

E: cabsechsc@gov.scot

Professor John Brown CBE
Chair
NHS Greater Glasgow & Clyde

Via email: PublicAffairs@ggc.scot.nhs.uk

1 April 2022

Dear John,

NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW: 28 MARCH 2022

1. Thank you for attending NHS Greater Glasgow & Clyde's Annual Review with Jane Grant, the Board Chief Executive, on 28 March via video conference. I am writing to summarise the key discussion points.
2. In the same way as in the last season, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by John Burns, Chief Operating Officer of NHS Scotland.
3. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over the period of the pandemic to date; and a look forward, in line with the current Board resilience and mobilisation plans.

Look back

4. Before considering the impact of the pandemic, we started by concentrating on the areas where NHS Greater Glasgow & Clyde are, and have been, escalated on the Performance Framework. In January 2020, the Board was escalated to Level 4 in respect of scheduled care, unscheduled care, GP out of hours, culture and leadership. The Board was on course to achieve the revised targets set for the end of March 2020, as confirmed at the last meeting of the Government's Oversight Board on 19 March 2020; however, the process was paused due to the outbreak of Covid-19. It is an indication of the significant progress the Board has made that, despite the undoubted pressures of the pandemic, NHS Greater Glasgow & Clyde was de-escalated to Level 2 for these matters, following a further review in March 2021.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



5. In November 2019, in light of ongoing issues around the systems, processes and governance in relation to Infection, Prevention and Control at the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children, the Board was escalated to Level 4 of the Performance Framework. Previously, a range of scrutiny and support had been provided, including via an Independent Review, Oversight Board and Case Note Reviews; with Scottish Government oversight provided most recently by the Advice Assurance and Review Group, chaired by the Chief Nursing Officer. These reviews had resulted in 108 specific recommendations for the Board to address. You confirmed that all the recommendations have now been actioned by the Board, including the completion of the Wards 2A/B refurbishment at the RHC, which re-opened on 11 March. You further assured me that the Board continues to fully co-operate with the associated police investigation and the Scottish Hospitals Public Inquiry; with further hearings for the Inquiry scheduled for May. Recognising that significant progress has been made, we confirmed that the Board's escalation status will be kept under review.

6. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS. The Board's response and recovery planning process similarly involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

7. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. An example of this had been the medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

8. In terms of the impact of Covid-19 and associated activity, during the financial year 2020/21 NHS Greater Glasgow & Clyde had: established 19 vaccination centres delivering almost 585,000 vaccines; carried out almost 459,000 Covid-19 tests, built 8 Covid-19 community assessment units carrying out some 21,000 assessments; doubled the availability of intensive care beds to 90; carried out 35,600 Covid-19 tests; and set up 6 rest, relax and recharge hubs for staff, as part of a £1 million investment in staff wellbeing. You confirmed that this very significant activity, and the service adaptations noted above, such as the remarkable increase in *Near Me* consultations to approximately 188,000 virtual appointments, had been delivered via a highly effective local, whole system command structure: ensuring appropriate oversight and governance alongside delivery.

9. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity was restricted by constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff. This was made more challenging by some of the more traditional and open ward structures at Glasgow Royal Infirmary and the Royal Alexandra Hospital in Paisley, whilst also illustrating one of the key benefits of the largely single, en-suite room provision at the QEUH.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



10. NHS Greater Glasgow & Clyde has been one of the worst affected Boards by Covid-19 with high admission and infection rates, significantly impacting surgical capacity and critical care. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. NHS Greater Glasgow & Clyde benefited from Scottish Government arrangements with private hospitals to support urgent and cancer surgery; and virtual appointments peaked at around 30% of all outpatient appointments. The Board also made significant use of NHS Louisa Jordan to provide outpatient and diagnostic capacity across a range of specialties, such as orthopaedics. However, early progress had been limited by the operational impact of resurgences in Covid-19 admissions. Ultimately, the capacity available had not been sufficient to meet demand; resulting in an increase in the overall waiting list size.

11. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. As restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. Unscheduled care performance across NHS Greater Glasgow & Clyde's main acute sites has been an issue over recent years and, in common with a number of Boards in Scotland, has continued to experience significant challenges in delivery of the 4-hour standard. Each of the main acute sites have been challenged in maintaining separate patient flows whilst complying with Infection, Prevention and Control guidance and physical distancing. Performance had also been impacted by high and increasing rates of delayed discharge; recognising that the highly specialised, tertiary and regional services that NHS Greater Glasgow & Clyde provides means that delays are not limited to the 6 local Health & Social Care Partnerships (HSCPs), but extend to 7 further Partnerships out with the Board's own geographical boundary.

12. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard has been consistently strong; whilst performance against the 62-day standard has been more challenged. You confirmed that all cancer patients awaiting surgery are reviewed on a weekly basis, with the main 62-day pathway improvement actions focused on: breast (additional sessions were introduced to meet referral criteria); urology (weekend waiting list initiatives were run with additional biopsy capacity); additional anaesthetics sessions arranged to meet the backlog in demand; and gynaecology: additional joint sessions with colorectal/plastics arranged to meet the changing case mix. You further confirmed that the Cancer Access Funding allocation of £2.2 million has been prioritised to fund those schemes that would deliver the most in terms of the 62-day pathway performance.

13. The Board has been one of the best and most consistent performers against the 18-week Psychological Therapies waiting times standard and this continued to be the case during 2021-22. Local performance in relation to the 18-weeks waiting times standard for Child & Adolescent Mental Health Services (CAMHS) was more challenging; falling from 75.5% in the quarter ending September 2021 to 57.7% in the quarter ending December 2021, largely as a result of teams working through the backlog of cases. We recognise the range of actions underway, including a specific workforce plan, to improve performance, supported by £6.1 million of Phase 1 Recovery and Renewal funding; and that we are not yet seeing the impact of the additional funding in the statistics, as it will take time to recruit and fill key posts.

14. In terms of financial management, NHS Greater Glasgow & Clyde delivered a balanced position in 2020/21 following the receipt of £313.4 million of additional funding (inc. HSCPs) provided by the Scottish Government to support the impact of Covid-19. The Board and local HSCPs have further received £352.1 million of additional funding for 2021-22 to meet Covid-19 pressures, including social care funding.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



15. 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 *Moving Forward Together* strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase.

16. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services since the onset of the pandemic, for the benefit of local people, in the face of unrelenting pressures. We further recognised the very significant contribution the Board had made in terms of the successful planning and support of both COP26 conference and the NHS Louisa Jordan facility. We must also 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; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, as had been demonstrated in the weeks preceding the Annual Review.

Forward look

17. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of April 2022. The Government had supported NHS Board planning for the most recent winter via the [Health and Social Care Winter Overview](#), published on 22 October 2021. The approach was based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

18. This approach, supported by the [Adult Social Care Winter Plan](#), is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

19. Nonetheless, we fully recognise that NHS Greater Glasgow & Clyde, amongst a number of Health Boards, has been experiencing some of the most extreme pressures of the pandemic so far in the last few weeks. On the day of the Annual Review you confirmed that NHS Greater Glasgow & Clyde had a record 762 patients in local hospitals with Covid-19, as compared to 606 at the peak of the initial outbreak in 2020. The main acute sites were all experiencing very limited bed capacity and increasing staffing pressures; with a rise in patients showing higher acuity, resulting in a requirement for a longer and more complex term of care; whilst A&E performance remained significantly challenged. Indeed, these pressures had resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in the A&E Departments and queues at front doors with very long waits for admission. The Board continues to focus on appropriate patient pathways, staffing, enhanced flow and alternatives-to-admission, working closely with partners such the Scottish Ambulance Service, HSCPs and specialty teams; providing as much support out of acute settings as possible through augmented *Hospital at Home* services. We will continue to keep these operational pressures under close review; offering as much support to the Board as possible.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



20. We also recognise that these pressures are being felt right across the system: in acute hospitals; in primary and community care; and in social care. Clearly, the pandemic is not over. Covid-19, alongside other pressures, will continue to have an impact on the NHS for some time. Looking forward, we will need to maintain the right balance between ongoing operational resilience and the effective recovery of services that had to be paused. Our NHS must remain adaptive and responsive through this uncertain, transitional phase.

21. We also remain very conscious on the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Greater Glasgow & Clyde is taking in terms of the wellbeing and resilience of local staff. You confirmed that 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. These measures will also play a pivotal role during the essential recovery period, following on from the height of the pandemic, and in rebuilding staff resilience.

22. Whilst our recent focus has necessarily been on resilience, we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Glasgow & Clyde, with local 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.

23. The Board continues to be pressured for inpatient beds and access to theatres; however, you are actively working to maximise day surgery, where appropriate. NHS Greater Glasgow & Clyde continues to use clinical prioritisation to schedule activity through theatres; and the Board is supplementing local capacity with the use of the Golden Jubilee National Hospital for urgent 'P2' orthopaedic cases. The independent sector is also being utilised to deliver high volume endoscopy activity in of support backlog reduction. The Board is at an early stage of developing plans for 2022/23 which would be expected to focus largely on diagnostics, ENT, urology and orthopaedics. It was also encouraging to note that capital work at Inverclyde Royal Hospital will be completed over the next 12 months to establish the Inverclyde elective centre for orthopaedics. The local cancer team are now developing an action plan to demonstrate the adoption of the Framework for Effective Cancer Management; there are significant areas of improvement required to reduce the backlog of patients in the diagnostic phase and to improve sustained performance against the 62-day standard.

24. As noted above, local unscheduled care performance has been some of the most challenged across Scotland for some time. High attendances and patient acuity have materially contributed to pressures on services, and this has been compounded by staffing issues. Furthermore, delayed discharges have been rising. Actions underway to improve performance include: the further development of the local Redesign of Urgent Care programme work, building on the success of the Board's Flow Navigation Centre. You confirmed that NHS Greater Glasgow & Clyde and the local HSCPs remain committed to a whole-system approach around the improvement programmes, such as Interface Care and Planned Date of Discharge, Home First and Discharge Without Delay. We will keep progress in this key area under close review and continue to offer support, wherever possible.

25. In terms of mental health services, as noted above, the Board has been working with Scottish Government officials and professional advisers to support the development and implementation of plans to strengthen and stabilise local services. A regular programme of engagement will continue via the Government's Mental Health Division Performance Unit to monitor progress, including the implementation of the plans and associated spend of the Mental Health Recovery and Renewal Fund.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



26. We recognise the ongoing financial impact of Covid-19 and associated pressures; alongside other costs including prescribing and staffing; and slippage in the delivery of savings. The Scottish Government will continue to regularly engage with the Board to monitor your position and to assist with longer term financial planning.

Conclusion

27. I hope that by the time of the next Review we will be free of some of the more extreme, recent pressures and able to focus more fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most challenging 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 provide as much support as possible.

28. I want to conclude by reiterating my sincere thanks to the NHS Greater Glasgow & Clyde Board and local staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours sincerely

A handwritten signature in black ink, appearing to read 'H. Yousaf', written on a white rectangular background.

HUMZA YOUSAF

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020

