



Minister for Public Health and Women's Health
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Lesley Thomson
Chair
NHS Greater Glasgow & Clyde

Via: scott.wilson16@nhs.scot

06 October 2025

Dear Lesley,

NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW: 8 SEPTEMBER 2025

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 8 September. I was supported by Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive of NHS Scotland.

2. 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

3. 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.

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4. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work, including: 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; recognition of the pressures on some services and teams given significant rises in patient demand, e.g. for neuro-developmental disorders; alongside 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

5. 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 sustained 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.

6. 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 there is meaningful partnership working across health and social care, with key stakeholder voices heard 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. Management also agreed to keep the availability of protected time under review to ensure that staff can attend training and meaningfully participate in partnership working. Finally, we agreed how important it is that staff-side and management have a relationship in which members felt comfortable in expressing concerns frankly, whilst respectfully. Whilst challenges remain, not least in relation to reaching a conclusion on the

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appropriate banding of district nurses and effectively implementing the reduction in the working week, such discussions are 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

7. 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. 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. We were pleased to hear the majority of experiences had been positive and reflected high quality local care and treatment.

8. 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 appropriate staff training, service provision and support for patients of all ages with particular needs, including those from minority and migrant groups; the importance of ensuring consistent treatment, dignity, respect and support around palliative and end of life care; recognising the crucial role that carers and the third sector 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 consistent public messaging around accessing the right services, in the right place and at the right time; the consideration of providing accessible one stop hubs/services in communities, where appropriate; alongside the importance of valuing and supporting volunteers, and sharing key learning and information; whilst ensuring that patients, carers and other key stakeholders are meaningfully involved in the review and development of services at the earliest opportunity. 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 specific local issues.

Annual Review: Public Session

9. The public session was recorded for online access and began with a 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. 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.

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Annual Review: Private Session

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

Finance

11. It was confirmed that, in 2024-25, NHS Greater Glasgow & Clyde achieved a break-even position and has been relatively stable at Stage 1 on the NHS Scotland Support & Intervention Framework. As part of the Board's initial 2025-26 plan, NHS Greater Glasgow & Clyde anticipated a gross deficit of £162.7 million, reducing to breakeven after targeted savings. At month three, the Board presented a year-to-date deficit position of £42.7 million. Nonetheless, NHS Greater Glasgow & Clyde remains confident that the Board will achieve a break-even position by the end of the financial year and we welcomed the ongoing commitment to financial sustainability, despite challenging circumstances. We agreed that delivery of recurring efficiencies will be crucial to this and future year budget challenges.

12. We noted that key ongoing pressures include: the use of surge capacity, overspend in medicines and medical supplies and delayed discharges. The Government's Financial Delivery Unit will continue to work with NHS Greater Glasgow & Clyde to monitor the position and assist with longer term financial planning and improvement.

Workforce

13. We were encouraged by the progress to date, including local staff turnover halving since 2022, recruitment to Band 5 nursing posts now greater than 90%, and staff engagement through *iMatter* at its highest level to date. As with a number of Boards, there has been an increase in agency costs since the pandemic and we were pleased to note that that premium rate use has been completely eliminated, with standard rate agency usage reducing by more than 80% since 2023; alongside the local staff bank providing an average of over 8,000 shifts per week this year. We also welcomed the Board's recruitment activity and provision of opportunities through a range of innovative initiatives, including apprenticeships, pathways to employment and work experience. Sickness absence remains an area of focus, with the Board's 2024/25 rate at 6.8%, down on the local rate for the previous year but marginally higher than the comparable national average of 6.4%.

14. 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

15. It was 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

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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

16. 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 95.3% over 2025 to date; 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.

17. The Board made steady progress in improving 4-hour performance between February and May 2025. Since May, performance has been on a downward trajectory, though still fluctuating around the national average between 60-68%. We were encouraged to hear about the work the Board is undertaking through the Redesign of Urgent Care: including the local Discharge Without Delay, Flow Navigation Plus, and Hospital at Home programmes; and how the new Interface Directorate will bring this together to underpin system resilience this winter. We will keep the Board's progress in this key performance area under close review.

18. Whilst we recognise the significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges. As of 18 August, 434 patients were delayed in local hospitals after being declared ready for discharge. Of these, 84 (19%) were residents of other Health Board areas. 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.

Planned Care Waiting Times

19. 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 backlog of non-urgent, planned care.

20. Reducing long waits in the NHS is one of the biggest priorities for the First Minister and the Scottish Government. Our record investment in the NHS this year is allowing us to target specific areas that are experiencing long waits, reducing backlogs and getting people the appointments and treatments they need as quickly as possible. The Scottish Government is investing £110 million nationally this year to deliver more than 300,000 appointments and procedures, including: 195,000 imaging scans, 31,000 inpatient or day-case procedures, 88,000 new outpatient appointments and 4,100 new dermatology outpatient appointments. This means 213,000 more appointments are expected to be delivered this year across Scotland than in 2024/25 – exceeding the Programme for Government commitment of

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delivering 150,000 appointments by more than 60,000. A proportion of the funding will also support cancer activity and provide critical supporting services including pathology, diagnostic reporting and pre-assessment.

21. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we recognise that the Board has been targeting the longest waits; in line with the Operational Improvement Plan commitment to ensure that no-one is waiting longer than 52 weeks for the new outpatient appointment or inpatient/day case procedure by March 2026. NHS Greater Glasgow & Clyde has received approximately £24.5 million from the national funding noted above and you explained this investment is being directed towards local specialties with the greatest pressures, including gynaecology, urology, orthopaedics and imaging. £2.7 million of non-recurring funding had also been provided to the Board for mobile CT/MRI: delivering over 31,000 scans during 2025/26.

22. NHS Greater Glasgow & Clyde continues to work with the National Elective Co-ordination Unit to support further sustained improvement. 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. 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

23. The management of cancer patients and vital cancer services remains a clinical priority and, whilst 95.1% of local cancer patients started treatment within the 31-day standard from the date of decision to treat, in the last published quarter (January to March 2025) 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: with notable increases in the largest pressure pathways over the same period: urology, endoscopy and gynaecology.

24. We noted that it is these pressure pathways areas where the Board is focusing improvement efforts, with £2.54 million in funding released to NHS Greater Glasgow & Clyde to support cancer waiting times performance in 2024/25. The Government's Cancer Performance Team will continue to monitor progress and provide support.

Mental Health

25. As we heard in our earlier discussions with the ACF, APF and patients, NHS Greater Glasgow & Clyde, like other Health Boards, is experiencing significantly increased overall demand for mental health services, as well as often higher acuity in cases. Nonetheless, we recognise the significant progress made by the Board against the CAMHS and Psychological Therapies waiting times standards in recent quarters. 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

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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

26. 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. With the publication of the 2024 drug related mortality figures, we welcomed the local decrease of 15.8% on the 2023 position; reflecting the ongoing work to reduce harms; as well as offering better access to, and improved quality of, treatment.

27. 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 the strong 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.

28. You also provided a helpful update on the Thistle in East Glasgow: the supervised health and social care facility, enabling individuals to inject drugs in a controlled, hygienic environment under the supervision of trained professionals. The service aims to reduce drug-related harms, improve access to treatment, and provide a trauma-informed setting for those who are often marginalised from broader health and care services. Since its opening in January 2025, the Thistle has recorded over 5,000 engagements from 377 individuals by the end of July. The facility has managed more than 45 overdose incidents with no fatalities and has facilitated access to wound care, referrals to treatment services, housing support, and additional essential resources. It also offers shower and clothing facilities and opportunities for people to reconnect with loved ones. Staff proactively engage with service users, including outreach to identified areas of need.

Local Strategies

29. 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 were assured that the Board remains committed to its *Transforming Together* clinical strategy and *Way Forward* plan and were pleased to note the progress being made.

30. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is significant. This makes it all the more important that the Board and its planning partners innovate and adapt; ensuring that local strategies are fully consistent with key national policies and standards, such as the *Population Health Framework* and *Health and Social Care Service Renewal Framework*. It also fundamental that the Board,

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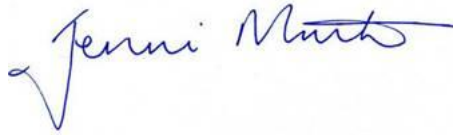


in liaison with Healthcare Improvement Scotland, ensures that this vital transformation agenda is meaningfully informed by the views of local communities and stakeholders at every stage, in line with the national *Planning with People* guidance.

Conclusion

31. I am 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 the resilience, recovery and renewal of the local system. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely,

A handwritten signature in blue ink, reading 'Jenni Minto'.

Jenni Minto MSP

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