Mr John Burns  
Chief Executive  
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Dear Mr Burns

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Ayrshire & Arran at our meeting on 25 June 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 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 Ayrshire & Arran, 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.

NHS Ayrshire & Arran

When we considered NHS Ayrshire & Arran on 25 June 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 Ayrshire & Arran. 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

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.
residents of Ayrshire & Arran. 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. **The Group therefore agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.**

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 Ayrshire & Arran has been relatively stable.

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. In North Ayrshire, leadership was evaluated as good in the recent joint inspection of strategic planning, and there was evidence of collaborative leadership. In South Ayrshire, there have been some changes in leadership – and it is hoped that some recent appointments will bring increased stability and clearer direction to services over the coming months. Audit Scotland also informed the Group that there have been some issues with the governance arrangements for South Ayrshire Health & Social Care Partnership. We note that your NHS board is working with partners across Ayrshire & Arran to review and update the governance arrangements for the three Health & Social Care Partnerships, to take account of the early experience of health and social care integration.

As highlighted in our annual summary report for 2017-2018, care systems across the country are experiencing unprecedented financial pressures. When we considered NHS Ayrshire & Arran in June 2018, we acknowledged that major transformational change is required to achieve financial sustainability. At our meeting on 25 June 2019, Audit Scotland highlighted that financial pressures continue to be a significant risk. NHS Ayrshire & Arran required brokerage from the Scottish Government to achieve financial balance in 2018-2019, and a deficit budget has been set for 2019-2020 with your NHS board not expecting to achieve financial balance until 2020-2021. Audit Scotland also explained that there are now improved governance arrangements in place to monitor the progress of your transformational change programme – and we learned from the Scottish Health Council that there is commitment to involving the public in this programme. However, significant work is still required to make the level of transformational change needed. As a Group, we are interested to learn more about the plans/progress for your transformation change programme, and we understand the challenge in maintaining a focus on quality of care at a time of significant financial pressure.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. Public Health & Intelligence reported that the rate of consultant vacancies for NHS Ayrshire & Arran is about double the Scottish average, and our understanding is that there continues to be significant unachieved efficiency savings and high medical agency costs due to vacancies. We were encouraged to hear about progress in reducing the reliance and spend on agency nursing staff, although Public Health & Intelligence also highlighted that the data on vacancies in NHS Ayrshire & Arran for nurses and midwives, and also allied health professionals, appear to be incomplete.

Challenges with recruiting to and retaining your medical workforce are a key factor in relation to significant concerns that NHS Education for Scotland highlighted with the Group previously about the training environment for medicine at University Hospital Ayr. While this issue is still being progressed using the General Medical Council’s enhanced monitoring

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process, we were encouraged to learn that a revisit in November 2018 was much more positive than previous visits. There was evidence of engagement in multiple improvement activities and commitment to address problems with the quality of medical training, in the context of a clearly defined educational governance structure. Also in relation to this issue, Healthcare Improvement Scotland highlighted that there have been improvements to the safety of boarded patients and to the management of patients within the respiratory ward – although there are still challenges to be addressed, including about workforce and governance. In parallel with this, NHS Education for Scotland highlighted a risk that medicine at University Hospital Crosshouse could be escalated onto the enhanced monitoring process. This is because a revisit earlier this year identified that a requirement from the General Medical Council, about ensuring that rotas provide learning opportunities, has not yet been addressed.

Our meeting on 25 June 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 Ayrshire & Arran. For example, we found it helpful to learn about the findings from a joint inspection of the effectiveness of strategic planning in North Ayrshire. In addition to the findings about leadership highlighted above, strategic planning and commissioning were assessed as being good – and the inspection team was confident that North Ayrshire Health & Social Care Partnership will continue to move forward with the integration of health and social care. We were also interested to learn that East Ayrshire Health & Social Care Partnership has consistently had no patients delayed in hospital for over two weeks – and this success has been achieved in tandem with reducing the need for care packages to support people at home.

Healthcare Improvement Scotland also highlighted some examples of where NHS Ayrshire & Arran has engaged well with nationally-led quality improvement work. Successes include reduced rates of cardiac arrest, stillbirth, and postpartum haemorrhage – and we learned that the maternity team has a mature application of quality improvement methodology in their safety work. As for NHS boards generally, there are some challenges in securing the skills and capacity for leading and carrying out quality improvement work.

As part of a national exercise involving all 19 patient-facing NHS boards, NHS Ayrshire & Arran submitted a self-evaluation to Healthcare Improvement Scotland in respect of its systems and processes for managing adverse events involving patients. Healthcare Improvement Scotland will follow up separately with NHS Ayrshire & Arran regarding any further work relating to adverse events.

The Scottish Public Services Ombudsman highlighted that there continue to be some signs of poor complaints handling in secondary care. NHS Ayrshire & Arran may not be listening to and learning from secondary care complaints as effectively as it could be.

Public Health & Intelligence reported evidence of increasing readmission rates at University Hospital Ayr, for surgery and medicine.

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 Ayrshire & Arran then please don’t hesitate to let us know.
Yours sincerely

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