Dear Professor Croft

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Grampian at our meeting on 17 February 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 organisations¹.

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 Grampian, 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.

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.
NHS Grampian

When we considered NHS Grampian on 17 February 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 Grampian. This will help inform the work we carry out as national organisations. We also considered the additional information provided by your team, in Dr Caroline Hiscox’s (Executive Nurse Director and Executive Lead for Quality) letter dated 3 February 2020. 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 Grampian. 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 part of our annual programme of work we will continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

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 – and when we considered NHS Grampian a year ago we noted that there had been a period of significant change in the leadership of your NHS board. At that time, we also acknowledged a risk in leadership capacity given members of your senior management team had additional director responsibilities, including with NHS Tayside. At our meeting on 17 February 2020, the appointed auditor confirmed that membership of NHS Grampian’s senior leadership team had stabilised and overall had been strengthened over the past year. We also noted that your Director of Finance no longer has a dual role with NHS Tayside.

Audit Scotland’s progress report2 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. We acknowledged, from the information your team provided, that you have a Systems Leadership Team in Grampian, with input from your NHS board and the Health & Social Care Partnerships in the region. The Care Inspectorate informed the group of some changes in the senior leadership for integration services across Grampian. We also noted that one of the findings from a joint inspection of services for children and young people in need of care and protection was that the senior leaders in Aberdeen City Health & Social Care Partnership effectively promote joint working.

The Care Inspectorate also highlighted a positive culture within social work services in Moray. This is supported by a Social Work Leaders Group which is taking steps to improve communication and workforce involvement in self-evaluation, and promote professional identity and confidence. We were interested to learn that, as part of the work of your recently established Grampian Culture Group, everyone who works in health and social care in Grampian has been invited to provide their views on workplace culture. We are interested to hear about what you are learning from this.

It is also important to seek, and respond to, the views of people using services. When we considered NHS Grampian a year ago, the Scottish Public Services Ombudsman reported that it had identified some concerns with NHS Grampian’s complaints handling. At our meeting in February 2020, the Ombudsman explained that NHS Grampian has taken steps to improve complaints handling, eg front line teams are encouraged to contact families directly to discuss complaints, including the offer of face-to-face meetings.

The appointed auditor reported that NHS Grampian continues to have appropriate and effective governance arrangements in place that support scrutiny of decisions made by your board. When we considered NHS Grampian previously, we noted that action was required to

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mitigate high risks identified around IT and data security – and we note there is ongoing work to address these risks. The appointed auditor also explained that they will keep a focus on the impact of your new governance arrangements (Performance, Assurance, Improvement and Risk), together with progress in implementing the action plan arising from your self-assessment against the Blueprint for Good Governance. We are interested to learn about how clinical and practice governance is developing for integrated services across Grampian, and the Care Inspectorate explained that this requires further development in at least one Health & Social Care Partnership in the region.

As highlighted in our annual summary report for 2018-2019\(^3\), care systems across the country are experiencing unprecedented financial pressures. We noted that NHS Grampian has a good track record of meeting your statutory financial limits, due to prudent and effective financial management. The appointed auditor explained that NHS Grampian’s required efficiency savings in 2018/19 were the lowest level of savings required in five years, and you were among the NHS boards with the lowest levels of non-recurring savings.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we considered NHS Grampian in 2019, our main concern was about the sustainability of your workforce and the potential impact of this on the quality of care. At our meeting in February 2020, Public Health & Intelligence reported that your medical agency costs have continued to increase and are the highest of all NHS boards in Scotland. Your vacancy rate for nurses and midwives, and for Allied Health Professionals, also continues to be relatively high. We understand that you are progressing a range of innovative recruitment initiatives, but these will take time to make a difference. We also learned about some of the workforce challenges in care services, including significant recruitment challenges in Moray for home care and residential care providers. The Care Inspectorate also highlighted that three of the thirteen care homes within Moray are graded as ‘weak’ in terms of the quality of care provided, and one is subject to enforcement action. There will be a significant impact if these care homes can no longer be used.

We noted previously that challenges with nursing recruitment had resulted in the temporary closure of some mental health and learning disability inpatient beds. More recently, the Mental Welfare Commission for Scotland highlighted a concern about people with a diverse range of complex needs being cared for on the same ward due to the closure of an adult acute ward. Our understanding is that there are plans to reopen these beds, and that the learning disability beds have already reopened.

Our meeting on 17 February 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 Grampian. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Grampian has engaged well with nationally-led quality improvement work. Successes include reduced rates of cardiac arrest and falls with harm at Aberdeen Royal Infirmary.

When reporting on a range of outcomes and performance data, Public Health & Intelligence highlighted that it is engaging with NHS Grampian about some ‘outliers’ on the Scotland-wide intensive care audit. We also noted that over recent years the number of bed days occupied by delayed discharges has reduced in Grampian, and this is particularly notable in Aberdeen City.

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.

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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 Grampian then please don't hesitate to let us know.

Yours sincerely

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