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Clare Haughey MSP
Convener
Health, Social Care and Sport Committee
The Scottish Parliament
EDINBURGH
EH99 1SP

30 June 2025

Dear Clare

**SCOTTISH GOVERNMENT RESPONSE TO HEALTHCARE IMPROVEMENT SCOTLAND'S
REVIEW OF NHS GREATER GLASGOW AND CLYDE'S EMERGENCY DEPARTMENTS**

Healthcare Improvement Scotland (HIS)'s review of Emergency Departments in the three main receiving hospitals in NHS Greater Glasgow & Clyde (NHS GGC) made a number of national recommendations. Separate to Board-specific recommendations to be taken forward by NHS GGC, these were made in acknowledgement that some of the issues HIS inspectors observed were indicative of circumstances experienced across the system.

I wrote to the Chair and Chief Executive of HIS on 2 June to formally respond to each of the national recommendations and to explain how the Scottish Government will take these forward, working in partnership with stakeholders as appropriate.

A copy of my response to HIS setting out the Scottish Government's response to the national recommendations is attached. This was published on the Scottish Government website today, Monday 30 June, and Parliament has been notified via a GIQ.

I hope this is helpful.

Yours sincerely



NEIL GRAY

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2 June 2025

SCOTTISH GOVERNMENT RESPONSE TO HEALTHCARE IMPROVEMENT SCOTLAND'S REVIEW OF NHS GREATER GLASGOW AND CLYDE'S EMERGENCY DEPARTMENTS

Dear Robbie and Evelyn

I am grateful to Healthcare Improvement Scotland (HIS) for their recent report on findings from its review of the three main receiving Emergency Departments within NHS Greater Glasgow and Clyde (hereafter, "the report"). The recommendations within the report are two fold: recommendations and requirements for NHS Greater Glasgow and Clyde which are encapsulated in an improvement action plan which will be taken forward by the Board; and a number of national recommendations, to be taken forward by the Scottish Government. My purpose in writing to you is to formally acknowledge and respond to the latter.

HIS' review was embarked upon as a result of concerns raised in relation to the Emergency Department of the Queen Elizabeth University Hospital, and included Glasgow Royal Infirmary and Royal Alexandra Hospital, in recognition of known wider, far-reaching system pressures in Glasgow and beyond, and the need for national, strategic intervention to address these. I am grateful to HIS for this action and my Ministerial colleagues and I continue to be appreciative of HIS' critical role in ensuring patient safety, quality of care and continued improvement across NHSScotland. Implementation of the national recommendations within the report will have tangible, sustained impact across the service.

The report made eleven strategic recommendations across three key themes, with a focus on continuous improvement in response to HIS inspectors observations of current practice across NHSScotland and where gaps have been identified.

When the report was published, the First Minister welcomed HIS' report and recommendations, acknowledging that performance data for A&E Departments is improving, and affirming that the recommendations are urgent priorities, to ensure that high quality, professional, compassionate care is the experience of all patients. Having given the national Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

recommendations further consideration, I can confirm that the Scottish Government accepts nine of the recommendations and partially accepts two. I have provided a narrative against each recommendation on pages 3 – 7 to set an initial position and intention, as well as set out the rationale for the partial acceptances.

I am acutely aware of the pressures faced by Boards, and the specific, protracted challenges faced within Emergency Departments and, in working to implement the report's recommendations, I will promote progress at pace. The Scottish Government will work collaboratively with other health and social care organisations in taking forward the report's recommendations and I should caveat that, where this partnership working is required, full implementation of the recommendations will be dependent on the relevant organisations being able to engage fully, and this is a decision for their respective Executive Teams.

In accepting these recommendations, I have confidence in moving towards improved outcomes for the people of Scotland.

Yours sincerely



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SCOTTISH GOVERNMENT RESPONSE TO HEALTHCARE IMPROVEMENT SCOTLAND'S REVIEW OF NHS GREATER GLASGOW AND CLYDE'S EMERGENCY DEPARTMENTS

Scottish Government

31 - Scottish Government should commission Healthcare Improvement Scotland to lead the development of a national approach to improving the quality and safety of urgent and unscheduled care in NHS Scotland, consistent with the Quality Management System, including the development of national standards in partnership with a range of agencies including the Royal Colleges. This will build on work already commenced by The Centre for Sustainable Delivery and include urgent work needed to work towards eliminating the unacceptable use of non-standard care areas given the risks to patients and the impact on staff. This will require significant national focus and support.

ACCEPT

The current position is that CfSD have a well-established programme of UUC improvement and are working with Boards on bespoke plans and on standardisation of patient pathways. They will continue to work with Boards and partners such as HIS, to further build and integrate services that are fit for the future. However, further work will be required nationally along with partners around the quality and safety aspect of non standard pathways. SG will work with HIS and partners to understand where there are gaps in the current approach to improving quality and safety of urgent and unscheduled care to ensure alignment with the new commission which will be undertaken by the relevant organisation.

32 - Scottish Government should explore with Healthcare Improvement Scotland how best to gather patient views about experiences of accessing urgent and unscheduled care services and waiting in emergency departments to inform more detailed national recommendations on how to improve the patient experience and shape services for the future.

ACCEPT

SG will discuss with HIS-CE how these topics could be covered in a future Citizens Panel. We will engage with Scottish Government policy leads to determine how best to gather patient views about their experience in an integrated way.

33 - Scottish Government should engage with relevant national agencies to commission a review of the national guidance for specific health and care demand, capacity escalation and business continuity, which recognises the need to ensure a credible, robust and practical whole system response. This is essential and complementary to the current Multi Agency Major Incident Guidance.

ACCEPT

Work is ongoing with Health Boards, led by the National Centre for Sustainable Delivery, to introduce an Operational Pressures Escalation Levels (OPEL) system across NHS Scotland Health Boards. This system utilises critical-level metrics and indicators to support the

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detection and assessment of ED operating pressures in the pre-incident space and will bring consistency to local and system escalation.

Framework to be in place by Winter 2025.

34 - Scottish Government should engage with relevant national agencies to commission a review of the professional advisory committee arrangements in NHS boards to ensure they have a transparent, independent and objective mechanism for the board to consider matters of safety and concern. There is an opportunity to refresh the previous national guidance and make these arrangements clearer and more open for all professions to understand.

PARTIALLY ACCEPT

Partially accepted on the basis that the professional advisory structures which exist in Boards are not the primary board structures for considering safety and concern, this is for Staff and Clinical Governance with Boards. However, we will consider a refresh / reminder of guidance to Boards, that their Clinical and Staff Governance assurance and oversight should include being satisfied that there are appropriate routes to raise concerns and monitor that these are being responded to and closed down, through reports to the committees. This could include reference to the role of the professional advisory structure. Decision around reminder to boards to be made by end June 2025.

Public Health Scotland

35 - Reliable and comparable whole-system datasets are essential to support improvement in urgent and unscheduled care and optimise flow through the health and social care system. Public Health Scotland should be commissioned by Scottish Government to work with other national and local partners with the aim of progressing existing work and further developing datasets that are designed with, and available to NHS boards to support continuous improvement.

ACCEPT

SG will discuss with PHS whether the existing analytical products and development work planned for 2025/26 need to be adapted in light of this recommendation. This will involve engagement with HIS to understand further the intent behind this recommendation.

The Centre for Sustainable Delivery

36 - The Centre for Sustainable Delivery should strengthen its collaboration with territorial and national NHS boards to engage in improvement activities aimed at:

- Reducing unwarranted variation in urgent and unscheduled care performance to enhance the quality and experience of care, as well as patient outcomes.
- Rethinking access to urgent and unscheduled care to ensure equity and that individuals are treated in the right place, the first time.
- Ensuring appropriate representation, including clinical leaders, in the recently formed Strategic Delivery Groups to drive improvement, set standards, and deliver change.
- Participating in the acute hospital site visit process to ensure that change is driven by clinical teams and tailored to meet the needs of local communities.

ACCEPT

SG will work with CfSD to understand if work planned for 2025/26 needs strengthened in light of this recommendation.

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NHS Education for Scotland

37 - NHS Education for Scotland should strengthen and further develop structured development programmes to identify and support clinical and non-clinical leaders in NHS Scotland. These programmes will enable NHS boards to focus on developing whole system multidisciplinary working and relationships which foster innovation, improvement and inclusivity in decisions that explicitly benefit quality of care and patient safety.

ACCEPT

Scottish Government is working with NES as strategic delivery partners to support the identification and development of leaders in NHS Scotland. This includes:

- A national programme to support executive level talent development, talent management and succession planning, and an aligned approach to support identification of operational level leaders to go live in Summer 2025.
- A range of interventions, under the banner of 'Leading to Change' to support the development of senior systems leaders across organisational, system and professional boundaries. This includes a current offer of 'Adaptive Learning Sets' for systems leaders from health, social care and social work backgrounds, as well as exploration of how best to continue to support alumni from a range of national, strategic, leadership interventions, to better enable them to support national, strategic, cross systems working.

Scottish Government, in partnership with NES, will continue to explore and progress additional opportunities for leadership development.

38 - NHS Education for Scotland should be supported by Scottish Government to explore the implications, and work towards the shift to whole time equivalent medical trainee recruitment in order to strengthen the learning experience, reduce gaps in service and build a more sustainable, effective medical workforce for the future

PARTIALLY ACCEPT

The Scottish Government recognises the impact of Less Than Full Time (LTFT) training and has, through the annual review of medical training establishments process, funded a number of additional posts in impacted specialties to work towards addressing this. With a pattern of increasing LTFT training across multiple specialty groupings, there is a recognition of the need for a more strategic and holistic approach to respond to this changing pattern of working to take into account trainees' preferences while ensuring workforce sustainability. Given the significant implications of LTFT training for future workforce planning and current service delivery, we intend for future work to be taken forward jointly with NES (hence partial acceptance). To this end, the Scottish Government is currently working with NES to undertake a detailed review of training establishments to understand the impact and explore sustainable solutions through future workforce planning taking account of current service and training need, supervision and future trained workforce requirements.

39 - The review has highlighted the critical role of effective and supportive leadership by the NHS Board. It is recommended that the Scottish Government commission NHS Education for Scotland to evaluate the current national and local induction and support arrangements for NHS Non-Executive Board Members. This evaluation should aim to identify and implement any necessary improvements to ensure that Non-executive Board Members can perform their roles as effectively as possible, and consistent with the requirements set out in

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ACCEPT

SG commission and oversee the work of the Board Development Team at NES who support and develop learning and development materials for Board Members. This includes a standardised approach to national and local induction for Board Members supported by a suite of e-learning materials on Board Specific topics and policy overview/relationship with SG. The approach has been in place for several years now and NES monitor participation and collect feedback.

We will conduct a review of the materials in collaboration with NES, NHS Board Chairs and the Commissioner for Ethical Standards who regulate public appointments. The evaluation will be led by SG, involving NES and others. We will build this into our commission to NES for the work programme for the year starting in April 2025.

We have commissioned the NES Board Development Team to undertake the review. They are putting together a short life working group which comprises of a range of stakeholders, including an independent perspective via the Commissioner's office.

Healthcare Improvement Scotland

40 - The review has identified that the tools for appropriate staffing levels with regard to emergency departments are not sufficiently robust. Healthcare Improvement Scotland's Healthcare Staffing Programme should prioritise the development of new tools which reflect the current operating context and multi-disciplinary working to ensure safe and effective care.

ACCEPT

The Staffing Level Tools (SLTs) are fully owned, monitored and updated by HIS. SG officials work closely with colleagues from HIS and have been advised that there are already plans for work to begin on updating this tool from 2027 and completed in 2028. HIS have confirmed that in order to ensure that this tool is contemporary, reflecting current practice and fulfils HIS' duty to consider multiprofessional tool developments it is acknowledged that this will be a complex build.

HIS have informed SG officials of their interim plans for the current tool, while the review is carried out.

41 - Healthcare Improvement Scotland should collaborate with the Independent National Whistleblowing Officer, and other relevant bodies, to develop clear and unambiguous guidance for staff in NHS Boards on the national routes for staff to raise concerns under Whistleblowing and the Public Interest Disclosure Act. This will enable NHS Boards to ensure that they have effective arrangements in place and improve staff awareness and understanding.

ACCEPT

Ministers will be kept informed of progress of the HIS RTC Action Plan and, once complete, processes for staff raising concerns will be described in the SG / HIS Operating Framework and on the HIS and other NHS Board websites, intranets and wider communication and engagement channels.

Any joint guidance developed would need to reflect the requirements of the Whistleblowing Standards, developed by INWO, which are underpinned by legislation.

It should be noted that escalation of concerns to INWO or HIS are where other systems and processes have not addressed the concerns. Boards must ensure that all colleagues are clear on how to raise concerns through a range of management, professional and confidential channels and to ensure these are functioning effectively, as outlined in the NHSScotland Whistleblowing Policy and Whistleblowing Standards.

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