

Cabinet Secretary for NHS Recovery, Health and Social Care  
Rùnaire a' Chaibineit airson Ath-shlànachadh NHS,  
Slàinte agus Cùram Sòisealta  
Michael Matheson MSP/BPA



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Dr Lesley Thomson  
Chair  
NHS Greater Glasgow & Clyde

Via: [PublicAffairs@ggc.scot.nhs.uk](mailto:PublicAffairs@ggc.scot.nhs.uk)

20 December 2023

Dear Dr Thomson

### **NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW: 13 NOVEMBER 2023**

35. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Glasgow on 13 November. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland. The Board leadership present throughout the day included your predecessor as Chair, Professor John Brown CBE, and we would want to formally thank John for his service and wish him all the best in his retirement.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and by virtual means. We found it a very informative day and hope everyone who participated also found it worthwhile.

#### **Meeting with the Area Clinical Forum**

4. We had an interesting and constructive discussion with the Area Clinical Forum. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures over recent years, for the benefit of local people.

5. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played an important role in terms of informing

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the Board's approach to other key areas, including performance management and improvement, financial sustainability/management and workforce recruitment/retention, alongside staff wellbeing.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, how new technology and the advent of reliable video-conferencing is helping to facilitate ACF and professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate, e.g. helping to address pressures on mental health waiting lists; the importance of new professions and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through the Anchor institution approach and effective partnerships with local educational providers, third sector organisations and others; the risk of some people seeking treatment overseas and, in some cases, the need for the NHS to provide significant restorative care; the need for more focused IT development and integration; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside the focus on acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

### **Meeting With the Area Partnership Forum**

7. We were pleased to meet with the Area Partnership Forum. It was clear that most local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and with planning partners.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and the bullying and harassment/dignity at work agenda; whilst recognising the need for clarity and consistency, as far as possible, with whistleblowing policies and protocols. We noted that, whilst partnership working is strong at senior levels, there is an ongoing challenge to ensure this filters down to all levels, especially with such a large and diverse workforce; and we agreed that, as far as possible, there should be consistent attendance at the APF and its sub-groups from both the staff-side and management to ensure continued progress is made.

### **Patients' Meeting**

9. We would like to extend our sincere thanks to all the patients who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

10. We greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including better continuity of care and face-to-face treatment options; the need to ensure that communications with patients take place in a way which is appropriate to their needs, particularly the vulnerable and those with English language limitations, such as asylum seekers; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; support of the local business case for refurbishing the Institute of Neurological Sciences on the QEUH campus; accessibility of local services for both the physically disabled and those with learning impairments; alongside the need for an effective, accessible and responsive NHS complaints procedure. There were some outstanding

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concerns raised about local treatment that were going to be taken forward by the NHS Board representatives, who were also in attendance.

### **Annual Review: Public Session**

11. The full public session was recorded for online access and began with the former Chair's presentation on the Board's key achievements and challenges, looking both back and forward. As this round of Ministerial Reviews are the first in public since the necessary limitations of Covid-19, John Brown firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and also a number from the floor. We are grateful to the Board/local Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

### **Annual Review: Private Session**

12. We then moved into private session with the Board Chief Executive and former Chair to discuss local performance in more detail.

### **Finance**

13. It was confirmed that, in 2022-23, the Board had delivered a balanced financial outturn.

14. For 2023-24, the Board's initial financial plan set out a challenge of £198.7 million and a forecast deficit of £73.7 million, after planned savings. At month 6, the Board was forecasting a revised, full year deficit of £41.9 million; this improvement from the outturn forecast in the original financial plan is mainly due to additional Scottish Government funding (e.g. sustainability and new medicines funding), partially offset by further pressures.

15. We noted that key pressures continued to be the local Integrated Joint Boards' use of reserves and savings schemes that may have an operational impact on the Board, delayed discharges, prescribing inflation, uncertainty with regards to Service Level Agreements and winter pressures. In addition, we noted that significant risks carried over into future years include pay and workforce pressures. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Greater Glasgow & Clyde has to absorb a range of inflationary and demand-related pressures. The Government will continue to work with the Board to monitor your financial position and assist with longer term planning.

### **Workforce**

16. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

17. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge. Nonetheless, as of June 2023, the Board had reported a significantly lower vacancy rate for consultant staff: indeed, almost half the national average at 4.3%; though you noted that the updated position was now closer to 6%, with particular pressures in older people's services, mental health and imaging. We were assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity.

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18. Whilst, as in other Board areas, Band 5 nurses have been a particular area of staffing challenge, it was reassuring to note that the local establishment should increase to 93% by January 2024. We were also pleased to note that the Board had recruited 770 Newly Graduated Nursing Practitioners, with the majority having commenced employment in October. This activity is taking place alongside significant international recruitment over the past two years: with 230 staff recruited this summer (80% started or awaiting clearance); building on the 50 nurses and 30 radiographers recruited in 2022. In terms of staff absence rates, this had increased throughout 2022/23, peaking at 8.8% in December 2022. We noted that this had improved to 7.0% in March 2023 and, by September, was slightly lower still at 6.8%.

19. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Greater Glasgow & Clyde is taking in terms of the wellbeing and resilience of local staff, as part of the Board's Workforce Strategy Action Plan. The Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace; not least in light of the cost-of-living crisis, including the provision of rest and relaxation hubs; occupational health services and psychological support; and free food for night shift workers. Such measures will also be material in terms of the local staff recruitment and retention efforts; maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

### **Resilience and winter planning**

20. Given the scale of the cost-of-living crisis, combined with the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Greater Glasgow & Clyde, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

21. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. We received assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

22. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the vaccination programme for seasonal flu and Covid-19. A £50 million funding boost for Ambulance Service recruitment and up to £12 million to expand *Hospital at Home* are among other national measures to support health and care this winter.

### **Unscheduled Care & Delayed Discharge**

23. Given the sustained pressures experienced across services, bed capacity at the main acute sites, particularly the QEUH and GRI, remains the key issue. Between April and September, the QEUH and

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GRI had averaged 97% and 95% occupancy, respectively. Pressure on services includes: workforce constraints, wait for first assessment, delayed discharges and increased patient acuity.

24. We heard that the Board's roll out of your continuous flow model (*Glasflow*), alongside other initiatives, such as significant investment in *Discharge without Delay*, had seen substantive improvements in performance; with NHS Greater Glasgow & Clyde remaining above 70% on the 4-hour A&E standard from May to August 2023. However, performance in the weeks preceding the Review had been deteriorating: 61.0% in the week ending 29 October. Similarly, on the longest over 12-hour waits, from a previous high of 1,611 in December 2022, the Board had remained below 600 from April to August 2023. However, delays had been rising with 382 in the week ending 29 October; the second most challenged of all Scottish Boards and 22.4% of the national total. In particular, there had been sustained pressure on the minors flow into local A&E Departments, though we were assured that progress through the *Redesign of Urgent Care*, *Discharge Without Delay*, *Flow Navigation*, *Hospital at Home* programmes alongside other actions was starting to show a marked improvement in this area.

25. As noted above, and despite significant combined efforts on the part of the Board and its planning partners, challenges persist with delayed discharges: particularly in relation to the availability of care home places in Glasgow. We were assured that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making sustained progress remains a key priority. The Government will continue to work with all Boards, including NHS Greater Glasgow & Clyde, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme; offering alternatives to hospital, such as *Hospital at Home*; directing people to the most appropriate urgent care settings. We will keep local progress against the key priority area under close review.

### Planned Care Waiting Times

26. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021. Further to this, in October we announced that an additional £100 million will be provided nationally in each of the next three years to accelerate treatment for patients and reduce inpatient and day case waiting lists by an estimated 100,000 patients across Scotland.

27. The Board is prioritising improvement activity on the specialties with the biggest pressures. We recognised that, in terms of recovery planning, local teams implemented a series of key actions throughout 2022/23 and into the first six months of 2023/24; with the Board exceeding most agreed elective plan trajectories. NHS Greater Glasgow & Clyde is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. Whilst we were pleased to note that there were no outpatients waiting over 104 weeks and the number waiting over 78 weeks had reduced significantly (approximately 75 at end of September), further recovery had been impacted by staff availability, competing emergency pressures and the clinical need to prioritise the urgent and cancer caseload; with the greatest inpatient pressures in orthopaedics (one in three of the adult Treatment Time Guarantee list).

28. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. Whilst recognising that the current pressures are significant across the local health and care system,

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we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits, which we will keep under close review.

## Cancer Waiting Times

29. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and local performance against the 31-day target has been consistently met and maintained, with the Board finishing 2022/23 at 96.7%. As with most NHS Boards, local performance against the 62-day target has been more challenged (65.7% as at September). We recognised a key pressure in this area had been the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started: from 43,821 in 2019-20 to 67,504 in 2022-23, representing a 54% increase. The Board has established a short life working group with the purpose of sustainably addressing 62-day performance; noting that the key pressure pathways are colorectal, urology and lung; which is where the Board is focusing its improvement efforts. The Board submits regular progress reports and the Government will continue to provide support.

## Mental Health

30. In terms of the Board's performance against the CAMHS and Psychological Therapies waiting standards, progress is being made and the local focus in recent times had been on addressing the most urgent cases, whilst reducing the longest waits. 87.9% of CAMHS patients had started treatment within 18 weeks of referral in the quarter ending June 2023; an improvement from 84.9% in quarter ending March 2023, and a significant improvement from 57.6% in same quarter in the previous year. The Board is making good progress against its agreed performance trajectories: 90% against the national standard for September, with no long waits from April 2024. For Psychological Therapies patients, 86% had started treatment within 18 weeks of referral in the quarter ending June 2023, a slight decrease from 87.4% in quarter ending March 2023. 2,825 patients were waiting to start treatment at the end of June 2023; of these, 42 had been waiting longer than 52 weeks; a 50.6% decrease from the number at the end of June 2022. As in other Board areas, the high turnover in workforce can impact on progress. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

## National Drugs Mission

31. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. The harms caused by use of illicit drugs and excessive consumption of alcohol remain very significant public health issues for NHS Greater Glasgow & Clyde and its planning partners. Although annual drug death numbers across Scotland have shown small falls in recent years, the national rate of alcohol related deaths continues to rise and both remain higher than comparable European countries. More positively, the recently published number of drug deaths shows a 30% decrease in the Board area from 2021 to 2022 (from 427 to 300 and the lowest total since 2017), though the rates in East Renfrewshire and Inverclyde were up; and the number of alcohol specific deaths in the Board area was also down to 326 in 2022 from 338 in 2021 (and from a peak of 524 in 2006).

32. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

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## Local Strategies

33. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note the progress the Board is making via its *Moving Forward Together* strategy. Clearly, the scale of the challenge faced in effectively planning and delivering health and social care services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

## Conclusion

34. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

35. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely,



**MICHAEL MATHESON**

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