

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Partnership Forum (Workforce) held in
Boardroom, JB Russell House, Gartnavel Royal Hospital and on MS
Teams on

Wednesday 14th May 2025, 10.00am

Chair: Natalie Smith
(Sederunt at end of paper)

		Action By:
1.	Welcome & Apologies	
	<p>N. Smith welcomed everyone to the meeting.</p> <p>Apologies were acknowledged and received from, Mary Finn, GMB; Teresa Will, GMB; Susan Walker, Unite the Union; Nicola Bailey, Interim Deputy Director of Human Resources & Organisational Development; Robert Gibson, Deputy Staff Side Lead, Renfrewshire HSCP; Siobhan Harkin, Unison; Gaile Weston, BDA; Chris McGovern, SoR and Professor Angela Wallace, Executive Director of Nursing.</p>	
2.	Interface Directorate Update	
	<p>C. MacArthur, Director of Planning, updated on the Interface Directorate's Annual Delivery Plan, aiming to transform Unscheduled Care in line with Scottish Health and Social Care Reform. The Forum noted that a detailed Framework from the Scottish Government is expected.</p> <p>Since the submission of the Delivery Plan, NHS Greater Glasgow and Clyde (NHSGGC) have received confirmation of funding of £21.9m from the Scottish Government to create the Directorate and work has been underway to make this a reality.</p> <p>The Forum was informed that an appointment had been made to the Senior Interface Care Division Team which is due to conclude in early</p>	

June 2025 with significant work underway in multi-disciplinary teams across NHSGGC to commence clinical re-design. Discussion is continuing regarding further recruitment.

Clinical colleagues had visited Northumbria Trust to learn about their similar model and the Glasgow team were progressing with what this may look like for NHSGGC.

Members noted that a second Hackathon is scheduled for 17th June 2025, focusing on clinical co-redesign. Over 130 clinicians have been invited to explore how the FNMC model can assist.

Focusing on next steps, C. MacArthur confirmed that a Workforce Group would be convened in partnership and governance would be implemented. A public and staff Communications and Engagement Plan would also be developed.

N. Smith thanked C. MacArthur for the update.

E. Quail queried if the funding provided by the Scottish Government would be recurring monies and requested further detail on the Hackathon and asked to ensure that staff side were invited in their professional roles.

E. Quail added that whilst speaking with staff, observations had been made that not all staff were aware of the new Directorate and commented that a local paper had alluded to the Interface Directorate was being implemented and explained that our communications plan would key for a successful implementation.

C. MacArthur explained that funding from the Scottish Government would remain recurring for 2026/27 dependent on evidence provided regarding the Directorates evidence of spend and impact and this would be carried out using monitoring and evaluation processes.

Referring to the second Hackathon, C. MacArthur added that attendees would be spread across eight break rooms and would focus on working together, supporting pathways and how systems would interact with each other and developing next stages.

	<p>N. McSeveny confirmed that the Communications Team would endeavour to ensure that all staff receive communications prior to any external communications. A Communication and Engagement Plan would be developed in partnership.</p> <p>A. Hair noted the similarities with Hospital at Home in Renfrewshire HSCP and advised that there was a need to be mindful of the significant and overall impact this new Directorate would have on staff and patients and the real need to ensure that partnership engagement takes place at the earliest opportunity.</p> <p>B. Culshaw gave assurances that all Chief Officers were working together closely and focusing on how services are being delivered, how they align and there would be chance to influence decisions going forward.</p> <p>L. Mullen reminded the Forum of the importance of partnership engagement and referred to the dissolution and re-introduction of Hospital at Home within Glasgow City HSCP.</p> <p>N. Smith concluded discussion by reconfirming the commitment to partnership working.</p>		
3.	Minute of Last Meeting & Rolling Action List		
	<p>The Minute of the Last meeting was approved.</p> <p>The Forum reviewed the Rolling Action List and actions were updated.</p> <p>A. McCready and I. Kennedy noted that reference to the Vaccination Clinics should be Renfrewshire HSCP not Inverclyde HSCP. K. McKenzie to update.</p> <p>Discussion followed with E. Quail requesting that when actions were given at meetings, these require to be followed through and noted the reminders issued by K. McKenzie with often no responses received.</p>		<p>K.McK</p> <p>K. McK</p>
3.1	<u>Health & Safety Concerns – Renfrewshire HSCP</u>		
	I. Kennedy gave an overview of progress and explained that Unite the Union had visited the Piazza Vaccination Clinic, and a meeting had		

	<p>taken place chaired by Dr Emilia Crighton, Director of Public Health on Friday 9th May 2025.</p> <p>The Forum was informed that an open session had been scheduled at the Vaccination Clinic for Friday, 23rd May 2025, allowing clinic staff to meet with electrical Contractors, Health and Safety co-workers, and colleagues from Estates and Facilities. The outcome from this meeting would determine the subsequent steps.</p> <p>A. McCready requested that the action to remain on the Rolling Action List until fully concluded and an update would be brought to the next Forum.</p>		I.K/ A. McC
4.	Service Updates		
4.1	<u>Acute</u>		
	<p>S. Groom informed members that Unscheduled Care performance was currently at approximately 67.3% which is above the national Scottish average.</p> <p>Referring to a presentation given by Susan McFadyen, Director of Access regarding Planned Care and the additional bed investment to reduce waiting times, NHSGGC had received confirmation from the Scottish Government for additional funding of £23m with most of this recurring funds which will allow for an increase in workforce numbers to reduce waiting times. S. Groom explained that the Forum may wish to have an update on this at a future meeting.</p> <p>NHSGCC's Cancer Care 31-day performance as of March 2025 was at 96.2%, above the national average and for 62 days performance, NHSGGC was at 68.3% above national average.</p> <p>N. Smith thanked S. Groom for the update.</p>		
4.2	<u>Workforce</u>		
	<p>N. Smith informed the Forum that following the Supreme Court's gender ruling, the Scottish Government was reviewing its next steps and the impact on NHS Scotland policies. Consequently, they have</p>		

paused the launch of Phase 2.2 of the Once for Scotland Policies and had issued a letter to this effect.

Colleagues recognised and extended their congratulations to Josh Cairns, Unison on his appointment as the Staff Side Lead for Glasgow City HSCP.

E. Quail referenced to discussion that had taken place at the Area Joint Trade Union & Professional Committee's (JOC) APF pre-meet, concerning the deployment of Theatre staff to other clinical areas. E. Quail conveyed the staff side's significant concerns that proposals were being taken forward for which originally had only been intended for use during the Pandemic. It was noted that concerns had initially been raised with Staff Side Leads by Theatre staff.

Aware meetings had taken place with F. Carmichael, J. Ramsay and S. Walker, E. Quail commented that staff side colleagues felt that professional registrants were being subjected to undue pressure and referred to Grievances that had been raised and been upheld in different areas of the Board where implementation of deployment of staff had been tried before.

E. Quail requested that this discussion be formally minuted and invited that discussion to be taken forward through the Area Partnership Forum. Members that the Employee Director's Office would be submitting a formal letter to N. Smith with multi-Trade Union/Professional Organisation agreement.

A. Cameron-Burns added that there was need to be mindful at this early stage that whether past actions were formally recorded or not, presently staff side had concerns and made it clear that staff side would not be asking nor accepting the movement of Theatre staff.

Noting discussion, M. Gardner expressed her disappointment having spent time having productive conversations with Theatre staff and in partnership and suggested working with N. Smith and staff side colleagues to reach a way forward ensuring that all perspectives were listened too.

M. Gardner requested that further discussion take place outwith the meeting as held some different views to what had been raised by staff side. N. Smith agreed.

E. Quail asked if staff side colleagues were in agreement to take the discussion offline.

A. Cameron-Burns reiterated that discussion should take place at the APF as all representatives involved are APF representatives and discussions outwith the Forum were not progressing as they should; A. Cameron-Burns added that staff should not be asked to move to an area in which they are unfamiliar with. A. Cameron-Burns noted she would be happy to discuss further outwith the meeting.

C. Reichle explained that herself and W. Gaffney had previously expressed their concerns to Lynn Marotta, Lead Nurse, Corporate NMAHP regarding the proposal and had written to Lynn to this effect. W. Gaffney corroborated this and noted that they had both made it clear that they were not supporting this proposal and suggested that the section within the Policy be reworded or removed and would be happy to meet and discuss further.

M. Gardner noted discussion that had taken place with F. Carmichael as to which Forum discussion should move forward with and was happy to bring to the APF. M. Gardner added that all previous meetings had been recorded, and colleagues were welcome to review.

L. Mullen added that there was a tendency at the APF for practical reasons, to take discussions offline however reminded members that staff side would escalate matters to the APF if deemed important and requested that if resolution was not reached by the next meeting, discussion should take place at the APF.

Discussion was concluded with N. Smith explaining that all discussions should be dealt with at the lowest level possible only escalating to APF if resolution cannot be reached.

E. Quail reiterated that the APF was the correct Forum to be having this discussion and was happy for the discussion to be taken offline for strategic overview. N. Smith requested that the item be added to the Forum agenda next month for further discussion.

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4.3	<u>Public Health</u>		
	<p>I. Kennedy provided an update noting previous discussion regarding the Renfrewshire HSCP Vaccination Centre and referred to the Band 3 Vaccinators remodelling underway and a staff engagement meeting was taking place later today with subsequent sessions taking place on 20th and 27th of May 2025.</p> <p>Members were informed that there was a slight rise in cases of Measles in Scotland, particularly in the G42 area of Glasgow and I. Kennedy asked members to encourage uptake of MMR vaccines and should signpost staff to Occupational Health. Members noted that monthly communications had been issued since February 2025.</p> <p>A. Cameron-Burns queried if there were other infection increases; I. Kennedy explained there was nothing of significance however clarified that there had been a slight increase in numbers (couple of cases) of Hepatitis A and a rise in Norovirus cases.</p> <p>I. Kennedy attributed the slight rise in measles cases to insufficient vaccination and increased overseas migration. Members noted that more clinics and educational resources had been made available.</p> <p>N. Smith thanked I. Kennedy for his update.</p> <p>E. Quail suggested that for future meetings a more detailed analysis be provided. Referring to the Vaccination Centres, E. Quail explained that it had been confirmed that where meetings were taking place, either Infection Control or Public Health, and Estates and Facilities, Health & Safety colleagues would be present and welcomed this approach.</p> <p>Discussion followed with A. Hair referring to the Band 3 Vaccinators remodelling and noted that additional staff side representation was being requested for Immunisation Group.</p> <p>I. Kennedy confirmed he was happy to provide further data regarding infections diseases and suggested that the APF may appreciate copies of Epidemiological presentations discussed at the Population Health and Wellbeing Committee. The Forum agreed.</p>	All	I.K

4.4	<u>Community</u>		
	<p>B. Culshaw explained that the delayed discharge figure remains at under 300 following pressure during winter and will hopefully continue to reduce pressures felt both in Acute and in the Community.</p> <p>Noting earlier discussion regarding Planned Care and the receipt of additional funding for workforce resource, B. Culshaw explained that all Chief Officers were heavily involved and provided assurances that a whole system approach was being taken forward and would be happy to bring an update to a future meeting.</p> <p>N. Smith thanked B. Culshaw for the update.</p>		
5.	Sustainability & Value		
	<p>It was noted there was no one present to provide and Sustainability & Value update. K. McKenzie informed the Forum that she had requested a written update from the Director of Finance's office within the week.</p> <p>L. Mullen queried if the presentation given in April's APF had been issued. K. McKenzie was asked to recirculate the presentation. L. Mullen also made reference to a previous action with P. McKenna being asked to provide more information on the 15-box Grid which hadn't been received. K. McKenzie agreed to follow this up.</p> <p>E. Quail referring to discussion at the last APF Strategy indicated that a request had also been issued to hold a Finance session to discuss strategic financial matters outwith the meeting which had yet to be arranged.</p>	K. McK	K. McK
6.	HIS Report Update		
	<p>The Forum acknowledged that Chief Executive, Jann Gardner was unable to attend to provide an update; N. Smith explained that a proposal had been put forward to host a separate meeting at which the Chief Executive would be present to discuss further.</p> <p>N. Smith provided a high-level overview of the HIS Report noting the recommendations made and referred to the staff survey that been</p>		

	<p>issued to all Emergency Department staff to complete. Members were informed that results were being collated, and a Report would be shared when available.</p> <p>A. Cameron-Burns requested a copy of the HIS Report to be made available to K. McKenzie for circulation to the APF and JOC. K. McKenzie confirmed that she had received a link from the Chief Executive's Office and would circulate this.</p> <p>Discussion followed regarding some of the feedback received since the HIS Report was published.</p> <p>L. Mullen requested that if further detail could be provided regarding the staffing elements of the Report. N. Smith confirmed that staffing was a key factor that had come through in with Report discussions would take place.</p> <p>E. Quail suggested that a note outlining the groups convened since the Report was published and confirmation of the escalation process be circulated and noted the requests received for partnership. N. Smith confirmed there was a slide available that K. McKenzie could issue.</p> <p>Discussion followed with L. Mullen querying if the Board would be committing to onboard additional resource following recommendations or if the existing establishment would be used. N. Smith confirmed that this had yet to be discussed and would report back when more details were known.</p>	<p>N.S</p> <p>K. McK</p> <p>Co-Chairs</p> <p>Co-Chairs/ K.McK</p> <p>N.S</p>
7.	PVG Update	
	<p>S. Munce shared an update on the Disclosure Scotland PVG Scheme, which is set to launch on July 1, 2025. Significant changes have been made to the definition of a regulated role, meaning that individuals who are not PVG checked will not be able to continue in their roles from this date. PVG checks will continue to be processed by NHSGGC's Recruitment Team.</p> <p>Members acknowledged the paper provided and noted that an Oversight Group had been convened to take this work forward. Progress is being made with all relevant individuals being contacted.</p>	

	<p>An assessment process has been established for any PVG check that does not pass, and individual assessments will be carried out in partnership.</p> <p>Members were informed that if an individual ignores all contact efforts, they will be suspended following the deadline on full pay until an investigation can take place. The Forum was informed that the current cohort includes 7,895 members of staff, with 4,733 applications started by recruitment, 3,331 started by employees, and 474 completed.</p> <p>Members noted that the scheme applies from July 1, 2025, and the Board is not expected to have all PVG checks completed by this date.</p> <p>N. Smith thanked S. Munce for the update.</p>		
8.	AfC Sub-Group Updates		
8.1	<u>Protected Learning Time</u>		
	<p>M. Macdonald provided an overview of progress highlighting that focus on was on data reporting elements and what could be taken forward including development of a Core brief whilst waiting on national guidance.</p>		
8.2	<u>Band 5 Review</u>		
	<p>S. Munce referred to the update circulated and explained that outcomes had been communicated to staff and the payroll process was working well.</p> <p>Members noted that full day's job evaluation training had taken place and thanked everyone for their support.</p> <p>E. Quail thanked S. Munce, S. Walker and Paul Watt, Management Job Evaluation Lead for their hard work and taking the review forward successfully.</p>		
8.3	<u>Reduced Working Week</u>		
	<p>Referring to the Reduced Working Week Group the two Groups continue to meet and a return would be submitted at the end of May 2025 and continues to progress.</p>		

9.	Items for Discussion		
9.1	<u>NHSGGC AHP Supervision Policy (Revision)</u>		
	<p>Brought to the Forum for approval, J. Dudgeon spoke to a presentation giving a detailed overview of the revisions made to the NHSGGC AHP Supervision Policy and highlighting key elements. Members noted that if approval was given, an Implementation Group would be convened to take forward the launch and audit the Policy.</p> <p>It was noted that no comments had been raised following circulation to the JOC for review.</p> <p>A. Cameron-Burns queried the frequency of the supervision and the six sessions per year; J. Dudgeon explained that due to the lack of robust evidence around supervision an update had been done and as a minimum colleagues would be asked to complete six sessions which aligned with our national position.</p> <p>N. Smith thanked J. Dudgeon for the update and the Forum were happy to approve.</p>		
9.2	<u>Digital Skills & Literacy (DS&L) Programme Update</u>		
	<p>N. Warbrick presented an overview of the Digital Skills & Literacy (DS&L) Programme highlighting progress including cyber-security, Board priorities and Delivery Plan for Fora awareness.</p> <p>The Forum welcomed the update with A. Cameron-Burns acknowledging that not all colleagues are compute literate or don't have access to e-mail and queried how safe NHSGGC systems were and what backups were in place. N. Warbrick explained that there would be a focus on prevention, planning for the worst-case scenarios and contingency plans.</p> <p>N. Warbrick was asked to send the presentation to K. McKenzie to circulate to the APF.</p> <p>A. McCready note his concerns regarding ensuring communications reach all parts of the organisation and suggested messages could be</p>		N.W

	<p>issued via payslips. N. Warbrick confirmed he would take comments back to the working group on which N. McSeveney was a member.</p> <p>Discussion followed with L. Mullen highlighting the AI element and ensuring there is a evaluation process in place on how this will affect staff, ensuring that AI enhances performance and doesn't replace it.</p> <p>N. Warbrick explained that the Scottish Government were due to publish a report/guidance on using AI in the healthcare system and NHSGGC was awaiting on this Guidance prior to developing any NHSGGC Policies and suggested picking up discussion outwith the meeting.</p>		N.W/ L.M
9.3	<u>Equally Safe at Work & Sexual Harassment: Cut it Out: - Update</u>		
	<p>Brought to the Forum for assurance, L. Spence gave an overview of the Equally Safe at Work & Sexual Harassment: Cut it Out paper. Members acknowledged that L. Spence was happy to attend Staff Partnership Fora and other areas to highlight the campaign.</p> <p>Discussion followed with A. Cameron-Burns explaining that she had asked L. Spence for figures on how many cases had been recorded since the start of the campaign at the APF Secretariat. L. Spence confirmed that four cases had been recorded since the start of the campaign.</p> <p>L. Spence added that Freddie Warnock, Head of Health & Safety was conducting an update of Datix to ensure that any sexual harassment incidents could be recorded as such.</p> <p>L. Mullen sought verification that new initiatives such as this were having the desired effect giving staff the confidence to come forward and suggested that a Report be brought back, with the inclusion of real case studies, to the APF at a future meeting.</p>		L.S
10.	Workforce Storyboard		
	S. Munce presented the Workforce Storyboard, covering onboarding figures, sickness absence, turnover, PDP, and Statutory and Mandatory figures.		

11.	Information Exchange		
	Members were asked to note the Information Exchange documents. No comments were raised.		
12.	Items for Information		
12.1	<u>Circulars</u>		
	The Committee were asked to note Circulars, DL-2025-08 and CMO-2025-06.		
13.	3 Key Messages		
	1. PVG Progress		
	2. AHP Supervision Policy		
	3. Digital Skills & Literacy Update		
	4. HIS Report		
13.1	It was agreed that the Sexual Harassment Cut It Out Campaign should be communicated again via Core Brief.		N. McS
14.	Date & Time of Next Meeting		
	APF Strategy, Wednesday, 18 th June 2025. APF Workforce, Wednesday, 13 th August 2025.		

SEDERUNT:

Natalie Smith	Interim Director of Human Resources & Organisational Development (Chair)
Rose Anderson	Unison
Ann Cameron-Burns	Employee Director (Co-Chair)
Josh Cairns	Staff Side Lead – Glasgow City HSCP
Elaine Caldwell	RCN
Zoe Campton	GMB
Frances Carmichael	Staff Side Lead – Acute Partnership Forum
Beth Culshaw	Chief Officer – West Dunbartonshire HSCP
Jane Dudgeon	AHP Practice Education Manager
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
Andrew Gray	Unite the Union
Susan Groom	Director – Regional
Annie Hair	Unite the Union
Tracy Keenan	Assistant Chief Officer – Glasgow City HSCP
Chris Kennedy	SoR
Iain Kennedy	Consultant -Public Health
Claire MacArthur	Director of Planning
Moira Macdonald	Head of Learning & Education
Andrew McCready	Unite the Union
Laura McEwan	Employee Relations Manager
Ciara McGuire	RCM
Hugh McNulty	RCoP
Neil McSeveny	Assistant Director of Communications
Cathy Miller	Unison
Louise Mitchell	Unite the Union
Lorcan Mullen	Unison
Steven Munce	Head of Workforce Planning & Resources
Frances Pollock	Staff Side Lead
Elaine Quail	Staff Partnership Lead

Ciorstaidh Reichle	GMB
Liam Spence	Head of Staff Experience
Amanda Jane Walton	Staff Partnership Lead
Neil Warbrick	Head of Strategy, Programmes and Innovation

APPROVED