**NHS GREATER GLASGOW & CLYDE**

**Minutes of Meeting of the**

 **Area Partnership Forum**

**Boardroom, JBR House and via Microsoft Teams on**

**Wednesday 19th March 2025, 9.30am**

**CHAIR: Professor Jann Gardner**

**(Sederunt at the end of Minute)**

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|  |  |  | **ACTION****BY** |
|  |  |  |  |
| **1.** | **Welcome & Apologies**  |  |  |
|  | Professor Jann Gardner commenced the meeting by welcoming all attendees and expressed her anticipation of collaborative efforts with Forum members, emphasising her commitment to partnership. A. Cameron-Burns extended a welcome to Professor J. Gardner on behalf of the Forum and reaffirmed staff side's readiness to work collaboratively. Boardroom introductions were made followed by Staff Side and Management colleagues.Apologies were received and acknowledged from Danny Scott, Convenor, Unite the Union; Dr. Emilia Crighton, Director of Public Health; Claire Ronald, Senior Negotiating Officer, CSP; Andrew McCready, Unite the Union; Tracy Keenan, Assistant Chief Officer, Glasgow City HSCP; Professor Angela Wallace, Executive Director of Nursing; Lorcan Mullen, Regional Officer, Unison; Susan Walker, Unite the Union; Annie Hair, Unite the Union; James O’Connell, Regional Officer, Unite the Union, Teresa Will, GMB and Rose Anderson, Unison.  |  |  |
| **2.** | **Minute of the Last Meeting – 18th December 2025** |  |  |
|  | W. Edwards requested a correction to section 5.1 of the Minute. K. McKenzie to revise. The Minute of the Last Meeting was then approved. Noting the completed actions on the rolling action list, it was acknowledged that action 2.3 on the rolling action list remained outstanding and K. McKenzie confirmed that a reminder had been issued and would follow this up ahead of the next meeting.  |  | **K. McK** **K. McK**  |
| **3.** | **Health & Care (Staffing) (Scotland) Act 2019 Update**  |  |  |
|  | H. Jackson presented an update on the Status and Transition Plan of the Health and Care (Staffing) (Scotland) Act 2019 Programme. The update included a recap of NHS Greater Glasgow and Clyde’s (NHSGGC) approach and current status, an overall assessment at the end of Quarter 3, recent communications and engagements, and transition plan activities. It was noted that the presentation would be shared with colleagues following the meeting.E. Quail thanked H. Jackson for the comprehensive overview and referred to slide two of the presentation. It was highlighted that the commissioning and reporting, care service providers, and the role of the care inspectorate should be noted as reporting in June 2025 instead of June 2024.Recognising the complexities involved in transitions and the involvement of the oversight board, E. Quail emphasised the importance that workforce planning is taking place throughout the organisation and ensuring that Turas and Personal Development Plans (PDPs) are carried out effectively and implemented. E. Quail added that the Health and Care Staffing Act should be applicable to all staff, similar to health and safety regulations.H. Jackson clarified that, unlike the Health and Safety Act, the Health Care Staffing Act does not currently include administrative and clerical staff. However, with legislative changes, they may be incorporated in the future.W. Edwards emphasised the need for a collective approach concerning PDPs and other improvement activities, noting the considerable effort being made, ensuring compliance through business as usual. A. Cameron-Burns thanked W. Edwards for his assurance on collective progress and thanked H. Jackson for the Quiz ‘benchmarking and staff engagement’ for its clear, engaging approach. Professor J. Gardner corroborated this and thanked A. Cameron-Burns on her reflections. H. Jackson added a link to the Quiz in the MS Teams chat.Professor J. Gardner thanked H. Jackson for the update. |  | **K.McK** **H. J**  |
| **4.** | **Sustainability & Value and Finance Plan**  |  |  |
|  | C. Neil gave an overview of NHSGGC’s financial position at Month ten, noting the draft Finance Plan had not yet been presented to the Corporate Management Team (CMT). At the end of January 2025, the Board reported an overspend of £10m compared to an annual budget of £4.5m. The non-pay acute overspend was £27m, while a corporate underspend offset this amount. Partnerships showed a slight underspend after utilising reserves. Regarding workforce statistics, C. Neil informed the Forum that the establishment, excluding bank and agency numbers, was operating at approximately 95% of its total capacity. He acknowledged that the onboarding of Newly Qualified Nursing (NQNs) is having a positive impact. Full year savings were recorded at £51m and over £200m on recurring and non-recurring opportunities. C. Neil noted the expectation that NHSGGC would be able to mature £55.6m of savings.C. Neil stated that a break-even position is expected for the end of this financial year, aided by decreased agency expenditures, additional income from Service Level Agreements (SLAs), one-time national allocation for Band 5-6, and a reduced working week. NHSGGC received £44.2m from the Scottish Government and an additional £6.7m, leading to about £27m in non-recurring savings, which has been crucial for breaking even. Members went on to receive updates on the Scottish Government Budget and the 15-box grid. Regarding the draft Finance Plan, members were informed of key assumptions and potential opportunities for savings. C. Neil reported that the position had since been updated. It was also noted that the Integrated Joint Board’s (IJB’s) Finance Plans were being developed with the assumption that all IJB’s would break even, with a further review scheduled for April 2025. C. Neil informed the Forum that since January 2025, discussions with the Scottish Government had led to a £70m sustainability payment. This would be distributed among territorial boards, with NHSGGC's share aligned with the increase in national insurance payments. The final savings challenge of £217.8m would be presented to the Board by C. Neil.Professor J. Gardner thanked C. Neil for the overview and invited questions from the Forum. E. Quail acknowledged the breakeven position and asked about unused funding for the 2023/24 pay deal. A. Cameron-Burns mentioned using IJB budgets and reserves, as well as influencing Glasgow City HSCP's budget and their cuts. C. Neil explained that HSCP reserves are managed within IJBs, with varying amounts, and some are adding these reserves to next year's budget. Regarding the Agenda for Change allocation, C. Neil emphasised the importance of ensuring that any received funds cover all costs. C. Neil confirmed that Finance would meet with each IJB regarding their Plan and consolidate with the Boards Plan. Noting that Finance would ne meeting with each IJB, A. Cameron-Burns suggested that a session take place with colleagues to discuss finances further. Professor J. Garder noted that after discussing budgets and risks with partnerships, Chief Officers were well-aware of their budgets and had considered all options before making more cuts. J. Murray agreed, mentioning a prior action where Beth Culshaw, Chief Officer of West Dunbartonshire HSCP, was collaborating with other Finance Chief Officers and would coordinate with C. Neil on this matter. C. Miller emphasised the need for adequate resources in the Community and shared past initiative outcomes. Professor J. Gardner acknowledged this and assured new solutions to relieve pressures, with a focus on virtual and home monitoring programs. Whilst welcoming the funding coming into NHSGGC, A. Cameron-Burns queried where the staff would come from to resource these new solutions noting the current pressure staff are under at this current time. W. Edwards referred to Acute Partnership Forum discussion and the funding made available for planned care and the creation of a more substantive workforce, looking towards investing in longer term solutions. E. Quail referring to J. Murray suggested a session be held in partnership to discuss all finance plans and discuss the direct and indirect impact on patients and on the workforce. Professor Jann Gardner noting the reasonable request agreed to a session taking place and would be happy to arrange, bringing the aggregated plans together, however being mindful of the need to respect the budgets set by each HSCP. C. Neil agreed to work with J. Murray to pull something together virtually or by e-mail over the next fortnight. N. Smith to link in. Discussion followed regarding the language being used in regard to waiting lists and the need to ensure that this includes all staff and not just nursing.Professor J. Gardner thanked members for the discussion.  |  | **C.N/J.M/****N.S** |
| **5.** | **Items for Discussion**  |  |  |
| 5.1 | Scottish Government Reform Policy  |  |  |
|  | S. Davidson presented an overview of the Scottish Government Reform Policy including the strategic context, the key elements of a transformed NHSGGC, future vision and the NHSGGC interface and FNC+ Plus model, digital transformation and communications and engagement. Although welcoming digital transformation, C. Reichle raised concerns regarding certain aspects and queried what contingencies were in place should systems fail, acknowledging the skills and experience that clinical colleagues bring when overseeing patients in hospital that would not be picked up if treating a patient remotely acknowledging that the presentation was theory based. Professor J. Gardner explained that there would be further opportunity to delve into the detail of the proposals and noted that it was up a running however understood further discussion was needed regarding its impact. S. Davidson noted that currently NHSGGC have over fifty patients receiving antimicrobial therapy at home and allows for furthering monitoring. Members were assured however that if a patient required to be admitted they would be and any at home system would be monitored 24 hours a day. Acknowledging the time, it would take to delve into the detail of proposals during today’s meeting, Professor J. Gardner suggested a separate session take place. Discussion followed with A. Benson noting some concern regarding the need to ensure that the Public were fully educated on alternative pathways and queried how NHSGGC would do this, noting that despite the alternatives available to the public currently, we still have a large number of public/patients attending A&E. E. Quail welcomed the opportunity for further discussion and noted that there was a need to be mindful that these alternative pathways were as well as and not replacing current methods.S. Davidson noted an aspiration for bringing occupancy down to 90%, transforming the way we work and help staff resilience which would benefit everyone however was cognisant of A. Benson’s point. A. Gray asked the Forum to be mindful of what is driving this transformation and noted discussion that had taken place at the Mental Health Strategy Board where the Strategy has morphed into a Strategy to save money. S. Davidson recognised the need to build confidence moving forward and referring to resources confirmed that this was not a money saving exercise and as a clinician himself, patients are at the heart of every decision taken ensuring the delivery of care to the right place at the right time. S. Davidson agreed that education would be required. W. Edwards added that the current service delivery model was not sustainable for a future delivery and everything that would be taken forward would be developed and delivered in partnership and driven by professionals and clinicians alike. Professor J. Gardner corroborated S. Davidson’s and W. Edwards points raised and reiterated that there were no financial drivers behind these new solutions and agreed that public education would be crucial to success. Professor J. Gardner thanked S. Davidson for the update. S. Davidson presented an overview of the Scottish Government Reform Policy, including the strategic context, key elements of a transformed NHSGGC, future vision, NHSGGC interface and FNC+ Plus model, digital transformation, and communications and engagement. C. Reichle welcomed the digital transformation but raised concerns regarding certain aspects and queried what contingencies were in place should systems fail. She acknowledged the skills and experience that clinical colleagues bring when overseeing patients in hospitals, which might not be adequately addressed through remote treatment, noting that the presentation was theory-based.Professor J. Gardner explained that there would be further opportunities to delve into the details of the proposals and noted that it was operational but understood that further discussion was needed regarding its impact. S. Davidson noted that currently NHSGGC has over fifty patients receiving antimicrobial therapy at home, allowing for further monitoring. Members were assured that if a patient required admission, they would be, and any at-home system would be monitored 24 hours a day.Acknowledging the time required to explore the details of the proposals during today’s meeting, Professor J. Gardner suggested a separate session.A discussion followed with A. Benson expressing concern about the need to ensure that the public is fully educated on alternative pathways and querying how NHSGGC would achieve this, noting that despite the current available alternatives, a significant number of people still attend A&E.E. Quail welcomed the opportunity for further discussion and emphasised the need to be mindful that these alternative pathways are supplementary to and not replacing current methods.S. Davidson noted an aspiration to reduce occupancy to 90%, transform working methods, and improve staff resilience, which would benefit everyone while acknowledging A. Benson’s point.A. Gray asked the Forum to be mindful of the drivers behind the transformation and noted discussions from the Mental Health Strategy Board where the Strategy seemed to have morphed into one focused on saving money.S. Davidson recognised the need to build confidence moving forward and, referring to the proposed transformation, confirmed that this was not a cost-saving exercise. As a clinician himself, S. Davidson emphasised that patients were at the heart of every decision made, ensuring the delivery of care at the right place and time. He agreed that education would be necessary.W. Edwards added that the current service delivery model was not sustainable for future delivery. Everything taken forward would be developed and delivered in partnership and driven by professionals and clinicians alike.Professor J. Gardner corroborated the points raised by S. Davidson and W. Edwards, reiterating that there were no financial drivers behind these new solutions and agreed that public education would be crucial to success.Professor J. Gardner thanked S. Davidson for the update. |  | **Co-Chairs/****S.D** |
| 5.2 | Annual Delivery Plan – Quarter 3 Update  |  |  |
|  | Brought to the Forum for assurance, A. Marshall provide a Quarter three update of the Annual Delivery Plan noting that out of the 121 actions listed, 29 had been completed with 71 due to be completed within the timescale set out. Members were referred to figure two within the paper ‘Summary of Progress – Q2’ noting actions complete and to the action impact status. A. Marshall confirmed that quarterly summary reports were submitted to the Scottish Government and could provide more detail on each area and progress made. A. Marshall thanked everyone involved in developing, delivering and supporting plans. Professor J. Gardner thanked A. Marshall for the paper and acknowledging members did not have comments was happy to note the paper.  |  |  |
| 5.3 | Workforce Strategy 2025/30 |  |  |
|  | Dr. Mathew Pay provided an overview of the Workforce Strategy 2025/30, mentioning the governance pathway followed before today's meeting and updating members on the broad engagement around the Strategy. A. Cameron-Burns acknowledged that staff-side comments were taken into consideration and incorporated into the Strategy, thanking Dr. Pay.E. Quail noted that the Strategy had been paused until new appointments were made and requested confirmation of its future governance route, stating that the paper was for approval.Members affirmed that the Strategy will be presented to the Staff Governance Committee in May 2025 and subsequently to the Board in June 2025.With no further comments or questions, the Forum approved the paper. |  |  |
| **6.** | **Circulars**  |  |  |
|  | Members were asked to note the following circulars.  |  |  |
| 6.1 | [CMO-2025-01 - Shingles Vaccination Programme 24/25 - Enduring Offer](https://www.publications.scot.nhs.uk/files/cmo-2025-01.pdf)  |  |  |
| 6.2 | [PCS2025-afc-01 - Reduction of the Working Week for AfC Staff to 36 Hours](https://www.publications.scot.nhs.uk/files/pcs2025-afc-01.pdf) |  |  |
| **7.** | **Services Updates**  |  |  |
|  | Due to time pressures, Professor J. Gardner requested Leads provide service updates by e-mail to the Forum.  |  | **W.E/J.M/****I.K/N.S/****K.McK**  |
| **8.** | **3 Key Messages**  |  |  |
|  | 1. | Workforce Strategy 2025/30 |  |  |
|  | 2. | Scottish Government Reform Policy  |  |  |
|  | 3. |  S&V Update & Finance Plan  |  |  |
| **9.** | **Date & Time of Next Meeting**  |  |  |
|  | A. Cameron-Burns suggested that the next meeting scheduled for the 16th of April 2025 be rearranged due to the Easter holidays. K. McKenzie to take forward. Professor J. Gardner thanked everyone, and the meeting was brought to a close.  |  | **K. McK** |

**S E D E R U N T**

**Meeting:** Area Partnership Forum (Strategy)

**Time:** 9:30 am

**Venue:**  Boardroom/MS Teams

**Date:** Wednesday 19th March 2025

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| **NAME** | **DESIGNATION** |
|  |  |
| Professor Jann Gardner  | Chair & Chief Executive  |
|  |  |
| Nicola Bailey  | Interim Deputy Director of Human Resources & Organisational Development  |
| Andrew Benson  | Unite the Union  |
| Elaine Caldwell  | RCN |
| Ann Cameron-Burns  | Co-Chair & Employee Director  |
| Alison Carmichael  | SoR |
| Frances Carmichael | Co-Chair, Acute Services Directorate Staff Partnership Forum |
| Scott Davidson  | Medical Director  |
| Margaret Duffy  | Deputy Staff Side Lead – Clyde (Acute)  |
| William Edwards | Chief Operating Officer |
| Mary Finn  | GMB  |
| Morag Gardner | Deputy Nurse Director – Acute Division |
| Robert Gibson  | Unison  |
| Andrew Gray  | Unite the Union |
| Siobhan Harkin | Unison, Health & Safety Staff Side Lead |
| Helena Jackson  | Head of Health & Care Staffing Act 2019 Programme  |
| James Kirkpatrick  | Unison  |
| Laura McEwan  | Employee Relations Manager  |
| Ciara McGuire  | RCM |
| Kirstin McKenzie  | APF Administrator (Minute)  |
| Alison McLintock | SoR |
| Neil McSeveny  | Assistant Director of Communications  |
| Ali Marshall  | Deputy Director of Planning  |
| Cathy Miller  | Branch Secretary, Unison  |
| Steven Munce | Head of Workforce Planning & Resources  |
| Julie Murray  | Chief Officer – East Renfrewshire HSCP  |
| Alan Neil  | Unite the Union  |
| Colin Neil  | Director of Finance  |
| Dr. Mathew Pay  | Workforce Strategy Manager  |
| Frances Pollock  | Staff Side Lead – Regional SPF  |
| Elaine Quail  | Staff Partnership Lead, Employee Director’s Office |
| Ciorstaidh Reichle  | GMB |
| Allan Robertson  | HCSA  |
| Elaine Robertson  | RCN  |
| Natalie Smith | Interim Director of Human Resources & Organisational Development  |
| Liam Spence  | Head of Staff Experience |
| Greg Usrey  | RCN  |
| Amanda Jane Walton  | Staff Partnership Lead |
| Gaile Weston  | BDA |
| Gordon Wilson  | RCoP |

**In**