Dear Mr Dickson

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Shetland at our meeting on 17 February 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 organisations¹.

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 Shetland, 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.

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.
NHS Shetland

When we considered NHS Shetland on 17 February 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 Shetland. 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 Shetland. 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 there has recently been some change to the senior leadership of NHS Shetland. The appointed auditor highlighted that NHS Shetland has a clear vision for what you want to achieve for your local population, and that this vision is supported by your Board and staff.

Audit Scotland’s progress report 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 appointed auditor explained that there are cultural differences across the local system in Shetland that are preventing greater progress being made in integrating health and social care services. Successfully addressing these challenges will involve building trust between what were traditionally different components of your health and social care system, and also setting out roles and responsibilities of local partners in more detail than is currently included in the Integration Scheme.

Public Health & Intelligence informed the Group that NHS Shetland did not reach the response rate required (60%) to receive a feedback report in relation to the iMatter questionnaire. We are interested to know how NHS Shetland seeks feedback from staff, together with what you're learning from this.

The appointed auditor reported that NHS Shetland continues to have generally effective governance arrangements in place that support scrutiny of decisions made by your Board. There is, however, some evidence that where problems emerge there can be a lack of sufficient openness and transparency.

As highlighted in our annual summary report for 2018-2019, care systems across the country are experiencing unprecedented financial pressures. We noted that NHS Shetland achieved financial balance in 2018/19, and this was achieved following additional late funding of £1.2m from the Scottish Government. NHS Shetland continues to face significant financial challenges and, while the latest projection for 2019/20 is to achieve a breakeven position, this is based on a number of key assumptions.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we considered NHS Shetland in 2019, we acknowledged that NHS Shetland’s vacancy rate for consultants is markedly higher than the national average. Public Health & Intelligence explained that this continues to be the case (36% versus 8%, respectively), and areas particularly affected are general medicine,

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anaesthetics, and general psychiatry. The Mental Welfare Commission for Scotland highlighted an ongoing concern about the lack of specialist learning disability health input on Shetland. The Commission is working to understand the specialist clinical expertise for mental health and learning disability that is available in NHS Shetland. Public Health & Intelligence also reported that the rate of nursing vacancies for NHS Shetland is in line with the average for Scotland, and your sickness absence rate is the lowest of all territorial NHS boards.

Our meeting on 17 February 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 Shetland. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Shetland has engaged well with nationally-led quality improvement work. Successes include low rates of cardiac arrest, pressure ulcers and falls with harm. However, there is a deterioration in the rate of all falls, and NHS Shetland have acknowledged there is further work to be done on this.

The Care Inspectorate noted that all care at home support in Shetland is provided by the local authority. This impacts on choice available to people who need support at home and presents a challenge for the partnership to be able to develop and deliver flexible and innovative care in the absence of external providers of social care.

When reporting on a range of outcomes and performance data, Public Health & Intelligence highlighted that NHS Shetland has performed very well for cancer waiting times. Over the course of 2019, NHS Shetland was the best performing NHS board on these indicators, and one of only two NHS boards to meet the 95% target for referral to treatment within 62 days. Following a reduction in the percentage of patients waiting twelve weeks or less to inpatient/daycase treatment, there is some evidence that this is returning to a high level.

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 Shetland then please don’t hesitate to let us know.

Yours sincerely

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