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Dear Mr O’Brien

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Orkney 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 Orkney, 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.
When we considered NHS Orkney 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 Orkney. 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 Orkney. 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. When we considered NHS Orkney a year ago, we noted there had been a number of changes in senior leadership. The senior leadership of NHS Orkney continues to be in flux, with forthcoming changes to your Chair and Chief Executive posts. While your Director of Finance post has been vacant since 2018, the appointed auditor confirmed that the interim part-time arrangements in place during 2019 provided appropriate support.

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. We noted that a joint inspection of services for children and young people has been carried out. While the inspection findings had not been published at the time of our meeting, we understand that collaborative leadership is one of the themes covered by the inspection. In the meantime, the Care Inspectorate explained that there have also been changes to the senior leadership relating to integrated health and social care services in Orkney.

The appointed auditor reported that NHS Orkney continues to have satisfactory arrangements to support good governance and accountability. We noted that NHS Orkney has carried out a self-assessment against the Scottish Government’s Blueprint for Good Governance, and areas for improvement identified are risk management (in common with many other NHS boards) and the development of a long term clinical strategy. Following from this, we noted from published meeting papers of your Board that the Area Clinical Forum has identified that clinical engagement, and the operation of your Professional Advisory Committees, requires strengthening. We are interested to learn more about your educational governance, as NHS Education for Scotland reported that you had a relatively low score on this from the GMC National Training Survey.

As highlighted in our annual summary report for 2018-2019², care systems across the country are experiencing unprecedented financial pressures. We noted that NHS Orkney achieved financial balance in 2018/19, and this was achieved following an additional late funding allocation of £1.8m from the Scottish Government to fund essential locum cover. NHS Orkney continues to face significant financial challenges, and the latest projection is that the required savings are not going to be met in 2019/20.

We acknowledge the level of capital investment in Orkney’s health and social care services with the opening of the new Balfour Hospital in June 2019, and the construction of two new care homes. The first of these opened in Stromness in January 2020 and plans are in place to build a further home in Kirkwall. The Group recognises that new facilities provide

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opportunities to reconsider staffing models and structures which might be more attractive to candidates when undertaking recruitment.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we considered NHS Orkney in 2019, we acknowledged that your vacancy rate for consultants is markedly higher than the national average. Public Health & Intelligence explained that this continues to be the case (39% versus 8%, respectively), and areas particularly affected are general psychiatry and general surgery. Your rate of nursing vacancies (11%) is also relatively high compared with the Scottish average (6%) – although the vacancy rate for Allied Health Professionals is in line with the national level. The appointed auditor indicated that vacancies were now being advertised more widely in medical journals in an attempt to improve recruitment. The Care Inspectorate explained that there are recruitment challenges across the wider care system, and these are exacerbated by issues relating to geography, low unemployment and availability of housing. However, turnover of staff in regulated services is lower than the national average.

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 Orkney. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Orkney has been involved with nationally-led quality improvement work. A sustained improvement with the cardiac arrest rate has been a success. There is, however, a sustained deterioration noted in falls and pressure ulcers – and NHS Orkney has acknowledged further work is required to address these.

In summary, the Group acknowledged that there is ongoing flux in the senior leadership of NHS Orkney, combined with some challenges with finances, workforce, and clinical engagement. The Group therefore agreed that four of the seven agencies (Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, NHS Education for Scotland) will reconvene once the report from the joint inspection of children’s services has been published. The purpose of this is to make a decision about whether or not there are any additional actions beyond any already planned that any of these 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 Orkney then please don’t hesitate to let us know.

Yours sincerely

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