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Dear Ms Grant

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP – NHS GG&C

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Greater Glasgow & Clyde at our meeting on 21 October 2019, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations.¹

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to NHS Greater Glasgow & Clyde, including a range of information which is already in the public domain. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us

¹The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

**NHS Greater Glasgow & Clyde**

When we considered NHS Greater Glasgow & Clyde on 21 October 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of the health and social care system in Greater Glasgow & Clyde. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered for the residents of Greater Glasgow & Clyde. We acknowledge that work is already being carried out locally to respond to these issues, sometimes with input from one or more of the partner agencies on the Group. We also noted that, at the time of our meeting, the Scottish Government had recently announced that it will hold a public inquiry to determine how vital issues relating to ventilation and other key building systems occurred at the Queen Elizabeth University Hospital in Glasgow, and what steps can be taken to prevent this being repeated in future projects. This inquiry will also cover the Royal Hospital for Children and Young People in Edinburgh. As a group, we will consider the findings from this public inquiry when they are published. As part of our annual programme of work we will also continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today’s health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards, and we noted that the senior leadership/management structure in NHS Greater Glasgow & Clyde has been relatively stable.

Audit Scotland’s progress report\(^2\) on health and social care integration across Scotland highlighted the importance of collaborative leadership across the different components of local health and social care systems. When we considered Greater Glasgow & Clyde last year, we highlighted positive findings about senior leadership for the Health & Social Care Partnerships in Renfrewshire and in Inverclyde. At our meeting in October 2019, we learned that joint inspections carried out more recently by the Care Inspectorate and Healthcare Improvement Scotland have highlighted some important strengths with senior leadership for the Health & Social Care Partnerships in East Renfrewshire and East Dunbartonshire.

The appointed auditor explained that NHS Greater Glasgow & Clyde continues to have appropriate and effective governance arrangements in place that support scrutiny of decisions made by the Board. Over the past year, there has been strengthening and standardisation of corporate governance arrangements in relation to committee documents, including clearer minuting of conclusions and decisions. The findings from an inspection of safety and cleanliness at Queen Elizabeth University Hospital did, however, include a need to strengthen the governance around both infection prevention and control, and some estates and facilities issues.

As highlighted in our annual summary report for 2018-2019\(^3\), care systems across the country are experiencing unprecedented financial pressures. The appointed auditor explained that NHS Greater Glasgow & Clyde was required to make efficiency savings of £93 million during 2018-2019. Financial balance was achieved with savings of £37.2 million made on a recurring basis, with the remaining £55.8 million savings made on a non-recurrent basis. We also learned that NHS Greater Glasgow & Clyde’s high level financial projections over a three-year period are based on the assumption that you will deliver a break-even position each year within the three-year plan period.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. Public Health & Intelligence reported that the rate of consultant vacancies for NHS Greater Glasgow & Clyde is lower than the Scottish average (7% versus 9%, respectively) – and your vacancy rates for nurses and midwives, and for allied health professionals, are close to the national levels.

Our meeting on 21 October 2019 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services in Greater Glasgow & Clyde. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Greater Glasgow & Clyde has engaged well with nationally-led quality improvement work. Successes include reduced rates of pressure ulcers, falls, and postpartum haemorrhage. As for NHS boards generally, there are some challenges in securing the capacity for leading and carrying out quality improvement work.

When reporting on a range of outcomes and performance data, Public Health & Intelligence highlighted that the Health & Social Care Partnerships in Greater Glasgow & Clyde tend to have lower rates of delayed discharges. However, the rate of clostridium difficile infection is relatively high for NHS Greater Glasgow & Clyde.

The Scottish Public Services Ombudsman highlighted that there continue to be some challenges with complaints handling processes, for both NHS Greater Glasgow & Clyde and Glasgow City Health & Social Care Partnership. NHS Greater Glasgow & Clyde has now improved its response rate to recommendations from the Ombudsman, although it is too early to know whether the necessary improvements have been made to the content of complaint responses and assessing the quality of investigations. The Ombudsman is continuing to engage with Glasgow City Health & Social Care Partnership about the recommendations included in a published full investigation report into the way the partnership dealt with a complaint about an individual’s care and treatment.

At the request of the Cabinet Secretary for Health and Sport, Healthcare Improvement Scotland carried out an unannounced safety and cleanliness inspection to the Queen Elizabeth University Hospital in January 2019. Successes included good staff compliance with standard infection control precautions (including hand hygiene) and good staff knowledge about how to manage a blood spill and also transmission-based precautions. As already highlighted, challenges included strengthening governance arrangements. NHS Greater Glasgow & Clyde has

\(^3\)http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligenc e_2018-2019.aspx
engaged well with Healthcare Improvement Scotland following this inspection, and has made good progress in relation to your action plan.

NHS Education for Scotland explained that there is potential for the Queen Elizabeth University Hospital to be escalated from ‘enhanced monitoring’ to ‘enhanced monitoring with conditions’ by the General Medical Council if the ongoing patient safety concerns at the Immediate Assessment Unit are not addressed. Healthcare Improvement Scotland is also currently engaging with NHS Greater Glasgow & Clyde about these risks to patient safety. NHS Education for Scotland and Healthcare Improvement Scotland will continue to work together to ensure that their activities about this matter are mutually supportive with the ultimate aim of supporting improvement in the quality and safety of patient care. Both organisations have previously been involved in work focusing on the Beatson West of Scotland Cancer Centre, and last year we highlighted that there had been significant improvements in the training environment at this centre. Healthcare Improvement Scotland is continuing to liaise with NHS Greater Glasgow & Clyde about progress in relation to published recommendations following a previous review at the Beatson West of Scotland Cancer Centre. This includes a recommendation to put in place a model for the recognition and management of acutely unwell patients with oncological and haemato-oncological conditions.

When we considered NHS Greater Glasgow & Clyde in 2018, the Mental Welfare Commission highlighted a concern that individuals’ rights are not always fully respected when they are moved from hospital to a care home. When we met on 21 October 2019, the Commission explained that it is involved in a judicial review about whether, in Glasgow City, people are moved without legal authority.

The Group agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.

We hope you find this summary of our discussions helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support your work to deliver high quality care for the residents of Greater Glasgow & Clyde then please don’t hesitate to let us know.

Yours sincerely

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