

NHS GREATER GLASGOW & CLYDE

Minutes of Meeting of the Area Partnership Forum Boardroom, JBR House and via Microsoft Teams on Wednesday 18th June 2025, 9.30am

CHAIR: Ann Cameron-Burns

(Sederunt at the end of Minute)

			ACTION BY
1.	Welcome & Apologies		
	<p>A. Cameron-Burns welcomed everyone to the meeting.</p> <p>Apologies were acknowledged and received from, Tracy Keenan, Assistant Chief Officer, Glasgow City HSCP; Christopher McGovern, SoR; Watty Gaffney, Unite the Union, Ciorstaidh Reichle, GMB; and Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>A. Cameron-Burns noted Unison colleagues' apologies as attending national conference.</p>		
2.	NHSGGC Primary Care Strategy – Implementation Plan 2024-29		
	<p>A. Forsyth provided an update on the NHS Greater Glasgow and Clyde's (NHSGGC) 2024-29 Strategy, emphasising the progress made since the Board's approval of the Strategy in April 2024.</p> <p>A. Cameron-Burns articulated that the APF representatives, A. J. Walton and A. McCreedy, had not raised any concerns pertaining to the paper. The Forum was apprised of the advancements in relation to the Primary Care Strategy 2024-29. Furthermore, they were provided with an update on the performance of NHSGGC Primary Care Strategy concerning the deliverables for the first year, as well as ongoing initiatives designed to enhance whole system working with the aim of improving future delivery through the NHSGGCC Way Forward – Transforming Together programme.</p>		

<p>A. Forsyth discussed the Programme's objectives for the upcoming year, highlighting a revised Implementation Plan to be submitted to the Corporate Management Team in July 2025 and the development of two Strategies for Primary Care: 'Optimising our Primary Care Workforce Strategy' and a five-year 'Communications, Engagement and Health Literacy Strategy'.</p> <p>A. Forsyth explained that services within Primary Care are primarily delivered by independent contractors, indicating that there would be differences in implementation and emphasised the need for ongoing support and engagement with these contractors/providers.</p> <p>To facilitate a whole system approach, workstreams have been established, led by senior leadership colleagues across NHSGGC and project support will be provided by primary care colleagues within HSCP's. Approval had also been given for a consistent standardised reporting mechanism with monthly updates being given to the Corporate Management Team.</p> <p>Members noted the appointments made at the start of 2025, Fraser McJannett as the Director of Primary Care and Out of Hours and Jade Marshall as the Deputy Medical Director.</p> <p>Moving ahead with the Implementation Plan, A. Forsyth was cognisant of the risks involved including the capacity and level of resourcing required to deliver, and the effects of national discussions/delays.</p> <p>The Implementation Plan will be updated in coordination with the NHSGGC Way Forward Programme and Hackathon activities to align with the Board's objectives. The development of the Primary Care Workforce Strategy is progressing, with several engagement sessions already conducted with various stakeholders.</p> <p>A. Cameron-Burns thanked A. Forsyth for the update and invited questions from the Forum.</p> <p>E. Quail suggested changing 'Better Value', 'Equality and Diversity' to positive on pages 5 and 12 of the paper's impact assessment. On page 1, E. Quail queried the term 'wicked issues'. The Forum was informed that this term is commonly used within NHS Scotland unsolvable or complex challenges.</p> <p>A. Cameron-Burn praised the format of the document and asked for</p>	
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	<p>further information regarding Workstream 8, 'Improving Equalities and Reducing Inequalities' and on 'Monitoring and Evaluation' on Page 23.</p> <p>On Page 22, A. Forsyth discussed that improving equalities and reducing inequalities was a key priority with workstream leads addressing the challenges involved. The focus was on prevention and early intervention, with Primary Care colleagues engaging in efforts to tackle this issue, in collaboration with the Equality and Human Rights Team across all work areas.</p> <p>With regard to evaluation and monitoring, a framework was being developed and due to take this to the Monitoring, Evaluation and Intelligence workstream to discuss and noted the complexities involved.</p> <p>A. Forsyth was happy to provide further information.</p>	A.F
3.	Minute of Last Meeting and Rolling Action List	
	The Minute of the Last Meeting was approved as a correct record. Members discussed the ongoing actions and updates provided.	K. McK
4.	Sustainability & Value	
	<p>C. Neil provided a Finance update up to the Forum up to Month 12, recapping the Financial Plan and an early indication of the Sustainability and Value position for 2025/26.</p> <p>The Board recorded a £1.7m surplus against a nearly £4.7b annual budget, subject to audit. Pay and non-pay underspend totalled £4.25m. Acute were overspent by £24m, which was offset by Corporate areas. Partnerships had a £4m underspend and unachieved savings of £2.5m.</p> <p>At yesterday's Audit and Risk Committee meeting, C. Neil stated that the £1.7m surplus is expected to increase to £2.5m when the annual accounts are finalised.</p> <p>In reviewing workforce establishment, it was reported to the Forum that NHSGGC maintained an average position at 94.2%, excluding costs related to Bank, Agency, or other expenses. An analysis of Agency expenditure revealed that, over the past five years, there had been a notable reduction, with spending decreasing to £22.6 million</p>	

<p>since the 2022/23 financial year, particularly within the Nursing sector.</p> <p>Members were reminded of NHSGGC's 2024/25 overall Sustainability and Value challenge of £22.69m with £55.6m achieved on a recurring and non-recurring basis noting that included were a number of planning assumptions to achieve a break-even position and additional income received.</p> <p>C. Neil provided the Forum with an update on the financial challenge for 2025/26, which is £217.8m. This includes a significant variance, notably the receipt of a one-time sustainability payment of £55.1m to NHSGGC, allowing for mitigation.</p> <p>Providing assurance of the Finance Plan's governance route and key allocations with the Forum acknowledging that the Plan had been agreed at the Board meeting in April 2025.</p> <p>The APF was informed about the opportunities related to Reform and Planned Care bids. NHSGGC received almost £21m to establish an Interface Directorate, and Planned Care received £28.6m, with the potential for recurring funding based on demonstrated outcomes.</p> <p>NHSGGC's position at Month 1 was noted with more areas expected to follow through at Month 2.</p> <p>Focusing on next steps, the Corporate Management Team (CMT) were focused on key actions including looking at significant energy savings with a possibility of yielding £10m, redesign of projects and the continuation of wide stakeholder engagement.</p> <p>A. Cameron-Burns thanked C. Neil for his update and asked C. Neil if he could share the presentation with K. McKenzie for circulation. C. Neil agreed.</p> <p>Reflecting on a time when NHSGGC wouldn't be able to make any more savings, E. Quail queried when this would be and how it would be reported to the Scottish Government. C. Neil explained that NHSGGC had not yet exhausted all opportunities available to us recognising there were efficiencies still to be made and referenced delayed discharges and redesign of services.</p>	<p>C.N</p>
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	<p>process would take place on an ongoing basis. A. Cameron-Burns explained that staff side had not agreed all the measures implemented.</p> <p>W. Edwards provided an update on the Acute position explaining that additional funding allowed Acute services to focus on how services are being delivered and how services can be optimised, adding that there had been an appreciation shown at yesterday's Hackathon for the additional funding allowing for creative thinking moving forward.</p> <p>A. Hair noted concern regarding secondment positions. Professor J. Gardner suggested having discussion on this outwith the meeting.</p> <p>Discussion was brought to a close.</p>		
5.	Items for Discussion		
5.1	<u>Scottish Hospitals Inquiry Update</u>		
	<p>J. Neilson confirmed that the next hearing was scheduled to begin on the 19th of August 2025, with oral evidence to be presented by HAD (Professor Hawkey, Dr Agrawal and Dr. Drumright) Report and NHSGGC experts. This follows the acceptance of a report commissioned by NHSGGC as evidence.</p> <p>Members noted that prior to the August 19th, 2025, NHSGGC would receive copies of five reports prepared by National Services Scotland (NSS) and case note review authors. NHSGGC would have the opportunity to review these documents and submit a response to the Inquiry.</p> <p>Part three of the Inquiry will run from 16th of September to 10th of October 2025. Executives, NSS representatives, and officials from the Scottish Government, including Chief Nursing Officers and the Chief Medical Officer, will provide oral evidence. Oral evidence to the Inquiry will then be concluded.</p> <p>In advance of Part three, NHSGGC will be able to review the written witness statements and given the opportunity to review and formulate questions.</p> <p>It was noted that following the Part 3 Hearing, Lord Brodie had requested NHSGGC provide a supplementary statement which was</p>		

	<p>currently in second draft and was being reviewed by the Executive Group for submission at the end of the month.</p> <p>Members noted that the Inquiry would be seeking further evidence from former witnesses and may be called.</p> <p>Discussion followed with A. Cameron-Burns querying whether the Board had sight of the HAD Report and E. Quail querying what NHSGGC's plans were following receipt of the final report.</p> <p>J. Neilson explained that although NHSGGC were anticipating some of the recommendations from the Report it was expected that most of the recommendations made had already been taken forward and implemented however acknowledged that it would be beneficial to have a structured way forward.</p> <p>S. Walker explained that there had been a Group established to discuss the Inquiry which had not met for some time and suggested this be re-established and bring a copy of the HAD Report to the group.</p> <p>A. Cameron-Burns thanked J. Neilson for the update.</p>	N.S
5.2	<u>Workforce Equality Group 2024/25 Update & 2025/26 Priorities</u>	
	<p>Brought to the Forum for assurance, L. Spence provided an update on the delivery of the NHSGGC Workforce Equality Group Action Plan 2024/25 and spoke to the proposed action plan for 2025/26.</p> <p>Noting the APF nominated staff side representatives on the Workforce Equality Group it was acknowledged that they had reviewed the paper and comments had been received.</p> <p>Referring to the 2025/26 Action Plan, members were reminded that work was continuing with the Anti-Racism Plan, the Cut It Out Programme and achieving Bronze level Equally Safe at Work Standard.</p> <p>A. Cameron-Burns thanked L. Spence for his update, adding that she welcomed the new initiatives within the 2025/26 Action Plan, working with the Networks in partnership.</p> <p>The Forum was reminded of Pride month and referred to the flags flying across all sites adding that a Pride march would be taking place in Glasgow on 19th July 2025.</p> <p>A discussion ensued regarding the support available to NHSGGC's transgender colleagues following the Supreme Court judgement. L.</p>	

	<p>Spence explained that the Equality and Human Rights Commission (EHRC) had published interim guidance which NHSGGC were following. To ensure compliance with the interim Guidance, NHSGGC was classifying most single room toilets as gender neutral.</p> <p>It is anticipated that permanent guidance documents will be available after the summer. Members acknowledged the establishment of a staff helpline, with messaging being issued via Core Brief.</p> <p>E. Quail referenced training for managers and welcome this, suggesting that training for managers should be a recurring position.</p> <p>Discussion followed regarding the signage across all NHSGGC sites and ensuring that roll out was equitable.</p>	
5.3	<u>Staff Health Strategy Action Plan Update</u>	
	<p>J. Somerville provided an update on the Staff Health Strategy 2023-2025 and shared the key outcomes from the Action Plan, noting that 26 out of 28 actions had been delivered. A. Cameron-Burns queried what support was being given to staff to assist them in staying in work.</p> <p>J. Somerville confirmed that Action 5 'Managing Stress Policy' was currently out for consultation and was expected to be approved in the coming months. Action 16 was to be confirmed, and J. Somerville explained he would be happy to provide a full evaluation.</p> <p>Referring to support for staff, J. Somerville explained that a number of supporting initiatives had been introduced including bereavement support and a mixture of proactive work. Members were also made aware that NHSGGC had introduced a Staff Witness Support Service, the only NHS Scotland Health Board to do so.</p> <p>Mental Health support had also been a key action with options available to staff including, guided self-help, clinical based group work and sessions established for those who may be experiencing burnout. The Forum was informed that a Menopause Group had been established providing support and coping mechanisms.</p> <p>A. Cameron-Burns thanked J. Somerville for the update; noting the update regarding menopause, A. Cameron-Burns queried what information was being given to managers to be able to support their staff. E. Quail added that it was sometimes difficult to find information on HR Connect and queried if staff knew where to find this information.</p>	

	Regarding menopause, J. Somerville noted that managers were aware of the referral process and support was available if required. A 'z' card with various service contacts is available, although agreed that improving advertising and simplifying access could help ensure services are easily reachable. J. Somerville proposed developing an app for this purpose. A. Cameron-Burns supported the idea and suggested seeking funding from the Healthcare Charities Committee and could discuss further.	A.C-B/ J.S
6.	Service Updates	
6.1	<u>Acute</u>	
	<p>W. Edwards provided an update on performance with Unscheduled Care at 72.9%, a slight improvement but noted that occupancy pressures remained.</p> <p>Focusing on the Interface Directorate, NHSGGC had appointed a Director of Interface, Chief of Nursing, Chief of Medicine and was progressing well.</p> <p>W. Edwards referred to the £20.9m funding received to support Unscheduled Care and flow, with a number of proposals being developed including rapid assessment and a care model for front door, and a focus on Adults with Incapacity (AWI) reduction working with Glasgow City HSCP.</p> <p>For Planned Care, W. Edwards explained that some additional funding had been received. The Forum was informed that it was expected that NHSGGC would deliver on reducing the number of outpatients waiting over 52 weeks.</p> <p>W. Edwards confirmed that Acute's main focus was on Unscheduled Care re-design and Planned Care going forward.</p> <p>A. Cameron-Burns thanked W. Edwards for the update.</p>	
6.2	<u>Community</u>	
	<p>B. Culshaw explained that delayed discharge was today at 317, 80% from across the six HSCP's and the remainder from our neighbouring partnerships.</p> <p>Referring to yesterday's Hackathon, B. Culshaw confirmed that there had been good community engagement and plans were underway for Hackathon three and the transformation agenda.</p>	

	<p>A range of proposals were being developed to develop community services, easing pressure on Acute services and would be happy to bring back further details on this.</p> <p>A. Cameron-Burns thanked B. Culshaw for the update.</p>		
6.3	<u>Workforce</u>		
	<p>N. Smith explained that there was a slight reduction in sickness absence to 6.82% with a particular reduction seen in long term sickness absence.</p> <p>The Workforce Strategy will be going to the Board for approval in June 2025 and Action Plans were under development.</p> <p>N. Smith referred to Pride month noting that there were a number of stalls across sites and thanked members for their support.</p> <p>A. Cameron-Burns thanked N. Smith for the update.</p>		
6.4	<u>Public Health</u>		
	<p>M. O'Neill explained that Health and Safety actions for the Piazza Vaccination Clinic were near completed however noted a few actions remained regarding fire extinguishers. It was planned that the Piazza Clinic would reopen on Monday 30th June. After giving staff an option on whether to return to the site, there was now a full complement of staff to allow the Clinic to reopen. The Forum noted that management and Health and Safety would be present to address any questions or concerns.</p> <p>Referring to longer term actions, M. O'Neill explained that Public Health would be working closely with Health and Safety regarding any future procurement of non-NHS sites and were taking staff feedback on board regarding service delivery.</p> <p>The Forum was informed that Public Health would be reviewing the current staffing model given the reduction in vaccines and cyclical nature of the Vaccination Programme with 80% of vaccinations administered over a three-month period. It was noted that the current Band 3 vaccinators were only able to administer Flu and Covid vaccines and a proposal paper would be brought to a future APF for discussion.</p> <p>A. Cameron-Burns thanked M. O'Neill for the update.</p>		M. O'N/ E.C

	<p>Following a recent report regarding a reduction in the uptake of the HPV vaccine, A. Cameron-Burns queried what mechanisms NHSGGC had put in place to encourage uptake. M. O'Neill explained that NHSGGC overall had a better uptake of the HPV vaccine than other NHS Scotland Boards due to vaccines being administered in the school environment, a programme delivered by Glasgow City Council. There was also a robust procedure in place for following up with individuals who had not yet been inoculated. M. O'Neill explained she was happy to share more detail on this.</p> <p>A. Cameron-Burns thanked staff side for raising awareness on behalf of the individuals electrocuted at the Piazza Clinic and also to colleagues in Health and Safety, particularly the Head of Health and Safety, and Public Health working in partnership to resolve the situation quickly.</p>		M. O'N
7.	Circulars		
	<p>The Forum was asked to note Circulars, DL-2025-13, PCS2025-afc-06 and PCS225-afc-5.</p> <p>E. Quail explained that a SLWG had been established to review the Annual Leave Circular.</p>		
8.	3 Key Messages		
	1. Staff Health Strategy Update		
	2. Workforce Equality Group 2024/25 Update & 2025/26 Priorities		
	3. Sustainability & Value Update and Financial Planning for 2026		
9.	Date of Next Meeting		
	<p>APF Workforce – 13th August 2025, 10am</p> <p>APF Strategy – 17th September 2025, 9.30am</p>		

S E D E R U N T**Meeting:** Area Partnership Forum (Strategy)**Time:** 9:30 am**Venue:** Boardroom/MS Teams**Date:** Wednesday 18th June 2025

NAME	DESIGNATION
Ann Cameron-Burns	Chair
Nicola Bailey	Interim Deputy Director of Human Resources & Organisational Development
Elaine Caldwell	RCN
Beth Culshaw	Chief Officer – West Dunbartonshire HSCP
Margaret Duffy	Deputy Staff Side Lead – Clyde (Acute) SPF
William Edwards	Deputy Chief Executive & Chief Operating Officer
Ann Forsyth	Head of Primary Care Support
Professor Jann Gardner	Co-Chair & Chief Executive
Andrew Gray	Unite the Union
Annie Hair	Unite the Union
Andrew McCreedy	Unite the Union & H&S Lead
Laura McEwan	Employee Relations Manager
Ciara McGuire	RCM
Hugh McNulty	RCoP
Kirstin McKenzie	APF Administrator
Neil McSeveny	Assistant Director of Communications
Cathy Miller	Branch Secretary, Unison
Lorcan Mullen	Unison
Julie Murray	Chief Officer – East Renfrewshire HSCP
Colin Neil	Director of Finance
Jillian Neilson	Programme Manager – Board Administration
Marion O'Neill	General Manager - Public Health
Elaine Quail	Staff Partnership Lead, Employee Director's Office
Allan Robertson	HCSA
Natalie Smith	Interim Director of Human Resources & Organisational Development
John Somerville	Head of Occupational Health & Safety
Liam Spence	Head of Staff Experience
Professor Angela Wallace	Executive Director of Nursing
Susan Walker	Unite the Union
Amanda Jane Walton	Staff Partnership Lead
Gaile Weston	BDA
Teresa Will	GMB