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Health, Social Care and Sports
Committee
The Scottish Parliament
Edinburgh
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Dear Ms Martin

Follow-up to attendance at HSCS Committee, 28 March 2023

Thank you for your letter of 30th March 2023 setting out a number of questions of the Committee following my attendance on 28th March 2023. Please find our responses to your questions below.

Financial Sustainability

Is further financial support required to address increased and increasing costs or is there a need to transform the way in which services are delivered? Where are the greatest challenges?

Last year, NHSGGC successfully managed a very challenging financial position and is currently forecasting to break-even in cash terms for 2022/23. This has been achieved within the context of current economic and inflationary pressures, with energy, prescribing and the inflationary impact on supplies being particular areas of pressure beyond the uplifts provided. For 2023/24 the additional pressures beyond the uplift amount to £77m for NHS Greater Glasgow and Clyde.

NHSGGC continues to experience significant demand on acute services as we work to balance emergency care with planned care targets, whilst responding to whole system pressures attributable to delayed discharges and the associated impact on beds and occupancy levels. Hospital occupancy levels are currently regularly above 95% and the number of people who remain in hospital who no longer need to be there has increased significantly to approximately 300 per day currently.

If unchanged, this situation is likely to be increasingly tested with the financial challenges that we and our HSCP partners face in 2023/24 and beyond. We are focused on reducing the number of delayed discharges with HSCP colleagues, local authorities and the Scottish Government. In terms of national support, it would be of assistance from the Scottish Parliament for cross-party support to tackle the issue of capacity within the care sector, including a review of AWI legislation, to help unlock this significant challenge.

Beyond this, NHS Greater Glasgow and Clyde is clear that transformation is required to deliver sustainable, high quality health and social care in the future. The Board continues to seek to improve, modernise and be as efficient as possible to ensure financial sustainability and is progressing its long term 'Moving Forward Together' strategy to transform the way in which services are delivered in the future, some of which will require investment e.g. the redevelopment of the Institute of Neurosciences.

What difference has 3-year financial planning made to securing financial sustainability? What further support could the Scottish Government provide to support medium-term financial planning?

The three year financial planning cycle has been welcomed by NHSGGC as it enables us to take a medium term view of the allocation of resources and how they are deployed. Detailed below are areas where additional support could be provided:

- Further alignment of the financial planning process to policy development would provide assistance to Boards when formulating and delivering against these financial plans and parameters.
- A reduction in the number of non-recurring and earmarked allocations by making them recurring, this would allow for better planning
- Earlier notification and confirmation of allocations would assist in progressing opportunities

Work is ongoing on a national basis with regards to Sustainability and Value and NHS Greater Glasgow and Clyde contribute significantly to the national groups and structures to ensure awareness of all opportunities across NHS Scotland.

Performance

In your own experience, to what extent do the performance standards used to monitor NHS boards drive service delivery at a management level and on the frontline?

Performance standards used to monitor NHS Boards are an important indicator of quality of care and drive service delivery both within the organisation and across the whole health and social care system locally, regionally and nationally. At a management level, service delivery of performance standards is tracked on a routine basis through a range of internal and external performance and governance meetings. Where performance is not being achieved, exception reports are generated by the relevant service areas to provide assurance that improvement actions are in place to help drive the required improvements in service delivery. These meetings are also used to help understand and support services with any challenges faced in delivering the standard.

Do you have concerns that these standards can distort board priorities in an unhelpful way?

The pause in planned care during the early waves of the pandemic created significant national backlogs with some patients facing lengthy waits. The introduction of targets for the longest waiting patients was important to address the unacceptable waits that some patients might have otherwise experienced. Care needs to be taken in the allocation of resources to meet this target, whilst continuing to treat urgent, trauma, cancer and emergency cases.

In tandem with meeting these targets, there remains the need to address the underlying issues that may be contributing to the longer waiting times such as staffing, resource limitations and clinical complexities. Meeting the standard can require additional resources to fund initiatives such as waiting list initiatives and independent sector activity, and in the current financial climate this is not a long term sustainable solution to meeting waiting times targets. Converting these into a sustainable model moving forward will require the availability of staffing together with the resource implications.

Are there any standards in particular that NHS Greater Glasgow and Clyde would prioritise for improvement and any you would deprioritise in the current climate?

Further priority needs to be given to addressing delayed discharges if acute performance standards are to achieve success. As stated previously, in terms of national support, it would be of assistance to have further support to tackle the issue of capacity within the care sector, including a review of AWI legislation, to help unlock this significant challenge.

It is important that recovery is progressed at pace and meeting the targets in place is the underlying ambition across NHS Scotland. The current status of demand, backlog and resource, both financial and workforce, is however impacting on this as a consequence of the pandemic. It may therefore be helpful to set a trajectory of targets and phasing over an agreed timeframe to determine the incremental progression required to return to a business as usual model.

COVID Recovery

To what extent do you feel your Board has been adequately consulted about delivery of the NHS Recovery plan?

At the time of development of the NHS Recovery Plan, there were regular discussions between NHS Greater Glasgow and Clyde and the Scottish Government regarding the remobilisation of planned care services. Further to this, with each submission of our Remobilisation Plans, discussions also took place on the level of anticipated activity against the backdrop of the evolving COVID situation and its impact on the provision of services across the Board area. The regular dialogue supported the development of trajectories for planned care being cognisant of unscheduled care pressures and staffing availability.

As a result of these ongoing discussions, there was a shared understanding that the uncertainty brought about by continuing peaks of COVID admissions, together with staffing constraints associated with COVID, were a continuing challenge which would impact on "business as usual" levels of activity. It was highlighted during these regular discussions that it would be challenging to deliver the published targets of July 2022 due to many factors including changes in patient complexity, lengths of stay, impact of delayed discharges, staff availability, combined with the extent to which operational issues relative to current and future COVID measures remained a factor.

In your view, are the increases in activity levels proposed in the recovery plan achievable?

The achievement of the activity levels set out in the Recovery Plan are based on the ability to return to business as usual as soon as practically possible and will require additional capacity across a number of specialties. Additionality will take the form of insourcing in a number of specialties, identifying areas where additionality can be provided from existing staff through waiting list initiative sessions and will also rely on additional facilities being created through National Treatment Centres.

The increase in activity levels remains challenging, particularly given the impact of a range of factors outlined throughout this response. The progress towards achievement will be influenced by these conditions improving, particularly those associated with the ongoing impact of COVID and the financial and workforce resource requirement to provide a sustainable level of increased activity.

Is there anything about the recovery plan that you would now wish to change in light of current circumstances?

When the Recovery Plan was created, the legacy impact of COVID could not be accurately assessed. In 2022/23, whilst the impact was not of the scale during the peak of the pandemic, it is evident that the legacy consequences did adversely impact on services for a variety of reasons, such as ward closures, complexity of care, staff sickness and recruitment.

Pressures on emergency care and whole system delayed discharges also had, and currently have, a significant impact on whole system service delivery.

Modelling the impact of such factors would allow a greater assessment of the recovery levels which are possible in the coming years taking cognisance of potential constraints together with current and future opportunities for redesign.

The increases in activity are essential to recovery however the influencing factors do materially impact on the timescale of achievement. It may therefore be helpful to review the targets, with a view to re-baseline on the anniversary of the targets given there was a significant interruption to planned care delivery in 2022/23 due to increased COVID pressures.

Progress of the Recovery Plan

Are there any particular areas of the recovery plan you would highlight where good progress has been made and why do they think this is?

From an operational perspective, the Board has progressed well with the interim targets associated with recovery and is committed to maximising delivery through the recovery phase.

Redesign of care as a focus to facilitate the increase in capacity has been positive. The principles of redesign related to 'opt-in' pathways of care together with the construction of effective Patient Initiated Review were pioneered within NHSGGC and have proven to be a successful mechanism to ensure the delivery of care is tailored to a patient's needs.

Within Diagnostics, the Scottish Government have financially supported additional endoscopy and imaging capacity through mobile units for Endoscopy, CT and MRI. This investment is providing an increase in the delivery of activity. Sustained investment and conversion to core activity will be essential for a sustainable model going forward.

From a financial sustainability perspective the three core financial deliverables noted below have been met:

- COVID spend has reduced in line with available funding for 2022/23
- The Board will breakeven in cash terms for 2022/23
- The Board's Sustainability and Value programme is well established and delivered significant recurring saving for 2022/23 of £53m, in excess of the £50m target in the financial plan.

The pandemic brought seismic and immediate change to the NHS, in how patients engage with our services. In some ways, this has encouraged greater efficiency, modernisation and transformation. As we recover from the pandemic it will be important to maintain these new ways of working, with digital and remote consultations becoming the norm for many. These ways of working have been shown to be popular with patients and clinicians alike and bring many benefits. They will also mean that there is less reliance on our physical estate. As we continue to embed these new approaches to healthcare, we would ask for the support of the Scottish Parliament to embrace these new ways of working.

Which areas of the recovery plan do you think have made the least progress and what are the reasons behind this?

The Board's urgent and unscheduled care performance remains a key area of focus with a whole system governance approach to drive improvement. Performance remains variable however and is challenged by a number of factors including delayed discharges, lengthening average length of stay, the ongoing impact of COVID and stringent infection prevention and control measures.

Within this context, a number of initiatives and new ways of working have been introduced or expanded with some early signs of impact, including the Flow Navigation Centre, Continuous Flow model, Home First Response Service, Community Falls Pathway and Outpatient Parenteral Antibiotic Therapy service.

NHS Greater Glasgow and Clyde has seen a significant increase in Urgent Suspicion of Cancer referrals, with a 14% increase on the number of referrals received last year. There is an ongoing focus to address the 62 day target. Across all cancer types, outsourcing within radiology to support the reporting of diagnostic tests has had a positive impact. Within CT and MRI no patients are currently waiting over 26 weeks and the majority are waiting less than six weeks. The Board has also had success with international recruitment and appointed 36 radiographers. Significant use of non-recurring endoscopy activity is also being made, which is supplementing core capacity.

Staffing

What are the key factors influencing higher rates of turnover, sickness absence and high vacancy rates in certain professions in your board?

An increase in the numbers of staff leaving was observed in 2022 due to staff 'staying on' beyond planned leaving dates during the immediate pandemic response. This began reducing in September 2022 and has now stabilised at a lower level, with 8% fewer people leaving each month. NHS Scotland Pay Deals for 2022/23 and 2023/24 are having a positive effect on workforce retention due to the increased salary. Entry level staff (at Band 2) have received a compound pay increase of 19% in the past two years, with staff at Band 5 receiving 15% and pay rates are now favourable to comparable careers.

Increased levels of sickness absence during the winter 2022/23 were forecast due to the increased levels of social interaction and exposure to common infections and illnesses returning to pre-pandemic levels. Sickness absence has now reduced from the increased rates experienced which peaked in December 2022.

Ongoing recruitment throughout the year, including recruitment fairs, targeted open days at hospital sites and a successful Newly Qualified Nurses & Midwives campaign attracted over 1200 registered nurses, offsetting those nurses choosing to leave throughout the year.

Recruitment of more than 200 international staff including nurses and radiographers is well advanced, with all arriving by March 2023.

There are hard to fill areas within registered nursing, for example Care of the Elderly, Medicine and Prison Health Care due to a lack of candidates applying for these specialties within a system where multiple opportunities exist. Where vacancies remain unfilled, additional support and alternate approaches are deployed, for example targeted deployment of newly qualified nurses, recruitment of internationally trained nurses, and direct candidate engagement through site based events and attendance of industry events.

What can be done to address the immediate workforce challenges your board faces?

NHSGGC is addressing immediate workforce challenges through a number of routes.

Ongoing recruitment takes place throughout the year and, as stated above, has had considerable success. As part of this we have developed new roles and routes to employment including the Apprenticeship Programme and expansion of Employability programmes and implementation of the NHSGGC Academy. We have also partnered with local authorities and the DWP on the Kickstart employment programme for young adults and are developing a programme to support the introduction of a Band 4 HCSW role within acute services.

We have recruited significant numbers of internationally trained staff, including 30 radiographers already joined and 230 nurses who have received offers of employment.

Operational areas use a combination of excess hours, overtime hours and bank and agency resources to fill unplanned and short term gaps. NHSGGC Staff Bank continually recruits additional staff. Currently there are more than 15,000 people registered with the staff bank.

To what extent are you confident that your workforce strategy will address the challenges your board currently faces and what do you consider to be a realistic timeframe for this?

Our Workforce Strategy 2021-2025 sets out how we will achieve our ambition of Growing our Great Community through attracting, retaining and nurturing talented and public sector focused people, both locally and from around the world.

In order to achieve the ambitions outlined within the Workforce Strategy 2021-2025, a suite of supporting strategies and plans have been developed. These are:

Staff Health Strategy 2021-23

Internal Communication and Employee Engagement Strategy 2022-25

Safety Health and Wellbeing Culture Framework

Workforce Plan 2022-25

Recruitment and Attraction Plan 2022-25

Workforce Equality Action Plan

The NHSGGC Workforce Strategy has been supported, driven, shaped and complemented by a suite of national workforce strategies aimed at Scotland's health and social care workforce.

We are confident that the operational delivery of the supporting strategies and plans will underpin the delivery of the Workforce Strategy.

Culture and Governance

In the absence of the national Dignity at Work surveys, how does your board monitor bullying and harassment in its workforce? Can you share overall trends in your board's area?

Bullying and harassment is monitored through the Staff Governance Annual Monitoring Return which is submitted to the Scottish Government. These concerns can be identified through a number of internal routes such as:

- Staff forums
- Annual iMatter survey
- Sickness absence information
- Human Resources data
- Stress Surveys
- Whistleblowing

Since 1st June 2022, there have been 43 cases supported by HR relating to allegations of bullying and harassment. This equates to 0.10% of the total headcount of 41,082 staff.

Mental Health

What are the key factors holding back your board from meeting performance standards related to mental health services?

There has been a significant focus on improving waiting times for CAMHS and psychological therapies within NHSGGC with positive results. This is against a backdrop of increasing demand on these services.

Child and Adolescent Mental Health Services (CAMHS) experienced increased referrals and complexity of presentation post pandemic, with the associated impact on the waiting list. Annual referrals in 2022 were 8,906. This is the highest number of children and young people referred on record.

Within this context, CAMHS have made a number of performance improvements with additional investment in staffing from Scottish Government funding allowing service development, combined with improvement in pathways. As of April 2023, the previous six months reported performance of CAMHS patients being seen within 18 weeks of referral exceeded the agreed targets and on two months this also exceeded the national target of 90%.

Compliance with the Psychological Therapies target continues to achieve around 89%. Referral rates continue to be high in both primary and community mental health teams. A range of initiatives are in place to support patients including the roll out of cCBT and the reintroduction of group work.

I trust the above information covers the requested areas and if you require any further information, I would be pleased to assist.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Jane Grant', with a stylized flourish at the end.

Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde