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Dear Mr Dickson

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

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Shetland 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 Shetland and Shetland Islands 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

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.
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 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 Shetland, 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 Shetland**

When we considered NHS Shetland 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 Shetland. 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 Shetland Islands. 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. When we considered NHS Shetland in February 2020, we highlighted that there had been some change in senior leadership. We note that, since then, you have taken on the role of Chief Executive of NHS Orkney on an interim basis, in parallel with your role as Chief Executive of NHS Shetland.

When we considered NHS Shetland in February 2020, the appointed auditor explained that there were cultural differences across the local system in Shetland that were preventing greater progress being made in integrating health and social care services. At our meeting last month, we learned that there has been an improved focus on partnership working between NHS Shetland, Shetland Islands Council, and Shetland Islands Health & Social Care Partnership. We will continue to monitor for evidence of whether or not partnership working is improving in the Shetland Islands, together with progress in delivering integrated health and care services.

A number of the partner organisations on the Group highlighted some positive approaches to community engagement in Shetland. Healthcare Improvement Scotland highlighted a range of local community engagement projects in the Shetland Islands, explaining that it has a very good working relationship with NHS Shetland in this area. Other positive examples of community engagement include community nursing – and the weekly online sessions you have hosted throughout the pandemic, providing visible leadership and reassurance to the community.

The appointed auditor explained that NHS Shetland has reviewed its governance and meeting structure – which is enabling improvements in areas identified in previous audits, and the establishment of a governance structure that reflects the needs of the organisation. When we considered NHS Shetland in 2020, we noted that there was some evidence that where problems emerge there could be a lack of sufficient openness and transparency. We understand that improving
openness and transparency is an ongoing area of focus, as is improving financial and performance reporting.

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. Nonetheless, the appointed auditor reported that, while NHS Shetland has a history of making necessary savings, there remains a significant risk about the achievability of these savings targets in the medium to long term without transformational change.

Care systems across Scotland are experiencing significant workforce challenges. When we considered NHS Shetland 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 (28% for Shetland versus 6% for Scotland) – and again the areas particularly affected are anaesthetics, psychiatry, and general medicine. We also learned that your vacancy rate for nurses and midwives (12%) is markedly higher than the Scottish average (5%). We were informed that NHS Shetland revised its workforce plan in 2019/20.

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 Shetland. The Mental Welfare Commission for Scotland has previously highlighted that learning disability health services available in Shetland are very limited. The lack of consistent learning disability nursing presence in Shetland over a number of years is having a significant impact on the advice and support available. On the subject of mental health services, Public Health Scotland reported that the percentage of patients seen within 18 weeks for psychological therapies is relatively low, and there are challenges with the provision of clinical psychology services in Shetland. We also learned that a number of locum Community Psychiatric nurses have recently been employed in Shetland, and this appears to have been effective in managing the increase in demand for care and treatment following the first national lockdown.

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 Shetland Islands then please don’t hesitate to let us know.

Yours sincerely

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