

Tayside NHS Board
Ninewells Hospital and
Medical School
DUNDEE
DD1 9SY
01382 660111
www.nhstayside.scot.nhs.uk



Jeane Freeman MSP
Cabinet Secretary for Health and Sport
Scottish Government
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Date 18 September 2018
Your Ref
Our Ref MW/PS/jr/Freeman, Jeane MSP 1809
Enquiries to Malcolm Wright
Extension 40115
Direct Line 01382 740115
Email chiefexec.tayside@nhs.net

By email to: craig.white@gov.scot

Dear Cabinet Secretary

NHS Tayside Board Governance Assurance Mechanism

I am writing to you following your letter of 5 September 2018 concerning the case of Professor Eljamel raises extremely serious issues and it is essential that we learn lessons from this. I have commissioned a review of the events, with externality to ensure that the Board of NHS Tayside can be assured that appropriate measures have been put in place and that lessons are learned and applied.

To address the specific points you raised:

NHS Complaints

Mechanisms for the Board to detect and respond to clusters of complaints about the same clinician – with details of the process and timescales for this

Complaints are recorded by NHS Tayside complaints department on the electronic Datix system which include a running total by consultant name from 2015. Although each complaint is recorded against an individual consultant's name, multidisciplinary team working means it is not always appropriate to isolate a single consultant as the focus for every complaint.

Complaints are co-ordinated through the management line, and in the case of consultant staff, the Clinical Director is informed of all complaints concerning individual consultants. If there is cause for concern about the nature, volume or themes of complaints concerning a consultant, the Clinical Director escalates the issue for review to the appropriate Associate Medical Director.

This process can also be activated if there is deemed to be poor engagement by the consultant in the complaints process.

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Chairman, John Brown CBE
Chief Executive, Malcolm Wright OBE



A regular meeting has been put in place, in which consultants, who are a potential concern, are discussed by Human Resources and the Responsible Officer who is the Medical Director.

In light of the recent BBC Disclosure programme we are reviewing the role of the Responsible Officer, the frequency of meetings and NHS Tayside's relationship with the GMC. Fundamental to this will be the strengthening of our Consultant Professional Governance framework and the establishment of a more automatic; rules based triggering of the review process. This will be strengthened within our existing Professional Regulation Policy. A lead consultant has been identified and allocated him to work with key stakeholders to agree the domains and metrics that would identify any clinician of possible concern.

Each consultant also has a personal responsibility towards patient safety, which is clearly articulated by the GMC in Good Medical Practice.

Complaints are also a constituent part of the Consultant Appraisal and the Revalidation process. However, appraisal is not part of the NHS employer performance process. If an Appraiser identifies a patient safety issue within the Appraisal Process then the process is halted and escalated to the medical line manager, the Responsible Officer and to the GMC if deemed appropriate.

What arrangements are in place for ensuring timely decision making when the safety of practice of a Consultant is raising concern

Arrangements are in place whereby any consultant of possible concern is escalated to the Responsible Officer (Medical Director). Each case is reviewed by the Responsible Officer and Human Resources and a record of all meetings is held by HR.

All reports are logged on date of receipt, reviewed by the Responsible Officer and next steps agreed. Where there are serious concerns and recommendations regarding an individual consultant's fitness to practice the expectation is this will be actioned on receipt of the report, with consideration of the need to restrict duties, provide supervision or remove from practice.

In light of the particular case highlighted in the BBC programme NHS Tayside has commissioned one of our lead consultants to review the systems and processes to support the Responsible Officer.

Where external reviews are requested such as Royal College Reports, these are overseen by the Medical Director.

Surgical Safety and M&M Reviews

Ensuring that there is reliable delivery of process for pre-operative marking

NHS Tayside has processes in place through the use of our surgical safety checklist and patient theatre ticket to ensure surgical site marking is robust to avoid wrong site surgery. NHS Tayside hosts Theatre Safety Day's across NHS Tayside where good practice is highlighted in the use of these documents by theatre and ward staff and the most recent event regarding surgical site marking held Wednesday 12 September 2018.

Monitoring workload and surgical list length

Each directorate monitors waiting lists using TrakCare and our Qlickview inpatient, outpatient and diagnostic dashboards. Where there are concerns regarding a clinician's waiting list, theatre list length or workload, a discussion is held with the individual consultant to review the situation and agree any actions or escalation required.

Appropriately equipped theatres

As part of the daily safety checks within theatres all equipment is checked to ensure it is working, clean and fit for purpose and a record of the check is retained for audit purposes.

Processes to support clinicians in presenting cases and have time allocated to attend Morbidity and Mortality Reviews

Directorate Governance processes are in place to support Morbidity and Mortality reviews. Evidence of the reviews is provided at the rolling programme of Acute Service Performance and Care Governance Reviews where concerns, learning and any required improvement are highlighted.

NHS Tayside is currently in the process of refreshing our performance review framework including how morbidity and mortality reviews are conducted and supported at service level. This will ensure learning and all actions are completed and that robust feedback mechanisms are in place to support organisational learning.

In support of this work NHS Tayside has:

- Linked to the national work to develop a Scottish Mortality and Morbidity Toolkit
- Established links with the National Mortality Case Record Review Programme. Training is provided for our clinicians to use the Structured Judgement Review Method supporting a consistent approach to local service Morbidity and Mortality reviews
- Identified areas of good practice within the Board where morbidity and mortality reviews are embedded
- Established a clinically led short life working group to develop a morbidity and mortality template in Datix (system for recording incidents and risks) to support extraction of data, collation of reports and shared learning

In addition, NHS Tayside services utilise the 10 Clinical Effectiveness half days that are run across the year to discuss Morbidity and Mortality reviews and any learning. A register is kept of consultant attendance.

Arrangements for reviewing the effectiveness of on-call rotas

A Lead Consultant for each service is responsible for developing and overseeing medical rotas. Gaps in the rotas due to absences are identified and rectified by the Clinical Lead for the service. The on-call rotas when published are held by the switchboard, with any changes advised by the Clinical Lead for the service. Provision of on-call duties is the first priority in a Consultant's job plan and is reviewed within the job planning process. Trainee rota effectiveness is subject to rota monitoring and review. When gaps are identified in-house or external locums are used.

Supervision of Junior Medical Staff

Consultant oversight supervision of junior medical staff

All junior doctors in NHS Tayside have named clinical and educational supervisors who have been approved via the GMC/Deanery recognition of trainer's process. Junior doctors across NHS Tayside have recently been issued with identifying lanyards and corresponding photo ID posters have been distributed to clinical areas. These help clinical staff identify the level of experience of the junior doctor to ensure they are given appropriate levels of experience and supervision.

All junior doctors undergo an extensive induction process covering all speciality specific and out of hours responsibilities. The Director of Medical Education has prepared a summary report of the GMC trainee survey's over the last four years. This will be reported through the Staff Governance Committee to the Board. There is a clear process for reviewing and supporting services when concerns about training have been identified.

The adequacy of supervision of trainees is a specific aspect of the annual GMC Trainers survey. A full report from this training reporting system is available on-line and from the respective Deaneries.

Openness and Transparency

A description of the processes in place to encourage open reporting and discussion of behaviours not consistent with NHSScotland values

Alongside other Health Boards, NHS Tayside has adopted national guidelines and systems promoted by Scottish Government to ensure that any matters of concerns can be raised by any member of staff at an early stage in a way that is safe and appropriate. This includes embedding use of Whistle Blowing Policy, appointment of a Non Executive Director Whistle Blowing Champion, a formally-designated Fraud Liaison Officer (ensuring proactive working with the National Counter Fraud Service) as well as encouraging staff to speak to their line manager, HR colleagues, professional medical, nursing or AHP contacts, or directly to trade union partners in order to raise any concern they may have about any matter relating to staff or the care we provide.

As the heart of the Board's 'Transforming Tayside' strategy is developing a culture of supportive, accountable and quality focussed leadership and management. This includes full adoption, role modelling and promotion of NHS Scotland's core values: care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.

In shaping NHS Tayside as a values-based organisation, early steps are being taken to ensure that there is communication and engagement with all staff to ensure our commitment to those values and the behaviours is clearly and understood by all. This process begins with the Board members and Executive Leadership Team at its meeting on 27 September 2018.

In establishing a clear accountability across NHS Tayside for adhering to these values, regular reporting is being introduced to provide assurance to the Board in this regard. This includes embedding a clear accountability framework, including through individual appraisal of team leaders and senior officers, where line managers are held to account for staff experience and patient care quality and outcomes, and where leaders and staff are held to account and hold themselves to account for their behaviours and delivery of care.

This approach forms part of a wide programme of supported team development being rolled out across the approximately 1500 teams in NHS Tayside as well as monitoring by the Board - and associated national reporting - of key domains within the iMatter staff experience toolkit around staff confidence in our approach to performance management, confidence in NHS Tayside as an employer, and the extent to which staff would be happy to receive our care themselves or when offered to those close to them.

How quality of outcomes are monitored and any deficiencies reviewed and necessary action taken

There are no generic outcomes measure currently available except the Board published Hospital Mortality rates (HSMR). There are a range of National and local audits used at local service and Acute Service performance reviews to support improvements in clinical practice and share learning (e.g. cancer QPI reports, colorectal surgery, emergency laparotomy, joint replacement, STAG trauma audit). The gradual evolution towards development and use of robust outcome measures across UK medicine is not complete, but is supported by national groups, national audit standards, national, regional and local networks and improving IT resource.

I trust that this addresses the issues raised. There is further work to do and I would be pleased to discuss this further with you or your officials.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Malcolm Wright', with a stylized flourish at the end.

Malcolm Wright
Chief Executive