Sharing Intelligence for Health & Care Group

Annual report for 2019–2020

AUDIT SCOTLAND
care inspectorate
Healthcare Improvement Scotland
mental welfare commission for scotland
NHS Education for Scotland
Public Health Scotland
SCOTTISH PUBLIC SERVICES OMBUDSMAN

Contents

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Message from the Co-Chairs

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Co-Chair of the Sharing Intelligence for Health & Care Group *(from April 2020)*

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Co-Chair of the Sharing Intelligence for Health & Care Group *(until April 2020)*

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This is the fifth annual report from the Sharing Intelligence for Health & Care Group. It is published at a time when health and care services across Scotland continue to face enormous challenges arising from the COVID-19 pandemic. We acknowledge and commend the tremendous efforts of staff in these services for their response to the pandemic. In our annual report we published last year, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care – sometimes in challenging circumstances. Colleagues' expertise, professionalism, commitment and compassion is needed now more than ever.

This report summarises key points about the work carried out by the Sharing Intelligence for Health & Care Group between April 2019 and March 2020 – a time period that largely predates the COVID-19 pandemic in Scotland. We describe how we work, and also what we learned from – and how we responded to – the intelligence we looked at.

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. Given this context, the report also explains what the Sharing Intelligence for Health & Care Group is doing in 2020–2021, including some key messages about our work and intelligence sharing during the COVID-19 pandemic.

This report is written with a broad audience in mind, including the public and care professionals. If you have any feedback about our work then we'd really like to hear from you – you can contact us at **his.sihcg@nhs.scot**.

What is the Sharing Intelligence for Health & Care Group?

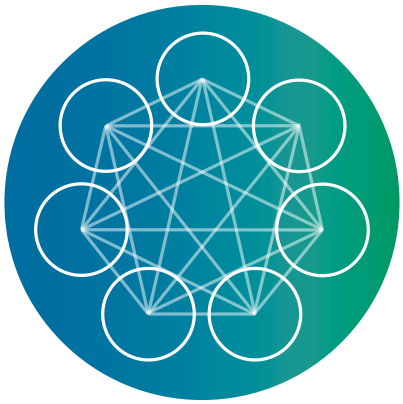
The Sharing Intelligence for Health & Care Group (referred to as 'the Group') is a mechanism that enables seven national organisations to share, consider, and respond to intelligence about health and care systems across Scotland – with a particular focus on NHS boards[1]. The organisations, each of which has a Scotland-wide remit related to the improvement and/or scrutiny of health and care services, are:

- Audit Scotland
- Care Inspectorate
- Healthcare Improvement Scotland
- Mental Welfare Commission for Scotland
- NHS Education for Scotland
- Public Health Scotland[2]
- Scottish Public Services Ombudsman

The Group was set up in 2014, and our overall aim is to support improvement in the quality of care provided for the people of Scotland by making good use of existing data and intelligence.

Our main objective is to ensure that any potentially serious concerns about the quality of care identified by member organisations are shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems so these can be addressed. The organisations also inform each other about aspects of health and care systems that are working well. Sharing information helps the different organisations on the Group carry out their work in an informed way.

1 The Group focuses predominantly on healthcare, and we also consider some integrated health and social care services delivered by Integration Authorities. The term 'health and care' is used throughout this report to describe the services covered by the Group's remit.
2 Public Health & Intelligence (part of NHS National Services Scotland) was a member of the Group before and during 2019-2020, and it became part of Public Health Scotland when the latter came into existence on 1 April 2020.



Establishing the Group was an important part of Scotland's response to a public inquiry that examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust in England[3]. One of the recommendations from this inquiry, published in 2013, was that intelligence sharing within and among national organisations should be improved. The member organisations of the Group report that, since it was established, there is much better sharing and consideration of key intelligence – and they are better prepared to take additional action when required.

Members of the public should be confident that, through the Group, national organisations in Scotland are sharing and responding to important information about the quality of care. In parallel with this, the individual organisations continue to respond to concerns as they arise, in line with their own remits[4].

We seek to use available data and information wisely and collaboratively for the purpose of maximising improvements in the quality of care. We are also open and transparent about how we share and use data and information. This includes involving service provider organisations in our approach, and publishing information about our work including the key issues that we identify for each NHS board[5].

3 Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf
4 The Group does not consider the practice of individual care professionals, but other agencies do. We will continue to explore our relationships with the regulators of individual care professionals, which include the General Medical Council (doctors), the Nursing & Midwifery Council (nurses and midwives), the General Dental Council (dentists), and the General Pharmaceutical Council (pharmacists).
5 www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/feedback_letters.aspx

What did we do in 2019–2020?

What NHS boards and intelligence did we look at?

The Group has now completed five cycles of our annual work programme (2015–2016 to 2019–2020). We met six times between April 2019 and February 2020 to share and consider key pieces of data and information that we hold about the following 18 NHS boards:

- NHS Ayrshire & Arran
- NHS Borders
- NHS Dumfries & Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles
- Scottish Ambulance Service
- State Hospitals Board for Scotland
- Golden Jubilee National Hospital
- NHS 24

Examples of the intelligence we shared before each of our meetings, and then discussed at the meetings of our Group, include:

- findings from inspections and other reviews of care provider organisations
- quantitative analyses from Scotland-wide datasets, including about service delivery, complaints and workforce
- survey results of doctors in training
- information about governance and financial management.

We provided written feedback to each of the 18 NHS boards we considered, highlighting the key issues we had identified as seven national organisations. This feedback drew attention to aspects of local health and care systems that are working well, and also risks to the quality of care. Representatives of the Group also met with colleagues from most of the NHS boards we considered (including each NHS board for which we had identified some significant concerns), to discuss the key issues identified.

As a Group, one of the main principles for our work is transparency, and this is also a characteristic of good governance. This is why we published our feedback letters to each of the 18 NHS boards we looked at during 2019–2020[6]. In doing so, we successfully delivered one of the commitments we made in our annual report from last year.

On this note, we also made a commitment last year to ensuring that the information we put into the public domain is written in language that is easy to understand. Healthcare Improvement Scotland's public involvement and communications teams therefore helped us to improve the language and structure we use for our letters to NHS boards. During 2019–2020, we also started to publish our schedule[7] of when we consider specific NHS boards, together with a description of the range of data/intelligence we consider[8].

6 http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/feedback_letters.aspx
7 http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/meeting_schedule.aspx
8 http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/types_of_intelligence.aspx

> The Sharing Intelligence for Health and Care Group provides an important forum for Audit Scotland to come together with our partners and share data and information about health and care services across Scotland. It enables us to work together to 'join the dots' and identify potential or actual risks to the quality of health and care and, where necessary, take further action in response to these risks.

Leigh Johnston (Senior Manager, Performance Audit and Best Value, Audit Scotland)

> The Care Inspectorate welcomes the opportunity to share, consider, and respond to intelligence about health and care across Scotland. The need to share whole system information is important in informing our understanding of the complex world of health and care integration. We believe our collective efforts support improvement in the delivery of services across health and care, ultimately improving the outcomes for people who use these services.

Fidelma Eggo (Chief Inspector, Care Inspectorate)

> Healthcare Improvement Scotland is increasing the emphasis we place on ensuring our work is intelligence led. The work of the Group is essential to this, and also more broadly to help us learn about the quality of care across Scotland. Our different teams/functions within Healthcare Improvement Scotland really benefit from sharing intelligence with each other and, via the Group, with national partners.

Simon Watson, (Medical Director, Healthcare Improvement Scotland)

What did we learn from the intelligence we looked at?

The Group structures our discussions on the basis of themes identified from various public inquiries and reviews into service failures. The themes are leadership, culture, governance, financial performance, workforce, professional engagement, and performance and outcomes. This enables us to learn from each other about local care systems – including where things are working well, and also where improvements are required. In doing so, this helps inform the significant programmes of scrutiny and improvement work that the Group's individual member organisations carry out in line with their own remits.

This also enables the Group to observe and learn about many important things happening in the health and care system across Scotland. These include many examples of services delivering a high standard of care, and also a number of challenges being faced by care systems and the staff working in them.

In our annual report for 2018-2019, the seven national organisations on the Group prepared a commentary about the quality of care delivered for the people of Scotland[9]. This was structured around the headings, listed above, that we use when considering individual NHS boards. Many of our observations then were still relevant to the annual programme of work that we carried out between April 2019 and March 2020 – the time period covered by this annual report. While we had completed this annual programme of our work before the COVID-19 'lockdown' in the UK, our lives have since been fundamentally changed by COVID-19 – as have our care systems. Therefore, we're including here five key findings from our work during 2019–2020 that are particularly relevant in the context of the pandemic. The COVID-19 pandemic can be expected to increase most of the challenges described below, although it could also bring more urgency to addressing these issues.

9 www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2018-2019.aspx

- In our annual report from last year, we highlighted that **the people of Scotland benefit enormously from health and care services that are provided by a committed workforce** – and are accessed freely at the point of delivery. During 2019–2020 we again heard of many examples of good quality care, despite some significant challenges in our care systems (eg financial and workforce pressures). For example, we learned about positive findings from inspections/reviews – and also examples of local teams using quality improvement methods to make care better. The commitment, expertise, and compassion shown by staff in our health and care systems in the response to COVID-19 emphasise the crucial role they play in our society and lives.

- While there were many encouraging observations of care that was of a high standard and/or was improving, **we continued to see a mixed picture when we considered data/intelligence about the quality of care and performance of services**. For example, as well as examples of high quality care, we also learned of reviews/inspections that had identified some concerns about the quality of care. Some of the data we looked at also drew our attention to a health and care system that is highly pressured, eg increases in waiting times and staff vacancies.

- Leadership is a critically important factor when considering the quality of care in the wider sense. For two thirds of the NHS board areas we considered during 2019-2020, we noted strengths of leadership in the local health and care system. For eleven of the eighteen NHS board areas, we identified some **leadership challenges – and these mostly related to 'churn' in senior leadership roles, and also the extent of collaborative leadership across the local health and care system**. We highlighted these leadership challenges last year, together with the environment of extreme pressure and great complexity that senior leaders work in.

- Throughout 2019–2020, we observed that **NHS boards continued to struggle to break even financially**. Concerns about the financial position were highlighted for ten of the eighteen NHS boards we considered. Contributing factors to the financial pressures seen across the NHS included the use of temporary staff, and drug costs. Significant financial savings have been made by NHS boards, although there has been a heavy reliance on one-off ('non-recurring') savings. This is unsustainable and, as we highlighted last year, there needs to be a greater level of transformational change and long-term financial planning.

> The Mental Welfare Commission remains committed to contributing to the work of the Sharing Intelligence for Health and Care Group – where equal time and importance is given to mental health, learning disabilities and other related conditions as to other areas in health and care across Scotland. The combined intelligence from partners in the Group will be essential to the Commission as we all start to remobilise from the pandemic, and will help us to prioritise our visits and scrutiny work.
>
> **Julie Paterson (Chief Executive, Mental Welfare Commission for Scotland)**

> Trainees are the eyes and ears of the health service. Doctors in training comprise about 40% of the medical workforce; they train 'on the job'. They are integral to most clinical environments that care for patients. The quality of training determines the safety of patient care today and for the next thirty years. When the quality of training is poor there is evidence to suggest that the quality and safety of care is compromised. Trainees' feedback on the quality of their training is a window into the quality of care. The Group is important to NHS Education for Scotland because the intelligence that is shared describes the context within NHS boards in which the hospitals and their departments deliver training, highlighting risks to the quality of training they are responsible for. We are better informed through the Group to discharge our statutory role of quality managing postgraduate medical education and training against the General Medical Council's standards.
>
> **Alastair McLellan (Co-Lead for Quality, NHS Education for Scotland)**

- Last year we explained that, despite a committed workforce, many aspects of the current healthcare delivery model are no longer sustainable. This reflects the needs of a growing and ageing population, together with significant financial and workforce pressures. From our work in 2019–2020, we still believe that a **greater scale and pace of change is required to ensure that people's health and care needs are met in future**. The COVID-19 pandemic has brought more urgency to the public debate about what we'd like our world and communities to be like in the future. As part of this, we need an open and honest debate, locally and nationally, about the changes that are needed to sustainably deliver high quality health and care services in Scotland.

What is the impact of sharing intelligence?

Sharing intelligence also helps the member organisations to identify when additional action may be required from them. There have been instances during 2019-20 where member organisations have undertaken additional work in response to particular pieces of intelligence shared within the Group for specific NHS boards. It is important to emphasise that this does not equate with an overall assessment of the quality of care delivered by an NHS board.

The additional work undertaken in this year as a result of shared intelligence included:

- An on-site review of community mental health services in one NHS board region. This was carried out by Healthcare Improvement Scotland, and the findings were published. This review was designed to help improve the quality of care, by highlighting aspects of services that are working well and also where improvements are required.
- Co-ordinated work from NHS Education for Scotland and Healthcare Improvement Scotland in response to concerns about training for doctors and patient safety at the immediate assessment unit in one hospital. This work was designed to lead to improvement in the training environment, and to seek assurance that patients are safe.

- A commitment to carry out additional monitoring of developments in one NHS board – in light of ongoing changes in the senior leadership, combined with challenges with finances, workforce, clinical engagement, and the findings from an inspection. This involves additional progress updates from, in particular, Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, and NHS Education for Scotland – so that a decision can be made about whether or not there are ongoing concerns that require further action from the partner organisations.
- Public Health Scotland and Healthcare Improvement Scotland reviewed some additional outcomes/performance data for two NHS boards. This was to seek some additional assurance that the quality of care wasn't being impacted upon detrimentally, given risks identified with financial sustainability coupled with challenges with culture/leadership change. The additional data considered did not highlight any potentially serious and widespread concerns about the quality of care.

These additional actions by the partner organisations were in relation to four NHS boards. Further information can be found in the feedback letters that we sent to each NHS board – these are published online, and each letter states whether or not any further action was required[10]. In all these instances, the member organisations are continuing to work in partnership to share intelligence and with the ultimate aim of supporting improvements in the quality of care.

At the same time, while no further action was required for the remaining fourteen NHS boards, the member organisations continued to engage with all NHS boards across Scotland as part of their own routine programmes of scrutiny and improvement work.

10 www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/feedback_letters.aspx

The Sharing Intelligence for Health and Care Group offers a unique opportunity to bring together a wide range of sources of intelligence about the quality of care being delivered across Scotland. Amongst these sources are the complaints data provided by the Scottish Public Services Ombudsman (SPSO). These data help the Group build up a more complete picture of care that critically includes the service users' perspective that can be gained through investigating how complaints have been handled and where they have come from. As the SPSO expands to take on the role of the NHS Independent National Whistleblowing Officer, we would hope that the different perspective gained through this new function, investigating how staff concerns have been handled against agreed national standards, will in turn add to the richness of the intelligence SPSO is able to contribute to the work of the Group.

Niki Maclean (Director, Scottish Public Services Ombudsman)

Public Health Scotland generates a wide variety of health and care intelligence with an aim to improve health outcomes of 5.4 million people in Scotland. We are proudly sharing our data and intelligence assets to support the valuable cause of the Group. Public Health Scotland also aims to promote a whole system approach, by working with and through NHS boards, Integration Authorities and Local Authorities in the development and delivery of high quality services. It is important that the Group also understands its relationships with these organisations, for gaining comprehensive intelligence to improve the quality of care for the people of Scotland.

Mahmood Adil (Medical Director, Public Health Scotland)

What are we doing in 2020–2021?

How is intelligence sharing relevant during a pandemic?

As we were concluding the Group's work for 2019–2020, the COVID-19 pandemic reached Scotland. The seven national organisations on the Group rapidly made changes to our own individual work programmes, with the ultimate aim of supporting front line services during the pandemic.

At the beginning of the COVID-19 pandemic, the Group agreed that it was essential that the partner organisations continue to (virtually) meet regularly and share intelligence throughout the pandemic. This is because we have an ongoing duty to improve the quality of care by making the best use possible of existing data, knowledge and intelligence. The Group has therefore continued to meet since the start of the COVID-19 pandemic. The pandemic is having some impact on our work as a Group, including the intelligence that is readily available to us. We have therefore refined our standard processes, to enable us to continue to consider all 18 NHS boards we usually look at within each financial year. We will still send written feedback to each of these NHS boards, focusing in particular on issues that remain relevant at the time of the COVID-19 pandemic – and we will place these letters in the public domain. Representatives of the Group will also meet with colleagues from an NHS board on an exception basis, if either the Group or the NHS board think this is required.

How might we involve Integration Authorities in our work?

In our annual report from last year, we explained that we had started to consider how our work can best take account of the changing landscape of increasingly integrated health and social care services in Scotland. We also highlighted that this is a complex area – for example it's vital that when national agencies share intelligence, then this is done in a way that helps the front line organisations that the information relates to. Unfortunately, during 2019-2020 we did not make as much progress as we would have liked on this issue. We renew our commitment to make progress with this during 2020–2021, including seeking to work with at least one Integration Authority and Local Authority to explore the issues and possible ways forward.

How do we learn and improve from independent inquiries?

Our work as a Group to date has already been informed by the findings of independent inquiries into serious failures of care systems in the United Kingdom. As already explained, one of the recommendations of a public inquiry in England in 2013 was to strengthen intelligence sharing within and between national agencies – and this is one of the main reasons the Group was set up. More recently, we reviewed the findings from a number of independent inquiries, and identified themes that we use to structure our work. These themes are: leadership; culture; governance; finances; workforce; professional engagement, and: performance and outcomes. We will continue to review the findings from independent inquiries, with the aim of learning about how we can improve the ways in which we share and respond to intelligence. To begin with, we are currently considering the report from the independent inquiry into mental health services in Tayside (the Strang inquiry) – to understand whether or not the Group and/or any of the member organisations could have been more effective in responding to concerns as they emerged. We will do likewise when the forthcoming public inquiry into the construction of the Royal Hospital for Children and Young People (Edinburgh) and the Queen Elizabeth University Hospital (Glasgow) has concluded and reported.

What data will we look at?

In our annual report from last year, we made a commitment to identify patterns of variation on an updated set of indicators – and use additional pieces of data about the quality of care in the community. We have made some progress with this. During 2019–2020, Healthcare Improvement Scotland introduced a new core set of indicators (ie quantitative measures) that it is now using for the purpose of learning and enquiring about the quality of care. Key patterns in the data for these indicators are now being shared with the Group. In parallel with this, the Group supported proposals from Public Health Scotland for how it will update which data it shares with the Group. However, there is more to do to update and co-ordinate the indicators we look at as a Group. During 2020–2021, we will progress this work and publish the most up-to-date list of indicators we consider.

What are our commitments for 2020–2021?

Between April 2020 and March 2021 we will:

- continue to consider our collective intelligence about eighteen NHS boards
- continue to publish our feedback to each of these NHS boards – ensuring this is relevant at the time of the COVID-19 pandemic
- when required, meet with an NHS board to discuss our findings
- prepare an options appraisal on how our work relates to Integration Authorities
- publish the most up-to-date list of indicators, derived from existing health and care datasets, that we look at
- consider the report from the independent inquiry into mental health services in Tayside (and any other such inquiries), and identify any improvements we need to make with how we share and respond to intelligence
- develop an emerging concerns protocol to define thresholds for appropriate escalation with regulatory bodies in the United Kingdom

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We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on
0141 225 6999 or email **contactpublicinvolvement.his@nhs.scot**