15 January 2021

Ms Heather Knox
NHS Lanarkshire
Kirklands
Fallside Road
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Dear Ms Knox

Feedback from the Sharing Intelligence for Health & Care Group – NHS Lanarkshire

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Lanarkshire at our meeting on 7 December 2020, 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 wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Lanarkshire and the two Health & Social Care Partnerships in the region in response to the COVID-19 pandemic. In our annual report for 2019-20, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion is needed now more than ever. We also understand that the COVID-19 pandemic will continue to impact on frontline services for a considerable time to come.

The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting frontline services during the COVID-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share and consider intelligence regularly throughout the current pandemic – as we have a duty to make the best use possible 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.

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.
The intelligence considered by the Group on 7 December 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 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. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

**NHS Lanarkshire**

When we considered NHS Lanarkshire on 7 December 2020, 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. We were also grateful for the additional information Dr Jane Burns (Executive Medical Director, NHS Lanarkshire) provided for us in advance of our meeting, including about some of the steps NHS Lanarkshire has taken to give assurance about the quality of care during the COVID-19 pandemic. 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 a Group, we have previously highlighted the importance of leadership and culture when considering the quality of care in the wider sense. When we considered NHS Lanarkshire in December 2019 we noted that, despite a significant level of change across Scotland within the senior leadership of NHS boards, your senior leadership/management team had been relatively stable. At our meeting last month, we noted that your Interim Chief Executive appointment was made permanent in September 2020. Audit Scotland explained that your Executive and Non-Executive members demonstrate effective leadership, and a number of the partner agencies on the Group reported positive engagement with senior leaders in NHS Lanarkshire. A joint inspection of services for children and young people in South Lanarkshire found that leaders shared a common purpose and worked well together. The Care Inspectorate explained that the senior leadership teams of both Health & Social Care Partnerships in the region were agile in their response to the COVID-19 pandemic. Audit Scotland explained that your board’s arrangements, both before and after the initial impact of COVID-19, support good governance and accountability. We also learned that your board conducts its business in an open and transparent manner – and we consider the way your team proactively shared information with us ahead of our meeting to be an illustration of an open/transparent culture.

As a Group, we previously highlighted the significant financial pressures being experienced by care systems across the country. Audit Scotland informed the Group that NHS Lanarkshire achieved its financial targets for 2019-20. Despite delivering a break-even position and having effective financial planning arrangements in place, NHS Lanarkshire continues to operate within a challenging financial environment. There is a reliance on significant levels of non-recurrent savings to achieve in-year financial balance, and your medium-term financial plan identifies a significant funding gap. As for NHS boards across the country, we acknowledge that NHS Lanarkshire is assessing the financial impact of COVID-19.

We also noted that the delay to the replacement of University Hospital Monklands is resulting in additional costs, which are likely to have a significant impact upon your future capital project plans. On
this note Healthcare Improvement Scotland explained that NHS Lanarkshire has followed national guidance in relation to public engagement and option appraisal on the Monklands Replacement Project. People who will be affected by the proposed replacement of University Hospital Monklands at another location have had the opportunity to be involved through the option identification and scoring process.

We have also previously highlighted the significant workforce challenges that care systems across Scotland are experiencing. We understand that NHS Lanarkshire continues to have some recruitment challenges, and there is a reliance on agency staff to fill gaps – at a high cost. NHS Education for Scotland explained that, while your workforce has increased by 8%, you still have a relatively high rate of vacancies for consultants (11% compared with a Scottish average of 8%). Your vacancy rate for nurses and midwives, and also allied health professionals, is lower than the Scottish average. We noted, however, that nursing and midwifery bank expenditure had increased significantly in 2019/20. NHS Education for Scotland reported that there continues to be strong engagement from NHS Lanarkshire in relation to medical education and training – and we were interested to learn, from the information you provided for us, about the arrangements you have put in place during the pandemic to support new FiY1 doctors.

Our meeting on 7 December 2020 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, Healthcare Improvement Scotland explained that during an inspection of the care of older people at University Hospital Hairmyres, the feedback from patients and carers was generally positive. Several of the areas for improvement related to documentation, particularly for nutritional care – and the lack of accurate assessments led to some patients not being referred to dietitians.

Healthcare Improvement Scotland also informed the Group that NHS Lanarkshire is actively engaged in a range of nationally led quality improvement work. Successes pre-COVID-19 include sustained improvements in the rates of cardiac arrest and pressure ulcer. There was a sustained improvement in the rate of falls with harm for NHS Lanarkshire – although University Hospital Monklands demonstrated a sustained deterioration. There was also improvement in the level of term admissions to the neonatal unit, and on multiple process measures related to stillbirth and postpartum haemorrhage.

Public Health Scotland informed the Group that NHS Lanarkshire has been fully engaged with the Scottish National Audit Programme, providing thorough responses whenever clinical audits have highlighted areas for further consideration and action locally. When considering a range of indicators of quality of care, we noted that strengths for NHS Lanarkshire included relatively good performance for access to cancer services, and also drug and alcohol services. Before COVID-19, the rate of bed days occupied by delayed discharges had been increasing across Lanarkshire. We also noted that there had been a deterioration in access to Child & Adolescent Mental Health Services. The pandemic has introduced a significant change to the acuity of patients in hospitals, and NHS boards across Scotland have observed an increase in crude hospital mortality rates in recent months. We understand that NHS Lanarkshire has carried out case note reviews, with the aim of learning and providing assurance about the quality of care during the pandemic.

The Mental Welfare Commission for Scotland explained that there has been a good level of interagency working to provide support throughout the pandemic. While it has been necessary to close wards for people with dementia due to patients testing positive for COVID-19, we learned that advocacy services have continued to appropriately raise issues on behalf of patients with managers locally and with the Commission.
The Scottish Public Services Ombudsman explained that, earlier this year, NHS Lanarkshire had put in place a Complaint Development Plan. The Ombudsman will monitor the extent to which this has an impact on further complaints which post-date this plan’s implementation.

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 consideration of our collectively shared intelligence 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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