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NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW: 7 DECEMBER 2020

1. Thank you for attending NHS Greater Glasgow & Clyde's Annual Review with your Chief Executive on 7 December via video conference. I am writing to summarise the key discussion points.
2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the COVID-19 pandemic, 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 Connaghan, Interim Chief Executive of NHS Scotland.
3. The agenda for this year's round of Reviews has been split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

Pre-Covid performance during 2019/20

4. 2019/20 had been a very challenging year for NHS Greater Glasgow & Clyde with two separate escalations to level 4 of the national performance framework. The first escalation in November 2019 related to infection control/prevention issues on the Queen Elizabeth University Hospital (QEUH) campus and questions surrounding potential links between the hospital environment and individual cases of infection amongst some patients. In January 2020, the Board was separately escalated to Level 4 for performance issues in respect of scheduled care, unscheduled care, GP out of hours, as well as culture and leadership.

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5. Two separate Scottish Government oversight groups were established for these issues, with the purpose of monitoring the package of tailored support with the Board to develop and implement appropriate recovery plans. The Chief Nursing Officer chaired the infection control oversight group and additional support was provided through the secondment of an Interim Director, who assumed responsibility for infection prevention and control. This role was undertaken for a short period by Professor Marion Bain, and from February 2020, by Professor Angela Wallace. The separate performance related oversight group was chaired by John Connaghan, with additional support provided via the appointment of a Turnaround Director, Calum Campbell. You helpfully provided an update on these important areas.
6. There is a significant programme of work underway within Wards 2A and 2B of the Royal Hospital for Children (RHC) to ensure that the Board are taking every possible measure to reduce the likelihood of infection. While physical site works paused between March and June 2020 due to COVID-19, a considerable amount of work continued to be progressed remotely such as planning, programming and design; with this work undertaken to enable the project to continue at as much pace as practically possible. The Board continues to predict the works will be completed in May 2021, although this may be impacted further by the ongoing response to the pandemic.
7. In March 2019, I commissioned an independent review of the QEUH campus, which was co-chaired by Dr Brian Montgomery and Dr Andrew Fraser. The aim of this review was to address concerns about patient safety and specifically look at the buildings' design, commissioning and construction, handover and ongoing maintenance; and how these matters contribute to effective infection control. The review report was published in June 2020. The key findings were that: no sound evidential basis was established for asserting that avoidable deaths have resulted from failures in the design, build, commissioning or maintenance of the QEUH and RHC; and that both hospitals now have in place the modern safety features and systems which are to be expected of a hospital of this type. As such, there can be confidence that the QEUH and RHC are appropriate settings for the provision of high quality healthcare. You further assured me that NHS Greater Glasgow & Clyde has established a management group to oversee and deliver on all the recommendations of the review, chaired by the Chief Executive; and that progress reports are regularly provided to the relevant governance committees and onward to the Board.
8. In September 2019, I announced a public inquiry into the issues surrounding the Royal Hospital for Children and Young People in Edinburgh and the QEUH campus. Lord Brodie QC has been appointed as the Chair and the inquiry commenced on 3 August 2020. The Board Chief Executive and key members of the Executive Team met with Lord Brodie and the Secretary to the inquiry in early September for an introductory session to understand the requirements for working together. You assured me that the Board has established an oversight group to ensure that a systematic and effective process is in place to support all the forthcoming requirements of the public inquiry.
9. You also confirmed that court summons have been served on Multiplex, Capita Property and Infrastructure Ltd, and Currie and Brown UK Limited, for losses and damages incurred due to a number of technical issues within the QEUH and RHC. The current estimate of the damages is approximately £73 million. The summons sets out where the requirements of NHS Greater Glasgow & Clyde were not met in either design, commissioning or building stages in eleven specific areas.

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10. In respect of the Board's recovery plan for the escalated performance issues, I noted that there had been some significant progress against trajectories made in the latter part of 2019/20. Unfortunately, some of this has been affected by the obvious impact of the COVID-19 pandemic, which necessitated the radical restructuring of services – including the suspension of all elective activity to protect emergencies, urgent and cancer activity – from late February. You assured me that the Board has nonetheless taken the time to review and strengthen its performance management focus; and that we should start to see the positive impact of this more markedly, once the COVID-19 emergency period concludes.

11. The Board's GP out of hours services were placed into business continuity arrangements in February 2020. This was in response to a number of significant issues facing the sustainability of the service. The decision to move the service into a temporary business continuity model to consolidate it was one of a number of recommendations from Sir Lewis Ritchie, who had been invited by the Board Chair and Chief Executive to give an assessment of the local service. When the business continuity proposal to consolidate sites was agreed by the oversight group and approved by the Board, it was anticipated that these arrangements would continue for 18-24 months to complete the long term stabilisation and transformation of the service. You assured me that strenuous efforts are, however, being made to consider a new, revised model earlier than that timescale. Sir Lewis has given positive feedback regarding progress: the strengthening of the management of the service has been commended, ensuring appropriate operational capacity and support. The governance arrangements have also been updated and strengthened. Sir Lewis has been invited to continue to support the Board as you work to finalise the improvement required and deliver the new business model. We would return to GP out of hours services later, in terms of discussing how they contribute to winter resilience and the local redesign of urgent care.

12. I welcomed the progress made by the Board in respect of better communications and public engagement, including the extension of the remit of the Director of Communications to include responsibility for Public Engagement. This facilitated a refresh of the Board's Public Engagement Team and a review of the role of Deputy Director of Communications, with a new appointment made in June 2020. The Consultation Institute has also been engaged and is working with the Board to improve and develop effective approaches to engagement; alongside the development of weekly briefings for local elected representatives, supplemented with a refreshed programme of monthly face to face MSP/MP briefings. Nonetheless, the Board accepts that the recent example of the small but important change to the clinical pathway for the ICU at Inverclyde Royal Hospital should have been better communicated; and that this would have clearly helped to allay the level of local concern expressed in early October. As such, you assured me that a proactive approach to meaningfully engaging with local people and their representatives from the earliest opportunity about any proposed changes to services would be a key priority for the Board going forward; in line with your statutory obligations.

13. I ended this section of the Review by welcoming the considerable work undertaken to strengthen the Board's culture, leadership and governance arrangements: you had submitted separate papers which documented the progress made. I was also pleased to note that, despite the pressures the Board faced in 2019/20, NHS Greater Glasgow & Clyde met its financial targets by the year-end.

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Initial response to the pandemic from February/March to July 2020

14. You provided a helpful overview of the Board's initial response to the pandemic from late February. This required an unparalleled, immediate and radical restructure of both services and ways of working in the NHS in Scotland, including in NHS Greater Glasgow & Clyde. At the peak of the first wave, the Board treated 38% of Scotland's COVID-19 patients: 86 patients in ICU beds; 74 of whom had COVID-19, and 606 COVID-19 positive inpatients in acute hospital beds. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services, including a significant increase in the use of technology to deliver care outside hospitals or clinic settings and effective cross system working.

15. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated this year underpin the local 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 I would like to take this opportunity to, once again, formally record our sincere thanks to local staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions.

Forward look

16. The Board's remobilisation focus has been underpinned by clinical prioritisation: meeting emergency, urgent suspicion of cancer and urgent demand, whilst maintaining the safety of patients and staff. Some early progress had been limited by the operational impact of the recent resurgence in COVID-19 admissions, which had been particularly marked for NHS Greater Glasgow & Clyde, with 25 wards closed to admissions at the time of this meeting. Nonetheless, there were two particular areas of performance which we felt required focus going forward: cancer waiting times (specifically 62-day performance in colorectal cancer and urology) and waiting times for Child and Adolescent Mental Health Services (CAMHS).

17. The Government had released £2,228,000 in additional funding to support local cancer services during 2020/21, so it was disappointing to note that the Board's 62-day performance in colorectal cancer and urology were 66.7% and 54.3% respectively, in the most recent quarter, against the 95% standard. You confirmed that a review had been undertaken into the issues around colorectal performance, with the biggest issue identified as colonoscopy capacity. This had been further impacted by the COVID-19 environment infection control restrictions but you assured us that progress remains a priority for Board, via increased utilisation of weekend sessions, additional sessions at the NHS Golden Jubilee National Hospital, and innovative/technological approaches, such as colon capture endoscopy and Cytosponge. You explained that the key issue impacting urology performance has been consultant capacity, particularly in Clyde. The Board is addressing this through active recruitment and moving to higher use of robotic capacity: from 4 days per week to 6 days. The Board agreed to undertake further analysis of these areas and provide more detail to inform agreed recovery trajectories as part of the 2021/22 Annual Operational Plan/remobilisation process.

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18. On CAMHS, there had been a steady deterioration in waiting performance from the beginning of 2019/20. In the quarter ending 31 March 2019, 80.6% of local patients had been seen within 18 weeks, against the 90% standard; local performance in the quarter ending 31 March 2020 was 58.8%; and this further deteriorated to 47.6% in the most recent quarter, ending 30 September 2020. You explained that the key issue has been sustainable staffing, particularly medical staff. You assured us that a detailed recovery plan is in place and kept under monthly review, anticipating a return to performance that meets the 90% standard by the autumn of 2021. The staffing issues are being addressed by remodelling the service to ensure it is multi-disciplinary, and redistributing resources more effectively around the Board area to manage demand. On a positive note, you reported that around 40% of local consultations in recent months had taken place via *Near Me*, and that there had been overwhelmingly positive feedback about this approach. As such, the Board is looking to expand this provision, where it is appropriate to do so. You further assured us that lessons are being learned on service redesign from other Boards such as NHS Grampian, including consideration of their associated work around nutrition and diet. We will keep the Board's progress in this important area under close review.

19. In terms of the coming weeks and months, our over-riding priority remains, as in the first phase of the pandemic, that the NHS is not overwhelmed. I therefore welcomed your assurances about robust winter planning and local resilience. I agreed that Boards must have flexibility of approach, based on local disease prevalence and other pressures; whilst operating in way which is fully consistent with the clinical prioritisation framework. As noted above, it is likely Boards will need to review and submit revised remobilisation plans next spring.

20. 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. However, as restrictions were scaled down following the initial lockdown, attendances have risen; and Boards face new pressures in A&E Departments and receiving wards due to the appropriate infection control measures and streaming of patients. That is why we recently piloted the redesign of urgent care in NHS Ayrshire & Arran. You confirmed that NHS Greater Glasgow & Clyde is fully supportive of this necessary redesign work, and is well placed to implement similar changes. We were pleased to note that very early experience from the local roll out had been largely positive.

21. We agreed that having locally accessible services such as Minor Injuries Units (MIUs) and GP out of hours would be key to the success and public acceptance of the redesign of urgent care. As such, we discussed the assurance the Board can offer in terms of additional resilience: including the creation of a West Glasgow MIU at Gartnavel Hospital. This is part of a wider Board review about the services that should be provided at Gartnavel for the benefit of local people; particularly around scheduled care but also the potential for enhanced critical care services, which would help to support activity at the Beatson Oncology Centre. In terms of the MIU, you confirmed that the plan is to open in mid-January, subject to available staffing. The Board is currently advertising for ED nurses at the QEUH, which would enable Advanced Nurse Practitioners to be released on rotation for the West Glasgow MIU at Gartnavel.

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22. In terms of GP out of hours, you confirmed that progress has been made in re-establishing services and achieving sustainability; not least via the multi-disciplinary approach, where possible: utilising Advanced Nurse Practitioners and Paramedics, the latter in liaison with the Scottish Ambulance Service. There had also been further, very positive user feedback about interactions facilitated by *Near Me* and technology. You confirmed that the Board plans to have the out of hours service at the Vale of Leven Hospital fully operational by the end of March, with further work actively underway to achieve a similar sustainable recovery of service in Inverclyde. Returning to the importance of effective communications, you assured us that early, proactive engagement will be undertaken by the Board to ensure local people understand what services are available and how they can access them.

23. We want to recognise the significant achievement locally with the enhanced seasonal flu vaccination programme. We agreed that a robust communications strategy will be crucial, for the benefit of all stakeholders, on our approach to the very significant logistical and other challenges associated with the vaccination programme for COVID-19. The Board remains in close contact with the Government to finalise the local plans for effectively distributing the vaccine to the priority groups, which was due to commence the day after this meeting, at the NHS Louisa Jordan. In terms of effective integration, it was pleasing to note that whole system working has been very much the focus of the approach during the pandemic. We agreed that this must be maintained and developed as the Board and its planning partners move from the emergency/winter response to operational recovery and, ultimately, renewal.

24. On financial outturn for 2020/21, you confirmed that (as at month 6) NHS Greater Glasgow & Clyde is forecasting the achievement of financial balance, based on the assumption that you will receive funding to meet the additional pressures arising from your COVID-19 mobilisation and remobilisation plans. You confirmed that the Board is continuing to assess and address risks and pressures as part of these plans; we will keep in close contact about planning assumptions for 2021/22. We were also pleased to note the recent appointment of a new Head of Financial Improvement Programme to lead the work on meeting the ongoing challenges associated with the Board's efficiency schemes.

Conclusion

25. I want to reiterate my thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the facing of unprecedented and unremitting pressures during 2020/21. I know you understand that there is no room for complacency, given the myriad of risks the NHS faces this winter. We will continue to keep local activity under close review and to provide as much support as possible. Nonetheless, it is important to recognise that NHS Greater Glasgow & Clyde has made progress over the year, and we are confident that the Board is better placed to continue to deliver for the benefit of local people.

Kind regards

JEANE FREEMAN

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