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Mr Michael Dickson
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Dear Mr Dickson

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

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

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.
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 Orkney, 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 Orkney**

When we considered NHS Orkney 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 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 the Orkney 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 Orkney in February 2020, we highlighted that there had been ongoing flux in senior leadership. Since then, a new Chair of NHS Orkney has taken up post. We also noted that an incoming Chief Executive was due to take up post in July 2020, and this did not go ahead. We note that you currently have the role of Chief Executive of NHS Orkney on an interim basis, in parallel with your role as Chief Executive of NHS Shetland. We also noted that, in June 2020, a senior medical officer resigned publically, raising concerns about culture associated with the change in leadership and the lack of full time senior financial staff.

We also learned that there continues to be significant change/interim arrangements for other senior leadership roles relating to integrated health and social care services in Orkney – including the Chief Officer for Orkney Health & Care, and the Chief Executive for Orkney Islands Council. Shortly after we considered NHS Orkney in February 2020, the Care Inspectorate published the report from a joint inspection of services for children and young people in need of care and protection in the Orkney Islands. This inspection was critical of aspects of leadership, and the ongoing flux in senior leadership is contributing to the pace of change in response to the inspection findings being slower than expected.

This inspection report was challenging, and other significant weaknesses included ineffective key child protection processes, the implementation and fulfilment of corporate parenting responsibilities, and also the effectiveness and oversight of the public protection committee. At our meeting on 15 February 2021, we learned that the Care Inspectorate and scrutiny partners (including Healthcare Improvement Scotland) will carry out a review to ascertain the level of improvement that has been achieved in relation to the findings of the original inspection. Given the findings from this inspection, it is important that there is assurance that Adult Support & Protection
systems and processes are functioning effectively in the Orkney Islands – and we note that an independent review of this has been commissioned.

The appointed auditor reported that NHS Orkney continues to have satisfactory arrangements to support good governance and accountability. We learned that NHS National Services Scotland carried out an independent review of NHS Orkney’s information governance arrangements, following three separate incidents in summer 2020 relating to personal data. We noted that NHS Orkney has developed an action plan to address the findings from this review.

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. Prior to this announcement, the forecast year end position for NHS Orkney was an overspend of £10.899 million, attributable to COVID-19 related spend and the underachievement of savings.

Care systems across Scotland are experiencing significant workforce challenges. When we have considered NHS Orkney in recent years, we have highlighted challenges with recruitment and retention across the health and care system – including relatively high vacancy rates in parts of your clinical workforce. At our meeting last month, NHS Education for Scotland explained that your vacancy rate for nurses and midwives, and also for Allied Health Professionals, is higher than the national average. We also noted that your spend on medical locums increased from £1.4m to £2.3m. Other workforce issues we learnt about included the Mental Welfare Commission for Scotland explaining that there is increased use of agency staff, and a shortage of nursing staff with no dedicated learning disability nurses in post. We understand that your Board has recognised that workforce challenges constitute a high risk to the delivery of services, and your workforce strategy is due to be updated.

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 Orkney. For example, Public Health Scotland reported that the Hospital Standardised Mortality Ratio for Balfour Hospital remains within expected limits. Pre-COVID-19, NHS Orkney had a relatively low but increasing rate of bed days occupied by delayed discharge – and in a departure from the national pattern, the level of delayed discharges is currently greater than pre-pandemic levels. Healthcare Improvement Scotland explained that there would be benefit from NHS Orkney taking a more comprehensive approach to engaging the local community about the redesign and delivery of services.

In summary, the Group acknowledged that there are ongoing concerns about leadership, and a progress review is being planned to follow up on the concerns about services for children and young people in need of care and protection. In the first instance, we wish to meet with you and your team (including input from Orkney Health & Care) to learn about your assessment of these issues and how you are responding to these. The Group also agreed that, in six months’ time, we will consider the intelligence we have about progress made in relation to these issues. 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 our 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 Orkney Islands then please don’t hesitate to let us know.

Yours sincerely

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