Agenda Item:
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Shetland Islands Council

NHS Shetland

Meeting:	Shetland NHS Board
Date:	18 August 2020
Report Title:	Medical Director Annual Report 2019 (including Duty of Candour Annual Report 19/20)
Reference Number:	Board Paper 2020/21/32
Author / Job Title:	Brian Chittick, Interim Medical Director

Decisions / Action required:

The Board is asked to note the contents of this annual report.

High Level Summary:

This report highlights:

1. The evolution of the medical leadership cadre within NHS Shetland Board and the impact on healthcare delivery.
2. The current establishment for the workforce in NHS Shetland and the challenges across Primary care within the Board.
3. General Practitioner with Special Interests (GPWSI's)
4. The current establishment for the workforce in NHS Shetland and the challenges across Acute and Community services within the Board.
5. Quality Assurance of care provided
6. Risk Management across NHS Shetland
7. The NHS Shetland Duty of Candour (DoC) Annual Report
8. Education and Training
9. Appraisal and Revalidation
10. COVID – 19 Pandemic

Corporate Priorities and Strategic Aims:

To create the right conditions for front-line staff to deliver safe and effective service, ensuring high quality care is provided by skilled workforce that is appropriate for remote & rural settings in Shetland.

Key Issues:
Noting • Changes in medical workforce • Challenges in recruitment and retention highlighting areas of success (Rediscover the Joy project and GP Training) • The refocus of the Medical Director Portfolio during the Covid-19 response phase

Implications : *Identify any issues or aspects of the report that have implications under the following headings*	
Service Users, Patients and Communities:	*Maintaining high quality and safe care across the specialties for Shetland communities*
Human Resources and Organisational Development:	*Enhancing individual and organisation resilience particularly during the response phase of the Covid-19 response phase.*
Equality, Diversity and Human Rights:	*N/A*
Partnership Working	*Developing capabilities within the teams to work in collaboration & across organisational boundaries*
Legal:	*Ensure compliance with NHS Shetland statutory obligation.*
Finance:	*This report outlines a reduction in locum cost and outlines future potential savings due to changes in workforce modelling*
Assets and Property:	*NA*
Environmental:	*NA*
Risk Management:	*The report highlights changes to the risk management process during the management of the Covid-19 pandemic response phase.*

Policy and Delegated Authority:	*NA*	
Previously considered by:		

"Exempt / private" item	

The main report is to be attached together with a list of the appendices and references to any background documents or material e.g. include web links.

Appendix A – NHS Shetland Annual Duty of Candour report

Medical Director's Annual Report 2019-2020
(including NHS Shetland Annual Duty of Candour Report 2019/20)

Foreword

Since the Medical Director's Annual Report in 2019, Mr Brian Chittick has continued in the role of Board Interim Medical Director (MD). During this time, he has also maintained the post of Dental Director within the Board. However, Dr Kirsty Brightwell has been appointed as substantive Board Medical Director and joined the Board on 6th July 2020. Therefore this Medical Directors Report will cover the Medical Director's review until this date to ensure that the subsequent Medical Directors Report has no gaps in reporting. The report will also cover the Board "Response Phase" to the Covid-19 pandemic.

Medical Leadership

There has been further development of the Medical Directorate during this reporting period with the appointment of a Substantive Medical Director (Dr Kirsty Brightwell) and the commencement of a recruitment process for an Associate Medical Director (AMD) in the acute sector.

NHS Shetland Board has continued to employ an AMD in Primary Care (Dr Dylan Murphy) to support the MD's role. At the end of June 2020 the role of AMD for the acute sector was advertised and will hopefully be filled moving forward. This will mean there will be an AMD in the two main areas for the medical service provision within the Health Board.
Due to Mr Chittick being registered with the General Dental Council (GDC) and not the General Medical Council (GMC), this has meant that the Responsible Officer (RO) responsibilities have fallen to NHS Grampian. Formally this role was covered by Dr Malcolm Metcalf who provided a Deputy Medical Director role including the role of Responsible Officer, but since his retirement this role has passed to Dr Shona Walker who is the Associate Medical Director for Professional Performance and Deputy Responsible Officer in NHS Grampian. The new Medical Director will assume this role on appointment to the Board.
Dr Pauline Wilson has retained the role of Interim Director of Medical Education and has been well engaged in a Regional and National basis to ensure that the training needs of NHS Shetland are represented appropriately.

Workforce - Primary Care

The scarcity of GPs which has plagued the Board in more recent years has abated during this reporting year and finally some resilience and sustainability of the GP cadre appears to be coming to fruition with throughput from GP training in Lerwick, as well as the Board being able to attract individuals to come and work as GPs in Shetland. The Board has also managed to locate substantive GPs into the Walls and Yell practices.
The Re-discover the Joy GP project has remained a successful mode of recruitment of GPs into a remote and rural area like Shetland. The project involves NHS Shetland, Orkney, Western Isles and Highland with support from the Scottish Rural Medicine Collaborative (SRMC). We are finding that we are able to attract Doctors through the Joy project for longer periods of time to provide continuity care as well as being able to recruit short term/notice members of the team to come in and cover leave periods and sickness.

Lerwick Health Centre remains the largest practice, as well as a GP training practice. In February 2019 we were delighted to have two new trainees commence rural track GP training. Both trainees are native Shetlanders who intend to complete training and then stay on in Shetland as GPs.
The majority of trainees who have qualified over the last few years have chosen to take up posts in Shetland, so this pathway remains a good development which results in substantive GPs remaining in Shetland to decrease the dependency on Locum GPs and Joy GPs.
Work continues on Primary Care reform of working, which will hopefully provide support to single handed practitioners who are often providing care in remote areas. During the pandemic response phase, focus has been on making sure these individuals remain linked with their professional peers to reduce professional isolation.

General Practitioner with Special Interests (GPWSI's)

The use of GPWSIs to supplement each area of medical specialties has continued to decrease over the reporting period. Previously some hospital based services ran wholly on GPWSI medical cover; an example of which was in the area of Obstetric care. However, there remains one GPWSI working within the Paediatric team supported by NHS Grampian Consultants. This individual is signalling plans to retire so succession planning within the area of Paediatrics is ongoing and is a project that the new substantive MD will take forward. There is also a GPWSI working in Occupational Health Medicine. This has come to fruition during the Covid period and the individual is being supported to undertake some of the medical work linked to Occupational Health and Occupational Medicine.

There also remains a GPSWI in Dermatology who is working to supplement the service provided by NHS Grampian and is able to undertake minor surgical procedures in this speciality and provide some local basing of a Dermatological capability.

The current Interim Medical Director has been working as a dentist with special interest in Oral Maxillo-Facial Surgery (OMFS) and has acted as a link between the Grampian OMFS team and the patient base in Shetland. This has resulted in local clinics running in conjunction with the Grampian Team especially for review of suspected cancer cases negating travel to the mainland for patients. There has also been a monthly theatre list to help with the flow for oral surgery patients.

Workforce - Secondary Care

Consultants - NHS Shetland Consultant medical staffing establishment is set as follows:
Consultant Physician - 4.0 Whole Time Equivalent (WTE);
Consultant Anesthetist - 4.0 WTE;
Consultant General Surgeon - 3.0 WTE (plus 0.75WTE additional locum support for periods of leave);
Consultant Psychiatrist- 2.0 WTE

Middle Grade doctors - NHS Shetland has one permanent full time surgical middle grade doctor. Middle grade doctors support the work of the consultants and work closely with junior doctors to ensure safe delivery of care. They contribute to service improvement, clinical audit and undertake in-service training aligned to the needs of the service. This individual is also the Lead Clinician for the Regional Trauma Network.

Junior Doctors - These are doctors in training posts as well as Locum Appointments for Service (LAS) posts. NHS Shetland Board currently has an establishment of 12 posts ranging from FY1 to GPSTs. They provide cover to the hospital wards and A&E. NHS Education for Scotland (NES) has the responsibility for advertising and recruiting to some of these posts through a national process. To maintain a safe and compliant Junior Doctor rota, NHS Shetland also recruits to LAS posts which are not recognised for training; NHS Shetland operates a compliant junior doctor rota. NHS Shetland has developed Clinical Development Fellow (CDF) posts in conjunction with the University of Aberdeen. These posts are non-training and have a 12 hour per week allocation to a developmental project. Post holders are given an honorary clinical lectureship with the University. NHS Shetland Board currently has two CDF posts.
During the Covid-19 pandemic response phase, the complement of junior doctors increased to 16 to sustain patent pathways during potential surge periods in activity, as well as to provide workforce resilience. During recovery, review of junior doctor posts via the Medical Education Governance Group (MEGG) has concluded that the complement of junior doctors moving forward can decrease to 11 with the assumption of an Advanced Nurse Practitioner into the junior doctor rota.

Recent changes in medical workforce

During this reporting period, there has been a continued reliance on locums to provide safe and quality care within NHS Shetland. Whilst it is acknowledged that there are associated cost implications using such a model, the individuals engaged by the Board have been long term engagements which have ensured that services provided have remain safe, especially during the pandemic period.

There have however been some successes in recruitment of substantive Consultants, especially in Obstetrics and Gynaecology. Since the change in model of delivery of Obstetrics from a GPSWI model to a Consultant led model, the service was dependent on locum Consultants providing this cover. However the Medical Director in collaboration with the Nursing Director has overseen the redesign of the model into a rotational basis where substantive Consultants come into the Department to work for up to 17 weeks in Shetland, with a further 13 weeks CPD and self-development role in another tertiary centre. The Board has recruited four substantive Consultants on a rotational basis each contributing between 0.58 and 0.72 whole time equivalents to the role. The recruitment process had 22 applicants with 11 being interviewed and 4 being successful at interview. This demonstrated that a new model of rotational employment of substantive Consultants could work in other areas where there is a dependence on Locums.
At present the implementation of the rotational model is being tested in the area of General Medicine where the Board is currently undertaking a recruitment process for Consultant Physicians within this model. Within the acute sector, there has also been success in attracting

remote and rural fellows within surgery and anaesthetics. Unfortunately due to the pandemic, the surgical trainee has not yet had an opportunity to complete his appointment in Shetland, however the anaesthetic trainee is due to join in August 2020 for a 6 month period. This engagement of remote and rural fellows is important in sowing the seed of growing the future of our workforce.

Quality Assurance

NHS Shetland has a Clinical Care and Professional Governance framework in place which provides assurance to both to the Integration Joint Board (IJB), the Council and the Health Board. The assurances provided reflect that governance processes for health and care are in place and that services provided are within the standards agreed within the Governance frameworks and Directions issued by the IJB. The Medical Director is one of the professional lead officers responsible for ensuring that lines of professional accountability are explicit, that staff are supported to practice safely and professionally, and that there are systems to provide clinical and professional assurance to the Health Board, IJB, Council and Scottish Government.

The Clinical Care and Professional Governance Committee (CCPGC) is a statutory committee which provides assurance that appropriate Clinical Governance mechanisms are in place and effective throughout the organisation. The Medical Director is the executive lead for CCPGC. The Joint Governance Group (JGG) is a group of operational professional and service leads who oversee and support the implementation of Clinical and Care Professional Governance. It is at this meeting that the Director of Medical Education provides feedback from the Medical Education Governance Group and JGG are sighted of the Minutes of this group.

Over this reporting period the Medical Director in collaboration with the Nursing Director and the Chief Social Work Officer has been reviewing the roles and responsibilities of all the Governance groups within the Health Board and across the CH&SC Partnership. Work has been done within the Joint Governance Group to ensure that the assurance provided is across both Health and Care specialties, and that the assurance provided reflects the professional and operational work being undertaken across this spectrum. Review of the JGG terms of reference as well as agenda items has been to try and support a more holistic approach to health and care assurance. During the pandemic response phase, the Joint Governance Group has morphed into a Silver Command Governance Structure. The Silver Command crosses Health and Care and includes Acute and Community Operational Services. This group has provided a new way of working to provide assurance. Work will need to be undertaken to draw up Terms of Reference to reflect the changes in the operating procedures of this group. However it is hoped that this group, which has been meeting regularly to provide assurance during the pandemic period, will be sustained in its current form due to the wide spectrum of the attendees. At present the role of the CCPGC is being reviewed and discussions are taking place about the delivery of health and care assurance at the highest level of the organisation. Work over the past reporting period has focused on the links between providing assurance for all services provided under the terms of reference of the CCPGC. However it was felt that the CCPGC could not provide assurance for Children Services for the care provided by Children Services and therefore the assurance for this aspect of Governance is now provided by the Children's and Education Committee in Shetland Islands Council.

Medical Director's Annual Report 2019-2020
(including NHS Shetland Annual Duty of Candour Report 2019/20)

Risk

The Board retains responsibility for the management of risk in its entirety. The Board delegates the development and detailed work associated with its implementation to the Risk Management Group (RMG) which reports to the Board; the Medical Director is the Chair of this Group. It has overall responsibility for the integration, co-ordination and standardisation of risk management throughout the Board. It provided assurance to the Board on the establishment and implementation of risk management processes and systems. The group has overseen the review of all corporate departmental risks coupled with work in developing departmental control books. This has ensured that risks across the system are being raised, mitigated and controlled at the right level.

It was felt that there were a significant number of corporate risks often overseeing similar types of risk within the organisation. In February 2020, a decision had been made to reduce the number of corporate risks and review the mitigating actions and controls in place. However with a quick spiral into a pandemic situation, the Risk Management Group has not met in this quarter. Further corporate risks have been raised due to the pandemic experience and these are being managed by EMT and discussed at the Gold Command strategic meetings. Discussion has now taken place on the role of the Risk Management Group moving forward and how these risks could be managed within the Gold Command meeting set up and whether a separate Risk Management Group is required. It is hoped that in the reduction in the number of risks that these can be overseen within the current meeting structure and this is a project that the substantive Medical Director will conclude.

In December 2019, the Medical Director was the Executive Lead for an internal audit on risk management. From the audit report confirmed that "*NHS Shetland has made several improvements to its risk management arrangements during 2018/19 and 2019/20 and we have gained assurance that NHS Shetland is taking steps to ensure a risk management framework is embedded throughout the organization*". The audit identified a number of areas for improvement which internal audit suggested, if addressed, would further strengthen our control framework. Work is currently taking place to review this actions whilst integrating them into a revised risk framework.

Duty of Candour (DoC)

The Medical Director is the organisational lead for the DoC which came into effect from 1st April 2018 and has responsibility for making the decision to activate the DoC procedure within NHS Shetland.

Between 1 April 2019 and 31 March 2020, there has been one incident where duty of candour was applied. This was an unintended or unexpected incident that resulted in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying

condition. NHS Shetland identified this incident through our adverse event management process and complaints and feedback process. The Medical Director contacted the relevant person to apologise and inform them of the duty of candour process. The patient was offered the opportunity to be involved in the process but the patient declined stating that they were satisfied with the actions already taken.

The Medical Director undertakes a weekly review of the incidents to identify any with a potential for the application of the duty of candour process. Consideration for applying the process is then assessed using the duty of candour trigger checklist to aid decision making. The process for how we define and categorize those adverse events that have been considered by the Medical Director has been reviewed and updated.

From April 2019 until the end of March 2020, a total of 26 adverse events/complaints have been considered for the duty of candour process with 25 of them not requiring the duty of candour process to be followed and the one case described was considered to be duty of candour. These events include a wider range of outcomes than those defined in the duty of candour legislation as we also include adverse events that did not result in significant harm but had the potential to cause significant harm.

The Medical Director Annual Duty of Candour report is attached Annex A.

Education & Training

NHS Shetland continues to facilitate both undergraduate and postgraduate training. Undergraduate students mainly come from Aberdeen Medical School with smaller cohorts from St Andrews University and few elective students from medical schools all over the world. Trainee feedback during this academic year has again been consistently high and the Interim Director of Medical Education (Dr Pauline Wilson) has been instrumental in liaising with external agencies to ensure good governance of all training pathways. Recruitment is currently taking place for a substantive Director of Medical Education.

In last year's ACT (Additional Cost of Teaching) bid, more money was allocated for undergraduate medical administration. NHS Shetland also committed funding for postgraduate administration hours. In January 2020, NHS Shetland successfully recruited a Medical Education Administrator. This is a very important role and the post holder is responsible for the main bulk of support functions for trainee doctors including induction, facilitation of local teaching programmes, rota management and oversight of alignment to working time directives.

During this year, NHS Shetland's onsite Education Centre within the Gilbert Bain Hospital was well used by trainees either as a space for formal teaching/ Simulation teaching or personal study. However unfortunately due to pandemic reconfiguration of the Gilbert Bain Hospital, the space has had to be re-purposed for "clean green elective surgical patients", therefore the Clinical Education Team have adapted and set up a dedicated teaching room off site.

NHS Shetland has continued to support the Rural Boot Camp for foundation doctors. There is a focus on non-technical skills as well as technical skills across multiple systems and specialties. There are simulated sessions demonstrating the management of acute scenarios, including myocardial infarction and trauma. The synopsis of attendees is that the course is a good preparative enabler to working in a remote and rural environment.

In February 2020, NHS Shetland hosted a paediatrics critical care outreach day. A team of specialists travelled from Aberdeen to Shetland to deliver training on dealing with sepsis in children; this type of training is invaluable to a rural general hospital team. Trainees were encouraged to attend the training day. The Executive Management Team sanctioned no elective activity that day to allow time for members of the team to attend. This training was an outcome from the Paediatric Network that has been established to ensure that Paediatric care is safe and high quality.

The DME report is usually included within the Medical Director report as an Annex. However, due to the early production of the Medical Director report, this has not been possible. The DME Report will be produced as a stand-alone document in due course.

Appraisal & Revalidation

All doctors are required by the GMC to undertake an annual appraisal, leading to revalidation of the doctors' license to practice every 5 years.

Scottish Government Letter DL (2020) 5 dated 13 March 2020 announced that all non-urgent business be postponed in order to increase capacity in our workforce during covid-19; this included pausing medical appraisals. Up until this pause in 2019-2020, the total number of doctors with a prescribed connection to NHS Shetland Board having had their annual appraisal within the Board was 46 (26 Primary Care & 20 Secondary Care). Appraisals will recommence on 1 October 2020. There were six doctors with a prescribed connection to NHS Shetland Board on 31 March 2020 who were identified by the GMC for revalidation between 1 April 2019 and 31 March 2020. However, due to the pandemic, all six revalidations have been deferred until March 2021.

Covid -19 Pandemic

On 9th March 2020, NHS Shetland confirmed its first cases of Covid-19. There was a significant shift in focus of the Health Board to ensure that health and care was reconfigured to deal with a potential significant number of patients with acute respiratory problems requiring ICU.

There was a cessation of elective procedures and Gilbert Bain Hospital was reconfigured with the establishment of a Respiratory Care Unit to deal with ventilated patients and Ward 3 and a reconfigured Ronas Ward became the ward areas for the treatment of Covid-19 patients. The reconfiguration of the hospital was not an easy task in a 1960's building and credit must go to the hard work of the clinical and estates teams who worked tirelessly to ensure that the hospital remained fit for purpose during the pandemic.

Significant workforce issues arose to ensure that there was resilience within the workforce to ensure adequate and safe staffing of clinical areas, as well as an ability to cover staff illness. A testing facility was initially established in the car park of Gilbert Bain Hospital and a Covid Assessment Centre was housed in the outpatient department of the hospital. There was a drive to decrease footfall in all healthcare facilities and some excellent results were achieved in the establishment of remote working including remote consultations for patients.
Guidance was changing sometimes hourly so the Medical Director was heavily involved in overseeing the governance aspects of the pandemic management. This included the establishment of an information and guidance hub, oversight of corporate Covid-19 risk management, assurance of safe clinical practice and the formation of a Board Ethics Committee. Work was also undertaken in collaboration with other Island Boards and Scottish Ambulance Service to establish a robust pathway for medical evacuation of both Covid and non-Covid patients from Shetland to the mainland. Latterly the Medical Director has been involved in the strategic Care-Home Assurance group and has been the Board lead for recovery planning to restart services in a safe and manageable manner.

I would like to acknowledge the hard work and efforts of those working within the health, care and support teams during these unprecedented times. In synopsis, their contribution has been awe-inspiring and it has been a privilege to have worked with the individual teams during the pandemic.

Brian Chittick
Interim Medical Director
July 2020

Medical Director's Annual Report 2019-2020
(including NHS Shetland Annual Duty of Candour Report 2019/20)

APPENDIX 1

NHS Shetland Annual Duty of Candour Report 2019/2020

All health and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended or unexpected events happen that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future.

An important part of this duty is that we provide an annual report about how the duty of candour is implemented in our services. This short report describes how NHS Shetland has operated the duty of candour during the time between 1 April 2019 and 31 March 2020.

1. About NHS Shetland

NHS Shetland is responsible for health care for a population of around 23,000. Local Hospital and Community Services are provided from the Gilbert Bain Hospital. In addition, visiting consultants from NHS Grampian provide out-patient clinics as well as in-patient and day-case surgery to complement the service provided by our locally-based Consultants in General Medicine, General Surgery, Anaesthetics and Psychiatry. Community Health, Health Improvement and Social Care services are delivered from a network of locations, including health centres, resource centres, care centres, community centres and in people's own homes.

Shetland's Health and Care Vision:
Our Vision is that by 2025 everyone is supported in their community to live longer, healthier lives and we will have reduced health inequalities.

2. How many incidents happened to which the duty of candour applies?

Between 1 April 2019 and 31 March 2020, there has been one incident where the duty of candour applied. This was an unintended or unexpected incident that resulted in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition.

NHS Shetland identified this incident through our adverse event management process and complaints and feedback process. From April 2019 until the end of March 2020, a total of 26 adverse events/complaints have been considered for the duty of candour process with 25 of them not requiring the duty of candour process to be followed and one was considered to be duty of candour. These events include a wider range of outcomes than those defined in the duty of candour legislation as we also include

adverse events that did not result in significant harm but had the potential to cause significant harm.

The Medical Director undertakes a weekly review of the incidents to identify any with a potential for the application of the duty of candour process. Consideration for applying the process is then assessed using the duty of candour trigger checklist to aid decision making. The process for how we define and categorise those adverse events that have been considered by the Medical Director has been reviewed and updated.

We identify through the significant adverse event review process if there were factors that may have caused or contributed to the event, which helps to identify duty of candour incidents.

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	**Number of times this happened (between 1 April 2019 and 31 March 2020)**
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	1
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
TOTAL	**1**

3. To what extent did NHS Shetland follow the duty of candour procedure?

The process was activated 3 days late however the review was completed within the required timeframe. An apology was given to the patient at the time of the incident. The Medical Director contacted the relevant person to inform them of the duty of candour process and offered them the opportunity to be involved in the process. The patient declined stating that they were satisfied with the actions already taken and in the processes to be undertaken. The relevant person had one request to be actioned by

the Board and this was completed. They also declined to the need to be sent any final report and they did not require any additional support.

There was also an outstanding duty of candour from 2018/19. The case had been raised as a potential duty of candour at the time of initial surgery. However, there was a delay due to waiting for confirmation of a change in clinical outcome which has increased the patient's care pathway sometime after the initial incident. Although there are set timeframes stipulated in the duty of candour regulations, these can be difficult to adhere to when it involves the outcomes of a clinical procedure especially if a "wait and see" approach is adopted by clinicians. This case highlighted that a duty of candour was only applied when it became apparent that further intervention was recommended. The relevant person (patient) was informed of the processes that was to be undertaken. However, they felt they were not able to engage with the duty of candour process until a later date after they had had a further procedure and were on the road to recovery. Engagement with the relevant person (and subsequent timeframe) was therefore tailored to their needs and requirements.

4. Information about our policies and procedures

Every adverse event is reported through our local reporting system as set out in our Learning from Adverse Events Through Reporting and Review Policy and Procedure. These are based on the Health Improvement Scotland (HIS) national adverse event management framework which was revised in 2019 to incorporate the requirements of the new national notification system. Our policy and procedure were reviewed and updated where required to reflect these changes to the national framework. In January 2020 we commenced monthly reporting to HIS in line with the timescales set out for the new national notification system.

Through our adverse event management process and complaints we can identify incidents that trigger the duty of candour procedure. We use the Scottish Government organisational duty of candour guidance for implementation of the procedure. The duty of candour process map was developed and includes a link to the guidance, the duty of candour outcomes (definitions), the apology factsheet and our duty of candour trigger checklist. There is also the duty of candour intranet page which includes these documents and a section of useful tools and resources for staff.
Each adverse event is reviewed to understand what happened and how we might improve the care we provide in the future. The level of review depends on the severity (using the NHS Scotland risk assessment matrix) of the event as well as the potential for learning.

Recommendations are made as part of the adverse event review, and local management teams develop improvement plans to meet these recommendations. The learning summary template we use from HIS has been added onto the Datix Reporting System to enable the learning to be shared more easily both within the Board and externally.

All staff receive training on adverse event management and implementation of the duty of candour as part of their induction. This was extended to locums with an e-learning module on clinical governance and risk management. Awareness sessions are also available and delivered to staff and teams. We have continued to deliver sessions for managers on adverse events and risk management (including the duty of candour) and investigations skills as part of the management bundles. The duty of candour e-learning module for staff to complete is a mandatory module in our e-learning system and we report the numbers completing the module in our adverse event quarterly report.

We know that adverse events can be distressing for staff as well as people who receive care. We have support available for all staff through our line management structure as well as through occupational health and resources are available on our intranet.

5. What has changed as a result?

We have made a number of changes following review of the duty of candour events. There are these significant changes that we wish to highlight:

- The relevant person (patient affected) requested an alert to be put on both their paper and electronic notes to highlight their allergy. Their notes were updated accordingly

- One of the patients had a joint care pathway with NHS Grampian and were supported across the 2 pathways despite the clinician not being in Shetland

- Some individuals do not want to engage in the formal process as stipulated in the regulations and the informal process of early intervention and having conversations is enough for them. Factors include:-

    - Staff are open and transparent with patients and family when things go wrong

    - As NHS Shetland is a small health board, the Executive point of contact for the duty of candour is the Medical Director. It has been stated that the issue is being taken seriously, gives the relevant person the assurances the corrective and preventative measure will be implemented. This also means that everyone know everyone which can also be a challenge

- We have reviewed how we include the consideration of duty of candour criteria on the Datix Reporting System. The complaints reporting form has been adapted which has allowed early identification of potential duty of candour incidents

6. Other information

This is the second year of the duty of candour being in operation and it has continued to be a year of learning and refining our existing adverse event management processes to support implementation of the duty of candour outcomes.

As required, we have submitted this report to Scottish Ministers and we have also placed on our website.

If you would like more information about, please contact us via our Corporate Services Team in NHS Shetland.