Dear Ms Cowan

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP – NHS FORTH VALLEY

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Forth Valley at our meeting on 19 August 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.

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 Forth Valley, 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.

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.
When we considered NHS Forth Valley on 19 August 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 Forth Valley. 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 Forth Valley. 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. The Group therefore agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.

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. We noted that within the past year there have not been significant changes in NHS Forth Valley’s senior management team although there is a new Director of Acute Care post, which will include a focus on better managing the flow of patients through acute care services (see below).

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. One of the main areas we have highlighted previously as a Group for Forth Valley is progress in the provision of integrated health and social care. As part of this, we previously emphasised the importance of strong collaborative leadership in challenging traditional ways of working and delivering sustainable improvement and change. When we met on 19 August 2019, we were informed that a joint inspection in 2018 of the effectiveness of strategic planning in the Clackmannanshire & Stirling Health and Social Care Partnership identified the need to: strengthen collaborative leadership; develop collective governance and accountability, and: commit to a fully integrated approach to the development and delivery of services to improve outcomes for people across the region. Strategic planning to support the delivery of fully integrated services requires further development. We also noted there are some senior leadership changes in the health and social care systems across Forth Valley. As a Group, we would like to learn more about how collaborative leadership and partnership working is developing across Forth Valley\(^3\), together with the development of more fully integrated services.

As highlighted in our annual report for 2018-2019\(^4\), care systems across the country are experiencing unprecedented financial pressures. The appointed auditor informed the Group that NHS Forth Valley continues to have good financial management, together with appropriate governance arrangements more generally that means your NHS board operates in an open and transparent manner. We noted that NHS Forth Valley met its financial targets for 2018-2019 although, as for other NHS boards,

\(^3\) A joint inspection of Services for Children and Young People in Stirling is currently ongoing with a report due to be published later this year.
there has been an increasing reliance on non-recurring savings. We also note that there is a financial risk for NHS Forth Valley associated with overspends for the Integration Joint Boards in the region, and there are ongoing challenges with agreeing the share of overspends to be met by the different partners. The appointed auditor explained that NHS Forth Valley’s five-year financial plan for 2019-2024 has been approved, incorporating the first three-year funding cycle under the new financing arrangements and two additional years.

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 Forth Valley (13%) continues to be higher than the national average (8%). We also learned that services are experiencing difficulties in recruiting experienced and appropriately trained staff, including Learning Disabilities and Community Nursing Services. As a Group, we would like to learn more about progress with your Integrated Workforce Plan and Strategy, and actions to build a sustainable workforce for the future.

NHS Education for Scotland reported that NHS Forth Valley continues to be a good environment for trainee doctors, with good engagement in relation to medical education and training. We did learn, however, of concerns about the management of boarded patients at Forth Valley Royal Hospital – in particular for General Internal Medicine and Trauma & Orthopaedics.

We also learned that Scottish Government has engaged with NHS Forth Valley about the ongoing challenges with the flow of patients through your acute care services, and that the North of England Commissioning Support Unit has provided tailored support to enable NHS Forth Valley to improve performance. We noted that, as for other NHS boards, NHS Forth Valley has challenges with meeting national performance targets, including for waiting times. As a Group, we would like to learn more about NHS Forth Valley’s approach to balancing the demands to transform services, deliver high quality care, and meet financial targets.

Our meeting on 19 August 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 Forth Valley. For example, Healthcare Improvement Scotland highlighted some examples of where NHS Forth Valley has engaged well with nationally-led quality improvement work. Successes include a reduced rate of cardiac arrest, a relatively low rate of pressure ulcers, and an increase in the proportion of people over 75 years discharged within 24 and 48 hours of admission to hospital. The Mental Welfare Commission for Scotland highlighted that there are ongoing challenges with the level of delayed discharge from hospital for people with learning disability and autism. The Commission also highlighted some lengthy delays with your significant adverse event review process.

Healthcare Improvement Scotland highlighted some issues relating to the quality of healthcare provision for prisoners, following inspections at HMYOI Polmont and HMP Glenochil. While the report for the latter was still to be published at the time of our meeting, we learned that HMYOI Polmont had an overall rating of ‘poor performance’ for health and wellbeing. We understand that some of the challenges identified are consistent with other prisons across Scotland, particularly with: the rising prisoner population; difficulties in recruiting, retaining and training staff; mental health provision, and: management of individuals with long-term conditions. As a Group, we
would like to learn more about NHS Forth Valley’s plans to support improvements to prisoner healthcare.

The Scottish Public Services Ombudsman explained that they continue to have no significant concerns with complaints handling in NHS Forth Valley. Only 13% of the complaints received by the Ombudsman for Forth Valley in 2018-19 proceeded to investigation (compared to 39% for the sector).

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 Forth Valley then please don’t hesitate to let us know.

Yours sincerely

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