NHS GREATER GLASGOW & CLYDE

Minutes of Meeting of the Area Partnership Forum Boardroom, JBR House and via Microsoft Teams on Wednesday 27th May 2026, 10am

CHAIR: Professor Jann Gardner

(Sederunt at the end of Minute)

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			ACTION BY
1.	**Welcome & Apologies**		
	Professor J. Gardner welcomed attendees to the meeting and thanked the Forum for accommodating the change of date, which was necessary as both Co-Chairs will be on annual leave in June. Apologies were acknowledged and received from, John O'Dowd, Clinical Director, Glasgow City HSCP; Professor Angela Wallace, Executive Board Nurse Director; Michael Breen, Director of Finance; Tom Quinn, Head of HR – East Dunbartonshire HSCP; Beth Culshaw, Chief Officer – West Dunbartonshire HSCP; Alexis Chappell, Chief Officer – East Renfrewshire HSCP; Geraldine Collier, Head of HR, Glasgow City HSCP; Barbara Sweeney, RCN; Chris McGovern, SoR; Gaile Weston, BDA; John Nixon, CSP; Watty Gaffney, Unite the Union; Mary Finn, GMB, Susan Walker, Unite the Union; Elaine Quail, Unite the Union; Frances Carmichael, Unison and Andrew McCready, Unite the Union.		
2.	**Minute of the Last Meeting & Rolling Action List**		
	The Minute of the Last Meeting was approved. Ongoing actions on the Rolling Action List were reviewed and updated accordingly. Referring to Action 1.2, Professor Jann Gardner proposed that, during the Acute update, R. Coulthard present the slides and provide an update on the breakdown of the virtual hospital. R. Coulthard agreed.		**K.McK**

	Referring to Action 4, N. McSeveny advised that a brief communication on the Sub-National update had been circulated through the Board, with a staff summary also issued recently. He noted, however, that a further concise communication would be helpful to provide additional clarity and expected this to be issued within the next couple of weeks. Professor J. Gardner thanked N. McSeveny and added that it would be good to provide some further information to staff. Prof. J. Gardner added she would open this for discussion under agenda item 4.1.		
3.	**Sustainability & Value**		
	J. Flanagan presented an overview of NHS Greater Glasgow and Clyde's (NHSGGC) Sustainability and Value (S&V) position at the end of Month 12, together with the Board's starting position for 2026/27. The Forum noted that the S&V Programme Board was scheduled to meet on Thursday 28 May 2026, and that a number of Forum members would also be in attendance. At the end of Month 12, J. Flanagan confirmed that NHSGGC had delivered almost £31 million of recurring savings and up to £218 million of in-year savings, supporting the Board to achieve a breakeven position. Members noted, however, that this left NHSGGC entering 2026/27 with a higher recurring deficit that would need to be addressed. Members noted the Scottish Government's national position at Month 11 and that the national Month 12 position had yet been published. Professor J. Gardner thanked J. Flanagan for the update and explained her appreciation for the significant effort made by staff in supporting the Board to achieve its current position. She noted, however, that considerable work remains during the current financial year, alongside substantial strategic planning as the organisation moves forward.		

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	A. Cameron-Burns expressed concern that, although the Board had achieved a breakeven position on this occasion, maintaining that position in future years is likely to become increasingly challenging. In relation to the 75% funding received for the Reduced Working Week, A. Cameron-Burns asked whether NHSGGC was likely to receive the remaining 25% or whether this cost would need to be absorbed by the Board. J. Flanagan advised that the Scottish Government had confirmed the total funding allocation for NHSGGC for 2026/27. This would cover all Agenda for Change pay reforms, including the Reduced Working Week, the Band 5–6 Review and Protected Learning Time. She noted, however, that further internal discussions would be required regarding the allocation of that funding. R. Anderson highlighted her concerns regarding the onboarding of new Executive staff and the costs this will incur instead of being spent where really needed on the floor. Professor J. Gardner outlined NHSGGC's current position in relation to inquiries and media attention. She explained that the new Executive posts would be temporary or fixed-term appointments, created to provide capabilities that are not currently available in-house, including legal and regulatory expertise. She further advised that the redesign of some posts was intended as an interim arrangement pending confirmation of a wider NHS Scotland structure. This additional support had been brought in to help manage the scale of transformational change required and to ensure effective staff engagement. The Forum noted the creation of several new posts. These included a Director of Strategy, Infrastructure Planning and Delivery, who would review the use of capital facilities, staffing levels in these areas, and how existing resources could best be utilised. The Forum also noted that, on a temporary part-time basis, a new Director of Projects had been appointed to support development of a business case for a new Bone Marrow Transplant (BMT) Unit at the Queen Elizabeth University Hospital (QEUH), ensuring engagement		

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	takes place with all relevant stakeholders, including patients and their families. The Forum was reminded of the legal action taken against a contractor in relation to combustible materials used within the atrium at the Queen Elizabeth University Hospital (QEUH) campus. Members noted that both the case and subsequent appeal had been lost on time-bar grounds, despite the contractor having been aware of the concerns since 2018 and not informing NHSGGC until 2021. Recognising that this information is already in the public domain, the Forum noted that NHSGGC intends to lodge a further appeal in the interests of public safety. Agreeing with R. Anderson in principle, Professor J. Gardner noted the importance of maintaining vigilance over expenditure. She added, however, that during a period of significant change the organisation must also ensure that it has the appropriate capability and capacity in place to manage effectively. J. O'Connell acknowledged the complexity of the issues involved but expressed concern that current and historic failures, and the expenditure arising from them, should not be to the detriment of the workforce or, ultimately, patient care. He nevertheless recognised the challenges facing the Board. Referring to the funding provided for the Band 5 to 6 Review, he asked how the Scottish Government had been able to determine the level of funding required, given that job evaluation is not finance-led and the number of individuals affected would not have been known in advance. J. O'Connell also explained that there was a need to ensure communications issued didn't continue the narrative that the Scottish Government continue to publicise that there has been record investment into the NHS however all NHS Scotland Boards continue to be asked to make cuts. Acknowledging points made, Prof. J. Gardner suggested that the Director of Finance and J. Flanagan bring back a detailed overview		**M.B/ J.F**

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	of funding in AfC areas to the next APF Strategy. Prof. J. Gardner added that NHSGGC have seen an increase in staff numbers and noted the price increases for drug costs and increase across many services, specifically since the Pandemic and conflicts. Members acknowledged that there was a need to find a way to work together to become more cohesive and innovative to move forward. A. Hair highlighted the increasing cost of drugs and asked whether this had been, or would be, the subject of further discussion. She also noted the pressures associated with the vacancy management system, referring in particular to health visiting staff where high levels of sickness absence and employee turnover were increasing stress for those remaining and affecting their ability to manage workloads. Acknowledging the points raised, Professor J. Gardner proposed a more detailed review of the vacancy management process. This would consider whether the current arrangements should be strengthened, ensure staff are deployed appropriately, and support a more proactive approach to workforce planning. N. Smith reported that sickness absence levels remain high and that HR is actively addressing this through the introduction of a new Attendance Management Team within the HR Support and Advice Unit (HRSAU). In relation to workforce numbers, she advised that NHSGGC employs more than 42,000 staff, supported by a further 3,400 supplementary staff, and that the organisation advertises an average of 175 posts each week. Prof. J. Gardner thanked J. Flanagan for the update and the Forum for the discussion.		
4.	**Items for Discussion**		
4.1	Sub-National Briefing		
	The Forum was provided with an overview of the Sub-National structure following the publication of Scottish Government Circular published on the 13th of November 2025. Acknowledging the structure and the four key priority areas, members		

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	of the Forum were reminded of the membership of the National Oversight Board chaired by the Director General, Caroline Lamb and membership includes the Chief Executive Leads for East and West Scotland including herself and Caroline Hiscox, NHS Lothian as well as the Chairs for both NHSGGC and NHS Lothian. Prof. J. Gardner provided detail of the Groups sitting under the Oversight Board and explained that each Group considers '3 Golden Threads' focusing on deprivation, rurality and innovation and digital. Acknowledging the lack of partnership engagement during the early stages and the tensions that arose from this, was aware that Trade Unions had made their feelings clear and was keen to move forward in partnership. Referring to the Sub-National meeting scheduled for Friday 29 May 2026, Professor J. Gardner advised that its purpose was to explore Trade Union representation across each Group. Members noted that a draft Plan had been submitted and that no significant concerns regarding its content were anticipated. Professor J. Gardner advised that she would be happy provide a further and more detailed update at the next meeting. She added that further work was required in relation to leadership roles. The Access Group would be led by Chief Executive, Louise Long, MBE, NHS Lanarkshire, supported by R. Coulthard; Planned Care would be led by Interim Chief Executive, Professor Gordon James, NHS Ayrshire & Arran also supported by R. Coulthard; and Group 3 would be led by Chief Executive Fiona Davis, NHS Highland, supported by M. Breen and C. MacArthur. J. O'Connell confirmed his understanding that the meeting on 29th May would include Trade Union colleagues rather than the Scottish Terms and Conditions Committee (STAC) members, Matt McLaughlin and Colin Poolman. He also noted that Trade Union engagement had been delayed due to a number of outstanding questions that remain unanswered. Prof. J. Gardner welcomed Trade Union involvement ahead of Friday's meeting and looked forward to working together.		**J.G**

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4.2	Safety & Public Confidence Oversight Group – Update		
	Prof. J. Gardner explained that the Safety and Public Confidence Oversight Group had been established to oversee a programme of work addressing the historical issues associated with the (QEUH). The Group's remit is to consider all relevant elements of this work and to support the rebuilding of public and staff confidence. Chaired by Professor Sir Lewis Ritchie and Prof. J. Gardner membership includes a wide range of stakeholders including three families with lived experience and one member of staff who was involved in the whistleblowing case and an external independent colleague from Victim Support Scotland. The Forum noted that NHSGGC had recently undertaken reviews of both the Paediatric Unit and the BMT Unit. The review concluded that the BMT Unit should remain in its current location, with a number of recommendations identified to improve the existing environment. The Forum was advised of the activity taking place across the three portfolios and noted that a Report would be produced setting out the findings and recommendations. Following the Report, Phase two, likely to be towards the end of August 2026, would be enacted and would involve implementation of the recommendations made via an Action Plan and onward into Phase 3 we would respond to the recommendations made by the Scottish Hospitals Inquiry to Lord Brodie. A. Cameron-Burns noted her involvement in the Oversight Group and referred to a discussion had at the last meeting regarding NHSGGC's Joint Accreditation Committee ISCT-Europe & EBMT (JACIE) accreditation which is Europe's official accreditation body in the field of haematopoietic stem cellular therapy for all BMT Units. Professor J. Gardner outlined the accreditation process and advised that NHSGGC had been audited in March 2025. Following that audit, a small number of recommendations were received, and the organisation was subsequently awarded its certificate on the 13th or 14th of May 2025.		

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	Prior to certification, however, NHSGGC had been shown on the JACIE website that NHSGGC was not certified. Concerns were raised with Professor J. Gardner advising that NHSGGC had sought clarification directly from JACIE, confirming certification and had acted openly and transparently throughout. Professor J. Gardner added that she had raised the point passionately during the above discussion as she values all members of staff and work towards ensuring everyone's psychological safety and commended all colleagues involved. Seeking if the APF would prefer a future update to be verbal or by presentation, A. Cameron-Burns confirmed that a verbal update would be sufficient. Prof. J. Gardner suggested bringing back a fuller report and presentation to the Forum at the end of August 2026.		**J.G**
4.3	Circulars		
	Professor J. Gardner noted that there were no Circulars requiring discussion by the Forum and referred members to the papers listing those published since the previous meeting. Members were asked if they wished to raise anything in regard to the Circulars; no comments were made.		
4.4	System Reset – Evaluation		
	R. Coulthard presented an evaluation of System Reset 1 and 2, highlighting the key learning points from both phases. These phases were carried out in November 2025 and January 2026 respectively. The aim of System Reset was to improve unscheduled care, supported by the Operational Improvement Plan across Acute services, reduce admissions to Acute sites, decrease delayed discharges, improve patient experience, and reduce overall occupancy across all acute sites. The Forum acknowledged that System Reset 1 had a greater impact than System Reset 2, although performance improved during both periods. R. Coulthard noted that System Reset 1 took place against a backdrop of increased flu cases and highlighted the programme's		

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positive effect on bed occupancy and waiting times.

R. Coulthard advised that the most significant impact was seen at Inverclyde Royal Hospital (IRH) and the Royal Alexandra Hospital (RAH), compared with Glasgow sites. He attributed this to measures such as seven-day working and the provision of additional staffing throughout the seven-day period. A notable reduction in delayed discharges was also reported across all Health and Social Care Partnerships (HSCPs).

Lessons learned included the wider operational benefits of the programme, the importance of appropriate staffing levels, the value of seven-day working arrangements, and feedback received from staff.

Looking ahead, R. Coulthard explained that NHSGGC would consider how the most successful actions could be embedded into business as usual, while also ensuring that the workforce is appropriately supported.

He also confirmed that a pre-Christmas Reset is planned for 2026, with earlier preparation this year and a continued focus on applying the lessons learned from last year's efforts.

A. Hair noted the positive impact on MRI scan activity and asked whether any learning could be applied during the year. R. Coulthard said improved access to Imaging and MRI was a key benefit of System Reset and that NHSGGC would seek to embed this as business as usual where possible.

A. Cameron-Burns noted that delayed discharges remain a significant challenge and asked how the Scottish Government was addressing this, including whether sufficient social care infrastructure and funding would be made available to help NHSGGC reduce delayed discharge levels.

In response, R. Coulthard acknowledged these concerns and explained that HSCP staff had played a key role during both System Resets. He noted that delayed discharge figures had initially increased at the start of the programme due to process issues but

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	subsequently fell following the introduction of additional staffing. Professor J. Gardner thanked the Forum for discussions and referred to the Public Health Update. K. McKenzie informed the Chair that a written update had been provided and issued to the Forum prior to today's meeting.		
5.	**Service Updates**		
5.1	Acute		
	R. Coulthard presented an overview of the Flow Navigation Centre (FNC+) and the virtual hospital. The update covered key areas including access to the virtual hospital, its anticipated development, proactive care, patient care pathways, self-check-in applications, and progress towards the target of 1,000 beds. The Forum noted that there were currently 259 patients on virtual pathways, with the majority receiving diagnostic care. A. Hair, drawing on her involvement with Hospital at Home in Renfrewshire HSCP, noted workforce challenges with the availability of Allied Health Professionals (AHPs), particularly Physiotherapists and Occupational Therapists. She asked whether any national work was underway on education and training to help grow this workforce and support service development. Professor J. Gardner explained that Public Services Delivery (PSD) Scotland was reviewing planning, training pathways and workforce gaps for this cohort and suggested that R. Coulthard raise this with PSD Scotland colleagues to better understand the developing workforce plan. A. Cameron-Burns asked how virtual patients are discharged. Referring to the current 259 patients on virtual pathways, R. Coulthard explained that there is ongoing turnover within the system. Patients are referred for clinical oversight, supported through an agreed care pathway, and discharged once clinically appropriate.		**R.C**

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	Discussion followed on the similarities and differences between in-person and virtual patient care pathways. Professor J. Gardner thanked R. Coulthard for the update noting that as the virtual hospital evolves, NHSGGC would get better at managing pathways for those receiving short- or long-term care.		
5.2	Public Health		
	Professor J. Gardner noted that a brief written Public Health update had been circulated to the Forum in advance of the meeting. She advised that any queries should be sent to K. McKenzie, or directly to J. O'Dowd.		**All/ K.McK**
5.3	Community		
	Noting that a written update had been requested for today's meeting, Professor J. Gardner suggested anyone with any questions should send these to K. McKenzie to co-ordinate for A. Chappell to address. Professor J. Gardner requested that if the nominated Chief Officer was not available to attend meetings a request issued for another Chief Officer to attend. R. Coulthard and N. Smith were asked to add this to the Director's Group 2 agenda.		**All/ K.McK/ R.C/ N.S**
5.4	Workforce		
	N. Smith informed the Forum that statutory and mandatory compliance was currently at 89% and encouraged members to assist in raising this to meet with 90% target. Members acknowledged that introduction of the new Fraud Awareness Module and staff were asked to complete this by the end of August 2026. PDP&R compliance was currently at 72% and asked members to keep encouraging staff to meet, discuss and record. Referring to recent media coverage, N. Smith advised that the Nursing and Midwifery Council (NMC) had identified that, over a 12-year period, the full process for assessing declared health and character concerns had not always been applied consistently.		**All**

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	Following an NMC review, 21 cases of concern had been identified across NHS Scotland, and letters had been issued to affected individuals that morning requesting further information. NHSGGC did not yet know how many of these cases related to the Board, although individuals had been asked to inform their employer. It was also understood that Trade Unions had written to affected staff. Professor J. Gardner noted the seriousness of the situation, emphasised the need to protect staff confidentiality, and queried the implications of NHS Boards not being made aware directly. In response, N. Smith advised that the process for Boards becoming aware of cases had not changed, as the NMC would not normally notify NHS Boards directly. She also outlined the categories involved, and it was noted that affected individuals were spread across these categories. Having reviewed the NMC website, A. Hair explained that registrants are required to revalidate their registration every three years and were obliged to inform the NMC of any health or character concerns providing a second safeguard. A. Cameron-Burns queried the reported figure of 21 cases. In response, N. Smith advised that the number had been changing daily, but that 21 was the figure confirmed that morning. Professor J. Gardner asked whether a public helpline had been established. N. Smith advised that members of the public with concerns would likely contact the relevant NHS Board. A. Hair added that concerns could also be raised directly with the NMC. C. Reichle noted the seriousness of the issue and asked whether the governing body should be challenged. Professor J. Gardner agreed that the matter was concerning and advised that further discussions were likely to follow. She added that, had the Board been aware that the required checks and balances had not been applied, action could have been taken, and there may yet be wider implications. By way of reassurance, N. Smith advised that any concerns relating to members of staff would also be identified through PVG checks.		

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	Professor J. Gardner asked N. McSeveny to prepare a one-page briefing for the Board to provide an update and support a proactive response. N. McSeveny confirmed that he had already liaised with N. Smith, other NHS Scotland Boards and the Scottish Government to develop a coordinated response. Discussion then followed on the potential implications for agency staff and any associated risk to NHSGGC. R. Anderson referred to the letters issued by Trade Unions to staff however noted concerns to those individuals who are not members of a Union. Professor J. Gardner suggested that a Core Brief communication be issued and provide information for the public domain providing reassurance as a matter of urgency.		**N.McS** **N.McS**
6.	**3 Key Messages**			
	1.	Sustainability and Value Update		
	2.	Overview of Sub-National Update		
	3.	Transformation and Service Reforms		
7.	**Date and Time of Next Meeting**			
	Wednesday, 16th of September 2026, 9.30am, Boardroom, JBR House and via MS Teams.			

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S E D E R U N T

Meeting: Area Partnership Forum (Strategy)
Time: 10am
Venue: Boardroom & MS Teams
Date: 27th May 2026

NAME	DESIGNATION
Professor Jann Gardner	Chief Executive (Chair)
Rose Anderson	Unison
Nicola Bailey	Interim Deputy Director of Human Resources & Organisational Development.
Ann Cameron-Burns	Employee Director
Josh Cairns	Unison
Elaine Caldwell	RCN
Russell Coulthard	Interim Chief Operating Officer & Deputy Chief Executive
Jill Flanagan	Head of Financial Sustainability & Value
Andrew Gray	Unite the Union
Annie Hair	Unite the Union
James Kirkpatrick	Unison
Andrew McCready	Unite the Union
Laura McEwan	Employee Relations Manager
Ciara McGurie	RCM
Kirstin McKenzie	APF Business Manager (Minute)
Neil McSeveny	Deputy Director of Communications
James O'Connell	Unite the Union
Ciorstaidh Reichle	Staff Partnership Lead – Employee Directors Office
Natalie Smith	Interim Director of Human Resources & Organisational Development
Liam Spence	Head of Staff Experience
Teresa Will	GMB

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