22 December 2020

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

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 11 November 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 the State Hospitals Board for Scotland in response to the COVID-19 pandemic. In our annual report for 2018-19, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion are needed now more than ever. We also understand that local health and care systems are currently in the process of restarting many services, and the COVID-19 pandemic will continue to impact on front line 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 front line 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 11 November 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 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. 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.

State Hospitals Board for Scotland

When we considered the State Hospitals Board for Scotland on 11 November 2020, the partner agencies on the Group found it helpful to learn from each other about various aspects of the healthcare system at the hospital. 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 at the hospital. 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 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. When we considered the State Hospitals Board for Scotland in October 2019, we noted that there had been a number of changes to the senior leadership of the hospital. At our meeting in November 2020, we learned that you have stable leadership – and that your Chair is remaining in post until the end of 2020. The Mental Welfare Commission for Scotland informed the Group that your NHS board has a strong leadership structure, which is transparent to external review and sharing of information.

Audit Scotland explained that your NHS board’s governance arrangements are satisfactory and appropriate, including throughout the COVID-19 pandemic to date. Following a self-assessment in 2019 in relation to the Scottish Government’s Blueprint for Good Governance, the State Hospitals Board for Scotland had agreed development priorities for 2019-20. We learned that good progress in delivering improvement actions had been made during 2019.

As a Group, we previously highlighted the significant financial pressures being experienced by care systems across the country. Audit Scotland informed the Group that the State Hospitals Board for Scotland achieved its financial targets for 2019-20. We noted that you have a financial plan covering the three years from 2019-20 to 2021-22, and you have forecast a breakeven position across each of the three years. This is dependent on the realisation of a savings plan. There is a reliance on significant levels of non-recurrent savings, and further work is required to deliver a higher proportion of recurring savings. We understand that, with approximately 85% of your costs being staff costs, there are limited non-pay costs which can be reviewed for recurring efficiencies.

When we considered the State Hospitals Board for Scotland in recent years, we highlighted that overspends on nursing overtime, and also sickness absence, have been long standing issues that contribute to your financial pressures – and which also impacted on services and activities for patients. At our meeting in November 2020 we were pleased to learn that, following the introduction of controls last year, there was a reduction in nursing overtime in 2019-20. Audit Scotland also explained that some progress was made during 2019-20 to reduce your rate of sickness absence. We also note that, as for NHS boards across the country, the State Hospitals Board for Scotland is assessing the financial impact of COVID-19.
As for previous years, the Mental Welfare Commission for Scotland explained that their visit reports consistently highlight good patient care at the hospital, together with access to a comprehensive range of multidisciplinary interventions. Patient care is managed using the Care Programme Approach, which gives a clear structure to care planning and risk management. The Commission reported that a visit to the hospital in August 2020 had found that patients had generally adapted well to restrictions introduced in response to COVID-19, and at that time there had been increased opportunity for individual ward activity and access to the grounds.

Our meeting on 11 November 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. Healthcare Improvement Scotland explained that, as part of nationally-led improvement work to improve observation practice, the State Hospitals Board for Scotland has been focusing on using the clinical pause meetings and on handovers. Further work is required to test and embed changes as part of day-to-day practice and culture. Healthcare Improvement Scotland also highlighted that innovative approaches are used to engage with patients, some of whom have challenging needs in terms of communication and involvement.

We are aware of considerable and longstanding challenges in relation to the capacity and composition of the forensic estate, and the particular difficulties relating to high security provision for women. In our feedback letter for each of the previous three years we have referred to ongoing reviews of this matter, and we are disappointed at the lack of progress for patients accessing appropriate services. We are aware that the Scottish Government has commissioned an independent review of forensic mental health services, and we look forward to the findings of this review next year.

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

Yours sincerely

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NHS Education for Scotland

Simon Watson  
Medical Director  
Healthcare Improvement Scotland

CC: Nicola Watt, Liaison Co-ordinator