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Dear Mr Ace

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Dumfries & Galloway at our meeting on 16 December 2019, 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.

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use 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 should already be known to NHS Dumfries & Galloway, 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

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1The 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 & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

**NHS Dumfries & Galloway**

When we considered NHS Dumfries & Galloway on 16 December 2019, 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 Dumfries & Galloway. 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 Dumfries & Galloway. 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 part of our annual programme of work we will continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today’s health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards, and we noted that the senior leadership/management team in NHS Dumfries & Galloway has been relatively stable. A number of the partner organisations on the Group reported that NHS Dumfries & Galloway continues to respond positively to reports/recommendations, even when these are drawing attention to challenging issues. In addition we acknowledge that there are monthly leadership walk rounds, to facilitate direct communication between senior leadership and staff.

Audit Scotland’s progress report² on health and social care integration across Scotland highlighted the importance of collaborative leadership across the different components of local health and social care systems. The Care Inspectorate explained that partnership working at a leadership level has continued to develop within children’s services, although this has been more complex and challenging for adult services. The Care Inspectorate noted that the partnership has been reviewing its effectiveness in the implementation of health and social care integration. We would be interested to learn more, at our feedback meeting with you, about how collaborative leadership is currently working across Dumfries & Galloway – together with progress in integrating health and social care services.

The appointed auditor explained that NHS Dumfries & Galloway has reviewed governance arrangements in response to the Scottish Government’s Blueprint for Good Governance. We learned that your self-assessment found that overall governance arrangements are sound, although there are also opportunities for improvement. For example, we note that a key area of focus during 2019-2020 is refining your approach to risk management.

As highlighted in our annual summary report for 2018-2019³, care systems across the country are experiencing unprecedented financial pressures. The appointed

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Auditor explained that NHS Dumfries & Galloway achieved its financial targets for 2018-2019. However, there continues to be a reliance on non-recurring savings to support financial performance, putting significant pressure on future years. Your Board recognises that, over the coming years, more fundamental changes are likely to be required to continue to meet the forecast financial challenges.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we previously considered Dumfries & Galloway, a key area of concern has been the relatively high level of vacancies across your workforce — and this continues to be the case. For example, Public Health & Intelligence reported that the rate of consultant vacancies for NHS Dumfries & Galloway continues to be higher than the Scottish average (19% versus 9%, respectively). We note that NHS Dumfries & Galloway has formed a Sustainability & Modernisation Programme, focusing on financial, service and workforce sustainability.

Public Health & Intelligence also explained that NHS Dumfries & Galloway’s response rate to the 2018 iMatter questionnaire narrowly missed the 60% required to generate a fuller iMatter report. We also noted that Care Opinion moderators rated 45% of patient stories for NHS Dumfries & Galloway as having some critical content, compared with 29% for Scotland as a whole (unpublished figures). As a group, we would emphasise the importance of using feedback from patients and staff to help learn about, and improve, the quality of care.

Our meeting on 16 December 2019 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 Dumfries & Galloway. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Dumfries & Galloway has engaged well with nationally-led quality improvement work. Successes include a reduced rate of cardiac arrest, and a demonstrable and sustainable improvement in relocating dementia diagnosis to primary care in Nithsdale (there is now a focus on improving access to post-diagnostic support from primary care). However, overall engagement with the maternity improvement programme remains a challenge. There was also an increase in the rate of pressure ulcers and NHS Dumfries & Galloway has carried out work in response to this.

The Mental Welfare Commission explained that, during a visit to Midpark Hospital, they had been made aware of some staff concerns, including about the quality of care. The Commission raised this with management during the visit, and is satisfied overall with how these issues have been reviewed/responded to. We also learned that Midpark Hospital has a significant improvement plan underway following a number of reviews (both internal and external) as a result of three deaths by suicide over the past three years. A key area where further improvement is required is record keeping.

Healthcare Improvement Scotland informed us that a safe and clean inspection to a cluster of community hospitals highlighted excellent compliance with mandatory infection control education and good compliance with standard infection control precautions. An unannounced inspection on the care of older people was also carried out at Galloway Community Hospital, finding that all patients had a pressure ulcer
risk assessment completed within the nationally required timeframe, although patients’ weight/weight loss needs to be recorded more consistently.

We learned from the appointed auditor that the move to the new acute hospital has led to an improvement on some performance indicators. Public Health & Intelligence highlighted that NHS Dumfries & Galloway is the only mainland NHS board meeting the target on access to Child & Adolescent Mental Health Services. The level of bed days occupied by delayed discharges is however increasing.

As for all NHS boards, the Scottish Public Services Ombudsman highlighted the importance of preparing well for the Independent National Whistleblowing Standards which are to be implemented from July 2020. This includes raising staff awareness of the new standards, and ensuring processes for handling staff concerns are in line with the standards.

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 suggestions for how our Group can better support your work to deliver high quality care for the residents of Dumfries & Galloway then please don’t hesitate to let us know.

Yours sincerely

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