

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 15th January 2025, 10am

Chair: Ann Cameron-Burns

(Sederunt at end of paper)

			Action By:
1.	Welcome & Apologies		
	<p>Ann Cameron-Burns welcomed everyone to the meeting with a thanks extended to Lynn Marotta, Diana Hudson and Stewart Whyte for their attendance.</p> <p>Apologies were received and acknowledged from Margaret McCarthy, Staff Side Lead, Glasgow City HSCP; Frances Carmichael, Staff Side Lead, Acute Partnership Forum; Annie Hair, Unite the Union, William Edwards, Chief Operating Officer, Barbara Sweeney, RCN, Una Provan, Unison; Lorcan Mullen, Unison, Ciorstaidh Reichle, Deputy Staff Side Lead – Regional Staff Partnership Forum; Cathy Miller, Unison and Danny Scott, Unite the Union.</p> <p>It was noted that N. McSeveny, Deputy Director of Communications had requested, shortly prior to the meeting, if Co-Pilot could be used to record the meeting. Members discussed; E. Quail on behalf of Unite the Union was unsupportive of a transcription being taken when a minute taker is present. It was agreed that a recording would not be taken.</p> <p>A. Cameron-Burns requested that any future requests for using Co-Pilot be arranged in advance and JOC colleagues would be consulted.</p>		

2.	NHSGGC Safe to Start		
	<p>Lynn Marotta, Healthcare Staffing Lead Nurse presented an overview of NHSGGC Safe to Start. The paper sought approval from the Area Partnership Forum to implement a revised Safe to Start process across NHS Greater Glasgow and Clyde.</p> <p>A. Cameron-Burns explained that Ciorstaidh Reichle, GMB and Ricky Sherriff-Short, RCN had been the APF nominated staff side representatives on the working Group and had queried the additional colour being added to the RAG classification. Working in partnership, further discussion was had and agreement reached.</p> <p>E. Quail noted that the paper refers to nursing and midwifery and Allied Health Professionals (AHP's) and queried if, when up and running, if Safe to Start would dovetail with the Staffing Healthcare Act and rolled out across any relevant system. L. Marotta explained that through the Healthcare Staffing Programme and working as a multi-disciplinary team, one of NHSGGC's Orthotic colleagues had already adapted the programme for their team and was currently being tested. It was noted this would be a good example going forward and adapting Safe to Start elsewhere.</p> <p>A. Cameron-Burns thanked L. Marotta for attending and the Forum were happy to approve the paper.</p>		
3.	Minute of Last Meeting & Rolling Action List – 13th November 2024		
	<p>The Minute of the Last Meeting was approved.</p> <p>A. Cameron-Burns referred to the Winter Planning Update and queried if a further update would be available. A. MacPherson suggested an update could come to the next meeting.</p> <p>Having attended a Facilities meeting, T. Will explained that she was aware that only one winter ward had been opened at Gartnavel Royal Hospital however had previously been informed that two winter wards would be opened due to unavailable resource.</p> <p>Members were taken through the ongoing actions in the Rolling Action List and actions were updated accordingly.</p>		

4.	Service Updates		
4.1	<u>Acute</u>		
	<p>A. Traquair-Smith updated the Forum on the significant pressures across all Acute sites with at week ending 12th of January 2025, with 5,028 patients attending Emergency Departments. It was noted that particular pressures had occurred due to lack of single occupancy rooms and the numbers of patients admitted with Influenza A and B and the onset of the cold weather. Members were informed that patient flu numbers have reduced.</p> <p>To assist with the additional pressures, further capacity had been opened and daily meetings with the Chief Operating Officer, Directors and the Chief Executive were taking place to monitor and review the situation, maintaining health and safety.</p> <p>Referring to an update given previously, regarding the Neonatal Unit water egress, it was noted that this had been challenging with close collaboration and communications taking place to ensure minimal disruption and the Service was back to normal</p> <p>Members were provided with a Planned Care update</p> <p>Members were informed of the new Government request for a maximum 52 week wait by the end of March 2026 and noted the considerable challenge.</p> <p>M. Gardner referring to the winter ward provision, explained that it had been agreed that given the funding allocated for this year from the Scottish Government, NHSGGC were able to open 17 beds in Ward 5c, 16 beds in Ward 2c, both on the Gartnavel campus and 15 beds at Inverclyde Royal Hospital for a fixed period of three months which differed from previous years. Members were informed that due to the significant pressures seen over the last few months, wards had been opened to full capacity and were exceeding the winter agreed funding.</p> <p>M. Gardner added that she and William Hunter, Deputy Director of Estates and Facilities had worked closely with Recruitment to ensure safe staffing levels.</p>		

Discussion followed with E. Quail drawing attention to recent discussions at an Unite the Union national conference when it had been noted an English Trust was recruiting to a staffing position of 'Corridor Nurse' and understood that there were incidents in NHSGGC where patients were being treated in unsafe place and in ambulances, and sought reassurance that this wouldn't happen in NHSGGC.

A. Traquair-Smith responded by assuring members that there were no plans for NHSGGC to introduce such a post and was unaware of patients being treated in unsafe areas or in areas that are unstaffed.

S. Walker, understanding the pressures explained that office spaces were being used to put patients in to and noted the real concerns from staff and noted that there was a lack of communication with staff as to why these things were happening.

A. Traquair-Smith was happy to discuss any specific concerns; S. Walker agreed to discuss with A. Traquair-Smith outwith the meeting.

A. MacPherson noting that discussion had taken place at the Acute Services Committee yesterday explained that Influenza admissions to acute sites had been higher than expected and from a NHSGGC perspective there had been 271 inpatients as of 3rd January 2025 and 81 inpatients as of 14th January 2025. It was noted that NHSGGC had a good system put in place with daily interactions and robust processes in place.

M. Gardner added to the discussion that NHSGGC did not want to normalise care being given outside of a ward area therefore escalation processes had been enacted to be able to safely provide services and was working in partnership with the Royal College of Nursing (RCN) on this.

Following a question asked by C. Reichle regarding patient testing, Professor A. Wallace explained that due to the number of different viruses seen during the last few weeks, patients were being tested to ensure minimal cross-contamination, avoiding ward closures and ensuring infection control was carefully managed.

**A.T-S/
S.W**

	A. Cameron-Burns thanked A. Traquair-Smith for the update and members for the discussion.		
4.2	<u>Community</u>		
	<p>Reflecting the pressures in Acute, B. Culshaw explained that Community had experienced similar pressures over the festive period adding that patient numbers attending GP Surgeries had increased.</p> <p>There were no current infection outbreaks within Care Homes, and all remained open alleviating pressure on discharges. Referencing Delayed Discharges, the current number was at 320 with 80% of these within the six HSCP's.</p> <p>The Forum was reminded that winter vaccinations were still available for all HSCP staff, and asked members to encourage uptake.</p> <p>Have spoken with Chief Officers, B. Culshaw confirmed that it had been agreed to provide a report on budget setting process which would be available in March 2025.</p> <p>A. Cameron-Burns commented on the delayed discharge figures noting that there must be something NHSGGC can do to reduce this.</p> <p>A. Cameron-Burns thanked B. Culshaw for the update.</p>	<p>All</p> <p>B.C</p>	
4.3	<u>Workforce</u>		
	<p>A. MacPherson noted the great efforts made regarding the winter workforce and thanked everyone involved.</p> <p>The Forum was informed that sickness absence had now peaked at 8.34% and noted that NHSGGC would continue to work in partnership to encourage all to think creatively as to how this figure can be reduced.</p> <p>A. Cameron-Burns thanked A. MacPherson for the update.</p>		
4.4	<u>Public Health</u>		

	<p>Marion O’Neil, General Manager – Public Health, provided an update on infection figures explaining that COVID figures had remained low with 63 admissions across the whole of NHS Scotland during week one.</p> <p>With regards to Influenza, NHSGGC had seen 282 new cases last week with 473 seen the previous week following a similar trend last seen in 2022/23.</p> <p>Members noted that since the rise in Influenza cases there had been a notable increase in the uptake of the flu vaccine, with 410,000 vaccinations having been delivered to NHSGGC’s population.</p> <p>An additional 1300 vaccinations were delivered to staff during the second dedicated flu vaccination week and peer vaccination would continue until the end of March 2025. Members were informed that vaccination clinics remained open for drop-in appointments.</p> <p>It was noted that there hadn’t been a national vaccination awareness campaign this year and the Forum was mindful of this. Discussion followed regarding the vaccination eligibility criteria with it being noted that a particular susceptible age group was being missed and suggested this was fed back to the Scottish Government.</p> <p>A. Cameron-Burns thanked M. O’Neill for the update.</p>		
5.	Sustainability & Value		
	<p>P. McKenna presented a finance update at the end of Month 8.</p> <p>The Forum was informed of recurring and non-recurring figures and explained that NHSGGC had achieved 79.5% of its overall savings target of £226.9m. P. McKenna added that it should be noted that a further £5.7m of recurring savings and £2.2m in non-recurring savings had been released from the financial plan which had significantly improved the month 8 position.</p> <p>Members acknowledged the progress made and were cognisant of the remaining financial gap and the challenges ahead to achieve a balanced position.</p>		

	<p>The Forum then received an overview of the Scottish Government Budget, with P. McKenna informing colleagues of the implications for 2024/25 and 2025/26. It was noted that national discussions were still underway regarding National Insurance contributions.</p> <p>It was noted that P. McKenna would share the slides following the meeting.</p> <p>The discussion focused on the funds needed this financial year to break even with P. McKenna noting that a pathway had yet to be developed in order to achieve this.</p> <p>A. Cameron-Burns thanked P. McKenna for the update.</p>		P.McK/ K.McK
6.	Agenda for Change Sub-Group Updates		
6.1	<u>Reduced Working Week</u>		
	<p>E. Quail gave an overview of progress to date for the Reduced Working Week Group and explained that work was underway to capture planning information from colleagues with a view that the next half hour reduction will commence from 1st April 2025.</p> <p>N. Smith added that a meeting was to be held with Mental Health Services in Renfrewshire HSCP as they had yet to implement the first half hour reduction.</p> <p>G. Usrey explained that he had received feedback from acute staff, mainly based at the Queen Elizabeth University Hospital (QEUP) working 12+ hour shifts that it had been proposed that they could accrue a paid days leave every six months which is outwith the spirit of the reduced working week.</p> <p>A. Cameron-Burns asked G. Usrey to pick this up with E. Quail and N. Smith outwith the meeting.</p>		G.U/ E.Q/NS
6.2	<u>Band 5 Review</u>		
	S. Walker informed members of the current Band 5 review figures advising that 1,017 applications had been started, 612 in draft, 185		

	<p>remains with line manager review, 44 for further review and 176 applications had been submitted.</p> <p>The Forum was informed that a panel schedule had been developed for the next few months and discussions were underway regarding provision of administrative support.</p> <p>S. Walker advised that further training dates had been created with the first taking place on 30th and 31st January 2025 and this had been communicated to management and staff side.</p> <p>Members were encouraged to participate or put themselves forward for training. Discussion followed regarding staff being released to attend sessions. A. Cameron-Burns suggested S. Munce look into this.</p> <p>A. Cameron-Burns thanked S. Walker and S. Munce for the update.</p>		S.M
6.3	<u>Protected Learning Time</u>		
	<p>M. Macdonald referring to the circulated update explained that there was a national meeting arranged for 16th January 2025 focusing on core module analysis and core feedback.</p> <p>In February 2025 a workshop is to be held focusing on systems involved and potential for recording, learning and work time, gap analysis.</p> <p>It was noted that the Group would next meet on 22nd January 2025.</p> <p>A. Cameron-Burns thanked M. Macdonald for the update.</p>		
6.	Items for Discussion		
6.1	<u>Neuro-Diversity Guidance</u>		
	<p>L. Spence, Head of Staff Experience, provided an overview of the paper requesting approval for guidance designed to support and work with neurodivergent colleagues, ensuring the consistent application of reasonable adjustments.</p>		

	<p>It was noted that the Guidance would be published as a webpage and would be reviewed on an annual basis.</p> <p>A. Cameron-Burns thanked L. Spence for his update and queried if any thought had been given to how we can support and encourage staff to discuss a diagnosis or to seek support when needed noting the efforts of the Children Services Team, led by Margaret Simpson, Children's Services Manager.</p> <p>Discussion followed regarding the practical application of the Guidance with E. Quail noting that there required to be appropriate training provided to be able to use the tool and added that there required to be some form of data capture to analyse a successful implementation.</p> <p>A. MacPherson summarised noting points made and suggested L. Spence pick up actions on training and awareness as well as how to encourage staff to disclose a diagnosis or seek support and bring a Plan back to the APF at a later date. A. Cameron-Burns suggested that L. Spence link in with M. Simpson.</p> <p>The Forum was happy to approve the paper.</p>		L.S
6.2	<u>Roll Out for Applying Sensitivities Labels</u>		
	<p>Stewart Whyte, Data Protection Officer, informed the Area Partnership Forum about proposals for sensitivity labelling and technical tools to enhance security and information governance following a cyber-attack in NHS Dumfries and Galloway.</p> <p>Concerns raised at the APF Secretariat, and the Joint Trade Union and Professional Organisations Committee led to the pilot being expanded to include Human Resources and medical secretarial staff.</p> <p>S. Walker asked about the pilot's duration and outcome measurements. S. Whyte said it would run until January 2025, with a possible extension. Feedback will be presented to the Corporate Management Team for further action.</p> <p>A. Cameron-Burns mentioned that APF approval is needed before rollout and ensuring staff are satisfied.</p>		

	<p>A. MacPherson noted Denise Brown, Director of e-Health, approved extending and expanding the pilot pool. A review session on feedback will address any concerns. CMT also had concerns, and S. Whyte should consult with Council colleagues on similar systems.</p> <p>A. McCready requested discussing the paper at the next e-Health Staff Partnership Forum and inquired about changing sensitivity and encryption settings for external stakeholders. S. Whyte clarified no passwords, or encryption would prevent access and agreed to present the paper at the forum.</p> <p>A. Cameron-Burns thanked S. Whyte for the update.</p>		
6.3	<u>Health & Social Care Staff Experience Report 2024</u>		
	<p>Diana Hudson, Staff Experience Advisor, summarised the Health and Social Care Staff Experience Report for 2024, highlighting key points, including the NHSGGC Staff Experience Action Plan 2024 developed in partnership with feedback from iMatter, Investors in People (IIP), and Collaborative Conversations.</p> <p>The report is yet to be approved by the CMT, and comments were expected by the end of the week. D. Hudson welcomed any additional feedback from the APF.</p> <p>A. Cameron-Burns thanked D. Hudson for the update.</p> <p>S. Walker inquired about the plan for ensuring staff engagement and involvement in action planning, and how NHSGGC measured the outcomes of iMatter.</p> <p>D. Hudson mentioned that following discussions at the APF Secretariat, she and L. Spence would be developing a spot check system to ensure staff were engaged or informed about action planning and the resulting actions within their respective areas.</p> <p>A. Cameron-Burns asked colleagues to raise any concerns regarding stakeholder engagement in any area.</p> <p>No further comments were received.</p>		All

7.	Workforce Storyboard		
	<p>Members reviewed the Workforce Storyboard summary from S. Munce, noting that 143 wte staff joined NHSGGC last month despite the holiday period usually being a quiet time.</p> <p>Updates included a 1% rise in sickness absence, now at 92% for statutory and mandatory training, and PDP results up 1% to 57%. A. Cameron-Burns thanked S. Munce for his update.</p>		
8.	Information Exchange		
8.1	<u>Acute Partnership Forum</u>		
	Colleagues were asked to note the key messages provided by the Acute Partnership Forum.		
8.2	<u>Inverclyde HSCP Staff Partnership Forum</u>		
	Colleagues were asked to note the key messages provided by the Inverclyde HSCP Staff Partnership Forum.		
9.	Items for Information		
9.1	<u>Circulars</u>		
	Members were asked to note the circulars.		
10.	3 Key Messages		
	1. NHSGGC Safe to Start has been approved and will be rolled out.		
	2. Neuro-Diversity Guidance – developed in partnership .		
	3. Sustainability & Value Update		
	4. Flexible Working		
11.	Date & Time of Next Meeting		
	Wednesday, 12 th February 2025, 10am.		

SEDERUNT:

Ann Cameron-Burns	Employee Director (Chair)
Rose Anderson	Unison
Josh Cairns	Staff Side Lead – Pharmacy Staff Partnership Forum
Alison Carmichael	RCM
Beth Culshaw	Chief Officer – West Dunbartonshire HSCP
Margaret Duffy	Deputy Staff Side Lead – Clyde Acute Staff Partnership Forum
Mary Finn	GMB
Watty Gaffney	Deputy Staff Side Lead – Women & Childrens Staff Partnership Forum
Morag Gardner	Deputy Nurse Director – Acute Division
Robert Gibson	Deputy Staff Side Lead – Renfrewshire HSCP SPF
Andrew Gray	Unite the Union
Siobhan Harkin	Unison – H&S Lead
Diana Hudson	Staff Experience Advisor
Tracy Keenan	Assistant Chief Officer – Glasgow City HSCP
Chris Kennedy	SoR
James Kirkpatrick	Unison
David Lamont	Interim Chief Nurse - Nursing & Midwifery
Karen Leonard	GMB
Moira Macdonald	Head of Learning & Education
Anne MacPherson	Director of Human Resources & Organisational Development (Co-Chair)
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 McSevery	Deputy Director of Communications
Lynn Marotta	Lead Nurse Healthcare Staffing – N&M
Steven Munce	Head of Workforce Planning & Resources
Marion O'Neill	General Manager – Public Health
Elaine Quail	Staff Partnership Lead
Ciorstaidh Reichle	GMB

Elaine Robertson	RCN
Ann Traquair-Smith	Director – Diagnostics
Natalie Smith	Deputy Director of Human Resources & Organisational Development
Liam Spence	Head of Staff Experience
Greg Usrey	RCN
Amanda Jane Walton	Staff Partnership Lead
Prof. Angela Wallace	Executive Director of Nursing
Susan Walker	Staff Side Job Evaluation Lead
Gaile Weston	BDA
Stewart Whyte	Data Protection Officer
Teresa Will	GMB
Gordon Wilson	RCoP