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Date 19<sup>th</sup> September 2018.

Your Ref

Our Ref

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Dear Jeane Freeman,

## **NHS BOARDS GOVERNANCE ASSURANCE MECHANISMS**

We refer to your letter dated 5<sup>th</sup> September 2018. We would like to provide response on NHS Shetland Board governance assurance mechanisms in the domains specified in your letter.

### **Complaints**

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

NHS Shetland Board has - relative to other Boards - a small medical workforce – 12 WTE consultants, 11 Junior doctors and 25 GPs. The board has robust mechanisms in place for dealing with complaints. There is a Feedback and Complaints team that deal with concerns and complaints. Repeat concerns about any one clinician, whatever the source (concerns, complaints, legal claims) are quickly recognised by the Feedback and Complaints team and discussed with the Medical Director. Patterns in these issues are also discussed by the Complaints team with the Complaints Manager (in this instance the NHS Shetland Board Chief Executive), and also the appropriate professional lead in order to determine next steps.

The Medical Director, as the clinical governance lead, also has oversight of our duty of candour obligations and significant adverse events and acts as a link between the Complaints Team and the Clinical Governance Team in this regard.

All medical staff receives a letter from the Complaints Team prior to their annual appraisals. This is discussed at the annual Appraisal and a reflective log recorded. This will flag the number of complaints, adverse events, duty of candour events or legal claims received about their practice in the last year – this is another mechanism for the appraiser to have oversight of any repeat concerns which is then notified to the Responsible Officer and appropriate corrective actions taken and if necessary, Fitness to Practice (FtP) referral made to the GMC.

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

NHS Shetland Board encourages all staff to report adverse events, incidents and near misses through our DATIX system. There is a rapid review of DATIX entries, lessons learned, corrective actions taken and shared widely within the organisation and externally where appropriate. When concerns are raised about a consultant's safety of practice these are investigated by professional leads and escalated to Medical Director. Through the investigation period a view is taken by the professional lead concerning whether it is appropriate for the consultant to remain in the work environment, and, if so, whether restricted duties are indicated. If at the outcome of the investigation it is deemed necessary to report a consultant to their regulatory body then this would happen immediately as the Medical Director is also the Responsible Officer for NHS Shetland Board.

**Surgical Safety and M&M Reviews**

NHS Shetland Board has a team of 3 (+0.75WTE) consultant surgeons complemented by visiting surgical teams.

Surgical workloads are monitored closely with regular reports on list length. The Surgeons all participate in surgical briefings, huddles and lead the surgical pause, along with the rest of the multi-disciplinary team.

There is a rolling programme for replacements of surgical equipment and service contracts are maintained. This ensures that the theatres are well equipped with up to date and safe equipment. Other needs are assessed and addressed as they arise. The Boards Medical Physics and Estates department play key roles in the maintenance of the equipment and facilities.

There is a regular monthly Mortality & Morbidity Review and at this time the clinicians are free from elective commitments to allow time for them to attend and present cases. These meetings are multidisciplinary and include regular DVT audit, antimicrobial prescribing, review of adverse events and feedback from debriefs and lessons learned.

There is an effective management of the surgical on-call rota which is covered by 3 substantive consultant surgeons and 0.75WTE locum consultant with no gaps in the surgical junior or consultant rota.

**Supervision of Junior Medical Staff.**

There is close supervision of junior doctors by consultants. All surgical cases in A & E seen by junior doctors are reviewed at a morning report daily by consultant surgeons. The overnight doctor also attends and reports on any patients of concern on the ward. This is followed by a daily consultant ward round with effective handover of patients. The feedback from junior doctors over the years, have been excellent. In the last year NHS Shetland has established a Medical Education Governance group. This includes key professional leads (Medical Director, Director of Medical Education and Director of Nursing & Acute services) along with Clinical representatives from our

Acute Primary care teams. This group allows us to provide assurance about the quality of our Medical education and supervision as well as develop the way in which we support and develop our educational approach for the future.

### **Openness and Transparency**

The Board has a NHS Shetland RESPECT charter that lays out the behaviours that we as an organisation believe are appropriate to deliver consistently and link to our values.

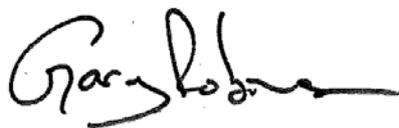
If a member of staff was out with these and their behaviour was deemed inappropriate then this would be managed by either informal or formal processes which may include an initial conversation with individual/s and depending on circumstances the application of relevant procedures, Grievance/Conduct Policy or Whistle-blowing.

Every quarter, as part of its Quality Report, the Board receives a feedback and complaints report which will flag any themes or trends in the quarterly data. The report also contains a summary of the work undertaken to date in response to the “quality ambitions”, the Boards performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures) and when available, feedback gathered from patients and carers – along with improvement plans. The quarterly report is discussed through the Joint Governance Group which reports to the Clinical, Care and Professional Governance Committee (a standing committee of the Board).

I trust this information is helpful and will provide you with reassurance on our local arrangements.

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gary Robinson'.

Gary Robinson  
Chairman

A handwritten signature in black ink, appearing to read 'Ralph Roberts'.

Ralph Roberts  
Chief Executive