Dear Ms Knox

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Lanarkshire at our meeting on 16 December 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 Lanarkshire, 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

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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.
make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

**NHS Lanarkshire**

When we considered NHS Lanarkshire on 16 December 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 Lanarkshire. 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 Lanarkshire. 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. As part of our annual programme of work we will continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

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 the senior leadership/management structure in NHS Lanarkshire has been relatively stable.

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. When we considered Lanarkshire last year, we highlighted that a joint inspection in North Lanarkshire of strategic plans for adult services found a shared vision and collective commitment to the development of the integration of health and social care. We would be interested to learn more, at our feedback meeting with you, about how collaborative leadership is currently working across Lanarkshire – together with progress in integrating health and social care services. In the meantime, we noted that there has recently been a joint inspection of services for children and young people in South Lanarkshire (report due to be published in March 2020).

NHS Education for Scotland reported that there continues to be strong engagement from NHS Lanarkshire in relation to medical education and training. This is illustrated by the recommendation made to the General Medical Council to remove the enhanced monitoring status from Trauma & Orthopaedics at University Hospital Wishaw, bringing to an end several years of enhanced monitoring cases across multiple departments in the three acute hospital sites. There is evidence now of positive postgraduate medical training environments across Lanarkshire.

The appointed auditor explained that NHS Lanarkshire continues to have appropriate and effective governance arrangements in place that support scrutiny of decisions made by the Board. Transparency could be improved by holding more committee meetings in public (a point also relevant for some other NHS boards).

When we considered NHS Lanarkshire in December 2018, we noted your plans to either refurbish or replace the existing University Hospital Monklands – and that the

consultation and engagement process for this was being reviewed. At our meeting in December 2019, we learned that the Scottish Health Council’s report highlighted that NHS Lanarkshire partially met the national guidance on engagement and consultation. The subsequent Independent Review commissioned by the Cabinet Secretary for Health & Sport (report published in June 2019) found that NHS Lanarkshire had conducted a process which was mainly in line with existing guidance [CEL4] and which was carried out very well overall. You are now taking action to ensure confidence in the ongoing public engagement process. We also acknowledged that the intention is to replace, rather than restore, the existing hospital – and that your Board recently agreed the terms of reference for the Monklands Replacement Oversight Board.

As highlighted in our annual summary report for 2018-2019³, care systems across the country are experiencing unprecedented financial pressures. The appointed auditor explained that NHS Lanarkshire achieved its financial targets for 2018-2019, making efficiency savings of £11.5 million on a non-recurring basis and £17.3 million on a recurring basis. NHS Lanarkshire has effective arrangements in place for managing and planning your finances, and good progress has been made in identifying and achieving the savings necessary to enable NHS Lanarkshire to break-even in 2019-2020. However, continued and increasing reliance on non-recurring savings will impact on the level of savings required in future years to achieve a balanced budget. The Care Inspectorate reported that North Lanarkshire Health & Social Care Partnership has achieved good financial performance overall in recent years. However this was not evenly spread throughout the partnership, with social work spending beyond budget and health savings offsetting these increases.

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 Lanarkshire continues to be higher than the Scottish average (14% versus 9%, respectively). Turnover amongst medical and dental staff during 2018-2019 was also higher than Scotland as a whole (13% versus 7%). Your sickness absence rate is equally highest amongst territorial NHS boards, and has increased every year since 2014. The Care Inspectorate also reported relatively high vacancy rates in Lanarkshire for social care services for adults and older people.

Our meeting on 16 December 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 Lanarkshire. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Lanarkshire has engaged well with nationally-led quality improvement work. Successes include reduced rates of cardiac arrest, pressure ulcers, and falls with harm. Healthcare Improvement Scotland is liaising with NHS Lanarkshire about your engagement with improvement work on paediatrics.

Healthcare Improvement Scotland informed us that a safe and clean inspection of University Hospital Monklands took place in April 2019. Successes included good practice for the majority of standard infection control precautions, and the cleanliness of the environment and equipment of the theatre department was excellent. There

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were some challenges, including about maintaining the cleanliness of equipment in the emergency department.

When reporting on a range of outcomes and performance data, Public Health & Intelligence highlighted that the rate of delayed discharges is increasing. Cancer waiting times performance is good with targets routinely being met, although there are challenges with access to Child & Adolescent Mental Health Services. The Mental Welfare Commission also explained that there appears to be a lack of clarity about where the overall governance of Child & Adolescent Mental Health Services sits. The Commission has also raised a concern with NHS Lanarkshire about old age psychiatry beds being used for adult psychiatry patients.

As for all NHS boards, the Scottish Public Services Ombudsman highlighted the importance of preparing well for the Independent National Whistleblowing Standards which are to be implemented from July 2020. This includes raising staff awareness of the new standards, and ensuring processes for handling staff concerns are in line with the standards.

The Group 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 residents of Lanarkshire then please don’t hesitate to let us know.

Yours sincerely

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