

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>27 August 2024</b>
<b>Agenda reference:</b>	<b>Board Paper 2024/25/30</b>
<b>Title:</b>	<b>Medical Director's Annual Report 2023/24</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kirsty Brightwell</b>
<b>Report Author:</b>	<b>Kirsty Brightwell, Medical Director</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Annual review of Medical Directorate work and adherence to statutory and strategic requirements. Appendices: Director of Medical Education and Organisational Duty of Candour annual reports.

### 2.2 Background

Professional governance of medical staff undertaken on behalf of the Board. Progress in establishing wider medical leadership and towards a sustainable medical workforce. Clinical Governance and Risk.

The Organisational Duty of Candour procedure is a legal duty setting out how organisations should tell those affected that an unintended or unexpected incident appears

to have caused harm or death. This includes the requirement to apologise and involve them meaningfully in a review of the events.

The Director of Medical Education report seeks to inform the Board of the activity to meet the GMC training standards and work with colleagues across NHS Shetland and within NHS Education for Scotland to ensure that we provide high quality, person-centred training.

## **2.3 Assessment**

Professional governance assurance

Medical leadership

Review of workforce

Review of Clinical Governance and Risk activity

DoC Annual Report

High satisfaction scores for undergraduate and postgraduate training as well as attention to good Medical Education Governance through established processes.

### **2.3.1 Quality/ Patient Care**

Clinical Governance and risk department

### **2.3.2 Workforce**

Ongoing gaps in substantive posts filled with high quality bank staff.

### **2.3.3 Financial**

N/A.

### **2.3.4 Risk Assessment/Management**

Process for Risk Management overseen via the Clinical Governance team. Team remains small and is feeling the lack of admin support.

### **2.3.5 Equality and Diversity, including health inequalities**

N/A

### **2.3.6 Other impacts**

### **2.3.7 Communication, involvement, engagement and consultation**

N/A

### **2.3.8 Route to the Meeting**

- AMD Acute
- Primary Care Manager
- Clinical Governance and Risk Manager and Lead

## 2.4 Recommendation

- **Awareness** – For Members' information only.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1: NHS Shetland Director of Medical Education Undergraduate Medical Education Annual Report 2023/24
- Appendix 2: NHS Shetland Director of Medical Education Postgraduate Medical Education Annual Report 2023/24
- Appendix 2: NHS Shetland Annual Duty of Candour Report 2022/2023

## NHS Shetland: Medical Director's Annual Report 2023-2024

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## **Preface**

The prime role of the Medical Directorate is professional governance of the medical workforce. Although there are gaps in the substantive workforce, services are well-supported by the medical teams.

We have welcomed the staff of Levenwick Practice into the organisation when the GP Partner handed the contract back to the Health Board. There has been a lot of work to support this transition and the staff, to ensure that they are able to continue to provide high quality care to the community.

The surgical team worked towards anticipated turnover in their establishment through their network of contacts and further success in recruitment through the rural fellowship scheme. The anaesthetic team have also been ably supported by a rural fellow which provides valuable experience of the reality and challenge of remote and rural care.

The background work of setting up consultant electronic job plans has been a major part of this year's work. This will lay the foundations for future year's planning to be completed more easily.

There has been development of relationships between primary and secondary care with the Advanced Nurse Practitioners working with the medical consultants to explore the concept of hospital at home. A major piece of work has been the establishment of a new training role in General Medicine which will support more senior junior doctors to experience working in NHS Shetland.

The Clinical Governance and Risk team have been hampered through a lack of consistent admin support and their participation in the establishment of the digital staff rostering and ejob plan system. They have also adapted to further changes in their establishment and broadening asks of their skills. Speak Up week brought good engagement and a step off point for embedding awareness of the Whistleblowing standards. The team continue to support services to deepen their understanding of the processes with regards learning and improvement. The Duty of Candour annual report contains a small number of examples of this learning.

The Director of Medical Education's Annual report displays further the rich examples of the high quality experiences for junior doctors in Shetland. With our small establishment there is vulnerability but the dedication of our teams continues to balance that risk.

## Professional Governance

### 1. New Appraisal Lead

#### Background

The Medical Director is the Responsible Officer (RO) for NHS Shetland (the Designated Body). Doctors who work in multiple Boards should have the Board where they do the majority of their NHS work as their Designated Body. The RO has a statutory duty to make recommendations for the revalidation of doctors to the GMC as set out in the Medical Profession (Responsible Officer) Regulations 2010 (as amended). This means that the RO must evaluate doctors' fitness to practise. This is achieved by having an Annual Appraisal system. Each doctor will have an Annual Appraisal with a qualified Appraiser. Every 5 years they must achieve the requirements for revalidation as set by the GMC. The RO meets with the Appraisal lead to ensure that this has happened and submits a recommendation to the GMC.

#### Progress this year

The team continues to benefit from the support of NHS Orkney to allow a wider pool of appraisers.

We had a small campaign a couple of years ago for new Appraisers and as a result we now have a more sustainable workforce with new Appraisers having completed their training and joining the team. We have had a retirement from the Appraisers but despite this there is now more capacity than needed and we have been able to support our neighbours in Highland with additional Appraisers.

Our new Appraisal Lead is supporting the team and this is an opportunity to develop this support further over the next year.

#### Data for 2023-2024

Measure	
Number of Appraisers associated with NHS Shetland	7
Number of doctors with NHS Shetland as Designated Body	75
Number of Appraisals completed	72
Number completed after April for previous year	1
Number of recommendations to GMC for Revalidation	10
Number of deferrals	0
Number on-hold	<5

## **Medical Leadership**

### **Background**

Medical Leadership is vital in delivering high-quality care. As NHS Shetland works towards its goals of sustainability and new models of care to deliver the new Clinical Strategy there is a growing need for leadership across our services.

### **Progress**

The Board has had 2 Associate Medical Directors (Acute and Primary Care) providing 1 day a week each. The AMD for Acute is part of the Hospital Management Team and instrumental in recruitment and service model re-design. The Primary Care Associate Medical Director post has not been filled this year as the partnership leadership was undergoing quite a large change so this was not possible. However, the Partnership leads remain committed to developing this post for advertising.

It is a contractual requirement for each consultant to have a job plan agreed with their employer on an annual basis as set out in their contract. The priority has been learning and developing the electronic job plan and the AMD for Acute has worked hard to complete job plans with new members of the team and for those who have seen significant changes in their roles.

We have previously also undertaken job plans for Primary Care although this is not a requirement of the contract. Unfortunately, without the AMD for Primary Care there has been no capacity for these job plan meetings this year. Attempts at securing additional resource to complete the job plans have been unsuccessful.

Both the GP Sub-Committee and the Consultants' Group met regularly. The Area Medical Committee continues to meet regularly and is developing its role and remit. The committee continues to be Chaired and reports to the Area Clinical Forum.

The Medical Director Chairs the Radiation Safety Committee to ensure compliance with IRMER legislation as well as non-ionising radiation standards. The MD also co-Chairs the Area Drug and Therapeutics Committee (ADTC) along with the Director of Pharmacy and the Antimicrobial Management Team which reports to the ADTC.

There are regular meetings of the Whistleblowing Standards Steering Group to provide oversight and guidance within the organisation.

## Workforce: Primary Care

<b>Practice</b>	<b>Population</b>	<b>WTE GP Baseline</b>	<b>WTE GPs Employed</b>
<b>Unst</b>	620	1.41	1.41
<b>Yell</b>	961	1.41	0.4
<b>Whalsay</b>	1064	1.41	1.40
<b>Brae</b>	2533	1.60	1.2
<b>Walls</b>	700	0.6	0.2
<b>Bixter</b>	1200	1.0	0.5
<b>Scalloway</b>	3757	2.40	2.4
<b>Lerwick</b>	8513	6.67	5.17
<b>Levenwick</b>	2716	2.25	2.25

Hillswick is our remaining independent contractor with Levenwick's contract being returned to the Board in October 2023. Hillswick has 1 full-time GP and an associate GP (to cover leave and training).

Scalloway and Whalsay have seen very slight increases in population compared to last year, the rest have all seen a very slight decrease; nothing major though, we are talking tens, not hundreds.

We had successful recruitment to Yell in 2023/24, which has continued in 2024/25, but continue to have difficulties with recruitment overall; Lerwick has had their vacancies advertised 9 times for example.

Lerwick have had 2 retirements this year and though have had success in appointing to one post, they continue to carry a vacancy. It is recognised that with turnover in the admin team, it has been an unsettling time for the team.

The Partnership are working with local communities in Walls and Bixter to ensure that this service that is run and delivered from the 2 buildings but as one team, continues to provide high quality, trusted care. Advanced Nurse Practitioners are now routinely part of the service in Walls, Bixter, Brae, Scalloway and Levenwick. The ANP team are well-respected and receive very positive feedback.

Rediscover the Joy continues to support many of our practices including the independent GP practice. There has been another successful round of recruitment this year.

The Cluster Quality Lead post continues to provide leadership of improvement work in Primary Care and there is admin support provided by the Board. The Cluster lead role has been taken on by Dr Chloe Evans from Dr Dylan Murphy following a recruitment and interview process. This gives an opportunity to review the goals and achievements of the Cluster in its mission to improve outcomes for the population of Shetland.



Kirsty Brightwell August 2024

Despite funding coming to an end, the Macmillan GP lead role continued to be funded. This has seen closer working with colleagues in secondary care around effective referral pathways and processes; education and training as well as the RESPECT project test of change. RESPECT is a tool for communication in urgent and emergency care where clinicians may not know a patient. The postholder is networked with leads across Scotland and locally is working alongside the Oncology team, Health Information and the Cancer Tracking Lead to improve pathways for those with a possible diagnosis of cancer as well as palliative care for all patients.

## Workforce: Acute and Specialist Care

### Junior Doctors

Much as previous years, there have been a few unpredictable gaps emerging that have taken a lot of time and effort to plug by the AMD and HR team. There is a national need for an increase in the number of posts for medical students and junior doctors with additional funding available from NHS Education for Scotland (NES). NES are working with the territorial Health Boards and Universities to create opportunities and it is recognised that remote and rural will need a different approach including accommodation and networks. There is good communication between the Directors of Education, the Medical Directors and NES.

<b>Table 2: Secondary Care (consultant grade unless otherwise specified)</b>			
<b>Specialty</b>	<b>Established Posts</b>	<b>Substantive Post-holders</b>	<b>Gaps filled by bank</b>
<b>General Medicine</b>	4 WTE (to include on-call ie 8EPAs)	1 WTE no on-call, 0.6 WTE no on-call 3/3 rotational post with on-call	4 regular bank doctors
<b>General Surgery</b>	4 WTE (to include on-call ie 8 EPAs)  Specialty Doctor 1 WTE	2 WTE + 2 annualised contracts (40 weeks per year) + 1 proleptive post-holder visiting for a week every 2-3 months. Specialty doctor 1 WTE	Exceptional circumstances
<b>Aneasthetists</b>	4 WTE (to include on-call ie 8 EPAs)	0.8 WTE	3 regular bank doctors and occasional use of further bank
<b>Obstetrics &amp; Gynaecology</b>	2.3 WTE (to include on-call ie 4 EPAs)	4 post-holders	Exceptional circumstances.
<b>Paediatrics</b>	0.6 WTE (0.1 for NHS Grampian)	0.6 WTE	
<b>CAMHS</b>	Nil	Nil	SLAs with 2 visiting consultants
<b>Microbiology</b>	SLA with NHS Grampian	0.5 WTE	N/A

## Workforce Public Health, Mental Health, Occupational Health and Public Health

The Director of Public Health’s annual report will contain details of this directorate. There is one Medical Consultant working in Public Health.

The 2 Community Mental Health Psychiatrists are bank doctors working in rotation this year since the resignation for the substantive consultant last April. This provides a relatively stable workforce supplemented by the part-time Substance Misuse and Recovery Doctor.

Occupational Health have a part-time substantive doctor who has progressed through the Masters qualification in Occupational Health and is helping to build resilience in this small team to provide specialist services not just for the NHS and Local Authority workforce but to the wider population of Shetland. This is an area of growing need.

Table 3 sets out the current established roles and post-holder complements.

<b>Table 3: Workforce Mental Health, Occupational Health and Public Health</b>			
<b>Specialty</b>	<b>Established Posts</b>	<b>Substantive Post-holders</b>	<b>Gaps filled by bank</b>
<b>Public Health</b>	Director of Public Health	1 WTE	Cover for holidays
<b>Medical Director</b>	Medical Director	1 WTE	Occasional
<b>Occupational Health</b>	0.4 WTE hospital practitioner role	0.4 WTE	N/A
<b>Psychiatry</b>	2 WTE	0	2 bank doctors working on rotation
<b>Substance Misuse and Recovery</b>	0.6 WTE hospital practitioner role	0.6 WTE	N/A

## **Clinical Governance and Risk**

The Clinical Governance team play a vital role in the organisation to help assure the Board that we provide high quality, safe and effective services but also to support clinicians to understand their role in this. The team should be commended for another year of hard work and commitment as the service continues to evolve.

The team have been unlucky with recruitment for additional admin support but continue to consider innovative solutions. They are conscious of the need for succession planning and the engagement with the rest of the organisation provides an opportunity to both support teams understanding and participation as well as helping others consider a role in the department.

The Chief Nurse (Corporate) leads the team and is also the lead for Care Assurance for care settings in the community, Healthcare Staffing Programme and Patient experience and Public Engagement. This year has seen a lot of activity to ready the organisation for the Health and Care (Staffing) Act 2019 which was enacted in April 2024. This has meant the establishment of process and procedures but more fundamentally engagement with teams to understand their roles and responsibilities.

The team continue to support individuals to report adverse events and further encourage active reviews to bring forward learning and share this where possible. They have worked with the complaints team to ensure read across as well as creating regular touchpoints for escalation of more serious adverse events or where events cross a number of services risking duplication or a silo'ed approach.

Following previous years' engagement with the services, the team have seen an increase in requests for support and advice and upon occasions due to the team vacancies have unfortunately been unable to support governance activities which would have previously been supported by the team.

Audit work continues to be supported by the team and we have now seen completion of a couple of cycles under this new way of working with national teams which is improving confidence and visibility in the teams.

Enquiries via whistleblowing route increased following awareness raising in October during the national Speak Up week. There have been a few formal investigations and also informal support provided to team members which is allowing a maturation of these processes.

The team support the various Acute Clinical Governance Groups including regular reports for Medical Governance Group, Surgical Audit Committee and Anaesthetic Governance. Unfortunately, the patient safety walk-rounds had to be postponed for most of the year as capacity was dedicated to establishing the electronic rota system. These will restart in 2024/25. The team continued to support the monthly open invitation Clinical Governance Afternoons.

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.

RMG has overall responsibility for the integration, co-ordination and standardisation of risk management throughout the Board. It provides assurance to the Board on the establishment and implementation of risk management processes and systems.

**Appendix 1: DME Undergraduate Educational Governance Annual Report**

**Appendix 2: DME Postgraduate Educational Governance Annual Report Parts 1 and 2**

**Appendix 3: Organisational Duty of Candour Act Annual Report**

# Director of Medical Education Report

<b>NHS Board</b>	NHS Shetland			
<b>Director of Medical Education</b>	Dr Pauline Wilson			
<b>Reporting Period</b>	<b>From</b>	August 2023	<b>To</b>	June 2024

For assistance, please contact Dawn Mann at [Dawn.Mann@nhs.scot](mailto:Dawn.Mann@nhs.scot)

Please complete and return to [nes.medicalact@nhs.scot](mailto:nes.medicalact@nhs.scot) by 23<sup>rd</sup> August 2024



## 2023/24 Detailed Undergraduate Teaching Report: NHS Shetland

School/Programme Site	Specialty	Year	Overall Satisfaction	Block Organisation	Treated With Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of respondents	
Aberdeen	Gilbert Bain Hospital	Medicine - General Medicine	5	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5 (9)
Aberdeen	Gilbert Bain Hospital	Surgery - General Surgery	5	—	—	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6 (11)

## Exception Reporting

### Areas of Excellence

Please provide details of sites:

- With an improvement in Undergraduate Survey data.
- Notable innovation in Undergraduate Education which could be shared with others.

Specialty	Site	Reason	Any Medical ACT Funding
Medicine Surgery General Practice	Gilbert Bain Hospital	Dedicated teaching and training time for medical student teaching	ACT funding has supported two CDFs – 20 hours a week to provide teaching and training to medical students
General Practice	Various GP sites – larger and small practices	NHS Shetland had seen a reduction in the number of practices involved in the provision of undergraduate medical training. A study was undertaken by the DME, CDF and University of Aberdeen (UoA) to understand the challenges of hosting final year medical students in general practice in Shetland. This challenges were then reviewed and	ACT funding for GP block co-ordinator (10 hours per week) ACT funding for a GP session to oversee the GP blocks ACT Funding for CDFs to help with hybrid teaching and training week

		<p>discussed locally and with the UoA and a new hybrid GP block was developed:</p> <ul style="list-style-type: none"> <li>• 3 weeks in larger practice</li> <li>• 1 week longitudinal teaching week with simulation and formal teaching</li> <li>• 3 weeks in smaller more rural or island practices</li> </ul> <p>The feedback from this was captured as part of a final year medical elective report into provisions of primary care medical student blocks in Shetland – feedback was positive from both GPs and medical students.</p> <p>One of the students who undertook her GP block in Shetland was the winner of the GP Richardson Prize – details below.</p> <p>There are plans to write up this Quality Improvement Project and publish the findings.</p>	
Gilbert Bain	Clinical Skills Department	<p>A kitchen for the use of medical students and junior doctors in the Clinical Skills Department was created. This was funded by NHS Shetland with some ACT funded equipment also going into the space.</p>	<p>ACT funding for provision of a kettle and a microwave for use in the space.</p>

### **GP Richardson Prize winner**

Congratulations to Morbheinn Nicol, Year Five Medical Student, (now Dr Nicol), who won the 2024 GP Richardson Prize.

"Her fantastic achievement reflects so well on our partnership work with NHS Shetland, where Morbheinn undertook her GP placement." Dr John McKeown, GP and Senior Clinical Lecturer, Aberdeen University.

NHS Shetland is a Local Education Provider and hosts a number of medical students throughout the academic year. In 2024, we saw the launch of a new GP placement block. This is a new hybrid teaching and training block that sees students spend time in a larger GP practices as well as smaller more rural practices. Midway through the seven week block, the students come together for a more formal teaching week in the Gilbert Bain Hospital. This new hybrid way of working has increased the number of medical students coming to Shetland and was a joint initiative between NHS Shetland and the University of Aberdeen. This follows a quality improvement project led by our Clinical Development Fellow, Dr Dean O'Dwyer along with Dr Dylan Murphy who was the GP lead for medical students at the time.

Morbheinn spent time in Lerwick, Scalloway and Whalsay practices. Many thanks to all practices that welcome students and are involved in the teaching and training of the next generation of healthcare worker.



Dr Morbheinn Nicol (right) with Dr John McKeown, GP and Senior Clinical Lecturer

### **Year 5: The Richardson Prize in General Practice**

This prize is named the Richardson Prize after Professor Ian M Richardson, who retired in 1984 and was the founder of the Department of General Practice in 1970. The prize is funded from an endowment bestowed upon the University by the subscription of his friends and colleagues. This prize is awarded to the best student in clinical General Practice.



## Challenges

Please provide details of sites:

- With 1 or more red flag(s).
- With persistent amber flags (if local review deems relevant).
- With an obvious decline in Undergraduate Survey data i.e., Green to red flag.
- Where local processes raised concerns/ relevant information regarding the quality of teaching of medical undergraduates.
- Sites where students from multiple programmes with a difference in Undergraduate Survey Data.

Specialty	Site	Concern	Output from local processes

### Do you have suggestions on how to improve the response rate (where low)?

In order to improve response rates I would suggest that it is a requirement in the end of block form that the supervisor signs that the medical student has completed the end of block feedback in the same way they are asked if they have completed the desired number of work place based assessments.

# Scotland Deanery

## Director of Medical Education Report



<b>NHS Board</b>	Shetland			
<b>Responsible Board Officer</b>	Kirsty Brightwell			
<b>Director of Medical Education</b>	Pauline Wilson			
<b>Reporting Period</b>	<b>From</b>	2 August 2023	<b>To</b>	6 August 2024

**Note to DME:** Please complete all sections of the report in relation to the last training year. For assistance, please contact Alex McCulloch at [alex.mcculloch@nhs.scot](mailto:alex.mcculloch@nhs.scot).

Please complete and return to [alex.mcculloch@nhs.scot](mailto:alex.mcculloch@nhs.scot) by **5pm Monday 1<sup>st</sup> July 2024**.

## 1. Educational Governance

### 1.1 Does the full Health Board itself receive a regular report to support its governance responsibilities around the quality of postgraduate and undergraduate medical education and training?

- How often does it receive a report around educational governance?
- What is covered in these reports?
- Is there a board member with responsibility for MET?

- **How often does it receive a report around educational governance?**

The DME report is included as part of the Medical Directors annual report to the Health Board

- **What is covered in these reports?**

DME part one and part two report – included with MD annual report

The minutes and action tracker from the Medical Education Governance group goes to the Operational Governance Group, which then reports to Clinical care and Professional Governance Committee (CCPGC). The CCPGC reports to the Integrated Joint Board and NHS Shetland Board

- **Is there a board member with responsibility for MET?**

The chair of the Operational Governance Group has responsibility for providing the Board with assurances regarding governance as a whole and this includes Medical Education and Training

### 1.2 Is there a Health Board committee with responsibility for the governance around the quality of postgraduate and undergraduate medical education and training?

- What is it called?
- How often does it meet?
- What data and information is considered by this committee?

- **What is it called?** Medical Educational Governance Group (MEGG)

- **How often does it meet?** Monthly for 90 minutes

- **What data and information is considered by this committee?** MEGG considers operational, educational, and strategic issues

#### Operational issues:

- Vacant posts and rota gaps
- Planning for gaps in staffing
- Role of Trainers' issues

- Rotas
- Induction
- Monitoring of hours
- ACT funding
- Equality, diversity, and inclusivity is a standing item on the agenda
- Feedback from junior doctor's forum via junior doctor representative

#### Educational issues:

- Ensuring rotas match the curriculum requirements for each grade of trainee
- Discussion on ACT funding to match with medical student teaching and training
- Monthly teaching programme
- Educational opportunities that would benefit the wider Multi-disciplinary Team

#### Strategic:

- Medical staffing and how to maximize trainee experience in the Shetland service
- Work with University of Aberdeen about accommodating increasing numbers of medical students

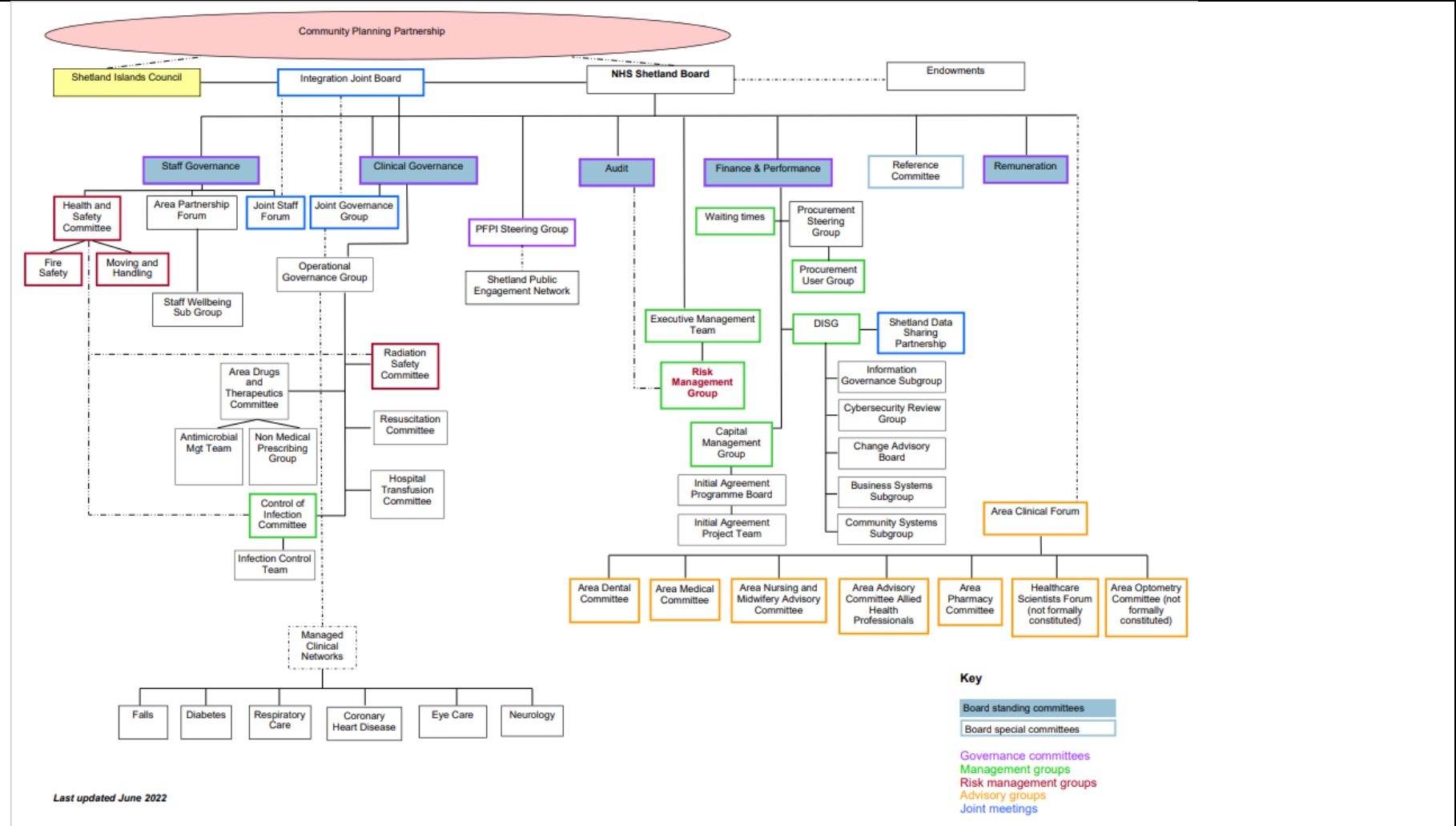
The MEGG co-ordinates the both the operational and educational nature of hosting medical students and junior doctors. It allows for a system wide approach with tangible solutions to problems that could either affect service provision or training.

The membership of the group includes representation from:

- The wider MDT team involved in teaching and training – e.g., nursing
- Trainers – both secondary and primary care
- Staff development team
- Undergraduate block leads
- Executive management Team – Director of Acute Services and Medical Director
- Finance
- Accommodation team – by invite
- Human Resources Department
- Trainees

In 2024/25 there is a shift to how governance meetings will be set up with a split to a Teaching & Training Group and Strategic & Operational group. This will allow of better targeted attendance and discussion time. Every 6 -12 months both group will meet together.

**1.3 Is there a governance committee structure that links the delivery of education and training in LEPs to either the Health Board or the Health Board’s educational governance committee? If there is, can you describe the elements of that and how information flows to the Board/Board committee? (You may wish to share an organogram if there is one that described the committee structure.)**



#### 1.4 Describe the quality control activities in relation to MET that have been undertaken by your HB in this training year?

- Medical Education Governance Group (MEGG) meets once a month
- Trainee representatives sit on the Medical Education Governance Group
- Trainees have regular contact with the Medical Director of Education
- RAG data is discussed at MEGG and at a consultant group. The Medical Director and Chief Executive attend the consultant's group so are sighted on any areas of good or challenged practice
- Feedback from training is collected and informs changes to training content
- Any areas of excellence are shared and celebrated in NHS Shetland Newsletter

In 2023/24 NHS Shetland was in receipt of good practice letters from NES and the University of Aberdeen for postgraduate and undergraduate training respectively.

NHS Shetland CDF was recognised as runner up in the NES awards 2024 as Outstanding Role Model in Medical Education

#### 1.4 Are there forums within your HB whereby senior officers (CEO, MD) or site-based senior clinical management have regular, scheduled meetings with trainee doctors to discuss their training and receive feedback? Please provide full details.

- The Medical Director, if possible, meets with the junior doctors at induction
- Director of Medical Education meets with all new trainees at induction and informally throughout the block
- Acute Services Director and Medical Director are members of the Medical Education Governance Group as is the Associate Medical Director for Primary Care so they are aware of feedback from the trainee representatives concerning operation and educational issues affecting trainee doctors
- There is a junior doctors' forum and the junior doctor representative is a member of MEGG

#### 1.5 How are learners made aware of who is responsible for what within education for your organisation.

- An induction handbook is sent out to all trainees prior to starting in Shetland with details of personnel
- Director of Medical Education meets with all trainees at induction and the educational organisational structure is discussed with them
- NHS Shetland links into the North Deanery induction where they meet the Director of Medical Education for NHS Grampian and the Postgraduate Dean
- International Medical Graduates are linked into the Grampian mentoring support structures
- Each trainee has a named joint Educational and Clinical Supervisor – due to the small nature of the organisation the trainees work on a day to day basis with their supervisors

**1.6 If your review of quality management data highlights a number of new red flags in a particular department how do you address that?**

- NHS Shetland is a small rural hospital site. This allows for early identification of issues and feedback to the departments
- All RAG data and other trainee feedback data is discussed at the MEGG so we can adopt a multi-disciplinary approach to solving any issues raised
- Areas of concern or good practice is also discussed at the consultant's group
- The DME feedbacks directly to the department about any concerns raised or red flags and works with the department to address the underlying issues that has resulted in issues developing. After working with the department to address the concerns the DME keeps in contact with the department and trainees to ensure that the issues have been resolved or there is evidence of improvement.

**1.7 What are the mechanisms in place for trainees to receive feedback from DATIX?**

- There are departmental (medical and surgical) governance groups – at these meetings datix and learning are discussed. The juniors are invited to the governance meetings.
- Datix system facilitates feedback but consultant lead for the case will usually be involved in review of any Datix involving a trainee.
- Once a month there is a hospital wide governance meeting where any datix or wider team learning is discussed
- Medical department has a weekly Morbidity and Mortality meeting – cases discussed with the wider medical and nursing team – records of these case reviews then are forward to clinical governance department

**1.8 At each site, how many trainee doctors have been involved in an SAE?**

Site	Unit/Specialty	Number of SAE	Was the Deanery notified and involved in the follow up?
Gilbert Bain Hospital		none	
Lerwick Health Centre		none	

### 1.9 At each site, how many trainee doctors have required 'reasonable adjustments' to their training in relation to a declared disability?

None

### 1.10 How do you ensure educators are appropriately trained and that their training is kept up to date?

- New supervisors attend FDA approved training
- Educators are encouraged to attend regional and national education conferences such as NES Medical Education Conference
- Educators are invited to the Medical Education Governance Group
- Through Job Planning
- Educators are encouraged to attend forums arranged by Training Programme Directors (TPD) e.g., IMT supervisor links into NHS Grampian TPD Internal Medical Trainee update sessions
- GP TPD links in with GPStR Educational Supervisors and is arranging up-date sessions for the hospital based clinical supervisors
- Educator Training is reviewed as part of the appraisal process – Role of trainer

NHS Shetland have been in contact with the Role of the Trainer NES team and in September 2023 two courses were delivered to the team.

#### **Day one - Leadership in the Learning Environment (LitLE) Course 09.30 to 14.30**

The Leadership in the Learning Environment Course is a one-day face-to-face course for Recognised/Approved medical trainers who have at least a year's experience in that role. The course picks up on some of key themes from the Trainer Workshop by highlighting the relationship between workplace culture, the quality of patient care provided and the delivery of effective training.

#### **Day two - Performance Support Course 09.00 – 16.00**

The Performance Support Course aims to increase the confidence of trainers in recognising and managing trainees requiring additional support. The course considers the multi-factorial influences on individual performance and conduct, the different roles of those directly involved in managing poor performance or allegations of misconduct and the management planning process

### 1.11 Describe the mechanisms in place to ensure all educators have appropriate time in their job plans to meet their educational requirements?

- The Director of Medical Education has two sessions allocated for the role
- Educators have an allocation of 1 hour per week per trainee
- Each consultant is encouraged to keep an up-to-date job plan
- Education component of job plan is reviewed at appraisal

Any new educational activities are discussed at MEGG and allocation of time for teaching and training is discussed.

NHS Shetland hosted increasing numbers of medical students in 2023 – in order to accommodate the increase, there is now an ACT funded GP lead (one session per week alongside 10 hours per week admin support for the role).



In 2023/24 additional ACT funding for 0.5 session Obstetrics and Gynecology teaching time as well as 0.5 paediatric consultant teaching time in order to host medical students in a child and family health block as part of new GP teaching modules.

### **1.12 What educational resources and funding can educator's access?**

- Each consultant has a study leave budget
- Educational Supervisors are encouraged to attend NHS Grampian Medical Education symposium
- Educational and clinical supervisors are encouraged to attend NES Medical Education programme
- Study leave support is available for potential educators to attend FDA approved Education Supervisor training

There is an ACT fund that staff can access to attend educational training/conferences related to medical student placements.

It is worth noting that the provision of high-quality digital access to training/educational resources has improved since 2020 and this has been of benefit to remote and rural sites. This has resulted in easy of attending educational meetings and has cut the need to travel (which come out of the study leave budget). The only issue with attending digital teaching and training events is safeguarding time and not being pulled back into work related activities. The continuation of high-quality online training will benefit remote and rural boards.

### **1.13 Is support available to educators when they are dealing with concerns? Please provide full details.**

There are robust mechanisms in place for Educators dealing with concerns:

- The Medical Education Governance Group (MEGG) is the ideal forum to raise general concerns with regards to the teaching and training environment.
- As the MEGG sits embedded in NHS Shetland's governance structure there are internal mechanism for escalation of concerns
- The DME sits on various external groups and is part of the DME network – this provides mechanisms to be sighted on developments or challenges that could face Local Education Provider and local educators
- Educational supervisors are part of a larger specialty network e.g., ES for internal medicine meets regularly with the TPD and other ES for IMT in Grampian – this is helpful for raising concerns for a particular curricular programme
- Regular contact with the TPD for Rural Tract GP programme – this gives an opportunity to discuss challenges and educator concerns
- The DME is a member of the Tutelage Group, University of Aberdeen – at each meeting, a verbal or written report is provided on the educational environment in NHS Shetland

The Performance Support Course aims to increase the confidence of trainers in recognising and managing trainees requiring additional support. The course considers the multi-factorial influences on individual performance and conduct, the different roles of those directly involved in managing poor performance or allegations of misconduct and the management planning process.

Ten senior doctors and trainers attended the Performance Support Course run by NES in September 2023 with the aim to increase the confidence of trainers in recognising and managing trainees requiring additional support. The course helped trainers to consider] the

multi-factorial influences on individual performance and conduct, the different roles of those directly involved in managing poor performance or allegations of misconduct and the management planning process

#### **1.14 How do you ensure there are sufficient opportunities for learners to undertake educational CPD?**

- Medical Education Administrator publishes a weekly teaching timetable that outlines programme specific teaching as well as local teaching opportunities
- Trainees are encouraged to attend bleep free programme specific teaching
- There are opportunities to attend local teaching sessions e.g., surgical skills, scenario-based simulation teaching as well as lecture-based teaching
- In 2021, the rural general hospitals have set up a monthly “Grand Round”. This provides an opportunity to network and discuss cases. Trainees are encouraged to attend and present.
- Monthly RCP Edinburgh evening medical update teaching
- ILS and local ALS courses
- Trainees attend programme specific Boot Camps – rural and surgical
- Prior to blocks in Shetland foundation doctors are given the opportunity to attend Rural Boot Camp
- Monthly journal club
- Trainees attend locally run Intermediate Paediatric Life support training – half day session per block

#### **1.15 How do you ensure there is a balance between providing services and accessing educational and training opportunities?**

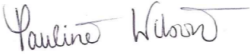
The Medical Education Governance Group has the responsibility to ensure that there is a good balance between service provision and education and training opportunities:

- The agenda at MEGG is split into operational, education and strategic discussions
- Thought is given to rota design in that rotas are individualised to reflect the programme specific educational requirements of the trainee:
  - Surgical trainees have built in rota opportunity to attend theatre
  - IMTs have clinics built into their rota
  - GPStR’s GP Practice placements
  - Foundation doctors are provided with taster days/sessions
- Junior doctor representation on the MEGG
- Junior doctor forum
- Care is taken to fill any unfilled post as we understand the knock - on effect this can have on the educational opportunities for trainees
- Regular monitoring of the rota is undertaken to ensure that it is working time compliant

All LAS and CDF doctors have an appraisal

In June 2024, the DME prepared a paper for the Executive Management Team outlining the responsibilities that NHS Shetland has in terms of being a Local Education Provider. The paper outlined the increasingly complex nature of ensuring good educational experience to trainees balancing the needs of training and service provision.

## 2 Sign-off

Form completed by	Role	Signature	Date
Pauline Wilson	DME		26/06/2024

# Scotland Deanery

## Director of Medical Education Report

<b>NHS Board</b>	Shetland			
<b>Responsible Board Officer</b>	Kirsty Brightwell			
<b>Director of Medical Education</b>	Dr Pauline Wilson			
<b>Reporting Period</b>	<b>From</b>	2 August 2023	<b>To</b>	6 August 2024

**Note to DME:** Please complete all sections of the report in relation to the last training year. For assistance, please contact Alex McCulloch at [alex.mcculloch@nhs.scot](mailto:alex.mcculloch@nhs.scot).

Please complete and return to [alex.mcculloch@nhs.scot](mailto:alex.mcculloch@nhs.scot) by **5pm Thursday 26<sup>th</sup> September**.

## 1. Year in review: 2023-24

### 1.1 Please outline the main training achievements in your board in the last training year:

We have had another successful year with training in the Gilbert Bain Hospital. We have had some very positive feedback from trainees in the last year.

During 2024, we have introduced weekly In-Situ Simulation teaching where the whole MDT team comes together to run through a real time scenario and then have feedback and teaching – the junior doctors have been part of this and found it helpful in:

1. Integration into the MDT team
2. Understanding of how local pathways of care may differ in a rural general hospital from a larger tertiary hospital.
3. Better understanding of guidelines and patient management.

In April 2024, one of our Clinical Development Fellows (CDFs) won the runner up for being an Inspirational Role Model at the NHS Education for Scotland awards – he was nominated by the Medical Education Governance Team (MEGG) - this application had the support of the junior doctors in the CDF had been instrumental in helping set up the In-situ simulation and teaching programme.

NHS Shetland has worked with colleagues in Emergency Medicine for one of the North ACCS expansion posts to be hosted in Shetland – this was a lot of work and colleagues in A&E and Information Department were instrumental in pulling together data for the ACCS training board to review as part of their decision to award NHS Shetland a ACCS year one trainee.

NHS Shetland has also been involved in the expansion of Foundation Year 1 post to the surgical service – this has been successful with good feedback from the trainees as well as the surgical and nursing staff.

Rotas remain working time and curriculum compliant – NHS Shetland ensures that every grade of doctor has a rota to match their curricular needs such as IMTs getting dedicated clinics built into their rotas. We have also built in development and audit days for the foundation doctors.

In early 2024 the MEGG – split into two groups to allow better focus on two areas:

1. Teaching and Training
2. Operational and Strategic

In September 2023 NHS Shetland hosted a two day training event for all NHS Shetland trainers - this was delivered locally NES

#### **Leadership in the Learning Environment (LitLE) Course**

The Leadership in the Learning Environment Course is a one-day face-to-face course for Recognised/Approved medical trainers who have at least a year's experience in that role. The course picks up on some of key themes from the Trainer Workshop by highlighting the relationship between workplace culture, the quality of patient care provided and the delivery of effective training.

#### **Performance Support Course**

The Performance Support Course aims to increase the confidence of trainers in recognising and managing trainees requiring additional support. The course considers the multi-factorial influences on individual performance and conduct, the different roles of those directly involved in managing poor performance or allegations of misconduct and the management planning process.

### **1.2 Please highlight any sites where you have identified good practice**

<b>Site</b>	<b>Details about good practice</b>
<b>Gilbert Bain Hospital</b>	Implementation of weekly In-Situ Simulation (see above for details)
	Thirteen trainers attended a 2 day NES led ROT event (see above for details)
	[Please add further lines if required]

### **1.2 Please outline the main issues that your board has faced in the last training year:**

NHS Shetland continues to have to augment board funded junior doctors in order to run a working time and curriculum compliant rotas.

Rural areas have more junior grade doctors and have to proportionally more board fund locally employed doctors than the larger boards. Picking up gaps in terms of having to fund any Less than Full Time (LTFT) gaps as well as any unfilled rotational posts puts additional financial pressure on a small board already having to fund a number of Locally Employed Locum for Service (LAS) and Clinical Development Fellow posts. This has resulted in the need to justify overspend in the junior doctors budget to NHS Shetland Executive Management Team – a paper was written by the DME and presented in June 2024.

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**1.4 Please outline any new issues that your board is likely to face in the coming training year(s)**

There is always an issue in a small board in terms of ensuring enough local Educational and Clinical Supervisors.

There is particular pressure on primary care in terms of ES provision – this is under active review at the present time. The Medical Director and DME are in conversations with NES GP training management colleagues about this and potential solutions.

**1.5 Please identify any sites that should be considered for a visit**

Site	Reason why a visit may be necessary
	[Please add further lines if required]



## 2 Postgraduate Medical Education: Quality Report

### Key to survey results

#### Scottish Training Survey (STS)

Key	
R	Low Outlier - well below the national benchmark group average
G	High Outlier – performing well for this indicator
P	Potential Low Outlier - slightly below the national benchmark group average
L	Potential High Outlier - slightly above the national benchmark group average
W	Near Average
▲	Significantly better result than last year**
▼	Significantly worse result than last year**
—	No significant change from last year*
	No data available
	No Data

\*\* A significant change in the mean score is indicated by these arrows rather than a change in outcome.

#### GMC National Training Survey (NTS)

Key	
R	Result is below the national mean and in the bottom quartile nationally
G	Result is above the national mean and in the top quartile nationally
P	Result is in the bottom quartile but not outside 95% confidence limits of the mean
L	Result is in the top quartile but not outside 95% confidence limits of the mean
W	Results is in the inter-quartile range
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year
	No flag / no result available for last year

No Aggregated data is available this year

- The information used to create the STS Priority list is from Scotland only. The NTS Priority list are based on UK data.
- If criteria is met from any of the following lists (bottom 2%), they will be noted on the Priority list; NTS All Trainee list, STS All Trainee Overall Ranking, NTS Trainer Survey Data List. The criteria used for the Priority list are: Number of red flags, significant change in scores, significantly low scores for Specialty, excess triple red flags, lowest collective mean score for all indicators (June STS)

- If criteria is met from any of the following lists, they will be noted on the High Performers list (top 2%); NTS All Trainee list, NTS Trainer survey data list. The Criterion for the High Performers list are: Triple green flags, significant change in scores, number of green flags, high scores for specialty
- A site can be on both the High Performers and Priority lists because of different scores for the different criterion being in the top or bottom 2%. Two departments with similar results can have different outcomes because of the 2% threshold, as they may be just either side of the threshold meaning one is on the main part of the DME report.
- Please note the number of trainees may not always tally due to the inclusion of programme trainees within the data. For example, Dermatology trainees in a post may actually be part of the Medicine Programme.

## **2.1 Departments in bottom 2% (Trainee)**

None

**2.2 Departments in top 2% (Trainee)**

None

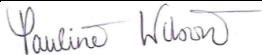
**2.3 Departments in the bottom 2% for that Specialty: Trainers**

None

**2.4 Departments in the top 2% for that Specialty: Trainers**

None

**3 Sign-off**

Form completed by	Role	Signature	Date
Pauline Wilson	DME		20/08/24



Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment & Teaching	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
Gilbert Bain Hospital	Anaesthetics	All Trainees													1 (aggregated)
Gilbert Bain Hospital	Anaesthetics	ST													1
Gilbert Bain Hospital	Anaesthetics	ST													1 (aggregated)
Gilbert Bain Hospital	Acute Internal Medicine	All Trainees													1
Gilbert Bain Hospital	Acute Internal Medicine	All Trainees	W—	W	W	W	W—	W—	W—	W	W—	W	W	W	7 (aggregated)
Gilbert Bain Hospital	Acute Internal Medicine	IMT													1
Gilbert Bain Hospital	Acute Internal Medicine	IMT	W—	W	W	W	W—	W—	L—	W	P—	W	W	W	7 (aggregated)
Gilbert Bain Hospital	Cardiology	All Trainees													1
Gilbert Bain Hospital	Cardiology	All Trainees													1 (aggregated)
Gilbert Bain Hospital	Cardiology	IMT													1
Gilbert Bain Hospital	Cardiology	IMT													1 (aggregated)
Gilbert Bain Hospital	General (internal) medicine	All Trainees	W—	W	W▼	W—	W—	W—	W—	W—	W—	W—	W—	W—	7
Gilbert Bain Hospital	General (internal) medicine	Foundation	W—	W	W—	L—	W—	W—	W—	W—	W—	W—	W—	W—	5
Gilbert Bain Hospital	General (internal) medicine	IMT													2
Gilbert Bain Hospital	General (internal) medicine	IMT													2 (aggregated)
Gilbert Bain Hospital	Geriatric medicine	All Trainees													2
Gilbert Bain Hospital	Geriatric medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	W	4 (aggregated)
Gilbert Bain Hospital	Geriatric medicine	IMT													2
Gilbert Bain Hospital	Geriatric medicine	IMT	W	W	W	W	L	W	W	W	W	W	W	W	4 (aggregated)
Gilbert Bain Hospital	Internal Medicine Training	IMT	W	W	W	W	W	W	W	W	W	W	W	W	6
Gilbert Bain Hospital	Core Surgical Training	Core													2
Gilbert Bain Hospital	Core Surgical Training	Core	W—	W	W	W	W—	W—	W—	W	W—	W	W	W	6 (aggregated)
Gilbert Bain Hospital	General surgery	All Trainees	W—	W	W—	W—	W—	W▼	W—	W—	W—	W—	W—	W—	5
Gilbert Bain Hospital	General surgery	Foundation													2
Gilbert Bain Hospital	General surgery	Foundation	W—	W	L—	W—	W—	W—	W—	G—	W—	W—	W—	G—	7 (aggregated)
Gilbert Bain Hospital	General surgery	GPST													1
Gilbert Bain Hospital	General surgery	GPST	W—				W—	W—	W—		W—				3 (aggregated)
Gilbert Bain Hospital	General surgery	Core													2
Gilbert Bain Hospital	General surgery	Core	W—	W	W	W	W—	W—	W—	W	L—	W	W	W	6 (aggregated)
Lerwick Health Centre	General Practice	All Trainees													2
Lerwick Health Centre	General Practice	All Trainees	W—	W	W	W	W—	W—	W—	W	W—	W	W	G	5 (aggregated)
Lerwick Health Centre	General Practice	GPST													2
Lerwick Health Centre	General Practice	GPST	W—	W	W	W	W—	W—	W—	W	W—	W	W	G	5 (aggregated)



# **NHS Shetland Annual Organisational Duty of Candour Report 2023/2024**

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 2023 and 31 March 2024.

## **1. About NHS Shetland**

NHS Shetland is responsible for providing healthcare to our population of around 23,000. Local Hospital 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, Paediatrics 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 have been reviewed to which the Organisational Duty of Candour applies?**

Between 1 April 2023 and 31 March 2024, there have been:-

- **267** adverse events/complaints have been reviewed. Up from 106 last financial year.
- **4** required the Organisational Duty of Candour to be applied which is consistent with 4 cases in the last financial year

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.



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 2023 and 31 March 2024)
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	3
<b>TOTAL</b>	<b>4</b>

### To what extent did NHS Shetland carry out the Duty of Candour procedure?

The following table sets out a summary of the 4 cases subject to Duty of Candour requirements over the last year:

Datix ID	Incident Date	Date Reported	DoC Triggered	Apology Issued / Patient Involvement	Theme	Learning / Actions
9285	02/11/2022	25/04/2023	25/04/2023	27/04/2023  Meeting offered, awaiting reply	One patient found to be inappropriately excluded from screening	DoC Closed 27/04/2024. Review undertaken nationally. Corrective actions implemented locally.
9321  Complaint 1291	23/03/2023	15/05/2023	15/05/2023	20/04/2023 Meeting arranged with patient and this has fed into the investigation process.	Missed fracture on x-ray, resulting in increased pain and delay in treatment for a significant amount of time.	Currently being reviewed under a joint review with NHS Grampian.
9661	07/06/2023	12/10/2023	26/10/2023	Patient contacted and support offered	Patient seen in Gynaecology clinic and commenced on a medicine which stimulates hormone release. Patient became pregnant and subsequently experienced miscarriage	DOC agreed 26/10/2023. Datix report awaiting final approval. Recommendations implemented to ensure appropriate advice is always given, this highlights the importance of appropriate counselling being

Datix ID	Incident Date	Date Reported	DoC Triggered	Apology Issued / Patient Involvement	Theme	Learning / Actions
						provided to patients when starting on new medication.
9787	10/11/2023	04/12/2023	21/12/2023	21/12/2023 Telephone discussion with the patient to explain and seek their views.	GP changed the dose, strength and quantity of a medicine which the patient took regularly, but did not inform the patient. Patient not aware of changes. Resulted in hospital admission	Being reviewed. Will be discussed at GP appraisal

Of these 4 cases, two of these investigations have now been closed.

**Datix ID 9285** - The national review did not investigate why individual patients were excluded from recall procedures only to determine who had. Locally, one patient was affected who after further investigation required additional treatment and procedures with complications. New procedures are now in place to prevent a re-occurrence of individuals being excluded from screening.

Timeframes – Incident date 02/11/2022, adverse event report submitted 25/04/2023, Level 2 investigation commenced 02/11/2023, Investigation completed 27/04/2023, DoC agreed 25/04/2023 and case closed on 27/04/2024

**Datix ID 9661** – The clinician did not discuss contraception with the patient whilst on the prescribed treatment. The learning was shared within the department to ensure appropriate information is discussed with patients.

Timeframes – Incident date 07/06/2023, adverse event report submitted 12/10/2023, Level 2 investigation commenced 12/10/2023, Investigation completed 23/10/2023, DoC agreed 26/10/2023. Final approval process in progress.

The 2 other reports are:-

**Datix ID 9321** - Patient was assessed for pain and mobility issues by multiple departments between April 2022 and March 2023 before a diagnosis of a fracture was confirmed. A complaint was also received. An initial investigation was conducted to conclude the complaint and the patient was involved in this review. There were further questions raised and a review commissioned jointly with NHS Grampian to further understand what happened and what can be learned. Patient has been involved in this process. This report is awaited as capacity in departments has caused delay.

Timeframes – Incident date 23/03/2023, adverse event report submitted 15/05/2023, complaint investigation completed 27/04/2023, DoC agreed 20/04/2023. Duty of Candour report awaited.

**Datix ID 9787** - GP changed the dose, strength and quantity of a medicine which the patient took regularly, but did not inform the patient. Patient not aware of changes resulting in accidental overdosing which required hospital level care. Review is linked to other adverse event reports with similar themes of medication and communication issues. GP requested to reflect on this at their appraisal.

Timeframes – Incident date 10/11/2023, adverse event report submitted 04/12/2023, Level 3 investigation commenced 04/12/2023, DoC agreed 21/12/2023 and patient contacted to discuss findings. The patient had no further questions and accepted the apology.

A further report was closed during the financial year of 2023-2024

**Datix ID 8351** - Child's clinical condition deteriorated overnight. Requiring retrieval to paediatric intensive care. It was agreed to conduct a Level 2 review to determine if there was any learning available. Outcome highlighted 'minor system of care issues'. Delay to the completion of the review was due to the capacity of the local single handed practitioner with on-going clinical duties as well as co-ordinating the involvement of NHS Grampian. Issues and learning identified include communication with other teams, as well as how to manage children with breathing difficulties. Learning has been shared within the team and with other relevant departments.

Timeframes – Incident date 08/09/2021, adverse event report submitted 17/11/2021, debrief and initial investigation started 26/10/2021, prior to Adverse Event report submitted on Datix, Investigation completed 15/04/2022, DoC agreed 12/05/2022 and closed on 01/06/2023. Patient's family contacted 07/06/2022, meeting held on the 09/06/2022 and the final review report available from the 01/06/2023.

### **3. Information about our policies and procedures**

#### **What processes are in place to identify and report unexpected or unintended incidents that may require activation of the Duty of Candour procedure?**

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 Procedures. These are based on the Health Improvement Scotland (HIS) national adverse event management framework. We continued to report monthly to HIS in line with the timescales set out for the national notification system.

The Medical Director, Chief Nurse (Corporate) and clinical governance and risk team undertake 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 checklist to aid decision making.

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 Organisational Duty of Candour incidents.

#### **What criteria do you use to assess whether the Duty of Candour procedure should be activated?**

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 which includes a link to the guidance, the Duty of Candour outcomes (definitions), the apology factsheet and our Duty of Candour trigger checklist are all available on the Duty of Candour intranet page. There is also 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.

The monthly guidance and learning bulletin has been revised in the last 12 months in order to better clarify the status of various guidance within NHS Scotland, and to enable us to provide more targeted advice to specific disciplines or areas of service. The bulletin provides a mechanism by which evidence based information and learning from national sources, such as Scottish Public Services Ombudsman (SPSO), Adverse Events Network, national guidance e.g. SIGN, NICE and local learning from adverse events and other sources such as complaints and quality improvement is brought together into one central location, accessible to all staff via a web page on the Board's Intranet site.

During 2023/2024 to increase organisational learning from adverse events we have continued to use the monthly Corporate Newsletter as a way to highlight key messages /learning which have arisen as a result of reported adverse events.

### **What support is available to staff who are involved in unintended or unexpected incidents resulting or could result in harm or death?**

All staff receive training on adverse event management and implementation of the Duty of Candour Act as part of their induction. This was extended to locums and also includes an e-learning module on clinical governance and risk management, which is also being completed by the wider staff groups. Awareness sessions and 1-1 sessions have been delivered to staff and teams. The Duty of Candour e-learning module for staff to complete is a module in our e-learning system, TURAS. We do not routinely monitor the figures as it is a national module. Any member of staff who is involved in the Duty of Candour process is fully supported and the Clinical Governance and Risk Team highlight the requirements to them. We have noticed an increase in awareness from senior managers regarding the Duty of Candour process.

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. We also have in place a Trauma Risk Management (TRiM) team who provide TRiM risk assessments for any staff who have been involved in a potentially traumatic incident at work. They also follow up with individuals who have experienced a traumatic event, identifying and suggesting further psychological support as necessary.

Over the last year whilst the proposal to introduce Schwartz Rounds as a supportive environment for staff from all professional backgrounds to explore the social and emotional aspects of care, was not progressed, a programme of 'spaces for listening' has been introduced. These sessions are led by the Medical Director, and this has enabled staff to come together, better understand each other as individuals and the pressures each are facing, thus offering support to each other where needed. The effectiveness of this will be evaluated.

**What support is available to relevant persons who are affected by unintended or unexpected incidents resulting or could result in harm or death?**

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

A lead clinician is identified to provide support to the family and can refer to the relevant services accordingly. The Medical Director is the Executive Lead and acts as the main point of contact for an incident where Duty of Candour is being considered. At the end of the process, the Medical Director provides written confirmation of the outcome of the process to the relevant persons.

**What changes, learning and/or improvements to services and patient outcomes can you identify as a result of activating the Duty of Candour procedure and the required reviews that have taken place?**

There have been a number of changes, learning and/or improvements made to services and patient outcomes as a result of activating the Duty of Candour including:-

- A standardised process for communication across services following a hysterectomy being carried out has been implemented and this ensures that the type of surgery performed is confirmed as well as identifying whether the woman has an ongoing requirement for cervical screening.
- The need for formal counselling, as part of the consultation, for all women started on medication that impacts on fertility has been highlighted.
- Regular formal and informal teaching sessions for clinical staff are being held on the management of Bronchospasm in children.
- Guidance on the monitoring and prescribing of Salbutamol in children with difficulty breathing has been developed.

**What improvements/ changes, if any, have been made to the approach to considering and implementing the Duty of Candour process itself, as a result of activating the procedure?**

No changes have been made in the last 12 months to how we implement the Duty of Candour process. We have, however, built a comprehensive Duty of Candour section into our Adverse Events reporting form which enables key information to be recorded in relation to the event and the Duty of Candour process, thus supporting accurate documentation of the process followed, as well as providing monitoring data.

#### **4. Covid-19 Pandemic**

##### **Setting the context**

**What processes were put in place to manage the impact of Covid-19 when activating the Duty of Candour procedure?**

The processes we have described above continued to remain in place throughout the pandemic.

**Did the timeframe in which it took to review cases increase due to the ongoing pressures of dealing with Covid-19? If so, by how much?**

The timeframe was not impacted by Covid-19.

**How many or what percentage of the times when the Duty of Candour procedure was activated this year have been directly attributable to Covid-19?**

There were no Duty of Candour events when the procedure was activated over this last year which have been directly attributable to Covid-19.

##### **Practical Actions Taken**

**How has involving the relevant person been impacted by Covid-19? For example, involving relevant persons in review meetings and continuing communication.**

The involvement of the relevant persons has not been impacted by Covid-19.

**In light of the Covid-19 pandemic, what adjustments have you made to continue to involve relevant persons as required by the Duty of Candour procedure?**

There have not been any adjustments made as we have continued with the processes as outlined above.

**The Duty of Candour procedure provisions reflect the Scottish Government's commitment to place people at the heart of health and social care services in Scotland. In light of this and the Covid-19 pandemic, how did you ensure a person centred approach was maintained when the decision was made to activate the Duty of Candour procedure?**

Throughout the Covid-19 pandemic we continued with the processes as outlined above in progressing Duty of Candour cases. The only changes to the process related to offering people a choice of communication methods eg by letter, email, video or face to face adhering to the Infection, Prevention and Control guidance in place at the time. We have continued to offer communication via this range of methods, adopting the method which suits the individual/family best thus ensuring that we are as person centred as possible in our approach to Duty of Candour issues.

### **Learning for the future**

**Responding to the Covid-19 pandemic will have meant changes to NHS Shetland's policies and processes, including activating the Duty of Candour procedure for unintended or unexpected incidents resulting or could result in harm or death.**

### **Duty of Candour Procedure**

- **What changes, if any, to the way you consider and implement the Duty of Candour procedure will you continue with as the Covid-19 pandemic continues?**

We will continue to offer people a choice of meeting format as detailed above.

- **What difficulties have you encountered when reviewing unintended or unexpected incidents due to Covid-19? What learning can be taken away from these particular difficulties?**

We have not had any incidents due to Covid-19.

### **Provision of Healthcare Services**

- **Has there been specific learning from activating the Duty of Candour procedure to unintended or unexpected incidents which have resulted in or could have resulted in harm and death which are directly linked to the Covid-19 response? If so, what has this learning been?**

There were no Duty of Candour events relating to Covid-19 so this is not applicable.



**What other learning have you been able to identify as a result of applying the Duty of Candour procedure?**

We have no other learning for sharing identified at this time.

**5. Additional information**

**Please provide any further information you think might be important or relevant. For example, ways in which discussion, decision-making and reviews linked with the Duty of Candour procedure have supported continuous improvements in delivering safe, effective and person-centred care?**

We also continue to have a very thorough, team-centred approach to clinical pathway changes which also helps reduce risk in change.

This is the sixth year of the Duty of Candour requirements being in operation and we continue to learn and refine our existing adverse event management processes to support implementation of the Duty of Candour outcomes.

A national review of the Duty of Candour guidance has taken place during 2023/2024, the Chief Nurse (Corporate) and Clinical Governance and Risk Team have participated in this review. Any changes required as a result of the outcome of the review will be implemented in local practice as appropriate.

As required, we will submit this report to Scottish Ministers and published it on the NHS Board website.

If you would like more information, please contact our Clinical Governance and Risk Team in NHS Shetland.