22 March 2021

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Mr Gordon Jamieson
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Dear Mr Jamieson

Feedback from the Sharing Intelligence for Health & Care Group – NHS Western Isles

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Western Isles at our meeting on 15 February 2021, 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.¹

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Western Isles and Western Isles Health & Social Care Partnership in response to the COVID-19 pandemic. In our annual report for 2019-20, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion is needed now more than ever. We also understand that the COVID-19 pandemic will continue to impact on front line services for a considerable time to come.

The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting front line services during the COVID-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share and consider intelligence regularly throughout the current pandemic – as we have a duty to make

¹ The 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 Scotland, and: Scottish Public Services Ombudsman.
the best use possible 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 on 15 February 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 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. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

**NHS Western Isles**

When we considered NHS Western Isles on 15 February 2021, 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 a Group, we have previously highlighted the importance of leadership and culture when considering the quality of care in the wider sense. The appointed auditor explained that NHS Western Isles, with its partners, has a clear vision for what it wants to achieve for the people of the Western Isles. The Board and staff support the vision. A year ago, we noted that the senior leadership/management structure in NHS Western Isles had been relatively stable. We learned that, more recently, you have made an appointment to your Medical Director post – and you are recruiting to your NMHAH Director post. It is also important that NHS Western Isles considers the capacity of the finance function – given the Director of Finance & Procurement is also acting as Chief Financial Officer of the Health & Social Care Partnership. There is also a new Chief Operating Officer of Western Isles Health & Social Care Partnership.

The appointed auditor also explained that NHS Western Isles has adequate governance arrangements, with some areas for improvement including the availability of information on its website, and implementation of internal audit recommendations. We note that some progress has been made in relation to these issues.

As a Group, we have also previously acknowledged the significant financial pressures being experienced by care systems across the country. At our meeting on 15 February, Audit Scotland explained that the Scottish Government has announced it will fully fund all NHS boards for 2020-21, given the impact of the COVID-19 pandemic. We were informed, however, that NHS Western Isles does not have a transformational plan for the redesign of services that is required to achieve financial sustainability.

Care systems across Scotland are experiencing significant workforce challenges. When we considered NHS Western Isles in 2019 and 2020, we noted that your vacancy rate for consultants was markedly higher than the Scottish average. At our meeting last month, NHS Education for Scotland reported that this continues to be the case (15% for Western Isles versus 6% for Scotland) – and the areas particularly affected are obstetrics and gynaecology, and general internal medicine. The Mental
Welfare Commission for Scotland explained that there are challenges with recruiting to permanent consultant psychiatrist posts in Western Isles, and there is a reliance on locum psychiatrists. NHS Education for Scotland also reported that your spend on medical locums has decreased significantly, although there has been an increase in costs for nursing and midwifery bank staff. We understand that NHS Western Isles is currently developing its workforce strategy, and it is important that this is completed and implemented.

Our meeting on 15 February 2021 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 Western Isles. Public Health Scotland reported that there were some ‘outliers’ for NHS Western Isles as part of the Scottish National Audit Programme. NHS Western Isles engaged fully in the 2020 outlier process, carrying out investigations and providing reports where required. Public Health Scotland reported that its Scottish National Audit Programme has highlighted some data/issues for NHS Western Isles that require further consideration e.g. for the Scottish Hip Fracture Audit and the Scottish Arthroplasty Project. NHS Western Isles engaged fully in the 2020 audit process, carrying out investigations and providing reports where required.

Healthcare Improvement Scotland informed the Group that NHS Western Isles has been successful in securing funding to develop their Hospital at Home service.

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 consideration of our collectively shared intelligence 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

[Signatures]

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