Dear Mr Davison

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as 'the Group') considered NHS Lothian at our meeting on 29 April 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 Lothian, 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.

NHS Lothian

When we considered NHS Lothian on 29 April 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 Lothian. 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 Lothian. 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.

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.
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 – and there has recently been a significant level of change across Scotland within the senior leadership of NHS boards. We noted that there have not recently been changes within NHS Lothian’s Executive Team, and some of the partner agencies also reported positive engagement with your senior leadership team, eg in relation to improving how you handle complaints, and postgraduate medical education and training. There has, however, been a prolonged period of change within the senior leadership team from the City of Edinburgh Health & Social Care Partnership. The Group found it helpful to learn from the Care Inspectorate and Healthcare Improvement Scotland that senior officers from this partnership who have started in post relatively recently have signalled their intent to develop the organisational culture towards one which is continually striving to improve. They appear to be committed to making changes, in order to address some significant challenges in a sustainable way (see below).

Audit Scotland’s progress report 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. As a Group, we would like to learn more about how this is working in Lothian, and likewise the approach to strategic planning across the region.

The appointed auditor informed the Group that NHS Lothian has effective governance arrangements in place overall, and that your NHS board compares well against the sector in relation to openness. The appointed auditor advised the Group that, as part of audit activity on governance and transparency, there is ongoing focus on how NHS Lothian responded to allegations of mismanaging waiting times reporting. This is concentrating on progress against the agreed actions arising from previous investigations.

As highlighted in our annual summary report for 2017-2018, care systems across the country are experiencing unprecedented financial pressures. The appointed auditor explained that, at the time of our meeting, NHS Lothian was on track to achieve financial balance for 2018-2019 – although this has involved an increasing reliance on non-recurring savings. NHS Lothian’s financial position remains very challenging, and we were advised that your Finance & Resources Committee has only been able to take limited assurance on long-term financial sustainability. The Group was also informed that NHS Lothian continues to face significant challenges meeting performance targets, with the latest reports showing that only about one third had been met. The Group highlighted that it would find it helpful to learn more about how NHS Lothian balances demands on its financial position versus performance targets, and the appointed auditor explained that this is the focus of some audit activity in 2018-2019 and beyond.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. We noted that the percentage of consultant vacancies in NHS Lothian has decreased, and NHS Education for Scotland reported that NHS Lothian is an excellent training environment for all grades of medical trainees. There has, however, been an increase in nursing vacancies, with the vacancy rate being particularly high for public health nurses and district nurses. The Group would find it helpful to understand how the health and social care partners in the region are working together to tackle vacancies among nurses working in community settings.

One of the main issues we focused on when the Group discussed Lothian previously is the provision of integrated health and social care services for adults in the City of Edinburgh. A joint inspection of services for older people – which took place in 2016 and reported in May 2017 – highlighted significant concerns, including about people not being able to access

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services when they need these. Healthcare Improvement Scotland and the Care Inspectorate advised the Group that the reported findings from a progress review, published in December 2018, highlighted that limited progress had been made overall in relation to the recommendations from the original inspection. The new leadership team is working to enable a programme of sustainable improvement, but it is as yet too early to report on the impact of this work. We have already noted there have been significant changes within the senior leadership team for City of Edinburgh Health & Social Care Partnership (see above). The commitment of frontline staff from the partnership continues to be a strength. The Group found it helpful to learn that Healthcare Improvement Scotland and the Care Inspectorate are engaged with the partnership in relation to the transformational change that is required to address the significant challenges with providing services for older people in the City of Edinburgh.

We noted that, for Lothian, the rate of bed days occupied by delayed discharges is relatively high/increasing — although this has decreased in East Lothian. The Group was also advised that a joint inspection of children’s services in the City of Edinburgh has taken place in 2019, and the report from this was still being finalised and is scheduled for publication on 25 June 2019.

Our meeting on 29 April 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 Lothian. For example, Healthcare Improvement Scotland explained that an inspection of the care provided for older people at St John’s Hospital (Livingston) had found that staff treated patients with dignity and respect and there was a proactive, multi-disciplinary approach to discharge planning. A key area for improvement was the need for improved care plans that reflect all care needs and the involvement of patients in decisions. Healthcare Improvement Scotland also highlighted some examples of where NHS Lothian has engaged well with nationally-led quality improvement work, and successes include reductions in the rates of pressure ulcers, cardiac arrest, and admissions of hypothermia among neonates. As for NHS boards generally, there are some challenges in securing the skills and capacity for leading and carrying out quality improvement work.

Public Health & Intelligence reported that the level of emergency re-admissions for NHS Lothian has been consistently above the Scottish average, and NHS Lothian may want to understand the drivers behind this. When the Group considered NHS Lothian previously in April 2018, we were encouraged to hear about some positive changes to the inpatient care environment for people with mental illness, following the redevelopment of the Royal Edinburgh Hospital. At that time the Mental Welfare Commission for Scotland did, however, also report that the reduced number of inpatient beds was having a significant impact. Our meeting on 29 April 2019 provided an opportunity for the Commission and NHS Education for Scotland to share information they have about the ongoing significant pressure on inpatient beds at the Royal Edinburgh Hospital. The Group learned that health and social care partners in the region are taking steps to tackle this issue, and the Commission and NHS Education for Scotland will continue to monitor this situation.

The Group learned from the Scottish Public Services Ombudsman that good progress has been made in relation to NHS Lothian’s complaints handling function. There is still more to be done, and a new process has recently been introduced within NHS Lothian to ensure that all relevant clinical records are sent to the Ombudsman at the start of its investigations. We were also advised by the Scottish Health Council that there has been a positive use of the experience based co-design method to inform the development of regional cancer treatment.

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 Lothian then please don’t hesitate to let us know.
Yours sincerely

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