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Mr Gary Jenkins
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Dear Mr Jenkins

Feedback from the Sharing Intelligence for Health & Care Group – State Hospitals Board for Scotland

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered the State Hospitals Board for Scotland at our meeting on 23 August 2021, 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.¹

First, we would like to thank colleagues from the State Hospitals Board for Scotland for their tremendous efforts in the ongoing response to the COVID-19 pandemic. We know that the pandemic will continue to cause enormous challenges for front line services for some time to come, and there will be an impact on those heavily involved in the COVID-19 response even once the current challenges recede.

The pandemic has also impacted on the work programmes of the seven national organisations on the Group, and in doing so on some of the intelligence that is available to us. We are, however, continuing to share and consider intelligence regularly – as this helps us identify things that are working well, and also any emerging problems which can then be acted upon. The remit of the Group does not, however, extend to making a comprehensive, system-wide assessment of the quality of care. The intelligence we considered on 23 August should already be known to the State Hospitals Board for Scotland, including a range of information which is already in the public domain. We are also grateful for the information that the State Hospitals Board for Scotland provided in advance of our meeting.

¹ The 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 Scotland, and: Scottish Public Services Ombudsman.
When we considered the State Hospitals Board for Scotland on 23 August 2021, the partner agencies on the Group found it helpful to learn from each other about various aspects of your care system. This will help inform the work we carry out as national organisations. 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.

As a Group, we have previously acknowledged the environment of extreme pressure that the leaders of today’s health and social care systems are working within – together with the significant level of change across Scotland within the senior leadership of NHS boards. We noted that a new Chair of the State Hospitals Board for Scotland took up post in July 2021. The Mental Welfare Commission for Scotland explained that your NHS board has a stable and effective leadership, which is transparent to external review and sharing of information.

Audit Scotland explained that the State Hospitals Board for Scotland continues to have satisfactory and appropriate governance arrangements, including throughout the COVID-19 pandemic to date. We also learned that your NHS board faces difficulties in achieving savings targets, including recurring savings. The ability to deliver services in a sustainable manner remains a significant risk for the State Hospitals Board for Scotland.

When we considered the State Hospitals Board for Scotland in November 2020, we were encouraged to learn of the progress being made in addressing issues with overspends on nursing overtime, and also sickness absence. These are both long standing issues, which have impacted on services and activities for patients, as well as contributing to your financial pressures. At our meeting on 23 August 2021, Audit Scotland explained that your sickness absence rate continues to improve – and that the controls put in place to reduce nursing overtime continue to be monitored by nursing management.

The Mental Welfare Commission for Scotland explained that, while it has not recently carried out an on-site visit to the State Hospitals Board for Scotland, there continues to be evidence that patients receive a good standard of care and access a comprehensive range of multidisciplinary interventions. All patients are detained, and are subject to scrutiny, by the Mental Health Tribunal – and are managed under the Care Programme Approach. However, we understand that you have not yet achieved some of your key performance indicators, including on physical health screening for patients.

When we have considered the State Hospitals Board for Scotland in recent years, we have acknowledged considerable and longstanding challenges with the forensic estate across Scotland – and have awaited the findings of an independent review of forensic mental health services. We are pleased that the findings from this review were published in February this year, and look forward to seeing the response from Scottish Government. For example, the Commission highlighted that the provision of female beds at the State Hospitals Board for Scotland is a recommendation of this independent review – although at present it is not aware of any plans to progress this by Scottish Government. We acknowledge that there are potentially significant implications for your NHS board as a result of this independent review.

We hope you find this summary of our discussions helpful, and we would be grateful if you share this letter with the Board of the State Hospitals Board for Scotland. We will also welcome your feedback on how we can improve how we share and use intelligence as a Group, including how this can be of greatest value to the State Hospitals Board for Scotland.
Yours sincerely

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NHS Education for Scotland

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CC  Sheila Smith, Liaison Co-ordinator (Deputy)