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Dear Mr Jamieson

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Western Isles 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 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 Western Isles, 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.

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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.
When we considered NHS Western Isles 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 the Western Isles. 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 the Western Isles. 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 structure in NHS Western Isles has been relatively stable.

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. When we considered the Western Isles a year ago, we noted evidence that senior leaders are taking a more strategic and whole system approach in health and social care. We are interested to learn how collaborative leadership continues to develop.

Public Health & Intelligence informed the Group that NHS Western Isles continues to have a relatively low response rate for the iMatter questionnaire, together with an action plan completion rate well below any other NHS board. We are interested to know how NHS Western Isles seeks feedback from staff, together with what you’re learning from this.

The appointed auditor reported that NHS Western Isles continues to have appropriate governance arrangements in place that support scrutiny of decisions made by the board. The appointed auditor also highlighted that while your board conducts its business in an open and transparent manner, this could be improved further – by holding more committee meetings in public, and by making board/committee papers available online.

As highlighted in our annual summary report for 2018-20193, care systems across the country are experiencing unprecedented financial pressures. We noted that NHS Western Isles achieved financial balance in 2018/19, and this was delivered following a transfer of £1m from the Health & Social Care Partnership’s reserves to meet overspends in health services. The appointed auditor reported that NHS Western Isles has effective budget monitoring arrangements in place.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we considered the Western Isles in 2019, we acknowledged some significant workforce challenges. At our meeting in February 2020, Public Health & Intelligence reported that NHS Western Isles’ vacancy rate for consultants continues to be markedly higher than the national average (30% versus 8%, respectively), and areas particularly affected include psychiatry and general medicine. Nursing and Allied Health Professional vacancies are in line with the Scotland rate, however these are

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increasing. The appointed auditor highlighted that NHS Western Isles has an ageing workforce, with almost half your workforce being over fifty years of age.

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 the Western Isles. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Western Isles has engaged well with nationally-led quality improvement work. Successes include a sustained improvement in your rates of cardiac arrest and falls with harm. Healthcare Improvement Scotland also carried out a safe and clean inspection at the Western Isles Hospital, which didn’t identify any significant concerns.

The Mental Welfare Commission for Scotland highlighted that it would be beneficial for NHS Western Isles to have a prior plans for when a patient needs to be transferred to the mainland and NHS Highland does not have capacity to accept this transfer.

When reporting on a range of outcomes and performance data, Public Health & Intelligence highlighted that there is evidence of bed days occupied by delayed discharges being relatively high/increasing for the Western Isles. All children and young people referred to Child & Adolescent Mental Health Services are treated within eighteen weeks. The appointed auditor reported that NHS Western Isles met six of the eight key Local Delivery Plan indicators, the highest level achieved in Scotland.

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 the Western Isles then please don’t hesitate to let us know.

Yours sincerely

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NHS Education for Scotland

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CC: Ron Culley, IJB Chief Officer
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