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9 December 2024

Dear Lesley

## **NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW: 25 NOVEMBER 2024**

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings at the Queen Elizabeth University Hospital (QEUH) campus on 25 November. I was supported by John Burns, Chief Operating Officer of NHS Scotland.
2. With this round of Annual Reviews we have continued, 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 or treatment commitments; or those with vulnerabilities who are anxious 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 virtually. We found it a highly 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. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including workforce recruitment and retention, alongside staff wellbeing, performance management and improvement, service transformation and reform, and financial sustainability; not least through the effective pursuit of the *Realistic Medicine* programme, including materially informing the local approach to reviewing treatments of low clinical value.

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5. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work, including: as part of the *Pharmacy First* approach, ensuring that students have the relevant training, support and oversight to ensure they are as 'prescribing ready' as possible at graduation; noting the very positive example cited in the work of local healthcare scientists in positively responding to the recommendations of the national audiology review; the local enthusiasm and support to embrace the opportunities to significantly improve efficiencies and patient care that will come from new digital ways of working, including a more developed patient portal to encourage the further self-management of care and promote early intervention, with appropriate support to ensure equity of access, as far as possible; alongside the need for more focused IT resilience, development and integration, ensuring a robust and effective interface between primary, community and acute care; the recruitment and retention challenge facing certain specialties, and the importance of new roles 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 effective partnerships with local educational providers, third sector organisations and others; whilst ensuring an effective shift in the balance of care, investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services. 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**

6. We were pleased to meet with the Area Partnership Forum and it was clear that there are strong local relationships. 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. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

7. 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 dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range of this work, including: informing policy development and workforce redesign; ensuring that key stakeholder voices are heard, including AHPs, at the local and national decision-making levels; indeed, the critical importance of meaningfully involving all staff in the reform and redesign of services, alongside other local stakeholders, in addressing the sustainability challenges facing all NHS Boards, within the context of a very challenging fiscal and demand position; actions to support attendance management and safe staffing alongside important health and safety responsibilities; and playing a key role in supporting NHS Greater Glasgow & Clyde's activities to promote equality, diversity and inclusion; something that was also picked up later during the public session's Q&A slot. Finally, we were pleased to note that staff-side and management have a strong relationship and that you felt comfortable in expressing concerns frankly, whilst respectfully; which is a positive sign of a mature and successful working partnership, whilst recognising and supporting the aim of the Forum to ensure that effective partnership working is delivered and sustained at all levels of a very large and complex organisation.

### **Patients/Carers' Meeting**

8. We would like to extend our sincere thanks to the patients and carers 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. The patients and carers in attendance spoke about a wide range of experiences in relation to local services and the standard of care and support received, with the majority keen to emphasise the general high quality of care and treatment provided.

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9. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities, staff and systems to support patient care and access that are effectively joined up to ensure continuity of care; alongside adequate, specialist provision, where required, for patients of all ages with particular needs; recognising the crucial role that carers play and the need to continue to support them, as much as possible; the need to ensure that communications with patients and carers take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is as accessible and sustainable as possible; the need for services to be appropriately triaged, to ensure waiting times for the most clinically urgent cases are minimised; the need for consistent public messaging around accessing the right services, in the right place and at the right time; alongside the importance of an effective, accessible and responsive NHS complaints procedure; and ensuring that patients, carers and other key stakeholders are meaningfully involved in the review and development of services.

10. On the subject of waiting times more generally, I offered an apology on behalf of the Scottish Government to anyone who has been waiting too long for treatment or surgery. The pressures on services across Scotland following the Covid-19 pandemic are well rehearsed and will take time, further investment and reform to address. The Government remains committed to working with all NHS Boards, including NHS Greater Glasgow & Clyde, to sustainably improve access to services whilst minimising the delays in doing so. We are investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures. We have also increased capacity through the creation of a network of National Treatment Centres, which will provide more than 20,000 additional surgeries and procedures annually, once fully operational.

11. We were also grateful for the attendance of local Healthcare Improvement Scotland representative, alongside patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any individual local treatment and care concern.

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

12. The public session was recorded for online access and began with your presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. I also took the opportunity to thank Jane Grant, who is retiring after some 41 years in the NHS in December, for her service and to wish her all the best for her retirement. We then took questions from members of the public: both those that had been submitted in advance and from the floor. We are grateful to the Board and 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**

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

### **Finance**

14. It was confirmed that, in 2023-24, NHS Greater Glasgow & Clyde achieved a break-even position and has been relatively stable at Stage 1 on the NHS Scotland Support & Intervention Framework. For 2024-25, the Board initially anticipated a gross deficit of £226.9 million, reducing to £48.3 million after £178.6 million of targeted savings. At Month 6, the Board presented a year-to-date deficit position of £43.2 million, with the year-end forecast deficit remaining at £48.3 million. We agreed that delivery of recurring efficiencies will be crucial to this and future year budget challenges. Boards are required to focus on delivering at least 3% recurrent savings and develop measures to reduce the financial gap, as far as possible.

15. We noted that key ongoing pressures include: the use of surge capacity, overspends in primary and secondary care medicines and medical supplies, delayed discharges and overspends in medical and nursing salaries. The Government's Financial Delivery Unit will continue to work with NHS Greater

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Glasgow & Clyde to monitor the position and assist with longer term financial planning and improvement.

## **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 impacting on admission and discharge. As with a number of Boards, there has been an increase in agency costs since the pandemic and we were pleased to hear that there has been a recent, significant decrease in the local agency spend; with a more than 80% reduction in standard rate nurse agency spend and a full cessation of the use of premium rate agencies, alongside the local staff bank providing an average of over 10,000 shifts per week during 2023/24. We also welcomed the Board's international recruitment activity: 230 nurses during 2023/24, with a further 101 who are already based in the UK joining the Board during recent months; alongside the success of the Board's Healthcare Academy: providing opportunities for the future workforce through a range of innovative initiatives, including apprenticeships, the Young Person Guarantee, pathways to employment and work experience. Sickness absence remains an area of focus, with the Board's 2023/24 rate at 7.1%, reducing to 6.9% as at September 2024. Action plans are in place to deliver a trajectory towards 5% by March 2025.

18. As recognised in our earlier meetings with the local Area Clinical and Partnership Fora, we remain very conscious of the cumulative pressures on the health and social care workforce; recognising the range of actions NHS Greater Glasgow & Clyde is taking in terms of the wellbeing and resilience of local staff, in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace, including the provision of occupational health services and psychological therapies. Such measures will also be material in terms of the local staff recruitment and retention efforts.

## **Resilience**

19. Given 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 highly challenging for the NHS. 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.

20. It was therefore reassuring to hear about 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. I understand that good practice and lessons learned from previous winters 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.

## **Unscheduled Care & Delayed Discharge**

21. Given the sustained pressures experienced across services, bed capacity at the main hospital sites remains a key issue, with recent acute occupancy in the main adult sites (QEUH, GRI, RAH and IRH) averaging 94.7% over the 8 weeks to 13 October 2024; this causes significant pressure at the front door of these hospitals, with limited ability to move patients into and out of the A&E Departments. Other pressures on services have included: workforce constraints; wait for first assessment; delayed discharges and increased patient acuity.

22. The Board's performance against the national 4-hour standard continues to be variable (between 53.5% and 71.5% in 2024 to date). NHS Greater Glasgow & Clyde was particularly challenged in the earlier part of the year, including a very high level of the longest, over 12-hour waits (approximately 500). We were, nonetheless, pleased to note that significant progress has been made since on tackling

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the longest waits: in the week ending 10 November, the Board had 125 at its core sites; some 53% down on the comparable week last year (267). Similarly, in the week ending 10 November, the Board had 11% of the national total of over 12-hour waits; down from 18% in the comparable week last year.

23. 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 and directing people to the most appropriate urgent care settings, such as the *Hospital at Home* programme. We will keep the Board's progress in this key performance area under close review.

24. Whilst we recognise the significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges. 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 with the longest waits and avoidable delays remain key priorities. A bespoke package of measures for the Board area are under active development with Scottish Government officials for submission ahead of the winter period.

### **Planned Care Waiting Times**

25. 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. As noted earlier both in the patients' meeting and during the public session of the Review, the Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures; with a local focus on delivering additional diagnostic, orthopaedic, ENT and gynaecology treatments.

26. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we recognise that the Board has been targeting the longest waits: with new local outpatient waits over 78 weeks reducing by 99.3% throughout 2023/24. Over the same period there had been a reduction in the number of local inpatients/day cases waiting over 78 weeks by 21.4% and those over 104 weeks by 39.0%. You confirmed that further recovery had been impacted by a range of factors, including competing emergency pressures. The Board is prioritising its improvement activity, including the local share of the national £30 million investment, on the specialties with the biggest pressures, such as orthopaedics: constituting one third of the whole adult TTG list.

27. NHS Greater Glasgow & Clyde continues to work with the National Elective Co-ordination Unit to support sustained improvement. At the strategic level, the Centre for Sustainable Delivery is working 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. We were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance, which we will keep under close review.

### **Cancer Waiting Times**

28. The management of cancer patients and vital cancer services remains a clinical priority and, whilst 96.7% of local cancer patients started treatment within the 31 day standard from the date of decision to treat, in the last published quarter (April to June, 2024), above the overall NHS Scotland performance of 95.5%, performance against the 62-day target has been more challenged, as with most Boards. It is also important to recognise the key context of the surging demand in Urgent Suspicion of Cancer referrals since the Covid-19 pandemic: increasing 73% overall in NHS Greater Glasgow & Clyde from September 2019 to September 2024; with notable increases in the largest pressure pathways over the same period: urology (60%), colorectal (87%) and gynaecology (249%).

29. We noted that it is these pressure pathways areas where the Board is focusing improvement efforts, with £2,540,000 in funding released to NHS Greater Glasgow & Clyde to support cancer waiting times

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performance in 2024/25. The Government's Cancer Performance Team will continue to monitor progress and provide support.

## Mental Health

30. As in other Board areas, NHS Greater Glasgow & Clyde is experiencing significantly increased overall demand for mental health services, as well as often higher acuity in cases. Nonetheless, the Board is to be commended for the local success in meeting the CAMHS and Psychological Therapies waiting times standards in recent quarters. In June 2024, 95.6% of local CAMHS patients were seen within the national 18-week standard; an improvement from 87.9% in same quarter in the previous year. Of the children and young people waiting to start treatment as at the end of June 2024, none had been waiting longer than one year for treatment. For Psychological Therapies patients, 91.5% started treatment within 18 weeks of referral in the quarter ending June 2024; an improvement from 86% in same quarter in the previous year. Of those 3,218 patients waiting to start treatment as at the end of June 2024, 24 had been waiting longer than one year for treatment. You reaffirmed the Board's focus on addressing the most urgent cases whilst reducing the longest waits; assuring us that NHS Greater Glasgow & Clyde remains committed to sustaining the 90% national standards. 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 over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Greater Glasgow & Clyde and its planning partners. The scale of the challenge was illustrated by the fact that drug deaths in the Board area had risen by 18% between 2022 and 2023, against the national increase of 12%; although this is a very unwelcome increase in both the local and national rates, we noted that the local 2023 total of 355 still represented the second lowest annual figure recorded since 2017.

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. 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. You also confirmed that new Safer Drugs Consumption Facility in Glasgow's east end is going through final environmental checks and is currently scheduled to be open from early 2025.

## Local Strategies

33. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. We noted that the Board remains committed to its strategic approach, through your *Moving Forward Together* and *2035 Clinical Vision* programmes. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare 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 adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

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## 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.



NEIL GRAY

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