Dear Professor Borland

Feedback from the Sharing Intelligence for Health & Care Group – NHS Ayrshire & Arran

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Ayrshire & Arran at our meeting on 14 June 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 would like to thank colleagues from NHS Ayrshire & Arran and the three Health & Social Care Partnerships in the region for their tremendous efforts in the ongoing response to the COVID-19 pandemic. We know that the pandemic will continue to cause enormous challenges for front line services for some time to come, and there will be an impact on those heavily involved in the COVID-19 response even once the current challenges recede. We also understand that it has been a difficult time for colleagues in NHS Ayrshire & Arran following the incident in February this year at University Hospital Crosshouse.

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 pandemic has also impacted on the work programmes of the seven national organisations on the Group, and in doing so on some of the intelligence that is available to us. We are, however, continuing to share and consider intelligence regularly – as this helps us identify things that are working well, and also any emerging problems which can then be acted upon. The remit of the Group does not, however, extend to making a comprehensive, system-wide assessment of the quality of care. The intelligence we considered on 14 June should already be known to NHS Ayrshire & Arran, including a range of information which is already in the public domain. We are also grateful for the information that NHS Ayrshire & Arran sent us on 7 June 2021, including about how you are supporting and communicating with your staff during the pandemic (see below).

**NHS Ayrshire & Arran**

When we considered NHS Ayrshire & Arran on 14 June 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 Ayrshire & Arran. This will help inform the work we carry out as national organisations. 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.

As a Group, we have previously acknowledged the environment of extreme pressure that the leaders of today’s health and social care systems are working within – together with the significant level of change across Scotland within the senior leadership of NHS boards. At our meeting on 14 June 2021, we acknowledged that there continues to be evidence of strong and effective leadership of NHS Ayrshire & Arran – while noting that recruitment was underway for the imminent vacancy in your Chief Executive post.

We also learned that there are new Directors/Chief Officers for the Health & Social Care Partnerships in North Ayrshire and East Ayrshire. The Care Inspectorate explained that it continues to have positive engagement with all three Health & Social Care Partnerships in the region. We noted that the Care Inspectorate is currently leading an inspection of Adult Support and Protection in East Ayrshire. South Ayrshire Health & Social Care Partnership was advised in February 2020 of an Adult Support and Protection Inspection, however this was put on hold due to the pandemic.

Audit Scotland informed the Group that NHS Ayrshire & Arran continues to have effective financial planning and management arrangements in place, and you achieved a slight surplus of £0.6m in 2020/21 – although this was largely due to reduced outpatient and inpatient elective activity as a result of COVID-19, together with full non-recurring funding for all COVID-19 related costs. We noted that your Board has approved a deficit budget of £12.1m for 2021/22, and you are unable to demonstrate financial sustainability in the medium to long term. As a result of concerns about financial sustainability, NHS Ayrshire & Arran remains at level 3 of the Scottish Government’s performance framework.

At our meeting on 14 June 2021, we were encouraged to hear about the range of well-being support and facilities that NHS Ayrshire & Arran has made available to staff during the pandemic, together with your commitment to continue to provide this. This was an area of good practice from an inspection that Healthcare Improvement Scotland recently carried out at University Hospital Crosshouse. Audit Scotland was also positive about efforts made to prioritise the wellbeing of staff, also highlighting the importance of your longer-term workforce plan ensuring the long-term viability of the workforce, aligning this closely to the work being carried out as part of transformation. The Mental Welfare Commission for Scotland explained that NHS Ayrshire & Arran has a strong focus on staff training and support.

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development, which helps to create a positive culture within wards and has a positive impact on direct care.

When we considered NHS Ayrshire & Arran previously, NHS Education for Scotland explained that challenges with recruiting to and retaining your medical workforce were a key factor in relation to significant concerns about the training environment for medicine at University Hospital Ayr. We learned that this service remains on the General Medical Council’s enhanced monitoring with conditions process, and while some progress was noted during a revisit in April 2021 the training environment remains fragile due to the shortage of substantive consultants. On this note, we understand that NHS Ayrshire & Arran continues to have a relatively high rate of consultant vacancies (10%, compared to the national average of 6%), and these are highest for General Internal Medicine, General Psychiatry, and Clinical Radiology. NHS Education for Scotland also explained that they have recently carried out a further re-visit to follow up on ongoing concerns in General Internal Medicine at University Hospital Crosshouse, the report of which was being finalised at the time of our meeting.

Healthcare Improvement Scotland’s COVID-19 focused inspection to University Hospital Crosshouse (April 2021), mentioned above, also found that systems were in place to assess patients prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital. Some of the challenges found were in part due to the age and condition of the building. Healthcare Improvement Scotland also carried out an inspection to Ayrshire Central Hospital (October 2020) – and for both these inspections NHS Ayrshire & Arran staff engaged positively with the inspection team, and there were no concerns that required escalation.

The Mental Welfare Commission for Scotland explained that nursing and advocacy staff report a rise in referrals, with nursing staff taking a proactive approach to supporting patients with teleconferencing. In most inpatient wards care plans are consistently of a good standard, and one service is in the process of developing and improving the quality of their care planning.

The Care Inspectorate informed the Group that, while 71% of care homes for older people in North Ayrshire had grades of good or better (compared with the Scottish average of 65%), this was lower for East Ayrshire (56%) and South Ayrshire (50%). There was also a relatively high number of enforcement notices issued in East Ayrshire. The Care Inspectorate also highlighted a significant case review in South Ayrshire (published in 2019), from which there was important learning for the health and social care system. We also learned that there is a longstanding challenge to reduce delayed discharges in South Ayrshire.

Public Health Scotland explained that its Scottish National Audit Programme has recently contacted NHS boards, providing the most recent data for a number of clinical audits and seeking a response to any issues identified. We learned that the Scottish Intensive Care Society Audit Group and the Scottish Hip Fracture Audit have highlighted some issues for NHS Ayrshire & Arran, and Public Health Scotland will update us on how these are being responded to.

Healthcare Improvement Scotland noted that you have sought feedback from its Community Engagement function as part of the development of your Communication, Informing & Engagement Strategy. We also learned that, while volunteering was suspended during the pandemic, NHS Ayrshire & Arran has shown a real commitment to volunteering, and you have reviewed volunteering roles and intend to diversify your volunteer workforce.
We hope you find this summary of our discussions helpful, and we would be grateful if you share this letter with the three Health & Social Care Partnerships in Ayrshire & Arran, together with the Board of NHS Ayrshire & Arran. We will also welcome your feedback on how we can improve how we share and use intelligence as a Group, including how this can be of greatest value to NHS Ayrshire & Arran.

Yours sincerely

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