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Professor Craig White

By Email to
David.Leslie@gov.scot

Date: 02 October 2018

Our Ref: AC/AW

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Dear Professor White

Thank you for your letter from 5th September 2018 requesting assurance on our Board governance mechanisms in light of the harm caused by a former Head of Neurosurgery in NHS Tayside. Professional practice of doctors is overseen by our Medical Director and in collaboration with the Director of Nursing he has developed a Professional Assurance Framework that addresses the key domains of practice that must be in place to assure the Board and the Public that our clinical professionals provide safe and effective care. Within NHS Grampian we have many systems and processes which work in conjunction with external bodies and regulators to monitor safety and quality of care. However we still rely on our staff and the public to alert us to clinical issues and fostering an open and engaging culture is critical to the delivery of safe care. You asked for some specific responses and I will address these in turn.

NHS Complaints

NHS Grampian has a well-developed feedback service that responds to individual complaints. We are also attuned to issues or complaints that may come through other routes and we have developed regular team meetings within the Medical Directorate to discuss these and triangulate concerns. The Medical Directorate meets to consider individual and system performance issues on a weekly basis for the Acute Sector and monthly for each of the Health and Social Care Partnerships. Specific routes of feedback include:

1. *Patients or relatives through the patient feedback system.*

The two stage complaints procedure aims for early local resolution within 5 days. If the patient is dissatisfied with the response it progresses to investigation with response within 20 working days. Complaint responses are collated by the feedback team with input from Clinical Directors/Clinical Leads, Unit Operational Managers and the individual clinicians. Where the Clinical Director believes that the complaint may be an indication of a wider professional issue this can be escalated and present at the weekly Medical Director Performance Team meeting. Where advice is required the Associate Medical Director for Performance, Appraisal and Revalidation can be directly contacted to discuss the concern.

2. *Trainees, colleagues, medical line managers.*

If concerns are raised that a colleague may not be fit to practice and may be putting patients at risk, the above noted must act in line with the GMC's "Raising and acting on Concerns about Patient Safety." The clinical line manager for the practitioner concerned is the key decision maker, taking advice from senior clinical managers and their operational HR Team. These concerns may include misconduct, poor performance, criminal conviction, physical or mental ill health or lack of knowledge. Trainees will often contact their Educational Supervisors for advice but may also report this directly through the GMC feedback system that will directly contact the Board. Where these issues are considered significant they will be brought to the regular Medical Directorate Performance meetings by the respective sector Medical Leads.

3. *DATIX incidents, Morbidity and Mortality Meetings and Clinical Audit Meetings.*

The Acute Sector Clinical Care Quality and safety group has overall responsibility for overseeing safety and quality in order to provide assurance to the Acute Sector Leadership Team, patients, public and wider organisations that systems of quality and safety are embedded within the Sector. The group links strongly to Divisional Assurance & Accountability meetings, Divisional Clinical Care Quality and Safety groups and the NHS Grampian Clinical Governance Committee.

The Acute Sector Clinical Care Quality and safety group key aims are to

- Promote clinical leadership and engagement to ensure a consistent and robust approach to quality and safety;
- Ensure clear lines of responsibility and accountability are in place for the quality and safety of care within the Sector;
- Ensure multi-disciplinary quality and safety meetings take place regularly at Sector level to seek assurance, opportunities for improvement and identify themes for learning;
- Support learning and sustainable change from adverse events and patient and carer feedback which can be effectively demonstrated through cross-division shared learning and evidence of prevention and organisational memory;
- Proactively anticipate and mitigate future risk through cross-Sector horizon scanning and identifying potential impact of external influences;
- Continuously improve and safeguard high standards of patient care; and
- Promote a culture of openness, transparency and candour about matters of concern.

This group also feeds into the Board Level cross system Clinical Risk Management Group that meets weekly to consider the full range of safety metrics for the organisation. This group is co-chaired by the Medical Director and Director of Nursing. Where there may be an individual practitioner issue this will be considered in the Medical Director weekly team meeting.

4. *The SPSO*

SPSO reports are considered at the weekly Clinical Risk Management Group in addition to local service discussion. They are also sent to the Director of Nursing and the Medical Director. If SPSO recommendations raise any concerns around doctors fitness to practice these will be considered on an individual basis.

5. *The GMC*

Concerns can be raised directly with the GMC from members of the public, other doctors or colleagues or the doctor themselves. The GMC will contact the Responsible Officer for further information and then decide if the complaint meets the threshold for investigation. Regular contact and meetings with the Employer Liaison Advisor at the GMC ensures timeous transfer of information and decisions regarding the need for undertakings with the clinician concerned.

6. *Medico-legal Cases*

Medical Legal cases are overseen by a senior Medical Manager within the Acute Sector in combination with the Medical Director who manages the Information Governance and Legal Team. Where individual cases raise concerns about the wider clinical practice of a doctor these will be considered within the Medical Directorate Team meeting. In addition to this regular review of cases all litigation cases within the Board are discussed at the twice yearly Medical Litigation Review Meeting chaired by an Acute Sector Divisional Director and attended by members of the Medical Leadership team, Medical Directorate and Central Legal Office.

7. *Annual Appraisal*

The confidentiality agreement between appraisee and appraiser includes disclosure if there are fitness to practice concerns putting patients at risk. The appraiser must act as described in the GMC's "Raising and acting on Concerns about Patient Safety." In most cases this will be to the Associate Medical Director for Professional Performance. If appropriate the concern will be discussed with the line manager for the practitioner concerned, taking advice from the operational HR Team. These concerns may include misconduct, poor performance, criminal conviction, physical or mental ill health or lack of knowledge and they would be addressed using the NHSG OHS service and/or NHS Grampian Framework for Support policy with consideration regarding suspension during investigation made in consultation with the Medical Director.

8. *Occupational Health Service*

Health issues and their impact on work are considered by our Occupational Health Service which takes management as well as self referrals. They provide confidential reports regarding fitness to be at work and requirements for workplace modifications. This is a confidential process but patient safety as well as staff safety is considered in their advice. We would routinely seek OHS assessment in doctors who have performance issues to ensure that there is no associated underlying physical or mental ill health.

9. *External Reports*

A wide range of external quality assurance, performance and audit reports are received by the organisation. These may specifically include information on NHS Grampian services or may offer learning from other NHS organisations. These are considered within our risk management and governance systems and may trigger concerns about an individual service. The regular Medical Director Performance meetings also cover services in difficulty and such reports are considered here.

All of these routes that may identify a concern relating to an individual can be brought together at the regular Medical Directorate Performance meetings. There is wide representation at these meetings including senior HR, senior management and Clinical Directors. The work of the group is co-ordinated by the Associate Medical Director for Professional Performance. The Associate Medical Director for Professional Performance maintains confidential electronic performance records and works with colleagues in

secondary care, NES, the Integrated Joint Boards, the University of Aberdeen and the GMC collating information from the above sources to ensure concerns about fitness to practice are investigated appropriately and in a timely manner. You specifically asked about:

'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'

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

The above mechanisms that are overseen by the Medical Director seek to triangulate concerns around clinical practice from multiple sources and to investigate those concerns as quickly as possible. Outside of the regular weekly review meeting urgent contact with the Medical Director and his team is easily accessible to discuss specific issues. The decision making is balanced and collaborative but will rapidly respond to safety concerns and can limit practice immediately if required.

Surgical Safety and M&M reviews

Pre-operative consent and the full implementation of the WHO surgical Safety checklist across NHS Grampian operating theatres ensure there is a reliable delivery of process for pre-operative marking.

Monitoring workloads, surgical list length and appropriately equipped theatres has been supported by the implementation of the surgical theatre management system – 'Opera'. This is reviewed within the surgical services within the Acute Sector with oversight by the Medical Director of Acute Services.

Consultants have Supporting Professional Activity time allocated within job plans to support attendance and discussion of cases at morbidity and mortality reviews.

The development of the Mortality and Morbidity meeting process is one of the work streams in our Clinical and Care Governance improvement group. We are lucky to have the National Clinical Lead for this work within our Board and he is leading this work stream. The focus is to bring consistent and evidence based methodology into all M+M meetings across all surgical and non-surgical services. We intend to establish the electronic recording of all M+M meetings within the Datix system; it is already operational in a number of services. We are also supporting the development of a learning culture within teams taking part in M+M discussions with a particular emphasis on human factors training.

Supervision of junior medical staff

Most of our Junior Medical Staff are Doctors in Training. There are extensive regulatory and quality management systems in place to oversee the quality of their training, the safety of the environment they train in and the safety of patients. NHS Education for Scotland and the GMC are the regulatory bodies. NHS Grampian is also a designated Local Education Provider which is overseen by the GMC. Their most recent regulator visit was extremely positive and the reports are in the public domain.

Junior Medical Staff are all allocated a dedicated Clinical and Educational supervisor from our Consultants and they require GMC recognition of trainer's status across 7 Framework areas

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning

3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational process (not required for clinical supervisors)
6. Guiding personal and professional development (not required for clinical supervisors)
7. Continuing professional development (CPD) as an educator

The recognition of trainer status is reflected in the annual appraisal system to ensure compliance with the appropriate standards. Educational and Clinical Supervisors have time allocated in their job plans to deliver their role. Their Responsible Officer is the Medical Director of NES and operationally this role is delivered by the Regional Postgraduate Dean. The Medical Directorate has a joint monthly meeting with the Regional Postgraduate Dean where individual trainee concerns are discussed which might involve a patient safety issue or fitness to practice concern.

It is important to recognise that a small number of Junior Medical Staff are not in a formal training program (Locums for Service and some Clinical Fellows) and so sit outside of the NES regulatory and quality framework. These doctors fall under the same management arrangements as all other permanent Medical staff and the Medical Director is the Responsible Officer for these individuals.

Openness and transparency

You specifically asked about:

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

NHS Grampian supports an open and transparent culture, underpinned by a commitment to engage staff, patients, partners and other stakeholders with care, compassion, dignity and respect. The use of the Datix encourages openness, honesty and responsibility in reporting all types of incidents which can be recorded anonymously. As outlined in our Whistle blowing policy the primary route for raising any concern is through our line management structures but we recognise that this isn't always seen as the easiest path to follow. For clinical performance issues the Associate Medical Director offers confidential advice to staff. We have a board Whistle blowing champion Non Executive Director. Within the Whistle blowing policy we have two designated individuals within the organisation who are able to act as a contact for those who wish to raise concerns and are not comfortable with the usual internal processes (One is the Feedback Service manager and the other our Associate Medical Director for Quality and Improvement). Clinical staff are also aware of their ability to raise issues with the regulatory bodies and we know that this is an important route for doctors who contact the GMC with concerns about other doctors.

Our Senior Leadership Team seeks to be open and receptive to feedback and concerns around behaviours not consistent with NHS Scotland values. The link between behaviours and culture is well recognised and over the last four years the NHS Grampian senior leadership has sought to focus on culture across its organisation. Within specific services where there have been historical issues there is good objective evidence that there have been many successes.


You also asked:

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

From a wider perspective the performance of the organisation against quality outcome measures is the responsibility of the NHS Grampian Senior Leadership Team. The Medical Director is a member of this Senior Leadership Team together with the leaders from all sectors (Chief Officers for the HSCPs and the Leadership Team for the Acute Sector). We are currently revising our quality performance arrangement to bring Performance, Assurance, Risk and Improvement together within one system linked directly to the Senior Leadership Team and through that to the NHSG Board Assurance Committees and the Board directly. We have formed four subgroups of SLT covering Quality and Safety of Clinical Care, Compliance, Workforce and Infrastructure. Each are chaired by an SLT member and commissioned to review, assess and set the risk level for each of these high level operational domains. Within each sector performance and monitoring systems are in place to identify quality issues and risks, develop plans to mitigate and improve. This system of performance quality and risk management is being developed in collaboration with the Board, with oversight from the Audit Committee and under the direction of the Medical Director. Where clinical quality outcome issues are detected these fall under the responsibility of the Medical Director, Director of Nursing and the Director of Public Health depending on their nature.

I hope his response give you sufficient information to be assured that we take this aspect of Professional and Clinical Governance very seriously and have a well developed approach to handling concerns. Our Medical Director is the lead in this area and would be delighted to meet up to explore these issues in more detail.

Yours sincerely

A handwritten signature in black ink that reads "A. L. Croft". The signature is written in a cursive, slightly slanted style.

Professor Amanda Croft
Interim Chief Executive, NHS Grampian