Dear Mr Roberts

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

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Borders at our meeting on 20 July 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 Borders and Borders Health & Social Care Partnership 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.

Thank you for the information you provided in advance of our meeting on 20 July 2020. The intelligence considered by the Group on 20 July should already be known to NHS Borders, 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 Borders**

When we considered NHS Borders on 20 July 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 the Borders. 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 Borders. 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 (including NHS Borders). As you explained in your letter dated 8 July 2020, we noted that as well as having a relatively new Chair and Chief Executive in post, NHS Borders has recruited new Directors of Finance and Workforce, and appointed a new Medical Director.

One of the main issues highlighted with the Group when we considered the Borders in recent years was a joint inspection in 2017 of health and social work services for older people. This had identified a number of areas for improvement, particularly in relation to oversight of some key processes, strategic planning and leadership. At our meeting on 20 July 2020, we were encouraged to hear that a follow up review (report published February 2020) identified that progress has been made in addressing each of the recommendations from the original inspection. Collaborative leadership has improved, although the COVID-19 pandemic is causing some challenges as senior managers from the NHS and Council seek to address new priorities. Adult support and protection had been a significant area of concern during the original inspection – and we learned that the partnership has changed its processes, assessment tools and training to ensure improvements. There are still challenges and we learned, for example, that progress in improving joint financial arrangements was limited.

When we considered NHS Borders in 2018 and 2019, we were informed that financial sustainability had become a significant cause for concern – and there has been additional support with this from Scottish Government since December 2018\(^2\). At our meeting in July 2020, Audit Scotland explained that NHS Borders’ expected outturn for 2019-20 is brokerage of £8.3m (down from a previous estimate of £9.3m) – and that your Financial Turnaround Programme has been suspended, with all resources transferred onto COVID-19 requirements, eg preparation of the local mobilisation plan.

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We understand that, as for NHS boards across Scotland, you are looking to understand the financial impact of the COVID-19 pandemic.

Our meeting on 20 July 2020 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 the Borders. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Borders has engaged well with nationally-led quality improvement work. Successes include sustained reductions in the rates of cardiac arrest and falls with harm. There is, however, no change in the rates of all falls or pressure ulcers. We also noted that while the Hospital Standardised Mortality Ratio for Borders General Hospital is not significantly different from the national average, there is some evidence of an increase in the unadjusted rate of mortality within 30 days of admission to hospital. For the most recent figures produced by Public Health Scotland, the unadjusted mortality rate for Borders General Hospital is relatively high (ie above the upper control limit) for January-March 2020. We understand that these data include the first month of Scotland going into emergency measures due to COVID-19, and changes in hospital activity/case-mix as a result of COVID-19 can be expected to impact on hospital mortality figures.

NHS Education for Scotland explained that postgraduate medical education and training in NHS Borders is well regarded, and no ‘triggered’ quality management visits were required in 2019-20. Compared with the average for territorial NHS boards, more letters acknowledging good practice were issued. NHS Education for Scotland also reported that the percentage of consultant vacancies for NHS Borders is close to the Scottish average, and since 2018-19 your spend on medical locums has reduced significantly. We noted that your Allied Health Professional vacancies are relatively high compared with the national average.

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 the Borders then please don’t hesitate to let us know.

Yours sincerely

[Signatures]

Alastair McLellan
Co-Lead for Quality
NHS Education for Scotland

Simon Watson
Medical Director
Healthcare Improvement Scotland

CC: Robert McCulloch-Graham, IJB Chief Officer
Laura Jones, Liaison Co-ordinator