

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	23 September 2025
Agenda reference	Board Paper 2025/26/31
Title:	Medical Director 2024 – 2025 Annual Report
Responsible Executive/Non-Executive:	Kirsty Brightwell, Medical Director
Report Author:	Kirsty Brightwell, Medical Director

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Annual Operating Plan
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Annual update on the medical workforce and clinical governance team as well as reports on undergraduate, postgraduate medical education, organisational duty of candour and child death reviews.

2.2 Background

Situation with recruitment and retention is similar to previous years with areas of success in primary care including recruitment to the AMD post.

Further evidence of high quality work in medical education.

Clinical Governance team development to continually build process for supporting operational colleagues to learn and improve. Organisational Duty of Candour and Child Death Reviews in a steady state providing assurance of good process in the organisation.

2.3 Assessment

Ongoing risk in small numbers and small teams as services are reliant on individuals as well as individuals moulding services around them. However, we should not see this in isolation of other healthcare professionals. Medical leadership is important in the generalist services that we provide and an area for further development in our context.

2.3.1 Quality/ Patient Care

Service delivery protected by continual recruitment.

2.3.2 Workforce

Changing models of employment require different support within services and cannot be seen in isolation. Wider service developments require medical leadership and the AMD role is pivotal to this.

2.3.3 Financial

Outwith the scope of this paper.

2.3.4 Risk Assessment/Management

Skill mix is required to support medical workforce including attention to process and infrastructure. These risks are held within the services.

For Clinical Governance there is a risk with a small team that demand can outstrip capacity and the team are cognisant to manage demand effectively through supporting processes for the wider organisation to undertake the work required for safe, quality and effective patient care.

2.3.5 Equality and Diversity, including health inequalities

Recruitment adheres to requirements set through Board policy. Professional governance requires an understanding of individual circumstances and needs as well as supporting patients to raise concerns.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

- N/A

2.3.8 Route to the Meeting

- Relevant leads involved
- Clinical Governance Committee 02 September 2025

2.4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

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

3 List of appendices

The following appendices are included with this report:

- 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
- Appendix 4: Child Death Review – local report

NHS Shetland: Medical Director's Annual Report 2024-2025

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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.

Over the year, steady progress in successful recruitment to GP vacancies has been made. The Partnership have also continued to develop the model of care in the Westside resulting in stability with regular staff there.

In secondary care, the team have been working hard in an ever-changing environment for the resident doctors. They continue to deliver compliant rotas with exceptional feedback from the residents about their experience in Shetland. The Director of Medical Education's Annual reports again provide examples of our improvements and performance despite having a long-standing vacancy in the team.

Mental Health has continued to be well-supported with regular supplementary staff as is the General Medicine team but has shown high quality of care by delivering an innovative pathway for neurodiversity diagnoses where demand far outstrips capacity.

The consultant team have supported many new initiatives alongside nursing, eHealth, Pharmacy, Laboratories and Medical Imaging including regular simulated scenario training and improvements with the new IT systems.

The Clinical Governance and Risk team have adapted to changes in the team and external demands on their time by reviewing their offer and their structure. They continue to support the Whistleblowing process including Speak Up week. The team continue to drive 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 resident doctors in Shetland. With our small establishment, there is vulnerability but the dedication of our teams continues to balance that risk. The embedding of the undergraduate experience in primary care is a testament to the continued importance of this innovation, which is now into its second clinical lead. The role of the Clinical Development Fellows has continued to develop, supporting the teams to maintain that high quality approach to such that our resident doctors continue to rate their experience here very highly. The simulated scenarios in the emergency department are a great example of where our senior and resident teams have worked together with nursing, imaging and labs to create a learning environment at the front door.

Professional Governance

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 administrators have been working on their processes and communications over the last year to support appraisers and appraisees.

Data for 2023-2024

Measure	2024/25	2023/24
Number of Appraisers associated with NHS Shetland	7	7
Number of doctors with NHS Shetland as Designated Body	76	75
Number of Appraisals completed	75	72
Number completed after April for previous year	4	1
Number of recommendations to GMC for Revalidation	24	10
Number of deferrals	2	0
Number on-hold	<5	<5

Medical Leadership

Background

Medical leadership is vital in delivering high-quality care. Although it is part of the Duties of a Doctor as laid out by the General Medical Council, formal leadership training and roles in NHS Shetland are relatively new and the training and support is difficult to access. Traditionally, roles such as Clinical Lead and Clinical Director have been apprenticeship/learn on the job. In Primary Care there has been no formal training provided for GPs to take on running a GP Practice.

Progress

We continue to have the Associate Medical Director (AMD) in Secondary Care provide 1 day a week alongside other responsibilities in their role. The Primary Care Associate Medical Director post has been explored over the year with the leadership in the partnership now exploring what is required of that role. It was advertised and we were successful at recruiting to the post at the end of this year.

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. All new starts have a job plan and a conversation to review this at 3 months. Given the complex nature of our contracts we are still learning how to use the software for our annualised hours' contracts.

The AMD for Primary Care has started to have conversations with each GP about their work patterns and this is expected to become an annual process feeding into the Primary Care Improvement work.

There are other leadership opportunities in the Board which individuals have taken up:

Clinical Lead for Digital: Dr Raj Chatha

Chair of Area Medical Committee: Dr Alice Einarsson and Dr Deepa Shah

Lead for Medical Students: Dr Sam Adamson

Quality Cluster Lead: Dr Chloe Evans

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

Practice	Population	WTE GP Baseline	WTE GPs Employed
Unst	616	1.41	1.28
Yell	980	1.41	1.29
Whalsay	1068	1.41	GP Joy
Brae	2530	1.60	1.2
Walls and Bixter	1900	1.69	1.69
Scalloway	3780	2.80	2.2
Lerwick	8617	6.3	6.3
Levenwick	2705	2.27	1.97

There has been further successful recruitment over the year to Scalloway, Yell and Bixter. This is an improving picture and credit should go to the Primary Care team for their perseverance and hard work.

Hillswick is an independent contractor with 1 full-time GP and 1 associate GP.

Rediscover the Joy continues to support many of our practices and continues to be supported by NHS Shetland.

The Cluster Quality Lead post continues to provide leadership of improvement work in Primary Care with work around cancer referral pathways, optimisation of investigations and review of adverse events. The partnership has had significant investment to further the processing of data and the creation of a platform to manage long term conditions. Similarly primary care pharmacy investment in process has seen improvements in efficiencies as well as outcomes for patients and staff.

The Macmillan GP post ceased during the year but the functions have been picked up by other members of the team to continue to support the development of pathways and processes including the work on RESPECT.

Workforce: Acute and Specialist Care

Resident 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 Human Resources team. There is a national need for an increase in the number of posts for medical students and resident 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.

Consultants

This year saw 2 retirements in the surgical team and support from new bank doctors to continue the development of this service whilst a proleptic postholder completes their training.

A new post for Child and Adolescent Mental Health Service (CAMHS) consultant has been created and approved with funding received nationally. The post was advertised and recruited to at the end of the year.

Work commenced, and is continuing on, a sustainable model for recruitment and retention of the medical consultant team. This will build on the new remote and rural credential.

Specialty	Established Posts	Substantive Post-holders	Gaps filled by bank
General Medicine	4 WTE (to include on-call ie 8EPAs)	1 WTE no on-call (includes DME and AMD time), 0.6 WTE no on-call 3/3 rotational post holders with on-call	4 regular bank doctors
General Surgery	4 WTE (to include on-call ie 8 EPAs) Specialty Doctor 1 WTE	2 WTE + 2 annualised contracts (40 weeks per year) + 1 proleptic post-holder visiting for a week every 2-3 months. Specialty doctor 1 WTE	Exceptional circumstances
Aneasthetists	4 WTE (to include on-call ie 8 EPAs)	0.8 WTE	3 regular bank doctors and occasional use of further bank

Obstetrics & Gynaecology	2.3 WTE (to include on-call ie 4 EPAs)	4 post-holders	Exceptional circumstances.
Paediatrics	0.6 WTE (0.1 for NHS Grampian)	0.6 WTE	
CAMHS	0.4	0.4	Regional support
Microbiology	SLA with NHS Grampian	0.5 WTE	N/A

Workforce Mental Health, Occupational Health

The Director of Public Health's annual report will contain details of this directorate. The team have developed and found funding for a consultant in Public Health and this post was advertised at the end of the year.

Three regular Community Mental Health Psychiatrists are bank doctors working in rotation. This provides a relatively stable workforce supplemented by the part-time Substance Misuse and Recovery Doctor.

Occupational Health have a part-time substantive doctor.

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

Table 3: Workforce Mental Health, Occupational Health and Public Health			
Specialty	Established Posts	Substantive Post-holders	Gaps filled by bank
Occupational Health	0.4 WTE hospital practitioner role	0.4 WTE	N/A
Psychiatry	2 WTE	0	3 bank doctors working on rotation
Substance Misuse and Recovery	0.6 WTE hospital practitioner role	0.6 WTE	N/A

Clinical Governance and Risk

It has been another year of development for the team. With 2 significant retirements there has been a review of what the team need to support them and the addition of new team members. The team should be commended for another year of hard work and commitment as the service continues to evolve.

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 the embedding of the Health and Care Safer Staffing Legislation processes.

The patient safety walkrounds are now embedded and well-supported with good feedback from teams.

Clinical Governance have been working towards the implementation of a new IT system to support adverse event reporting and reviews.

The Risk Management Group has been involved in reviewing processes and communication along with the Clinical Governance team with a spotlight on risk appetite. This should further help the work to mitigate and manage risk in the organisation.

There has been further maturation of the process to review and commission investigations as well as a recognition of the difficulties and training needs for the organisation to undertake timely, thorough and high quality investigations.

The team continue to develop the whistleblowing process and support for staff as well as awareness raising.

The various Acute Clinical Governance Groups including regular reports for Medical Governance Group, Surgical Audit Committee and Anaesthetic Governance. The team continued to support the monthly open invitation Clinical Governance Afternoons.

The organisational Duty of Candour Annual (appendix 3) report shows a window into the volume of work the team oversees in order to ensure effective processes for learning, safety and quality.

Kirsty Brightwell August 2025

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

Appendix 4: Child Death Review – local report

Director of Medical Education Report

NHS Board	NHS Shetland		
Director of Medical Education	Dr Pauline Wilson		
Reporting Period	From	August 2024	To August 2025

For assistance, please contact Dawn Mann at Dawn.Mann@nhs.scot

Please complete and return to nes.medicalact@nhs.scot by 11th August 2025

NHS 2024/25 Detailed Undergraduate Teaching Report:
 Education for Scotland NHS Shetland

School/Programme	Site	Specialty	Year	Overall Satisfaction	Book Origination	Treated With Respect	Teaching	Learning Opportunities	Assessment & Feedback	Learning Support	Practical Support	IT Equipment	Access to Software	Number of respondents
Aberdeen	Gilbert Bain Hospital	Medicine - General Medicine	5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	6 (8)
Aberdeen	Gilbert Bain Hospital	Surgery - General Surgery	5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	10 (11)

Exception Reporting

Areas of Excellence

Please provide details of sites:

- With an improvement in Undergraduate Survey data.
- Where there has been notable innovation in Undergraduate Education which could be shared with others.

Specialty	Site	Reason	Any Medical ACT Funding
Medicine Surgery	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
Medicine Surgery	Gilbert Bain Hospital	Consistent Green flags with very positive feedback comments from the students on the RAG return	

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

Please detail the Medical ACT funded projects which have had a positive impact on student feedback in 2025?

1. ACT funding has supported two CDFs – 20 hours a week to provide teaching and training to medical students. There is a teaching week in the middle of the placement block to allow for consolidation of learning across medicine, surgical and general practice. The students have an opportunity to follow the patient's cases from admission to discharge and follow up in GP.
2. GP block lead – this role has been central to the development of the GP placements in Shetland. The GP co-ordinates with the students and the practices as well as contributing to the teaching week.

Where response rates have been low, please comment on any suggestions you may have to improve these?

Feedback should be mandatory and be part of the final sign off by supervisors. The end of block sign off should only happen when the student has submitted feedback in the same way we count work place based assessments.

What additional data would be helpful to collate within next year's template?

NHS Shetland GP data

Scotland Deanery

Director of Medical Education Report



NHS Board	NHS Shetland			
Responsible Board Officer	Kirsty Brighwell			
Director of Medical Education	Dr Pauline Wilson			
Reporting Period	From	07 August 2024	To	05 August 2025

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.

Please complete and return to alex.mcculloch@nhs.scot by Friday 30th May 2025.

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 Director of Medical Education (DME) report is included as part of the Medical Directors (MD) 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 (MEGG) 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). There are two groups: 1)Teaching & Training 2) Strategic and Planning

How often does it meet? Each group meets monthly for 90 minutes

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

Strategic and Planning MEGG:

- Vacant posts and rota gaps

- Planning for gaps in staffing
- Role of Trainers issues
- Rota's
- Induction
- Monitoring of hours
- Additional Cost of Teaching (ACT) funding
- Equality, diversity, and inclusivity is a standing item on the agenda
- Feedback from resident doctors forum via resident doctor representative
- Medical staffing and how to maximize trainee experience in the Shetland service
- Work with University of Aberdeen about accommodating increasing numbers of medical students

Teaching and training MEGG:

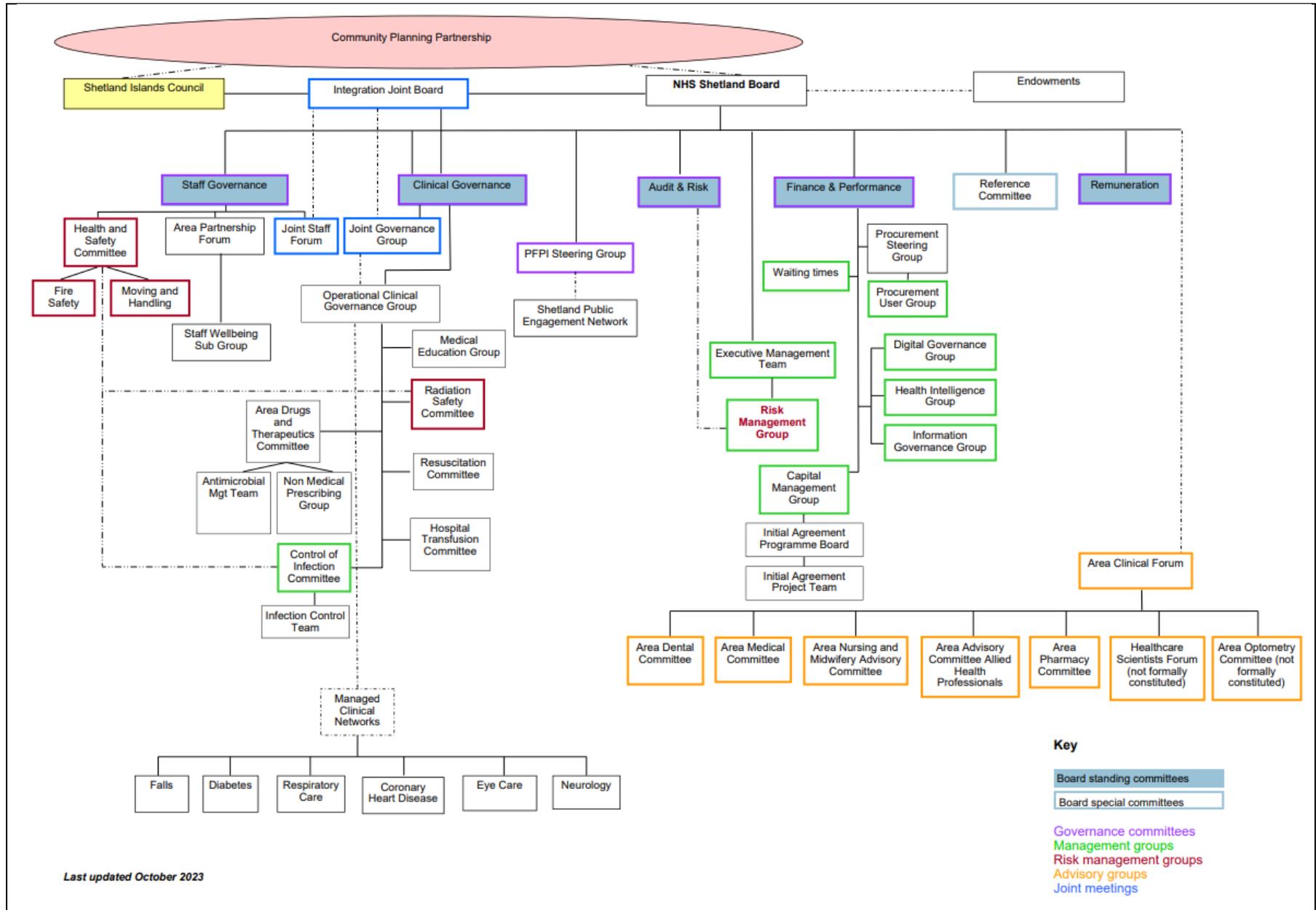
- Ensuring rota matches the curriculum requirements for each grade of trainee
- Discussion on ACT funding to match with medical student teaching and training
- Monthly teaching programme
- Educational opportunities that would benefit the wider Multi-disciplinary Team (MDT)

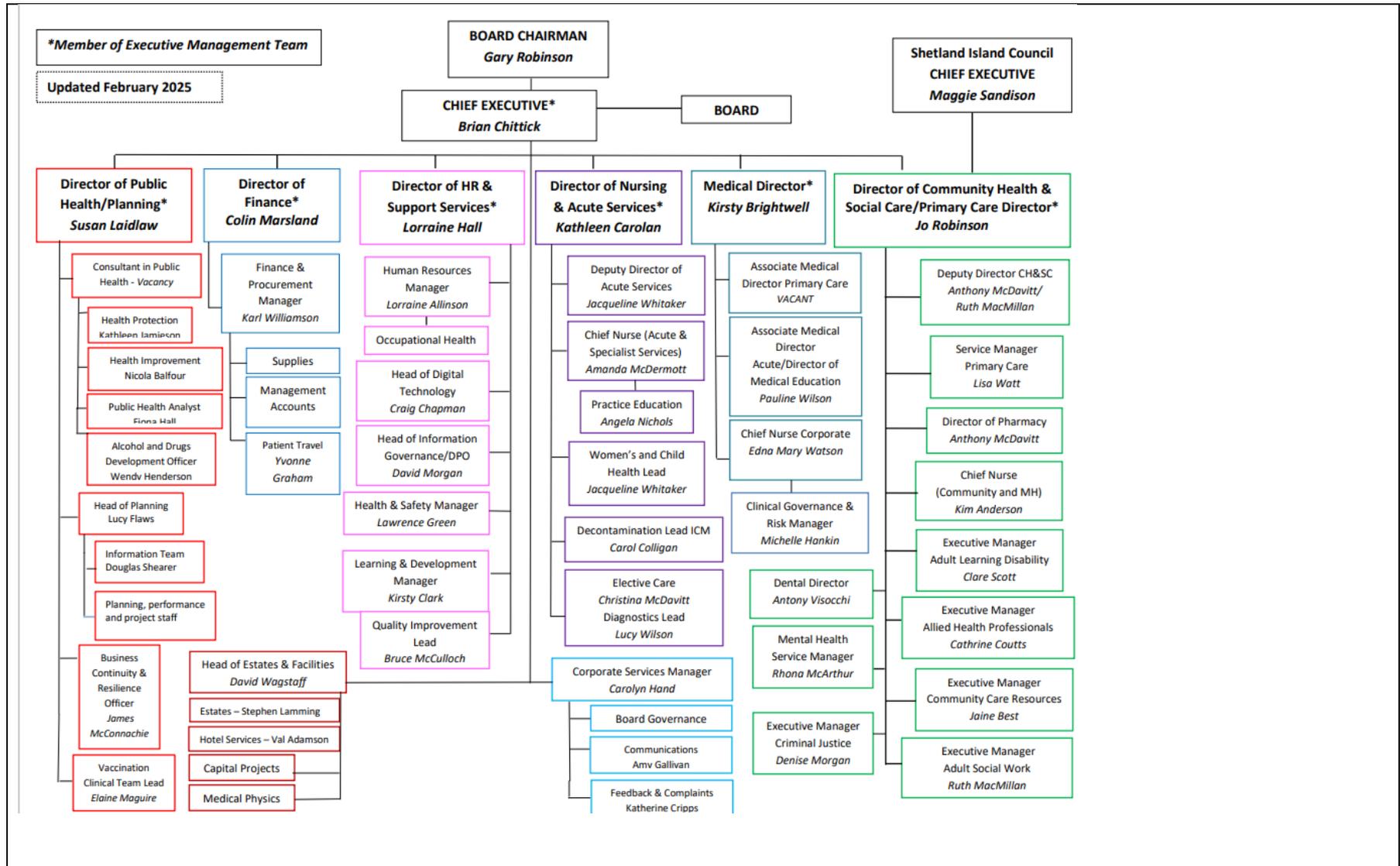
The MEGG co-ordinates the both the operational and educational nature of hosting medical students and resident doctors. It allows for a system wide approach with tangible solutions to problems that could either affect service provision or training.

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 – Secondary care and Primary Care
- Executive management Team – Director of Acute Services and Medical Director
- Finance
- Accommodation team – by invite
- Human Resources Department
- Trainees

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 MEGG
- There is a resident doctors forum that feeds back into MEGG via the Chief Resident
- 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 2024/25 NHS Shetland was in receipt of good practice letters from NHS Education for Scotland (NES) and the University of Aberdeen for postgraduate and undergraduate training respectively.

In March 2025, NHS Shetland has a visit from the University of Aberdeen. The purpose of the visit was to review the new Primary Care teaching blocks in Shetland. The team met with MD, DME, undergraduate block leads, Clinical Development Fellows (CDF) involved in teaching, MEGG members, trainees as well as the medical students. The team were shown how ACT funded kit is used in teaching and were shown a simulation session involving the students. The team also met with primary care manager and visited two GP practices (Whalsay Practice – and island practice and Levenwick Practice on the mainland) and met with the teams there. The report received from the team was very positive. This report went to MEGG for review.

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 resident 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 resident doctor's forum and the resident 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 Red, Amber and Green (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 feeds 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.

NHS Shetland is proactive at dealing with any comments in the trainee's survey feedback. There have been two recent incidents where a comment has been made in the trainees survey and NHS Shetland has dealt with these comments swiftly by:

1. Speaking with the teams involved to try to understand the data and put an agreed action plan in place.
2. Escalation to the Training Programme Director and Deputy Dean for any issues that are deemed more serious with clear communication of local actions taken.
3. Escalation to Medical Director with plans in 2025/26 to run some sessions for trainers with the GMC. The MD and DME have been in contact with our GMC reps to look at facilitating courses in Shetland. This fits into Role of Trainer Training programme. The GMC courses we have identified that could benefit trainers are:
 - Caring for a Workforce Under Pressure
 - Equality, Diversity & Inclusion – with a focus on how micro-aggression.
 - GMP & Sexual Discrimination – this links in with work we have been undertaking with teams

- Supporting IMG supervisors – Cross Cultural communication

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 resident doctors 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	
Primary care		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 and appraisal
- Educators are encouraged to attend forums arranged by Training Programme Directors (TPD) e.g. Internal Medicine Training (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

Plans for 2025/26 described in section 1.6

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 2 session allocated for the role
- Educators have 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 has hosted increasing numbers of medical student since 2023 – in order to accommodate the increase there is now an ACT funded GP lead (on session per week alongside 10 hours per week admin support for the role).

1.12 What educational resources and funding can educators' 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.

ACT funds for two consultant/GP to attend and be examiners for the final year medical in Aberdeen.

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 (ES) 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
- Feedback from training surveys is discussed at MEGG

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

- Medical Education 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 Royal College Physicians of Edinburgh evening medical update teaching
- ILS and local ALS courses – all students have places on ILS
- 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
- There is a weekly multi-disciplinary in situ simulation session run in A&E that all learners are encouraged to attend
- There is a paediatric topic of the month with monthly teaching material made available

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 and surgical clinics
 - IMTs have clinics built into their rota

- GPStR's GP Practice placements
- ACCS trainees have 6 teaching days per year – 3 locally and 3 on the mainland of Scotland. The trainee also has development days built into their programme.
- Foundation doctors are provided with taster days/sessions
- Resident doctor representation on the MEGG
- Resident 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

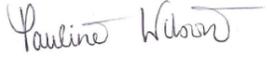
All Locum for Service (LAS) and CDF doctors have an appraisal

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.

- **Emerging Concerns**

2.1 Please highlight any sites that should be considered for a quality activity, for example: Fact finding meeting, Quality engagement meeting, Visit	
Site Name	Reason(s) why a quality activity may be necessary
Gilbert Bain Hospital	The lack of substantive post holders does place pressure on the team in terms of the provision of Educational Supervisors. This is being managed but does create fragility.
	Please add further lines if required

- **Sign-off**

Form completed by	Role	Signature	Date
Pauline Wilson	Director of Medical Education		05/05/2025

NHS Shetland Annual Organisational Duty of Candour Report 2024/2025

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 2024 and 31 March 2025.

1. About NHS Shetland

NHS Shetland is responsible for healthcare for a 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 happened have been reviewed to which the Organisational Duty of Candour applies?

Between 1 April 2024 and 31 March 2025, there have been:-

- **97** adverse events/complaints have been reviewed. This is a decrease from 267 in the last financial year.
- **2** of these adverse events had Organisational Duty of Candour applied. This is a reduction compared to the last financial year where 4 adverse events had Duty of Candour applied.

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 2024 and 31 March 2025)
A person died	1
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
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	1
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	2

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

The following table sets out a summary of the 2 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
10035 10058 10117 10029	Q4 2022/23	Q4 2022/23	05/08/2025	Patient is now deceased. The family do not wish to be involved in any further follow-up.	A patient who had complex medical needs and was receiving a range of health and care services experienced a lapse in follow-up care.	Level 1 – SAER conducted. Final report approved and submitted to Senior Officers Review Group (SORG) for consideration of a Learning Review.
10226	17/02/2022	06/06/2024	02/07/2024	A formal written apology was issued to the patient, followed by a meeting with the Medical Director during which a verbal apology was provided. The patient and family member was kept informed throughout the review process	Initial diagnosis was later found to be incorrect, with symptoms found to be consistent with kidney stones. A failure to act upon scan results may have led to prolonged pain and may have resulted in the treatment being less painful.	A learning review involving health centre and surgical staff identified key risks, including potential errors in digital workflows, the critical role of adverse event reporting, the high-risk nature of imaging reviews, and the possibility of diagnostic collusion in episodic presentations. Actions taken include organisational discussions, a

Datix ID	Incident Date	Date Reported	DoC Triggered	Apology Issued / Patient Involvement	Theme	Learning / Actions
				and was updated on its outcomes.		presentation on imaging pitfalls, a review of ultrasound reporting, and the implementation of new digital solutions for imaging requests and results by NHS Shetland.

Of these 2 cases, one of these investigations have now been closed.

Datix ID 10226 - Ultrasound scan result identified a renal stone was present, however this was missed by the reviewing GP and other clinicians. Patient experienced ongoing pain. The Medical Director confirmed DoC is applicable due to ‘pain or psychological harm which lasts or is likely to last for at least 28 days’ and an ‘increase in their treatment’. The individual involved has submitted a complaint which is being reviewed by the relevant Director and clinical teams.

Timeframes Incident date 17/02/2022, adverse event report submitted 06/06/2024, clinical debrief held in October 2025, DoC agreed 02/07/2024 and case closed on 27/03/2025

Datix ID 10035, 10058, 10117, 10029 (all relating to same patient) - Patient had complex care needs and had been in receipt of a range of health and care services over the nine months preceding their death. Previous medical history and current clinical symptoms indicated the necessity for referral and follow up by services. These were not all actioned. Review commissioned to review co-ordination of care, establish impact that ‘loss to follow up’ had and to review a number of processes including death notification process.

Timeframes – Incident date Q4 2022/2023, adverse event reports submitted Q4 2022/23, Level 1 investigation completed, DoC agreed 05/08/20234. Duty of Candour completed.

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 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 2024/2025 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.

Despite efforts at establishing a “Spaces for Listening” program, uptake has been too low to continue. Teams are being supported to undertake hot and cold debriefs to support each other and also signpost to TRiM. This year the TRiM team have had a refresh and are now managed under the Health and Safety service.

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:-

- Raised the awareness of the role of the speech and language team and the referral process to access services. Development of a local dysphasia pathway.
- Increase diabetes awareness and referral processes to the diabetic team.
- Primary Care – regularly fortnightly time/contact with Mental Health support services.
- Secondary Care - Discharge letter/IDL monitor if the new process is working
- Review of the child and adult 'Did Not Attend' (DNA) policy.
- Coding and administration support for primary care.
- Creation of a weight loss pathway.

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. The new Duty of Candour guidance was published in March 2025, the Clinical Governance Team are currently reviewing this guidance.

[Organisational Duty of Candour: non-statutory guidance - revised March 2025 - gov.scot](#)

As part of the national launch to support the role out of this guidance, Scottish Government are liaising with Boards to discuss their Duty of Candour processes. A meeting has been arranged to discuss this on the 27th August 2025.

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 seventh 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 2024/2025, 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.

DRAFT

NHS Shetland

Meeting:	Clinical Governance Committees
Meeting date:	September 2025
Title:	Child Death Review Annual Report (2024/25)
Responsible Executive/Non-Executive:	Executive: Kirsty Brightwell; NED: Joe Higgins
Report Author:	Kirsty Brightwell, Medical Director

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Legal requirement
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

There has been one death in this year fitting the criteria as set out by Healthcare Improvement Scotland and the Care Inspectorate's National Hub for Reviewing and Learning from the Deaths of Children and Young People.

2.2 Background

The National Child Death Review Hub came into effect on 1.10.2021 with the aim of reducing avoidable deaths in Scotland. Scotland has a higher mortality rate for under 18s than most of Western Europe with over 300 deaths annually. It is predicted that a quarter could be prevented.

Boards are asked to have processes in place to support detailed, multidisciplinary and multi-agency reviews of all deaths up to the 18th birthday or 26th birthday for care leavers in receipt of continuing care or aftercare at the time of their death.

2.3 Assessment

The one death this year has been led by the Chief Social Worker in Shetland Islands Council with support to complete the dataset provided by the Clinical Governance team and NHS Grampian. The report is expected Autumn 2025 and therefore learning will be carried into next year's report.

The Clinical Governance team have a process in place to oversee notification of deaths and organising of any review and provision of support necessary to families.

The Medical Director is the Lead for NHS Shetland and is the joint named person along with the Chief Social Worker for Shetland Islands Council.

There was a meeting with the National Hub team in January of 2023 to review processes.

There are regular meetings of the national leads to share learning to which the Medical Director attends.

2.3.1 Quality/ Patient Care

Learning from Child Death Reviews will improve quality of care both locally and nationally.

2.3.2 Workforce

Learning from significant events is part of all clinical roles.

2.3.3 Financial

Nil.

2.3.4 Risk Assessment/Management

There is a risk that a complex review would overwhelm small teams. There is an expectation on larger NHS Boards to support the island Boards and the National Hub are aware of our fragilities.

2.3.5 Equality and Diversity, including health inequalities

These issues may become apparent during reviews and teams should be aware of access and bias issues.

2.3.6 Other impacts

There are no other impacts to report at this time.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate with close partnership working with the local authority.

2.3.8 Route to the Meeting

Clinical Governance Committee

Nil

Level of Assurance provided from this report

This report provides comprehensive assurance as there are processes in place with active review.

2.4 Recommendation

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

3 List of appendices

- Appendix 1 - Child Death Review Flowchart

DRAFT

Review and Learning from Deaths of Children and Young People

