Dear Mr Archibald

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Tayside at our meeting on 25 June 2019, 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.

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use 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 should already be known to NHS Tayside, 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.

NHS Tayside

When we considered NHS Tayside on 25 June 2019, 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 Tayside. 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 significant risks to the quality of care delivered for the residents of Tayside – in particular in relation to mental health services, and also leadership changes. 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. On the basis of the intelligence we considered, the Group agreed two additional actions that our organisations will carry out. These are highlighted below.

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1The 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 & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today’s health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards. The level of change has been greatest in NHS Tayside, and we note that appointments have still to be made to some Executive and Non Executive positions on your Board. The Group agreed that making good appointments to complete your senior leadership/management structure will be critical in bringing in the experience and capacity to provide stable, effective leadership that can deliver the level of transformation required. In terms of leadership more broadly, we also discussed the leadership of mental health services (see below).

Audit Scotland’s progress report on health and social care integration across Scotland highlighted the importance of collaborative leadership across the different components of local health and social care systems. At our meeting on 25 June we were informed that a joint inspection of services for adults has been carried out in Perth & Kinross and, while the report from this inspection is still to be published, we noted there has also been change within the senior leadership of this Integration Joint Board.

As a Group, we will continue to be mindful of the leadership challenge in Tayside – including progress in putting in place the senior management/leadership team in NHS Tayside, and collaborative leadership involving the NHS board and three Integration Authorities in the region.

Audit Scotland informed the Group that NHS Tayside has adequate corporate governance arrangements in place. We noted that improvements to governance mechanisms have been made recently, following an independent review of corporate governance commissioned by the Chairman of NHS Tayside – and further improvements are planned during 2019-2020. Further progress is still to be made with developing NHS Tayside’s risk management system. Strengthening governance arrangements was also one of the key findings from Healthcare Improvement Scotland’s review of clinical management of breast cancer, prompted by the North of Scotland Cancer Network (now North Cancer Alliance) being unable to agree a breast cancer clinical management guideline due to differences of opinion between the NHS Tayside breast oncology consultant team and the rest of the region.

As highlighted in our annual summary report for 2017-2018, care systems across the country are experiencing unprecedented financial pressures. Audit Scotland explained that NHS Tayside continues to have significant financial challenges. In order to meet its financial targets for 2018-2019, NHS Tayside received brokerage of £17.6 million from the Scottish Government – and there is an ongoing risk to longer term financial sustainability. Audit Scotland also reported that financial management in NHS Tayside has improved in 2018-2019, and financial planning was more realistic than in recent years.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. Public Health & Intelligence reported that the rate of consultant vacancies for NHS Tayside is lower than the Scottish average. The vacancy rates for nurses and midwives, and for allied health professionals, are close to the national average. We noted that expenditure on temporary staff has stabilised in the last two years but remains high. Healthcare Improvement Scotland informed the Group that, following concerns raised last year, NHS Tayside has improved the systems and processes for the appraisal and revalidation for doctors.

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When we considered NHS Tayside in 2017 and 2018, a number of the partner organisations highlighted concerns relating to mental health services. When we met on 25 June 2019, the Mental Welfare Commission explained that there is good leadership within specific services, such as old age psychiatry and forensic services. There has also been a marked improvement in how NHS Tayside carries out adverse event and serious incident reviews, and the Commission explained that incidents are now reviewed thoroughly with appropriate action plans agreed.

However, as a Group we continue to have serious concerns about general adult psychiatry services in Tayside, including the lack of clinical leadership, the culture of training for doctors, and some fear among trainee doctors of raising concerns. NHS Education for Scotland is revisiting NHS Tayside towards the end of 2019 along with the General Medical Council to see what progress has been made in relation to some of these concerns.

The Commission highlighted that people accessing services in Tayside have commented on the impact that seeing a number of different locum psychiatrists can have on their direct care. There are also challenges with recruiting nurses in the learning disability in-patient service, which is also impacting on care and treatment. Other key issues identified by the Commission include the high number of delayed discharge patients in learning disability services, and variable quality of care planning in certain service areas.

As a Group, we recognise there are some serious risks to the quality of mental health services delivered in Tayside. We are also aware that an interim report from the independent review of mental health services in Tayside was published in May, with the final report due later this year. Our original plan was for some of the agencies on the Group to reconvene once the final report is published. However, given the nature of the risks being identified the Mental Welfare Commission for Scotland, NHS Education for Scotland, and Healthcare Improvement Scotland have agreed that we need to consider whether there are any more immediate actions we should carry out with NHS Tayside and the three Integration Joint Boards in the region, with the aim of making improvements in the quality of mental health services. Please can you advise who your organisational lead/s for mental health is/are so that we can make arrangements for a follow-up discussion?

Our meeting on 25 June 2019 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 Tayside. For example, we found it helpful to learn about an unannounced inspection of the care of older people at Perth Royal Infirmary. Overall, this was a satisfactory inspection, with strengths including the completion of falls screening documentation, and input from the psychiatry of old age liaison team. Areas for improvement include maintaining patients’ dignity during mealtimes, and ensuring all older people admitted to hospital are accurately assessed within the recommended timescales. NHS Tayside has been proactive in responding to the findings from this inspection.

Healthcare Improvement Scotland also highlighted some examples of where NHS Tayside has engaged well with nationally-led quality improvement work. Successes include reduced rates of cardiac arrest, pressure ulcers, and falls. NHS Tayside is one of two NHS boards who were successful in their application to become spread sites for both the Value Management and Access QI programmes – and this reflects the comparative strength of your existing quality improvement infrastructure. However, as for NHS boards generally, there remain challenges in securing sufficient capacity for leading and carrying out quality improvement work.

Public Health & Intelligence reported that data about clinical outcomes and performance are not highlighting serious and widespread concerns about the quality of patient care in Tayside. Some additional data from national clinical audits are due to be published soon.
The Group therefore agreed that, given the significant changes in leadership in NHS Tayside, it will seek some additional assurance about the quality of front line clinical care. Specifically, Public Health & Intelligence and Healthcare Improvement Scotland will consider a wider range of available data on clinical outcomes and performance. The Group is also aware that NHS Tayside has mechanisms to measure and monitor the quality and performance of services, and we would like to learn what this is showing NHS Tayside about the quality of care.

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 Tayside then please don’t hesitate to let us know.

Yours sincerely

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