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Ms Jane Grant
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Dear Ms Grant

**Feedback from the Sharing Intelligence for Health & Care Group – NHS Greater Glasgow & Clyde**

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Greater Glasgow & Clyde at our meeting on 19 October 2020, 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

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Greater Glasgow & Clyde and the six Health & Social Care Partnerships in the region in response to the COVID-19 pandemic. In our annual report for 2018-19, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion is needed now more than ever. We also understand that local health and care systems are currently in the process of restarting many services, and the COVID-19 pandemic will continue to impact on front line services for a considerable time to come.

The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting front line services during the COVID-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share

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¹ The 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 Scotland, and: Scottish Public Services Ombudsman.
and consider intelligence regularly throughout the current pandemic – as we have a duty to make the best use possible 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 on 19 October 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 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. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

**NHS Greater Glasgow & Clyde**

When we considered NHS Greater Glasgow & Clyde on 19 October 2020, 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 acknowledged that, during the past year, there have been some very significant challenges for NHS Greater Glasgow & Clyde. These include the launch of the public inquiry into the construction of the Queen Elizabeth University Hospital in Glasgow (this inquiry is also covering the Royal Hospital for Children and Young People in Edinburgh). NHS Greater Glasgow & Clyde was also placed at stage 4 on the Scottish Government’s escalation framework, as a result of concerns about a number of issues including scheduled care, unscheduled care, primary care out of hours, finance, culture and leadership.

As a Group, we have previously acknowledged the environment of extreme pressure that the leaders of today’s health and social care systems are working within – together with the significant level of change across Scotland within the senior leadership of NHS boards. When we considered NHS Greater Glasgow & Clyde in 2019, we noted that there had not recently been significant changes in your senior management team. At our meeting in October 2020, we learned that NHS Greater Glasgow & Clyde continues to have stable leadership. We noted that a Turnaround Director had been appointed earlier this year, to provide increased levels of scrutiny and support, although this individual has since moved to another NHS board.

The Care Inspectorate informed the group that the Health & Social Care Partnerships across Greater Glasgow & Clyde have shown a strong commitment to the integration of health and social care, and there is good engagement between your NHS board and the six partnerships. We have previously highlighted important strengths with collaborative leadership for a number of the Health & Social Care Partnership areas across Greater Glasgow & Clyde.

Culture is another critically important factor when considering the quality of care in the wider sense. We noted that your new whistleblowing champion is leading a whistleblowing review. Our understanding is that, for each of the past three years, NHS Greater Glasgow & Clyde has not

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generated a report from the health and social care staff experience survey – as you have not achieved the response rate required. We are interested to know how NHS Greater Glasgow & Clyde learns about the experience of your staff, and what are the main themes emerging from this. The Mental Welfare Commission for Scotland explained that in parts of your mental health service there is a strong focus on staff training and development, and this helps to create a positive culture within wards and has a positive impact on direct care.

As well as learning about the experience of staff, it’s important to seek and respond to feedback from people using services. The Scottish Public Services Ombudsman explained that NHS Greater Glasgow & Clyde has worked well with the Ombudsman’s Learning & Improvement Team, and has made good improvements to your complaints handling processes. However, the Ombudsman has recently escalated Glasgow City Health & Social Care Partnership through its Support and Intervention Policy due to ongoing concerns about poor complaints handling and learning from complaints. Shortly after our meeting on 19 October, colleagues from the Ombudsman and this Partnership met to discuss this matter – and we note that actions are planned to address these concerns.

As a Group, we previously highlighted the significant financial pressures being experienced by care systems across the country. Audit Scotland informed the Group that NHS Greater Glasgow & Clyde achieved its financial targets for 2019-20, in line with your three-year financial plan which aims to achieve financial balance each year. However, NHS Greater Glasgow and Clyde continues to rely on significant levels of non-recurrent savings to achieve in-year financial balance, and your financial plan identifies a significant financial funding gap over the next three years. We understand that system wide transformation will be required to achieve medium to long term financial balance – and your Moving Forward Together programme, together with plans for re-mobilisation, aim to deliver transformational change and service redesign. We also note that, as for NHS boards across the country, NHS Greater Glasgow & Clyde is assessing the financial impact of COVID-19.

Our meeting on 19 October 2020 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, Healthcare Improvement Scotland explained that a safe and clean inspection to Queen Elizabeth University Hospital in November 2019 found a noticeable improvement in the standard of environmental cleaning in the emergency department and Immediate Assessment Unit. There was also good staff compliance with standard infection control precautions. An inspection of the care of older people at the Vale of Leven Hospital (February 2020) found that patients had a pressure ulcer risk assessment completed within the nationally required standard – and patient mealtimes were well managed and co-ordinated. One of the areas for improvement identified was person-centred care planning.

We also learned from Healthcare Improvement Scotland that teams across Greater Glasgow & Clyde are engaged in a range of nationally led quality improvement work. For example, there is good engagement with the Value Management and Focus on Dementia programmes. For improvement work on acute care, successes (pre COVID-19) include sustained improvements in the rates of pressure ulcers and falls with harm. Although there was a previous improvement in the rate of all falls, there were subsequently early signs of deterioration.

The Mental Welfare Commission for Scotland informed the Group that, on the wards it visited before COVID-19, it continued to find that care plans were not consistently ‘person-centred’. The Commission has also identified some challenges with delayed discharges from hospital back into the community, the length of time it takes to complete Significant Adverse Event Reviews, and the limited availability of ‘low secure’ inpatient beds. We noted that, prior to COVID-19, NHS Greater Glasgow & Clyde was performing relatively well for access to psychological therapies, and access to
Child and Adolescent Mental Health Services had reduced to a level close to the Scottish average from a relatively high level three years ago.

NHS Education for Scotland explained that NHS Greater Glasgow & Clyde engages well about postgraduate medical education and training. There are three services that are currently on the General Medical Council’s enhanced monitoring process – these are the Queen Elizabeth University Hospital (Medicine), the Princess Royal Maternity Hospital (Obstetrics and Gynaecology), and Inverclyde Royal Hospital (Medicine and Geriatric Medicine). For the first of these, Healthcare Improvement Scotland is also continuing to engage with NHS Greater Glasgow & Clyde given there are potential concerns about the quality/safety of clinical care in the Immediate Assessment Unit. NHS Education for Scotland and Healthcare Improvement Scotland will ensure that their activities are co-ordinated. NHS Education for Scotland also reported that the consultant vacancy rate for NHS Greater Glasgow & Clyde is lower than the Scottish average (5% versus 8%, respectively), and your vacancy rate for nursing and midwifery is close to the national level (5% versus 6%, respectively).

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 consideration of our collectively shared intelligence 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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