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Dear Mr Burns

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 24 August 2020, 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 Ayrshire & Arran and the three Health & Social Care Partnerships in the region in response to the COVID-19 pandemic. In our annual report for 2018-19, 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 local health and care systems are currently in the process of restarting many services, and 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 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

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.
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 24 August should already be known to NHS Ayrshire & Arran, 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. 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 Ayrshire & Arran**

When we considered NHS Ayrshire & Arran on 24 August 2020, 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. 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 Ayrshire & Arran. 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 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\(^2\). Audit Scotland informed the Group that during 2020 there have been some changes to the senior leadership and management of NHS Ayrshire & Arran, and despite these changes you continue to have strong leadership in place.

We also previously highlighted the importance of collaborative leadership across the different components of local health and social care systems\(^3\). Earlier this year, the Care Inspectorate and Healthcare Improvement Scotland were due to carry out a joint inspection of children’s services in North Ayrshire. Unfortunately this was postponed due to COVID-19. We had previously noted evidence of stronger collaborative leadership in North Ayrshire and East Ayrshire compared with in South Ayrshire. The appointed auditor explained that work has continued across the region to further strengthen joint working, including via quarterly meetings of strategic partners in South Ayrshire.

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\(^1\)www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2017-2018.

As a Group, we understand that in recent years care systems across the country have been experiencing unprecedented financial pressures. When we considered NHS Ayrshire & Arran in 2018 and 2019, we acknowledged that major transformational change is required to achieve financial sustainability. At our meeting on 24 August 2020, Audit Scotland explained that NHS Ayrshire & Arran has effective financial planning and management arrangements in place. However, in 2019-20 you required £14.7m of brokerage from the Scottish Government, and your financial position in the medium to longer term remains extremely challenging. As a result of concerns about financial sustainability, NHS Ayrshire & Arran remains at stage 3 on the Scottish Government’s escalation framework⁴. Audit Scotland also explained that significant progress is still required to make the level of transformational change needed. We acknowledge that NHS Ayrshire & Arran continues to have strong governance and scrutiny arrangements, and these have been improved following your self-assessment in relation to the Scottish Government’s blueprint for good governance.

When we considered NHS Ayrshire & Arran previously, we noted 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. NHS Education for Scotland reported that this service remains on the General Medical Council’s enhanced monitoring with conditions process, but the number of conditions has reduced from four to two since November 2019. NHS Education for Scotland will revisit this service to assess progress since then, and it will also continue to monitor concerns about the training environment for medicine at University Hospital Crosshouse. On the subject of workforce, we learned that the percentage of consultant vacancies in NHS Ayrshire & Arran remains higher than the Scottish average (14% versus 8%, respectively). We also noted that bank and agency expenditure for nursing and midwifery increased in 2019-20.

Healthcare Improvement Scotland explained that an inspection of the care of older people at University Hospital Ayr in September 2019 did not identify significant concerns about the quality of care. In January 2020, Healthcare Improvement Scotland was notified of concerns regarding the quality of care within the Emergency Department at University Hospital Crosshouse, including about the care environment and available resources. NHS Ayrshire & Arran responded promptly and fully to these concerns, and no further action was required at that time.

Our meeting on 24 August 2020 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other services in Ayrshire & Arran. For example we learned that, prior to COVID-19, NHS Ayrshire & Arran had engaged well with nationally-led quality improvement work. Successes included a sustained reduction in the rate of cardiac arrest, and a very low rate of central line associated blood stream infections in neonates. Improvements had not yet been demonstrated in work to reduce falls and pressure ulcers.

The Scottish Public Services Ombudsman explained that, compared with the Scottish average, the percentage of complaints it received prematurely was relatively high for NHS Ayrshire & Arran. A high percentage of premature complaints can be a sign that complainants are unable to easily access, or navigate through, the NHS board’s complaints process.

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 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 Ayrshire & Arran then please don’t hesitate to let us know.

Yours sincerely

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