Dear Mr Mr Campbell

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

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Lothian at our meeting on 20 July 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.  

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Lothian and the four Health & Social Care Partnerships in the region 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 is 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

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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 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.

The intelligence considered by the Group on 20 July 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. 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 Lothian**

When we considered NHS Lothian on 20 July 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 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.

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. At our meeting on 20 July 2020, we noted that the leadership of NHS Lothian is in flux – with interim arrangements for your Chair and Chief Executive. We also acknowledged that there has been stability within the senior leadership team from the City of Edinburgh Health & Social Care Partnership, following a prolonged period of change. A joint inspection of this partnership, focusing on services for children in need of care and protection (report published in June 2019), evaluated leadership as good – with leaders encouraging collaborative working and seeking to address areas identified as needing improvement.

This inspection also found that children and young people were not always getting mental health support when they needed this – and we noted that, across Lothian more broadly, there has been a recent decrease in the percentage of children and young people who are accessing Child and Adolescent Mental Health Services within 18 weeks of referral. We understand that you have made additional investment to tackle the recognised challenges children and young people are having with accessing these services.

On the subject of mental health services, when we considered NHS Lothian in April 2019, we learned that there was ongoing and significant pressure on inpatient beds at the Royal Edinburgh Hospital. At our meeting in July 2020, we were pleased to learn from the Mental Welfare Commission for Scotland that good progress has been made to address this issue.

In recent years, one of the main issues the Group has noted when considering Lothian is the provision of integrated health and social care services for adults in the City of Edinburgh. We previously learned that the report of a joint inspection (published in 2017) had highlighted significant concerns, including about people not being able to access services when they needed these. Last year, we learned that limited progress had been made overall in relation to the inspection recommendations. As mentioned above, we note that there has been more stability within the senior leadership team of City of
Edinburgh Health & Social Care Partnership. We also acknowledge that shortly before our Group met last month, colleagues from this partnership met with the Care Inspectorate and Healthcare Improvement Scotland – and there is an ongoing focus on demonstrating progress, together with the impact of changes.

When we considered NHS Lothian last year, we noted that your Finance & Resources Committee had only been able to take limited assurance on long-term financial sustainability. Audit Scotland reported that NHS Lothian met all Scottish Government financial targets for 2019/20. NHS boards across Scotland are looking to understand the financial impact of the Covid-19 pandemic, and at our meeting in July 2020 we learned from Audit Scotland that there is a risk that NHS Lothian will not operate within its financial budget for 2020/21.

NHS Education for Scotland explained that postgraduate medical education and training in NHS Lothian is well regarded. In comparison with the national average, there were fewer ‘triggered’ quality management visits for NHS Lothian in 2019-20 – and there were more letters issued acknowledging good practice. NHS Education for Scotland also reported that the percentage of consultant vacancies for NHS Lothian is lower than the Scottish average. However, we also learned that expenditure for medical locum agency, nursing and midwifery agency, and nursing and midwifery bank staff has increased significantly – and that you have identified a very high risk relating to the sustainability of your GP workforce. We also noted that, before the Covid-19 pandemic, you had identified a risk to the quality and safety of patient care at the Emergency Department at the Royal Infirmary of Edinburgh, due to overcrowding.

We acknowledged the forthcoming public inquiry relating to the construction of the Royal Hospital for Children and Young People in Edinburgh (this will also cover the Queen Elizabeth University Hospital in Glasgow)². As a group, we will consider the findings from this public inquiry when they are published. In the meantime, we noted that there are additional management and assurance arrangements for completing all of the outstanding works necessary to open the new facility in Edinburgh. Healthcare Improvement Scotland also explained that, in October 2019, it carried out a safe and clean inspection at the Royal Hospital for Sick Children, and also the Department of Clinical Neurosciences at the Western General Hospital. The inspection team saw that there was a good level of environmental cleanliness, good staff compliance with standard infection control precautions and there was positive feedback from patients and carers.

Our meeting on 20 July 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 Lothian. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Lothian has engaged well with nationally-led quality improvement work. The acute care portfolio highlighted that NHS Lothian is one of the most engaged NHS boards in Scotland – and successes include Board-level sustained reductions in the rates of cardiac arrest and pressure ulcers. There is, however, no change in the rates of stillbirth or postpartum haemorrhage.

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

² NHS Lothian is at stage 4 on the Scottish Government’s escalation framework for specific issues relating to the Royal Hospital for Children and Young People, and at stage 3 for specific issues relating to performance.

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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