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Dear Jane

## **NHS GREATER GLASGOW AND CLYDE: ANNUAL OPERATIONAL PLAN 2019/20**

Thank you for submitting your Annual Operational Plan (AOP), setting out your operational priorities and key actions for 2019/20. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of the AOP over the last few months.

As detailed in the guidance we issued in February 2019, the AOP is intended to support NHS Boards and their partners to deliver safe, effective and accessible treatment and care, and provides the basis on which the Scottish Government will hold Boards to account for their contribution over the year to delivering the Cabinet Secretary's priorities including waiting times improvement; investment in mental health; and achieving greater progress and pace in the integration of Health and Social Care.

In responding to your AOP, I would like to take the opportunity to reinforce the importance of adopting a whole system approach to implementation. This will necessitate a clear focus on interagency and integrated working with your key partners and stakeholders across the health and care system, always maintaining the primacy of patient safety as an underpinning principle.

We recognise that this is essentially a one year plan, focusing on 2019/20 at this stage. For next year, we will want to move to align the AOP with the three year planning horizon set out in the Medium Term Financial Framework to ensure that we have clear visibility of the significant change processes that are underway across the system and to ensure that AOPs fully support and reflect the service reform agenda. We will be in touch with you over the next few months to take forward this development process.

For this year, I am satisfied that your plan broadly meets our requirements. There are a small number of areas where some further detailed work is required, as set out in the paragraphs below. Policy colleagues will continue to work with you and your team to advise and support you to complete that work. On that basis, I am content to approve your AOP for 2019/20.

Within your financial plan, you have set out your intention to deliver a breakeven position in 2019/20 and highlighted the associated scale of challenge facing the Board.

We expect the Board to deliver a breakeven position, and note the work being undertaken by the Board to further develop the financial plan. We would therefore ask that, following the first quarter of this financial year, a further substantive update is provided. This update should include revised financial forecasts, an update on risks and opportunities, and progress in developing savings plans.

You will wish to note the more detailed feedback on specific policy areas which is set out in the paragraphs below.

## 1. Elective Waiting Times

Delivery of the agreed waiting times trajectories for outpatients and inpatients/daycases by March 2020 needs to be a key focus. We have agreed quarterly trajectories with you that will support delivery of the March 2020 position of a maximum of 15,288 outpatients and 3,835 inpatients/daycases. This will be continually monitored throughout the year and any deviation from the quarterly trajectories should be addressed immediately by your Board, with appropriate action taken to secure delivery for March 2020.

With regard to your Board's financial allocation to support improvements in Elective Waiting Times, a total of £22.1 million (to include independent sector) has been allocated for 2019/20. Excluding the independent sector allocation, 75% of the agreed funding will be released immediately. In recognition of the complex range of risks and opportunities that exist across the system, the remaining 25% of the sum will follow in early October, conditional upon the achievement of performance at or around the agreed trajectory over the first two quarters of the year. This arrangement is separate from any additional second tranche of funding which may be allocated over the next few months.

You will receive a separate letter in due course, itemising the breakdown of this funding between the independent sector and Board investment within the total of £22.1 million. If you have any immediate queries on either agreed trajectories or associated funding, Gordon Frame ([Gordon.Frame@gov.scot](mailto:Gordon.Frame@gov.scot)) is available to help in the first instance. You should note that any funding which is not used for the agreed purpose is liable for repayment.

The existing cross boundary flow charging arrangements remain extant. Work carried out in tertiary centres will be subject to normal arrangements between Boards, as per previous years.

## 2. Cancer Waiting Times

NHS Greater Glasgow & Clyde's focus on cancer and ambition to improve waiting times performance has been noted through receipt of your AOP and accompanying Waiting Times Improvement Plan (WTIP) template. As you are aware, the WTIP includes an ambitious aim to achieve the 62 day cancer waiting times (CWT) standard across NHSScotland by Spring 2021. Ensuring full adoption of the Effective Cancer Management Framework, dissemination of the Scottish Cancer Referral Guidelines, clearing the backlog and treating those waiting longest while enhancing pathways are key areas of focus nationally to ensure the 62 day standard is met by spring 2021. The Cancer Access Team will continue to work closely with your Cancer Management Team to prioritise bids and confirm additional funding by the end of June 2019.

We expect Boards to work towards and deliver against the 31 day and 62 day cancer standards and the Cancer Access Team will continue to work closely with your Cancer Management Team to monitor progress.

### **3. Unscheduled Care Waiting Times**

All NHS Boards are expected to deliver the 4 hour A&E Target of 95% - working towards the 98% standard to ensure that patients receive the most appropriate assessment, treatment, support and services at the right time, in the right place by the right person. Given current challenges across NHS Greater Glasgow and Clyde we have agreed a performance trajectory aiming for the annual rolling average of 95% for the Board and each site aiming to deliver an annual rolling average of 95% performance for the Emergency Access Standard by March 2020.

The AOP has described the improvements and priorities that the NHS Board will focus on in 2019/20 to work towards this performance on each site.

We appreciate you taking the opportunity for peer review at the Learning Workshop on 21 May 2019 and hope this has further developed your thinking on the plan. As previously discussed progress will be monitored through the monthly Programme Management Action Plan process. Utilising the funded improvement team to deliver your initiatives is expected to further understand the data and information required to implement the 6 Essential Actions including; a robust escalation policy to reduce crowding and exit block; balancing capacity and demand through timely in-patient discharge across 7 days to eliminate boarding; and work closely with Integration Authorities to reduce unnecessary attendances and to reduce length of stay.

### **4. Integration**

Delivery of your objectives will require the pace and effectiveness of integration to increase. As stated in the letter from John Connaghan and Richard McCallum of 25 February, and in line with the proposals from the review of integration, delegated hospital budgets and set aside requirements must be fully implemented.

There is much work underway in each local system, including your own, on delivering the review's proposals and we are grateful for your continued contribution to this. Collaborative leadership across NHS Boards, Local Authorities and Integration Authorities, which empowers and supports IJBs to deliver on their statutory duties and improve outcomes for citizens, is a key priority of the Cabinet Secretary. We recognise the challenges and the opportunities of getting integration fully embedded, and look forward to your continued support in making a success of integration.

We encourage the Board to continue to work in partnership with each of its Integration Authority partners to maintain the focus on delayed discharge, through the development of community based prevention and support services. We note that Glasgow City has struggled following a surge in referrals after New Year, which saw a higher number of referrals and additional complexities and welcome that we are now starting to see some improved progress which should be maintained. We welcome the continued excellent performance on delayed discharges within Inverclyde and Renfrewshire and this should be maintained.

## 5. Mental Health

Our ten-year Mental Health Strategy set out our ambition to build a world-class mental health system that works for everyone, and which is centred on a whole-system approach. This will be enabled through partnership working that brings together people using mental health services and their families, with mental health workforce, and delivery partners across the public and third sectors. We know that specialist services for people with mental health issues need to improve, and it is important that our ambitious mental health treatment targets are delivered and sustained by all NHS Boards across Scotland.

We welcome the trajectories to meet the standard for 90% of CAMHS and Psychological Therapies patients to begin treatment within 18 weeks of referral by December 2020. We also note that the current AOP does not explicitly confirm delivery of the standard for Mental Health presentations at ED and ask that this is updated. We look forward to working with the Board over the coming year as the actions set out in the AOP are implemented and we will be closely monitoring progress towards the standards.

## 6. Primary Care

As one of the four signatories to the Memorandum of Understanding (MoU) supporting implementation of the 2018 General Medical Services Contract, NHS Boards are expected to work with Integration Authorities to deliver service redesign as set out within in the MoU.

NHS Boards have a key role to play in implementing this redesign as they provide many of the enablers required to deliver primary care redesign, including workforce planning and infrastructure.

Your Annual Operating Plan set out how your Board will work with Integration Authorities to deliver primary care redesign, and I expect this to be reflected in the second iterations of your local Primary Care Improvement Plan which are currently being drafted and locally agreed.

It is also important for NHS Boards to ensure that, during this period of reform, current primary care services remain safe and sustainable, both in and out of hours. This will continue to be monitored throughout the year and picked up through the Annual Review process as appropriate.

## 7. Healthcare Associated Infection

Scotland has made significant improvements over the last decade in terms of reducing overall hospital infection rates. Despite this progress, reducing Healthcare Associated Infections (HCAIs) and containing Antimicrobial Resistance (AMR) remains a constant challenge and a key priority for the Scottish Government.

Prevention of infection has a key role to play. As Boards are aware, the National Infection Prevention and Control Manual (NIPCM) is mandatory for NHS Scotland and considered best practice in all other care settings. It ensures that the assessment, reporting and escalation of infection outbreaks and incidents is robust. It is therefore expected that the NIPCM is fully embedded and implemented in all infection prevention and control practices and procedures and that boards are assuring staff compliance with the NIPCM, using a quality improvement approach.

There has recently been a heightened focus on the risk of infection posed by the built healthcare environment and there are lessons to be learned following HCAI incidents and outbreaks over the past 12 months. On 8 March, the DG Health and Social Care (DGHSC) and Chief Executive of NHS Scotland wrote to NHS Board Chairs requesting confirmation that all relevant aspects of the requirements and recommendations contained in the report published by Healthcare Improvement Scotland, following the unannounced inspection of the Queen Elizabeth University Hospital, are implemented as standard practice.

We therefore ask that you ensure these requirements and recommendations are implemented and that any further findings and learnings are incorporated into your plans going forward; with particular focus on new builds and refurbishment of existing builds and compliance with the relevant Health Technical Memoranda issued by Health Facilities Scotland.

In addition to this, following the publication of the UK's five-year national action plan on AMR, the HCAI standards and indicators for NHSScotland are in the process of being updated to reflect the changing epidemiology of HCAI and the continuing rise in AMR.

## 8. Finance

As Accountable Officer, you have a responsibility for ensuring that the resources of your Board are used economically, efficiently and effectively. At the Annual Operational Plan (AOP) meeting we discussed the Board's financial projections for the three year planning period and the forecast adverse variance of £35 million in 2019/20. We discussed that the Board is working to address this challenge and to deliver breakeven in 2019/20. We noted specific risks to this position, most notably prescribing, supplies and IJB pressures.

Successful delivery of your efficiency savings programme will be a key element of delivering the financial plans for 2019/20 and we discussed the requirement for further savings to be identified in-year. In view of this, following the first quarter of the financial year, we will require an update on the financial position, including progress in the identification and delivery of savings. We will further discuss the specifics of what is required, including timescales, with your Director of Finance.

As previously stated, the finalised and signed off AOP will be used as the basis for engagement with the Board over the coming year, and we look forward to working with you to deliver on-going improvement of safe and accessible treatment and care.

If you have any questions about this letter, please contact Yvonne Summers in the Performance and Delivery Directorate in the first instance ([Yvonne.summers@gov.scot](mailto:Yvonne.summers@gov.scot))

Yours sincerely



**Malcolm Wright**  
**Director General for Health & Social Care and Chief Executive of NHSScotland**