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 12th August 2026, 10am.

Chair: Ann Cameron-Burns

(Sederunt at end of paper)

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			Action By:
1.	**Welcome & Apologies**		
	A. Cameron-Burns welcomed everyone to the meeting including Jamie Redfern, Director, Royal Hospital for Children; Laura Halcrow, Acute Senior Falls Prevention Lead; Aimie Holland, Lead Improvement Co-ordinator, Ann McLinton, PCHC Programme Manager, N&M; Daniel Connelly, Deputy Director, Public Engagement and Allan Hughes, H&S Manager. Apologies were acknowledged and received from Elaine Quail, Staff Partnership Lead; Natalie Smith Interim Director of HR & OD, Mary Finn, GMB; Moira Macdonald, Head of Learning & Education; Freddie Warnock, Head of Health and Safety; and Alexis Chappell, Chief Officer – East Renfrewshire HSCP.		
2.	**Minute of the Last Meeting & Rolling Action List**		
	The Minute of the previous meeting was approved. K. McKenzie reviewed the rolling action list, with the Forum providing updates where required. The Forum then discussed the written Hospice update from J. Watt, Interim Director of Pharmacy, during which S. Walker revisited previous concerns. It was agreed that N. Bailey and S. Walker would discuss the matter further outwith the meeting.		**N.S/ S.W**

3.	**Service Updates**		
3.1	Acute		
	J. Redfern provided a high-level overview of Acute performance, covering Scheduled and Unscheduled Care, Cancer Care and the Treatment Time Guarantee (TTG). In relation to Outpatient performance, the Forum noted that no patients were waiting more than 52 weeks for an appointment, with approximately 162 patients currently waiting. Dermatology remained an area of challenge and continued to make progress via the Access Group. The Forum was advised that NHS Greater Glasgow and Clyde (NHSGGC) was ahead of the Scottish Government's Treatment Time Guarantee (TTG) target for Paediatrics, sitting approximately 4% above trajectory. It was also noted that Acute had committed to ensuring that, by the end of September 2026, no ENT Paediatrics patients would be waiting longer than 104 weeks. The Forum noted the progress made and thanked all staff for their hard work. Cancer care performance was noted at 95% above the national average for the 31-day target. Challenges remain meeting the 62-day target with a trajectory of 78% achieved since April 2026. It was noted that the Scottish Government trajectory would increase to 80%. Work was underway via its working group to improve infrastructure. It was noted that there was still a significant flow of patients across all Acute sites and reference was made to the overall performance with the Royal Alexandra Hospital (RAH), last week, seeing a performance rate of 80% however, noting there had been a day where performance had dipped to below 50%. It was noted that performance within Glasgow Royal Infirmary (GRI) and for the Children's Hospital had also risen, both exceeding their Scottish Government led target. J. Redfern reminded the Forum that although challenges remain there was improvement overall and thanked the acute workforce for their hard work. Whilst appreciating the update and the data provided, A. Cameron-Burns requested if future updates could be more workforce focused		**J.R**

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	seeking assurances that staffing models were correct for all areas within Acute. A. Cameron-Burns acknowledged that it would be good to acknowledge that staff are getting the recognition they deserve.		
3.2	<u>Workforce</u>		
	N. Bailey informed the Forum that sickness absence was recorded at 7.5% which was an increase of 2% from last month and on this time last year. However, the Forum acknowledged the establishment of the new Attendance Management Team, supported by the Board, which is now looking to align resources to hotspot areas and via the Promoting Attendance Working Group actions will be taken forward to improve this figure. A. Cameron-Burns welcomed the introduction of the Attendance Management Team noting however it shouldn't take the Board to comment for action to be taken to work towards reducing the sickness absence figure. A. Robertson, HCSA, asked what level of sickness absence would constitute a crisis point for NHSGGC and what action would be taken in response. N. Bailey confirmed that there was no specific threshold. While current figures were slightly higher than in previous years, she advised that she was not overly concerned. Additional HR resource had been secured, including the recruitment of ten additional staff, to support work aimed at improving sickness absence levels. J. Cairns asked when the Scottish Government sickness absence target of 4% had last been reviewed. The Forum discussed the target and noted that N. Bailey would report on the impact and improvements delivered by the Attendance Management Team. It was also noted that a robust reporting process had been established through the Corporate Management Team.		**N.B**
3.3	<u>Public Health</u>		
	M. O'Neill, General Manager for Public Health, provided an overview of the forthcoming Winter Vaccination Programme, which is due to commence in September 2026. Approximately 800,000 vaccinations are expected to be delivered, with flu vaccinations accounting for around 85% of the total. Flu vaccinations will begin week commencing		

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	29th of September 2026, followed by COVID vaccinations from week commencing 5 October 2026. Building on the success of last year's programme, the Staff Vaccination Programme will begin week commencing 14th of September 2026 and will run for two weeks, closing on 27th of September 2026. A dedicated web page will be available to provide staff with relevant information. The Forum was advised that the RSV Vaccination Programme cohort would be extended to include immunocompromised adults aged 65–74. Additional resource had been brought on board to support delivery for this expanded cohort. M. O'Neill confirmed that the restructuring of the Public Health team's staffing model was ongoing. Bank support would be sought if required. M. O'Neill thanked the APF for its support with the review. A. Cameron-Burns reflected on previous staff attendance at vaccination clinics and asked the Forum to be mindful of the need to accommodate staff to attend their vaccination appointments. Professor A. Wallace agreed and acknowledged the need for a phased approach to ensure staff were able to receive their vaccinations. She confirmed that she would work with Public Health colleagues and Chief Nurses to support and encourage the release of staff. A. Cameron-Burns thanked M. O'Neill for providing the update.		
4.	**HSCP Report**		
	In the absence of a written report for the meeting, B. Culshaw provided a verbal update. She advised that she had discussed the Report format with A. Chappell, Chief Officer, East Renfrewshire HSCP, and would bring a consolidated HSCP report to future meetings. B. Culshaw explained that all HSCPs were working closely together to recognise local differences and ensure appropriate support mechanisms were in place.		

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	The Forum was informed that there were 307 delayed discharges, 235 of which were across the six HSCPs. B. Culshaw reported that significant progress had been made within Glasgow City HSCP, where the figure was at its lowest level for some time. The Forum noted that work continued to manage delayed discharges and their wider impact on the organisation. A. Cameron-Burns thanked B. Culshaw for the update.		
5.	**Sustainability & Value Update**		
	J. Flanagan provided a high-level overview of NHSGGC's Sustainability and Value position at end of Month three. The Forum noted NHSGGC's overall in-year financial challenge for 2026/27, which stood at £194.7m. By the end of Month 3, £43.4m had been delivered, representing 22.3% of the total target. The Forum further noted that this left an in-year gap of £151.3m still to be achieved, alongside a recurring gap of £95.8m. J. Flanagan confirmed that, at this stage, NHSGGC had not identified a clear route to achieving breakeven by the end of the financial year. Referring to Identified Schemes (Slide 4), J. Flanagan referred to the Red, Amber and Green (RAG) status applied with a significant proportion of targets remaining unidentified. Noting the forecasting position, J. Flanagan explained that the most recent forecast had been reported to the Corporate Management Team (CMT), the Finance Planning and Performance Committee and to the Scottish Government. J. Flanagan provide a breakdown of the savings required from each area. The Forum was made aware that the Scottish Government had issued a letter of concern to the Board A. Cameron-Burns acknowledged the significant financial challenge ahead and welcomed the opportunity to work in partnership to progress service redesign where required. She also highlighted that small changes across NHSGGC could collectively make a meaningful contribution to reducing costs and supporting the overall savings		

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	position, noting some additional training may be required for some areas. Discussion followed regarding the number of efficiencies that have been made to date and the need for transparent discussion regarding how we make future efficiencies without having an impact of patient care. S. Walker referred to the report sent to the Scottish Government noting she would be keen to understand what it looked like. S. Walker added that there was a continuing need to focus on community care which requires to be resolved to have any ongoing impact within Acute. Reference was also made to the Sub-National discussion and the need for alignment. A. Cameron-Burns added that care in the community requires to be properly funded. A. Gray asked how the savings plan was being co-ordinated with Integrated Joint Board plans. J. Flanagan confirmed that governance routes were in place to ensure all relevant plans were incorporated. B. Culshaw added that the Corporate Management Team had discussed the need to co-ordinate approaches before budgets were finalised for the financial year. J. Flanagan thanked members for their feedback. The Forum also discussed sickness absence figures, noting the potential benefit of reducing absence levels and the significant positive impact this could have on the overall budget. A. Cameron-Burns thanked J. Flanagan for the update.		
6.	**AfC Sub-Group Update**		
6.1	<u>Reduced Working Week</u>		
	N. Bailey provided an overview of the Reduced Working Week paper and sought approval to conclude the work of the Group. Referring to discussion at the APF Secretariat, N. Bailey explained that it had been agreed the Group would continue with a smaller		

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	membership and a focused remit. This would ensure that all dispute resolutions and any remaining areas of concern were concluded. Members noted that there were 21 disputes relating to the second phase. The paper was approved, with no comments received.		
6.2	<u>Review of Band 5</u>		
	S. Munce provided an overview of progress to date and confirmed that the Group continued to meet fortnightly. The Forum noted the following position: • 2,319 applications had been received; • 1,200 applications had been matched; and • 1,052 applications had been completed by Payroll. Colleagues whose applications had been completed would receive their uplift and back pay. The Forum noted that approximately 100 applications were being processed each month. Given the limited staffing resource available, it was acknowledged that it would take some time to complete all applications, including those subject to appeal.		
6.3	<u>Protected Learning Time</u>		
	Noting there hadn't been much progress in the Group, T. Quinn explained that Stephanie Dunn, Senior Learning & Education Advisor would be the ongoing management lead for the Group. An update was provided on the Groups three workstreams including statutory and mandatory modules which are now business as usual, the learning passport and progression regarding CPD modules. Discussion followed regarding the national discussions around professional learning modules and were awaiting feedback on how staff would receive time back. It was noted that the next meeting of the Group was arranged for the end of August 2026. A. Cameron-Burns welcomed the update and noted the slow progress made.		

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7.	**Items for Discussion**		
7.1	<u>NHSGGC Pay Protection – Supporting & Implementation Guidance</u>		
	N. Bailey introduced the NHSGGC Pay Protection – Supporting and Implementation Guidance for approval. She referred to previous discussions regarding overtime, where agreement had not been reached, and advised that the overtime section would be removed from the paper to allow further discussion to take place. A. Cameron-Burns confirmed that the paper had been discussed at the Area Joint Trade Union and Professional Organisations Committee (JOC), where members were content to support its approval.		
7.2	<u>Inpatient/Hospital Bed Safety Rails & Bed Grab Handles Policy</u>		
	The Forum acknowledged that the Policy had not yet been considered by the Health and Safety Forum, although it was noted that it was scheduled for discussion at its next meeting. L. Halcrow clarified that the Community version of the Policy had already been considered by the Health and Safety Forum. It was agreed that the paper would return to the next APF Workforce meeting for further consideration.		**L.H** **L.H/ K.McK**
7.3	<u>NHSGGC Person Centred Care Standard & Measurement Framework</u>		
	A. Holland presented the NHSGGC Person Centred Care Standard and Measurement Framework and sought approval for the proposed implementation and evaluation approach. The Forum noted that the Framework aimed to support a consistent person-centred experience by ensuring that everyone is treated with respect and compassion, while also providing teams with the information needed to drive improvement. Following review of the paper, A. Cameron-Burns welcomed the extensive engagement undertaken with a range of stakeholders. She noted that the Framework provided a practical toolkit for staff and offered a strong benchmark for partnership working. The Forum welcomed the format of the paper and thanked A. Holland and A.		

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	McLelland for progressing it through the appropriate governance route. The Forum approved the paper.		
7.4	<u>Reduced Working Week – Implementation</u>		
	Following the earlier update, N. Bailey thanked all colleagues involved in supporting the implementation of the Reduced Working Week. She noted that the approach taken had demonstrated best practice in partnership working.		
7.5	<u>NHSGGC Engagement & Involvement Overview Report 2025-26</u>		
	D. Connelly presented the NHSGGC Engagement and Involvement Overview Report 2025–26 for awareness. He provided an overview of the stakeholder engagement and involvement activity undertaken across NHSGGC during 2025–26. The Forum welcomed the format of the paper and the use of illustrations. Members noted the paper.		
8.	**Workforce Storyboard**		
	The Forum received the Workforce Storyboard for information and noted the overview provided in relation to current workforce activity, key areas of focus and emerging themes including statutory and mandatory compliance, new starts and PDP&R compliance. No comments were received.		
9.	**Information Exchange**		
	Members of the Forum was asked to note the information included in the papers provided.		
10.	**Items for Information**		
10.1	<u>Circulars</u>		
	Members were asked to note Circular CMO(2026)12 – RSV Vaccination Programme 2026-27 Older Adults & Maternal.		

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11.	**3 Key Messages**			
	1.	Sustainability and Value Update		**K.McK**
	2.	NHSGGC Person Centred Care Standard & Measurement Framework		
	3.	NHSGGC Engagement & Involvement Overview Report 2025-26		
	4.	Winter Vaccination Programme		
12.	**Date & Time of Next Meeting**			
	Wednesday, 14th October 2026, 10am Boardroom, JB Russell House, Gartnavel Royal Hospital, Boardroom and MS Teams.			

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SEDERUNT:

Ann Cameron-Burns	Employee Director (Chair)
Rose Anderson	Unison
Nicola Bailey	Interim Deputy Director of Human Resources
Josh Cairns	Unison
Elaine Caldwell	RCN
Alexis Chappell	Chief Officer
Daniel Connelly	Deputy Director – Public Engagement
Jill Flanagan	Head of Finance – Diagnostics & Regional
Robert Gibson	Unison
Andrew Gray	CSP
Laura Halcrow	Acute Senior Falls Prevention Lead
Aimee Holland	Lead Improvement Co-ordinator
Chris Kennedy	SoR
Andrew McCready	Unite the Union
Linda McHaffie	Unison Representative – Observer
Ann McLinton	Programme Manager
Hugh McInulty	RCoP
Neil McSeveny	Interim Director of Communications
Steven Munce	Workforce Planning & Analytics Manager
Marion O'Neill	General Manager – Public Health
Jamie Redfern	Director – Royal Hospital for Children
Ciorstaidh Reichle	Staff Partnership Lead
Allan Robertson	HCSA
Liam Spence	Head of Staff Experience
Susan Walker	Unite the Union
Professor Angela Wallace	Executive Nurse Board Director
Kenneth Watt	Staff Side Lead, Inverclyde HSCP SPF
Gaile Weston	BDA
Teresa Will	GMB

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