Dear Mr Archibald

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

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Tayside at our meeting on 14 June 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 would like to thank colleagues from NHS Tayside and the three Health & Social Care Partnerships in the region for their tremendous efforts in the ongoing response to the COVID-19 pandemic. We know that the pandemic will continue to cause enormous challenges for front line services for some time to come, and there will be an impact on those heavily involved in the COVID-19 response even once the current challenges recede.

The pandemic has also impacted on the work programmes of the seven national organisations on the Group, and in doing so on some of the intelligence that is available to us. We are, however, continuing to share and consider intelligence regularly – as this helps us identify things that are working well, and also any emerging problems which can then be acted upon. The remit of the Group does not, however, extend to making a comprehensive, system-wide assessment of the quality of care. The intelligence we considered on 14 June should already be known to NHS Tayside, including a range of information which is already in the public domain.

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.
NHS Tayside

When we considered NHS Tayside on 14 June 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 Tayside. This will help inform the work we carry out as national organisations. The Group agreed that we will carry out one action in addition to those already planned by the seven national agencies. Specifically we will consider the report, once it is available, from the progress update for the independent review of mental health services in Tayside – and then decide if any of our organisations need to carry out any additional work in this area.

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. We noted that a permanent Chair of NHS Tayside was appointed in October 2020, and there is now greater stability in your senior leadership team. We understand that you have a relatively new Director of Public Health and Director of Facilities.

The Care Inspectorate explained that it considers leadership across the three Health & Social Care Partnerships in the region to be strong and collaborative. The link inspectors for the three partnerships noted positive cultures within partnerships that are forward thinking, and open to seeking external support if required. The interface between NHS Tayside and the three partnerships will be crucial in realising some of the changes/improvements to services that are required, including to mental health services (see below). The Care Inspectorate also noted that, across all three partnership regions in Tayside, the percentage of services that had grades of good or better in care at home services were below the Scottish average.

Healthcare Improvement Scotland (Community Engagement) explained that there have historically been difficulties within some local communities around how public consultation has been conducted by NHS Tayside. Meaningful engagement with patients/public appears to be continuing to improve, and NHS Tayside and Angus Health & Social Care Partnership continue to involve Healthcare Improvement Scotland’s Community Engagement team at an earlier stage than they generally did previously.

Audit Scotland informed the Group that NHS Tayside remains on the Scottish Government’s performance framework — although you have been de-escalated from Stage 4 on the framework to Stage 2 in relation to your financial position, governance and leadership, and from Stage 4 on the framework to Stage 3 in relation to mental health performance. When we considered NHS Tayside in 2020, we learned that NHS Tayside’s COVID-19 remobilisation plan will be your new transformation plan. At our meeting last month, Audit Scotland explained that there is a risk that NHS Tayside’s remobilisation/transformation plans may not be effective if they are not clearly linked with your other planning (eg financial and workforce planning, clinical strategy).

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At our meeting on 14 June 2021, we continued to focus on mental health services in Tayside given the serious concerns raised by a number of the partner organisations in recent years. Healthcare Improvement Scotland explained that, following its review of Adult Community Mental Health Services (report published July 2020), each of the three Health & Social Care Partnerships in the region now has an identified clinical lead, focusing on the quality of care that the whole team provides. Arrangements for appointing and supervising locum psychiatrists have also been strengthened – although, as the Mental Welfare Commission for Scotland highlighted, there continues to be a relatively high use of locum psychiatrists in Tayside. The Commission also explained that there is good leadership within specific service areas, such as old age psychiatry and forensic services – and there are areas where there is a strong focus on staff training and development. The Commission does, however, have some ongoing concerns about learning disability services, including the physical environment of some wards. NHS Education for Scotland reported that it is continuing to engage with NHS Tayside, through the General Medical Council’s enhanced monitoring process, about concerns with the quality of postgraduate medical training in General Adult Psychiatry across NHS Tayside. Following a virtual revisit in December 2020, the General Medical Council has now attached two conditions to this enhanced monitoring case.

We noted that a new mental health strategy for Tayside was published earlier this year, and implementing this will be your key focus for making the necessary changes/improvements to mental health services. As a Group, we would like to learn more about how this strategy will be operationalised. We also noted ongoing changes within the senior leadership of mental health services, which pose a risk to the delivery of your change programme. A progress review is currently being carried out following the independent review of mental health services in Tayside that reported in February 2020 – and as a Group we will consider this topic again once the progress review has reported.

NHS Education for Scotland reported that the rate of consultant vacancies for NHS Tayside (10%) is higher than the Scottish average (6%). Vacancies are highest for General Psychiatry, followed by Old Age Psychiatry and Child & Adolescent Psychiatry. We also learned that your medical locum agency costs have increased, as have those for nursing and midwifery bank staff. Healthcare Improvement Scotland explained that it carried out an unannounced inspection to Ninewells Hospital in January 2021. The inspection resulted in three areas of good practice and three requirements. Wards were moved into different COVID-19 pathways depending on capacity needs, and this led to some confusion by staff on what cleaning product should be used. The staff felt well supported, and findings were in keeping with other inspections at present.

Public Health Scotland explained that its Scottish National Audit Programme has recently contacted NHS boards, providing the most recent data for a number of clinical audits and seeking a response to any issues identified. We learned that some of these audits (eg Scottish Hip Fracture Audit, Scottish Intensive Care Society Audit Group) have highlighted issues for NHS Tayside to address.
We hope you find this summary of our discussions helpful, and we would be grateful if you share this letter with the three Health & Social Care Partnerships in Tayside, together with the Board of NHS Tayside. We will also welcome your feedback on how we can improve how we share and use intelligence as a Group, including how this can be of greatest value to NHS Tayside.

Yours sincerely

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