPherson thanked A. Baxendale for attending and suggested it would be useful if the points noted could be taken away suggested that the Action Plan could be brought back to a future meeting.		
<b>4.</b>	<b>Minute of Last Meeting &amp; RAL</b>		
	The Minute of the last meeting was approved, and members were taken through the Rolling Action List which was updated appropriately.		
<b>4.</b>	<b>Service Updates</b>		
4.1	<u>Acute</u>		
	<p>S. Groom provided an overview of activity within Acute noting unscheduled care pressures and comparing national average figures. Members were informed of an increase in RSV infections being seen at the Children’s Hospital and it was expected that this situation would remain for the next 2-3 weeks; due to these higher-than-normal admission rates, there had been some cancellations to elective surgery.</p> <p>Members were also provided with an update on Planned Care noting that NHSGGC was meeting all acute delivery targets however delays remained within cancer services and efforts to reduce waiting times was ongoing.</p> <p>S. Groom explained that that there had been damage caused to the roof of the Neonatal Unit at the Children’s Hospital and patients had been moved and would keep all involved informed.</p> <p>E. Quail reflected on the HIS inspections that took place on the 31<sup>st</sup> of March 2024 and welcomed the opportunity for staff side to be involved and noted it would be useful to be involved in any future discussions. This is a matter to be discussed further within the Acute Partnership Forum.</p>		
4.2	<u>Community</u>		
	B. Culshaw addressed the financial comments made during the meeting, explaining that until the 2025 budget is provided, the overall		

savings position for HSCPs remains unclear. Assurance was given that once this information is clarified there would be full engagement within the partnerships. It was reported that there has been a slight improvement in delayed discharges, currently at 281, with 224 of these within all six HSCPs and the remaining cases in neighbouring partnerships. Efforts continue to progress and alleviate delays in collaboration with colleagues.

Members acknowledged the series of seminars on delayed discharges, with B. Culshaw proposing an overview of the session outputs be presented at a future APF. B. Culshaw explained that a plan was being developed by Christine Laverty, Chief Officer, Renfrewshire, and Professor A. Wallace was noted.

The vaccination programme for Care Homes and housebound clients was noted as nearing completion.

It was announced that Mr. Pat Togher, Chief Officer of Edinburgh IJB, has been appointed as Chief Officer for Glasgow City HSCP, commencing his role in December 2024. The recruitment process for a new Chief Officer in East Dunbartonshire HSCP is also nearing completion.

E. Quail noted her observation that there was a need to ensure continuity across all six HSCP's and suggested a whole HSCP approach going forward for any board consequent items. B. Culshaw noted that she was mindful of points being raised during the meeting and acknowledged that due to Local Authority input work doesn't come together the same as within Acute services and suggested a meeting be convened to clarify what is being fed into local staff partnership for engagement and what is brought to the APF. A. MacPherson indicated she had asked the Heads of HR in partnerships to coordinate information to enable a consistent approach to be applied.

A. Cameron-Burns suggested that the meeting be held with D. McCrone and A. McCready as the staff side HSCP contacts.

L. Mullen sought clarification from B. Culshaw regarding bringing a structured and robust HSCP Report to a future meeting regarding the HSCP cuts. B. Culshaw explained that once the budget for 2025 was

**B.C**

**B.C/  
Co-  
Chairs**

	<p>known, HSCP's would work with finance colleagues to bring a financial impact overview to the APF, and local detail could also be made more available. A. MacPherson agreed that there was a need for further information and understanding and suggested P. McKenna link in to achieve this.</p> <p>A. MacPherson thanked B. Culshaw for the update.</p>	<p><b>P. McK</b></p>
<p>4.3</p>	<p><u>Workforce</u></p>	
	<p>A. MacPherson explained that work was ongoing to encourage uptake of both winter vaccines and suggested that K. McKenzie link with E. Crighton's office to bring an update/overview to a future meeting.</p> <p>Sickness absence had increased to 7.3%, A. MacPherson noted work continued to be actioned in local areas to bring figures down with partnership involvement.</p> <p>It was noted that Project Search Glasgow Team had won an award for the number of Project Search individuals onboarded into NHS GGC.</p> <p>Discussion followed with E. Quail referring to the attendance management policies available and noted that any training taken forward should be carried out in partnership and requested continued access to training for staff side colleagues. Natalie Smith will action with Secretariat</p>	<p><b>K. McK</b></p>
<p><b>5.</b></p>	<p><b>Sustainability &amp; Value</b></p>	
	<p>A. MacPherson requested a presentation for future meetings as P. McKenna provided a verbal update.</p> <p>P. McKenna reported the Board's financial position at Month 6, achieving £158m, 7% of the financial target, with expected savings of £168m.</p> <p>Despite significant required savings, NHSGGC has yet to address the gap and achieve balance.</p>	

Progress is being made with the Communications campaign, including partnership fora, team briefs, a message from the Chief Executive, and planned drop-in sessions for staff.

Members acknowledged the Small Change Matters campaign and the progress being made.

P. McKenna provided an update on NHSGGC's performance and the anticipated budget constraints. Members were informed that the Board's savings would represent 30% of the national savings target.

L. Mullen requested any additional funding information be provided before the APF Strategy meeting to manage budget expectations.

A. MacPherson agreed, hoping for more details by then. However, P. McKenna noted clarity on the budget might not be available until December 2024, but any updates would be shared.

A. MacPherson asked P. McKenna to provide a note of the Scottish Government budget timelines to share with the APF.

E. Quail requested vacancy management data for staff assurance purposes. Noting feedback received from stewards and directly from staff, L. Mullen referred to the mental and physical health impact on staff where vacancies are being held and had raised concerns with AHP senior nurses and this couldn't continue and requested a detailed report of why clinical vacancies are being held and why posts are not being released for advertisement.

A MacPherson responded that local areas do need to manage their establishment within budget and was unaware of clinical vacancies not being put forward the vacancy process and noted S. Munce's actions. Discussion continued regarding the terminology being used regarding vacancies.

A. MacPherson thanked P. McKenna for the update.

P. McK

**6. AfC Sub-Group Updates**

Members reviewed the update. N. Smith reported on the reduced working week and mentioned the Group's plans for further implementation.



S. Munce explained that the Band 5 Review Group continues to meet weekly and addresses issues as they arise. Efforts were being made to ensure all participants understand the process and encourage staff to apply. S. Walker mentioned that after processing the first batch of applications, another set is expected to be processed next week, with a total of 63 applications received as of yesterday. During a meeting with Senior Charge Nurses, S. Walker relayed the challenges encountered in the first meeting and noted some staff behaviours had been disappointing. Discussion followed regarding the lived experience and the assurances already received from Professor A. Wallace.

M. Gardner stated that she would address this matter during the Chief Nurses meeting scheduled for this afternoon and requested any relevant examples be forwarded to her.

A. MacPherson asked S. Munce and S. Walker to address these concerns and take appropriate action as needed, issuing a reinforced communication to staff, noting that any challenging behaviours was unacceptable. Discussion continued.

**S.M/  
S. W**

A. MacPherson thanked members for the discussion ensuring that all are aware of their responsibilities and suggested N. McSevery link in with S. Munce and S. Walker to issue a communication.

**N. McS**

Updating on the Protected Learning Time Group, M. Macdonald referred to the 3 workstreams had been established with the first due to commence next week focusing on the core modules and passport. Discussion had taken place at the Programme Board regarding taking forward communications to issue to staff.

A. MacPherson indicated she had asked M. Macdonald to provide an update focusing on specifics to come to the APF Secretariat and following APF.

**M.  
Macd/  
A.J.W**

A. McCready added that meetings had not been taking place and asked for meetings to be reestablished to discuss outcome of the national discussion. M. Macdonald and A. J. Walton agreed to take this forward. A. MacPherson asked for meeting dates to be issued by the end of next week. M. Macdonald agreed.

**M.  
Macd/  
A.J. W**

	A. MacPherson thanked everyone for their work.		
<b>7.</b>	<b>Workforce Storyboard</b>		
	<p>S. Munce provided a verbal overview of the Workforce Storyboard, covering headcount, sickness absence, statutory and mandatory figures, and PDP at 57%, with ongoing efforts to improve this. Regarding grievance information, S. Munce noted the grievance data, and the data requested.</p> <p>E. Quail mentioned that the grievance data in the Storyboard remained inaccurate and highlighted the need for progress in this area, noting how and when grievances are recorded. A. MacPherson informed the Forum she had already asked S. Munce and his team to review what data can realistically be included.</p> <p>It was noted that the Working Time Directive Group had been re-established. N. Smith confirmed she would ensure the Group meets in the absence of the management lead.</p>		<b>N. S</b>
<b>8.</b>	<b>Information Exchange</b>		
	A. MacPherson thanked members for submitting papers and asked members to note the papers circulated.		
<b>9.</b>	<b>Public Holidays 2025/26</b>		
	Noting the Public Holidays for 2025/26, K. McKenzie was asked to send paper for approval to the Informal Directors Group on Monday and once approved on to the Communications Team for publishing. The Forum agreed the paper.		<b>K. McK</b>
<b>10</b>	<b>Circulars</b>		
	Members were asked to note the circulars.		
<b>11.</b>	<b>3 Key Messages</b>		
	1. Winter Plan – noting regular updates and thank you to staff for their additional support during the winter months.		

	2.	Food, Fluid & Nutrition Policy		
	3.	Sustainability & Value		
<b>12.</b>	<b>Retirement</b>			
	<p>A. Cameron-Burns informed the Forum that A. MacPherson had announced her retirement and would be departing NHSGGC in March 2025, extending best wishes for her future endeavours.</p> <p>A. MacPherson thanked A. Cameron-Burns and added that the new Chief Executive, had been announced, commencing post 1<sup>st</sup> February 2025.</p>			
<b>13.</b>	<b>Date &amp; Time of Next Meeting</b>			
	Wednesday, 15 <sup>th</sup> January 2025, 10am			

**SEDERUNT:**

Anne MacPherson	Director of Human Resources & Organisational Development (Chair)
Ann Cameron-Burns	Employee Director (Co-Chair)
Rose Anderson	Unison
Anna Baxendale	Head of Health Improvement
Frances Carmichael	Staff Side Lead, Acute Partnership Forum
Beth Culshaw	Chief Officer – West Dunbartonshire HSCP
Margaret Duffy	Deputy Staff Side Lead – Clyde Acute Staff Partnership Forum
Watty Gaffney	Deputy Staff Side Lead – Women & Childrens Staff Partnership Forum
Robert Gibson	Deputy Staff Side Lead – Renfrewshire HSCP SPF
Andrew Gray	Unite the Union
Susan Groom	Director – Regional Services
Annie Hair	Unite the Union
Siobhan Harkin	Unison – H&S Lead
Tracy Keenan	Assistant Chief Officer – Glasgow City HSCP
Karen Leonard	GMB
Ali Marshall	Chief Nurse – South Sector (Item 2 only)
Moira Macdonald	Head of Learning & Education
Andrew McCready	Unite the Union
Diana McCrone	BAOT
Laura McEwan	Employee Relations Manager
Ciara McGuire	RCM
Paul McKenna	Head of Financial Improvement
Alison McLintock	SoR
Neil McSeveny	Deputy Director of Communications
Lorcan Mullen	Regional Organiser, Unison
Steven Munce	Head of Workforce Planning & Resources
Frances Pollock	Staff Side Lead, Regional Partnership Forum
James O’Connell	Regional Organiser, Unite the Union
Una Provan	Unison
Elaine Quail	Staff Partnership Lead
June Ramsay	RCN

Ciorstaidh Reichle	GMB
Allan Robertson	Staff Side Lead for East Dunbartonshire HSCP SPF
Elaine Robertson	RCN
Danny Scott	Unite the Union
Liam Spence	Head of Staff Experience
Greg Usrey	RCN
Susan Walker	Staff Side Job Evaluation Lead
Amanda Jane Walton	Staff Side Partnership Lead
Teresa Will	GMB
Gordon Wilson	RCoP