Date: 21 November 2019
All enquiries:
alan.ketchen@nhs.net
0131 623 4375

Mr Gary Jenkins
Chief Executive
The State Hospital
Carstairs
Lanark
ML11 8RP

Dear Mr Jenkins

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP – THE STATE HOSPITAL

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered the State Hospitals Board for Scotland at our meeting on 21 October 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 organisations1.

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 the State Hospitals Board for Scotland, including a range of information which is already in the public domain. This is somewhat different to the information we look at for territorial NHS boards, reflecting the hospital’s unique position in Scotland. It is important to

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.
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.

State Hospitals Board for Scotland

When we considered the State Hospitals Board for Scotland on 21 October 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of this care system. 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 patients of the State Hospitals Board for Scotland. We acknowledge that work is already being carried out locally to respond to these issues.

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, and we noted that in the past year there have been a number of changes to the senior leadership of the State Hospitals Board for Scotland.

As highlighted in our annual summary report for 2018-2019\(^2\), care systems across the country are experiencing unprecedented financial pressures. The appointed auditor explained that you continue to have adequate and effective processes in place for managing your financial position and use of resources. We learned that you met all three of your financial targets for 2018-2019, although only about 20% of your efficiency savings were made on a recurring basis. We also noted that the State Hospitals Board for Scotland’s high level financial projections over a three-year period are based on the assumption that you will deliver a break-even position each year within the three-year plan period. Your Board has, however, recognised that achieving your savings plans for 2019-2020 could be challenging due to a number of financial pressures.

We learned that addressing overspends on nursing overtime, and also sickness absence, continues to be a key priority for the State Hospitals Board for Scotland. These are long standing issues which are contributing to your financial pressures – and also result in the cancellation of patient activities or even, on occasion, patients being restricted to their rooms. The appointed auditor explained that sickness absence is one of your key performance indicators which were not on trajectory during 2018-2019 – and others included patients having a healthy body mass index, and patients being engaged in 90 minutes or more of physical activity each week.

The Mental Welfare Commission for Scotland highlighted that, as for previous years, they found good care and treatment for patients when visiting the State Hospitals Board for Scotland. Most patients were largely positive about, and felt involved in, their care and treatment – and patients generally said they were treated respectfully.

by staff. Patient care is managed using the Care Programme Approach, which gives a clear structure to care planning and risk management. There is good input from the full multidisciplinary team, and the Commission highlighted a particularly good level of input from psychology and occupational therapy services. Most patients the Commission saw on its visits were accessing a good range of recreational and therapeutic activities.

Healthcare Improvement Scotland explained that the State Hospitals Board for Scotland has been actively engaged with some nationally-led quality improvement work. For example, work has been carried out to improve access to low intensity psychological interventions – and also to reduce the levels of violence, restraint and self-harm.

When we considered the State Hospitals Board for Scotland in 2017 and 2018, we were informed that the Scottish Government was leading a review of the forensic estate across Scotland. At our meeting in October 2019, we learned that a Scottish Government review of this topic is underway currently.

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.

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 patients of the State Hospitals Board for Scotland then please don’t hesitate to let us know.

Yours sincerely

Prof. Stewart Irvine  
Medical Director & Deputy Chief Executive  
NHS Education for Scotland

Ann Gow  
Director of Nursing, Midwifery & Allied Health Professionals  
Healthcare Improvement Scotland