Dear Mr Roberts

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

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

When we considered NHS Borders 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 the Borders. 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 Borders. 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

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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.
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 this is the case in NHS Borders. We noted that across the NHS and wider care system in the Borders there are a number of key senior posts that are vacant or are being covered on an interim basis.

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. As a Group, we would like to learn more about how collaborative leadership and partnership working is developing in the Borders – and we are aware that NHS Borders, the Scottish Borders Council, and the Borders Health & Social Care Partnership recently provided information for Scottish Government on the effectiveness of partnership working in the region.

As highlighted in our annual summary report for 2017-2018, care systems across the country are experiencing unprecedented financial pressures. When we considered NHS Borders in June 2018, we learned that financial sustainability had become a significant cause for concern, with the main cost pressures being staffing budgets and prescribing costs. At our meeting on 25 June 2019, Audit Scotland highlighted that NHS Borders continues to face significant financial challenges. Since December 2018 there has been additional support from Scottish Government with your new Financial Turnaround Programme. Our understanding is that priorities for this programme include developing a robust financial plan for 2019-2020 together with a three-year balanced financial plan. Audit Scotland also explained that there have been changes to your governance mechanisms in order to support the delivery of the Financial Turnaround Programme.

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 Borders is lower than the Scottish average – and NHS Education for Scotland reported that NHS Borders continues to be a good environment for trainee doctors, with good engagement in relation to medical education and training. The levels of vacancies and sickness absences for nursing staff have increased in NHS Borders, resulting in greater reliance on temporary nursing staff.

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 the Borders. For example, the Mental Welfare Commission for Scotland highlighted that Huntlyburn Ward continues to provide excellent in-patient care for adults with mental illness – and the feedback from people using services is positive overall.

The findings from a Healthcare Improvement Scotland inspection of the care of older people at Borders General Hospital were generally positive. Strengths included all patients having a pressure ulcer risk assessment completed within the required time frame, and patient mealtimes were well co-ordinated and managed. NHS Borders has developed an action plan to address areas for improvement identified, and there was improved engagement with the inspection process compared with previous scrutiny.

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In 2017, a joint inspection of health and social work services for older people in the Scottish Borders identified a number of areas for improvement, particularly in relation to oversight of some key processes, strategic planning and leadership. At our meeting on 25 June 2019, we were informed that a progress review will be carried out, to learn about how the findings from this inspection have been responded to. In the meantime, the Group acknowledged that this still poses a significant risk, given the level of change/improvement that was required coupled with the financial pressures outlined above.

The Care Inspectorate also highlighted that, in the Borders, there are relatively low and decreasing rates of people receiving intensive home care, and also of older people living in care homes. We would like to learn about the factors underling these patterns.

Healthcare Improvement Scotland also highlighted some examples of where NHS Borders has engaged well with nationally-led quality improvement work. Successes include a reduced rate of cardiac arrest, although there has been an increase in the rate of falls. NHS Borders has also been influential in testing the Maternity Early Warning Score. NHS Borders has some challenges in securing the skills and capacity for leading and carrying out quality improvement work, and some improvement work would benefit from strengthened multidisciplinary involvement.

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

Yours sincerely

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