25 February 2021

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Dear Professor Hiscox

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

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Grampian at our meeting on 18 January 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.

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Grampian and the three Health & Social Care Partnerships in the region in response to the COVID-19 pandemic. In our annual report for 2019-20, 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 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

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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 18 January 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 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 Grampian**

When we considered NHS Grampian on 18 January 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 Grampian. 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 to 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 a Group, we have previously highlighted the importance of leadership and culture when considering the quality of care in the wider sense. When we considered NHS Grampian in February 2020, we learned that your NHS board’s senior leadership team had stabilised and overall had been strengthened – following a previous period of significant change in the leadership of NHS Grampian. At our meeting last month, we noted that you started in your role as Chief Executive in November 2020, and the addition of new Directors to your team responsible for strategy, people and culture, and marketing and communications.

We have also previously acknowledged the significant financial pressures being experienced by care systems across the country. Audit Scotland informed the group that NHS Grampian achieved its financial targets for 2019-20. Despite delivering a break-even position and having effective financial planning arrangements in place, NHS Grampian continues to operate within a challenging financial environment. Pre-COVID-19, NHS Grampian identified a significant funding gap in your three-year financial plan – and acknowledged the need for service redesign to deliver the level of savings required. As for NHS boards across the country, we understand that NHS Grampian is assessing the financial impact of COVID-19.

Audit Scotland also explained that your NHS board’s corporate governance arrangements continue to be appropriate, and these were revised in response to COVID-19 to support effective collaborative working between NHS Grampian and partner agencies. We learned that, following NHS Grampian’s self-assessment against the Scottish Government’s ‘Blueprint for Good Governance’, progress has been made – including with reaffirming your organisation’s vision and values, and strengthening assurance reporting by committees to the board. We noted that the new risk assessment process is expected to take another 12-18 months to become embedded.

Care systems across Scotland are experiencing significant workforce challenges. A main area of concern we have highlighted for NHS Grampian in recent years is the sustainability of your workforce and the potential impact of this on the quality of care. At our meeting in January 2021, NHS Education for Scotland reported that your vacancy rate for consultants is higher than the Scottish average (9% versus 6%, respectively) – and we noted that there was a significant overspend on the
medical staffing budget mainly due to the use of agency locums. Your vacancy rate for nurses and midwives is now similar to the national average, however the rate of vacancies for Allied Health Professionals is also relatively high. While the Group is aware that NHS Grampian has had a relatively high dependency on locum/agency staff for a number of years, we also note that steps have been taken to strengthen the management arrangements for locum use during 2019/20.

Audit Scotland informed the group that it is continuing to monitor progress with the provision of maternity services at Dr Gray’s Hospital. These services had been reconfigured in 2018 due to difficulties with staff recruitment and retention, and a subsequent externally led review commissioned by NHS Grampian had identified some ongoing challenges. We noted from recent public papers of your Board that your Best Start North Programme will identify a sustainable solution to maternity services at Dr Gray’s Hospital by April 2021.

NHS Education for Scotland explained that there is good engagement from NHS Grampian in relation to postgraduate medical education and training – and it is recommending to the General Medical Council that the neonatal service at Aberdeen Maternity Hospital is de-escalated from enhanced monitoring due to significant improvements made. However, we also learned that Dr Gray’s Hospital has been escalated to the General Medical Council’s enhanced monitoring process for General Surgery, General Internal Medicine and Anaesthetics. Main factors contributing to this are the lack of substantive consultants and the dependence upon locum staff, resulting in fragile training environments within General Internal Medicine and General Surgery at Dr Gray’s Hospital. Given the challenges previously in relation to staffing of maternity services and now also in General Surgery and General Internal Medicine, the question around the sustainability of services at Dr Gray’s Hospital arises.

Public Health Scotland informed the group that its Scottish National Audit Programme is engaging with Dr Gray’s Hospital about a number of issues highlighted by clinical audit data, eg in relation to the care of people who have had a hip fracture or a stroke. We learned that NHS Grampian colleagues have engaged well with the Scottish National Audit Programme, and work is ongoing to monitor progress on agreed action plans.

Our meeting on 18 January 2021 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, Healthcare Improvement Scotland explained that an unannounced inspection to Woodend Hospital in August 2020 was positive overall. Patients were treated with dignity and respect, the patient environment was clean – and staff reported that they had felt supported during the COVID-19 pandemic and that they had sufficient resources including Personal Protective Equipment. Most of the requirements from the inspection related to documentation.

We noted that, pre-COVID-19, there were signs of improvement in Grampian for access to Child & Adolescent Mental Health Services and also to psychological therapies. The Mental Welfare Commission for Scotland explained that some psychiatric wards are being upgraded in a ligature reduction programme, following direction from the Health & Safety Executive. The Commission is also looking into reports of individuals in Moray who were moved from hospital to care homes earlier in the pandemic without legal authority in place.

In September 2019, at the request of the Health and Safety Executive and Procurator Fiscal, NHS Grampian commissioned an independent review by the Royal College of Psychiatrists of their adverse event review process in Mental Health and Learning Disability Services. This followed from a series of serious adverse events coming under external scrutiny. An action plan was produced in response to the recommendations. The Mental Welfare Commission also commented on the late notification of some serious adverse events in Grampian, and is seeking a resolution to this.
The Care Inspectorate advised that the Health and Social Care Partnerships across Grampian, together with the Adult Support and Protection committees, undertook a review of deaths by suicide and attempted suicides in Grampian in 2020. We understand this was a helpful piece of work which supported these committees to learn about the situations of the individuals concerned and to determine further work required to support vulnerable individuals identified as at risk.

The Scottish Public Services Ombudsman explained that, following some training sessions it provided for NHS Grampian in late 2019, it was due to deliver additional training in early 2020 to support your NHS board’s new approach to complaints handling. These were put on hold due to COVID-19. We also learned that investigations by the Ombudsman have identified some concerns with social care provision for vulnerable children in Moray, in particular relating to kinship care arrangements and transitioning from child to adult social services for looked after children.

The Group agreed that, given various issues highlighted for Dr Gray’s Hospital, we wish to meet with you and your team in the first instance, to learn about your assessment of these issues and how you are responding to these. In addition, we will review progress in six months’ time in relation to these issues specifically. The purpose of this is to make a decision about whether or not there are any additional actions beyond any already planned that any of our agencies need to take.

We hope you find this summary of our consideration of our collectively shared intelligence 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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