

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>25 April 2023</b>
<b>Agenda reference:</b>	<b>Board Paper 2023/24/01</b>
<b>Title:</b>	<b>Quality Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

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

- Awareness/Discussion

**This report relates to:**

- Government policy/directives and how we are implementing them locally
- An overview of our person centred care improvement programmes

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

The quality standards and clinical/care governance arrangements are most closely aligned to our corporate objectives to improve and protect the health of the people of Shetland and to provide high quality, effective and safe services.

## 2 Report summary

### 2.1 Situation

The Board is asked to note the progress made to date with the delivery of the action plan and other associated work which focuses on effectiveness, patient safety and service standards/care quality.

### 2.2 Background

The report includes:

- A summary of the work undertaken to date in response to the 'quality ambitions' described in the Strategy;

- Our performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures)
- When available, feedback gathered from patients and carers – along with improvement plans

## **2.3 Assessment**

The report provides a general overview of the person centred care improvement work that is taking place across the Board, particularly in support of managing pressures, remobilisation and embedding new ways of working as described in the clinical and care strategy. It includes data measures, set out in a quality score card format with a more detailed analysis where there have been exceptions or deviation from the agreed national standards. When available, a written report summarising patient feedback and actions arising from those comments will be included. A patient story will also be included in the context of the quality report, when speakers are available to share their experiences. Feedback monitoring quarterly updates are also a standard component of the quality report content.

The Quality Report does not include any specific exceptions or deviations from the agreed national standards that need to be highlighted to the Board, that do not already have risk assessments and mitigations in place to support them.

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

The focus of the quality scorecard is on evidencing safe practice and providing assurance to service users, patients and communities that services are safe and effective.

### **2.3.2 Workforce**

The focus of this report is on evidencing effective training and role development to deliver care, professionalism and behaviours which support person centred care.

### **2.3.3 Financial**

Quality standards and the delivery of them is part of the standard budgeting process and are funded via our general financial allocation.

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

The quality agenda focuses on reducing risks associated with the delivery of health and care services. The adverse event policy also applies to HAI related events.

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

EQIA is not required.

### **2.3.6 Other impacts**

The HAI governance arrangements are underpinned by the national Standard Infection Control Precautions (SICPS).

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

The Quality Scorecard was reviewed by the Clinical Governance Committee on 07/03/23

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

Delegated authority for the governance arrangements that underpin quality and safety measures sit with the Clinical Governance Committee (and the associated governance structure).

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 Quality Report April 2023

Appendix No 2 Quality Scorecard April 2023

Appendix No 3 Engagement Activities to Support the IA Review Process

Appendix No 4 Patient Experience Survey Responses W1 & W3

## **PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION PROGRESS ON THE DEVELOPMENT OF A PATIENT EXPERIENCE FRAMEWORK**

The Board supported a formal proposal to develop an approach (or framework) that would enable us to bring together the various systems that are in place to gather patient experiences and feedback so that we can demonstrate clearly how feedback is being used to improve patient care.

Progress continues and since February 2023 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media to make sure that people in our wider community and patients know how to access our services and key messaging about winter pressures and service continuity plans. This has included films, radio interviews, podcasts, articles in local news media and live streaming information sessions on social media, facilitated by the Chief Executive.
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a business case for the re-provision of the Gilbert Bain Hospital. As part of the work to develop the initial agreement (IA) have undertaken a specific engagement exercise to gather views from patients and the wider public and the specification for this is currently under development, with details for the public on how to get involved on our Facebook page. Findings from the engagement events in February and March 2023 are shown in Appendix 3.
- We are in the process of reviewing our patient experience and public involvement arrangements and we are undertaking a self-assessment using the new Healthcare Improvement Scotland Community Engagement framework.
- We continue to support teams to gather patient stories and patient experience data. The feedback is discussed within the multi-disciplinary teams to identify learning and improvement opportunities.
- Patient experience feedback and 'what matters to me' survey data from W3 and W1 for 2023, is shown in Appendix 4.

## **DELIVERING QUALITY CARE AND SUPPORTING STAFF REMOBILISING BEYOND THE PANDEMIC**

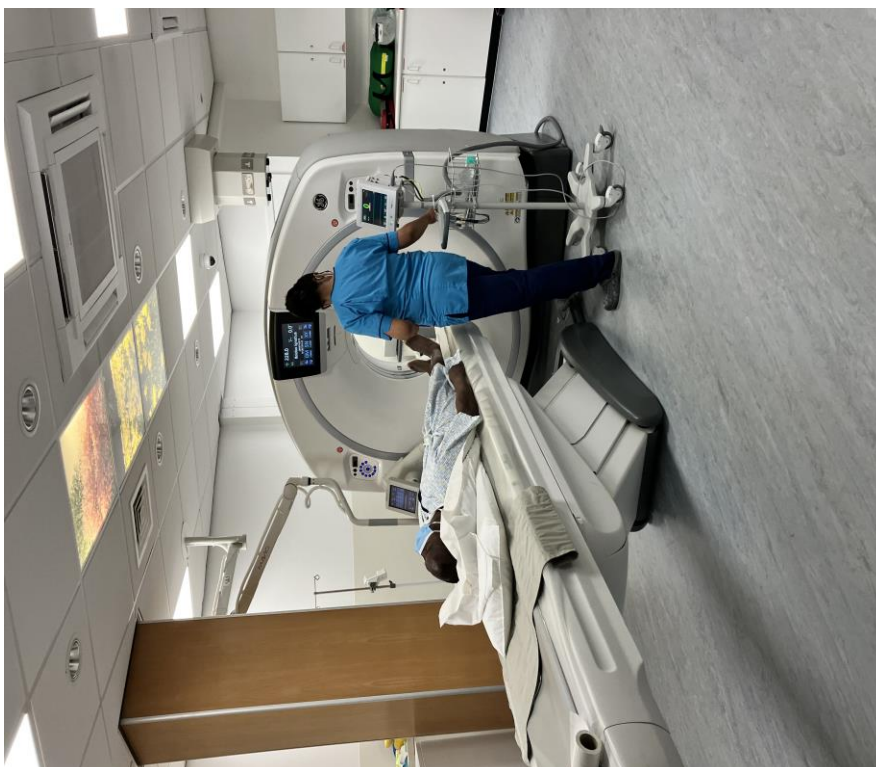
### **Staff wellbeing and recognition**

The Staff Governance Committee (SGC) is supporting a comprehensive programme of staff health and wellbeing activities. This includes specific approaches for effective and inclusive debriefs following significant traumatic events e.g. unexpected patient death (using TRiM and Spaces for Listening). A flow chart has been developed by the TRiM team to ensure that staff know how to engage with TRiM practitioner and what other resources are also available as an alternative. We are encouraging teams to undertake learning reviews following all complex adverse events to share learning and opportunities for improvement. The themes and lessons learnt from this work are shown in Appendix 2.

In March 2023, the local Medical Imaging and Clinical Physiology team performed the first CT Coronary Angiogram in Shetland with support and input from a visiting Radiologist from NHS Grampian.

As a result of investment support from Scottish Government in 2021, we replaced the CT scanner, enabling the local Medical Imaging Team to offer a wider range of CT based diagnostic tests in Shetland. The patient benefits include improved access and reduced need to travel out with Shetland for most common cardiac investigations. It has taken 18 months to develop these new pathways, but it is another great example of collaborative working across various teams with input from specialists in Aberdeen.

**Picture showing the first patient to receive CT coronary angiography in Shetland (permission has been provided to use this image from the people pictured)**



Developing the infrastructure to support diagnostic testing in Shetland is a key priority for us as a Board, because it enables us to meet the strategic priority of providing care as close to home as it is safe to do so. As well as the new cardiac pathways, we have multi-professional teams are working on new pathways for DEXA scanning in Shetland; providing a visiting MRI service across Shetland and Orkney and maximising the benefit from the recent refurbishment of X-ray Room 2.

The Medical Imaging team, as part of a wider multi-professional team are also taking forward an implementation plan to provide a permanent MRI service in Shetland. This work requires clinical pathway development and role development that involves several Boards working in collaboration to develop the service which we aim to have in place from mid-2024 onwards.

### **POGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING**

2022-23 has been challenging due to pandemic related pressures, particularly the impact on services due to the increased need for staff to self-isolate due to COVID increased respiratory illnesses in the community throughout the winter months. We have maintained services throughout, but in some cases we have needed to reduce the level of service provision in order to maintain safe services and safe staffing levels. This was particularly the case in February and March 2023, when we experienced prolonged periods of adverse weather and increased COVID sickness across the workforce. Where possible we have maintained as close to 'business as usual' for services as possible to avoid creating further backlogs and/or compound the pre-existing health inequalities associated with the pandemic. We have used our Winter Plan as a tool to support the planning of escalation and integrated working. Lessons learnt to date were discussed at a Clinical Pathways Group meeting in March 2023.

Workshops were held in February 2023 to explore how we can create more sustainable models of care. The three themes that the workshops focussed on are: digital records, enabling services and workforce (particularly supplementary staffing). Using the data from the workshops, the intention is to build a redesign plan over the next three years which will help us to change models by reducing variation, digital enabled care and new roles.

One of the early responses to the redesign work is that we are undertaking bed modelling to ensure that we can maintain safe staffing levels and focus on providing care in the right place. We are aware from our recent day of care audits, that we continue to support people in Hospital where this is not the most appropriate setting for their care needs. We will be looking at how we can develop more robust, multi-disciplinary models of care so that there are alternatives to emergency Hospital admission for patients in the future. This will include reviewing the pathway we have in place for planned substance detox and recovery as well as older peoples care.

Following the successful recruitment of a MCN Co-Ordinator in January 2023, two new MCNs are being established with a focus on Frailty and Respiratory Pathways. We are also exploring how we can establish a third MCN which focusses on

reducing health risk factors such as high cholesterol, high BMI, hypertension and diabetes.

The Shetland Children's Partnership is reviewing priorities for partnership working across children's services and will bring a refreshed joint children's plan to the Children & Families Committee in May 2023 and the NHS Board in June 2023. This will include a significant focus on how we can work together to reduce the impact of poverty on families in Shetland. A draft plan has been developed and is in the process of being finalised for submission.

A Joint Inspection of Adult Support and Protection has been completed recently which showed there are good systems and processes in place across agencies to safeguard adults in Shetland.

Work has progressed to develop the options appraisal for the refurbishment or replacement of the Gilbert Bain Hospital and the proposed widening of the scope of this work to review the property requirements across NHS Shetland. The Board will receive a separate report setting out the proposal at the April 2023 meeting.

Teams continue to implement quality improvement programme and releasing time to care approaches. This work is being reported through the excellence in care, care assurance framework and data for assurance is shown in the Quality dashboard in Appendix 2.

# Quality Report - Board

Generated on: 14 April 2023








## Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HI-01 Percentage Uptake of Breastfeeding at 6-8 Weeks (exclusively breastfed plus mixed breast and formula) (Rolling annual total by quarter)	Measured quarterly			66.1%	62.5%				
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	91	111	130	43	74	130		261	
PH-HI-03a Number of FAST alcohol screenings	394	464	528	228	325	528		480	


## Patient Experience Outcome Measures



Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	100%	100%	100%	92.9%	100%		90%	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	100%	96.88%	100%	100%		90%	






Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-14 What matters to you - % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	96.6%	100%	100%	98.8%	100%	98.6%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	100%	95.45%	94.44%	100%	100%	94.44%		90%	
NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	97.3%	99.04%	98.61%	95.2%	100%	98.61%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	100%	100%	100%	92.98%	100%	100%		90%	
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	92.98%	98%	97.06%	91.94%	100%	97.06%		90%	






### Patient Safety Programme - Maternity & Children Workstream

Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,981	2,009	2,040	1,858	1,950	2,040		300	


Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0		4	
NA-CF-16 % of women satisfied with the care they received									Currently reviewing the questionnaire and collation process.

### Service & Quality Improvement Programmes - Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests									
NA-HC-09 All Falls rate (per 1000 occupied bed days)	10.57	18.76		8.76	13.42	18.76		7	Falls reduction Quality Improvement work continues, new Risk assessments becoming embedded. Less reliance on sensor alarms for very high risk patients and move to staffing 1:1 ratio. Cohorting high risk patients shows excellent early results in falls reduction, QI projects continues.
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	1.06	4.33	0	0	1.03	0		0.5	
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	35	0	23	41	4	23		300	Tissue Viability Nurse continues to provide educational sessions to link nurses on prevention and classification of pressure ulcers.  New risk assessments (Purpose T) has demonstrated acquired PU reduction in ward 3 with 6 months without an acquired PU, and is now being implemented in ward 1. Measure will remain on red until target of 300 days reached across both inpatient areas.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	1.44		0	1.03	1.44		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	100	97				97		95	Please note that cardiac arrests are not included in this percentage - the following are included: Falls with harm, hospital acquired pressure ulcers and hospital acquired CAUTIs
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	n/a		n/a	100	90				
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	93.15%	91.37%	93.98%	93.68%	92.41%	92.73%		95%	
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	65%	52.5%	65%	68.33%	51.67%	60.83%		75%	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly					100		100	
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.

## Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	January 2023	February 2023	March 2023	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Q4 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	100%	100%	100%	100%	100%	100%		100%	
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)	Measured quarterly			36%	77.9%				No data available due to no Post-Diagnostic Support worker in post - post redesigned due to recruitment issues since April 2022, post profile recently resubmitted for "job-matching" to ensure suitably graded post for responsibility and skill level.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly								Data to June 2022 released November 2022, next release 14/02/23

## APPENDIX A – Overview of falls and pressure ulcer incidence between January and March 2023

### Falls in Secondary Care

WARD 1 NA-HC-60 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury
B/Fwd			171	
Jan-23	1	1	6	Small laceration to back of head - no intervention apart
Feb-23	0	3	20	
Mar-23	0	0	51	
Apr-23			81	
May-23			112	
Jun-23			142	
Jul-23			173	
Aug-23			204	
Sep-23			234	
Oct-23			265	
Nov-23			295	
Dec-23			326	
<b>Total</b>	<b>1</b>	<b>4</b>		

WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			26	
Jan-23	0	8	2	
Feb-23	3	7	5	Abrasion to arm Fractured left elbow
Mar-23	0	3	11	
Apr-23			41	
May-23			72	
Jun-23			102	
Jul-23			133	
Aug-23			164	
Sep-23			194	
Oct-23			225	
Nov-23			255	
Dec-23			286	
<b>Total</b>	<b>3</b>	<b>18</b>		

## Pressure Ulcers in Secondary Care

WARD 1						WARD 3					
Date	Total number of sores aquired while on ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin	Date	Total number of sores aquired while on ward (NA-HC-67)	Number present on admission (NA-HC-68)	Number of days between a new PU being identified (NA-HC-69)	Grade	Origin
B/Fwd			4			B/Fwd			45		
Jan-23	0	1	35	Grade 2	In the community	Jan-23	0	1	76	Grade 2	In the Community
Feb-23	0	0	63			Feb-23	0	0	104		
Mar-23	1	1	23	Grade 2 Grade 2	In the community On Ward	Mar-23	0	1	135	Grade 1	In the community
Apr-23			53			Apr-23			165		
May-23			84			May-23			196		
Jun-23			114			Jun-23			226		
Jul-23			145			Jul-23			257		
Aug-23			176			Aug-23			288		
Sep-23			206			Sep-23			318		
Oct-23			237			Oct-23			349		
Nov-23			267			Nov-23			379		
Dec-23			298			Dec-23			410		
<b>Total</b>	<b>1</b>	<b>2</b>				<b>Total</b>	<b>0</b>	<b>2</b>			

**APPENDIX B – Learning points from the investigation of patients that have had a fall with harm and patients who developed pressures ulcers in Hospital in Appendix A**

<b>FALLS</b>					
<b>Date</b>	<b>No. of Patients</b>	<b>Avoidable/ Unavoidable</b>	<b>Appropriate Care Given?</b>	<b>Debrief Conducted?</b>	<b>Learning Points?</b>
Jan - March 2023	4	Unavoidable	Yes	No	A small focused falls improvement group has been created on ward 3. Initial improvements will focus on providing 1:1 nursing care rather than relying on sensor pads. New sensor pads to be purchased for overnight use when staffing levels are lower.

<b>PRESSURE ULCERS</b>					
<b>Date</b>	<b>No. of Patients</b>	<b>Avoidable/ Unavoidable</b>	<b>Appropriate Care Given?</b>	<b>Debrief Conducted?</b>	<b>Learning Points?</b>
Jan - March 2023	1	Unavoidable	Yes	N/A	Acquired PU investigated by Senior Charge Nurse and then Tissue Viability Nurse Specialist, both advised PU unavoidable. Good documentation throughout episode of care.

## Appendix C – Thematic Learning from Debrief Discussions January - March 2023

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Jan 2023	58	0	Extreme – 0 Major – 0 Moderate - 0	3	<p>Adverse event theme (9142) – Monitoring</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – patient requiring 1:1 as at risk of self-harm. Patient was admitted to A&amp;E but was not detained, subsequently they left the hospital and readmitted requiring emergency care and transferred to Aberdeen for ongoing care. This adverse event is part of a wider on-going investigation.</li> </ul> <p>Adverse event theme (9148) – Discharge</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Discharge information not provided to community nurses for a patient with a renewed support package despite all other relevant parties present at the discharge planning. Although district nursing was not required, involvement would be beneficial. Lessons learned shared with relevant parties.</li> </ul> <p>Adverse event theme (9130) – Investigations (specimens)</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Patient samples lost due to the method of transporting the samples which should have been in a sealed approved transport bag which is available at all Surgeries. Lessons learned shared with Team.</li> </ul>



Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Feb 2023	42	0	Extreme – 0 Major – 0 Moderate - 1	3	<p>Adverse event theme (9181) – Obstetrics</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Patient admitted as required for emergency treatment. It was noted after patient review, that the patient had a history of mental health problems and there was no escalation plans in place for deteriorating mental health. This was identified as a patient care need and the care plan updated to reflect this. A SBAR’s was used to inform all relevant staff involved in this women care about her pre-existing conditions. Shared with the Team.</li> </ul> <p>Adverse event theme (9188) – Confidentiality</p> <ul style="list-style-type: none"> <li>• <b>Staff Care</b> – A report was sent to the wrong recipient. Mechanisms now in place to prevent re-occurrence especially when transferring information from electronic to envelopes.</li> </ul> <p>Adverse event theme (9169) – Results/Communication/Follow up</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Patient had a biopsy performed but received a letter a few weeks later asking them to attend the surgeons to have a ‘biopsy excision of skin’. This adverse event is currently undergoing an investigation to determine if there has been any delay in treatment and if so, what impact this has had on the patient.</li> </ul>

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Mar 2023	48	0	Extreme – 0 Major – 0 Moderate - 1	3	<p>Adverse event theme (9243) – Obstetrics/Transfer</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Patient admitted as emergency due to early labour. There was a delay with the retrieval team arriving in Shetland due to the unavailability of a pilot due to sickness. The department undertook a review and debrief with the relevant parties. A number of learning points and improvements were identified and an action plan created with target completion dates, the latest being the end of May. The TRiM pathway was invoked.</li> </ul> <p>Adverse event theme (9207) – Communication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Out of Hours community care could not be contacted on the provided numbers to provide time specific care to two patients. A new procedure is now in place and team members have been informed so that Gilbert Bain Reception have the correct numbers.</li> </ul> <p>Adverse event theme (9216) – Sharps</p> <ul style="list-style-type: none"> <li>• <b>Staff Care</b> – Staff member did not follow approved procedure when sustaining a needlestick injury. Once aware Occupational Health contacted staff member to manage this incident. Staff member iterated there were a number of factors involved.</li> </ul>
<b>Total</b>	<b>148</b>	<b>0</b>	<b>Extreme = 0 Major = 0 Moderate = 2</b>	<b>9</b>	

## Update of Engagement activities supporting the NHS Shetland IA review process

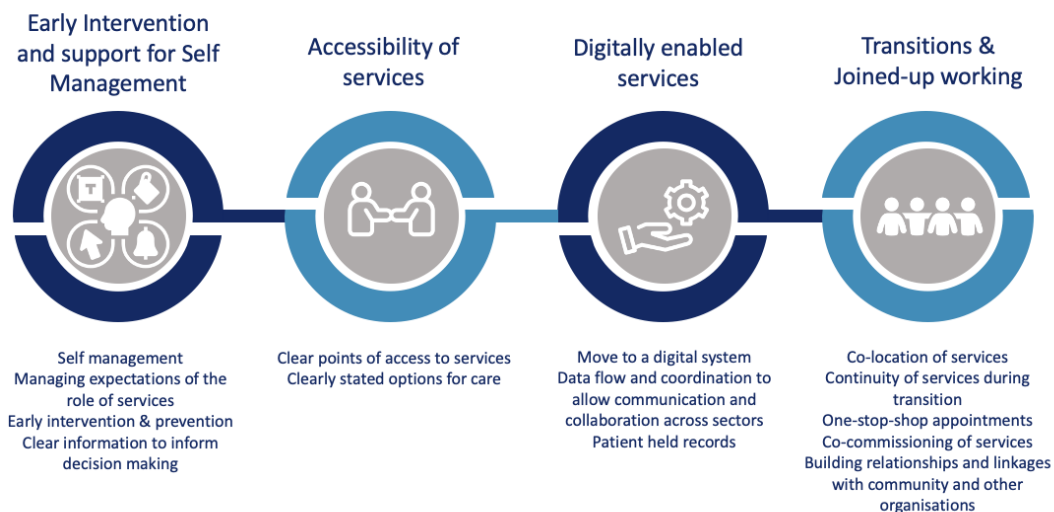
AIM: This summary has been produced by EB for the IA Programme Board which will take place on the 13<sup>th</sup> April. It will be accompanied by a short verbal update at the meeting. The update highlights activity completed since the last update which was produced on the 15<sup>th</sup> February.

### Background

As stated in the previous update the possible altered scope of the work will affect the questions that can be asked in the engagement activity. When the work was initially scoped its aim was to engage with groups of stakeholders on the options produced during the IA process.

The aim now is to build on the engagement completed when developing the Clinical and Care Strategy and focus on the four areas identified for the 10 year vision:

### Overarching themes for future services



These four areas were considered by the public partners in January.

An early review of the engagement activities to date for the clinical and care strategy has identified the following groups and associated activity:

Group	Approach	Timeframe (all 2023)
The wider Shetland public	Questionnaire Engagement in public space	May March

Patient groups who have experience of using the current facilities	Recruitment then Focus Groups and emotional touchpoints	April to July
Young people under 25 which were under-represented in engagement for the Clinical and Care Strategy	Small planning group identified focus areas followed by larger workshop. Note risk of school strikes	February to March
Older age group and their carers and families which represent a population group which will use the service increasingly in the future.	Groups identified. Face to Face Engagement Survey	November 2022 March April and May

As per the plan engagement did take place in early March however poor weather conditions severely affected the plan and a number of activities were cancelled. Events at Brae, Scalloway and Whalsay were cancelled and the schools engagement was also cancelled because the schools were closed. The lack of flights (due to strikes) on the 9<sup>th</sup> and 10<sup>th</sup> resulted in Elizabeth Brooks travelling back on the 8<sup>th</sup>.

#### Wider Shetland Public:

##### **West Mainland Leisure Centre pop up (5<sup>th</sup> March):**

Mostly young families attending for youth football and netball. There was a netball team from the North Islands (Yell and Unst) There were a few people in for swimming or the gym and a couple of members of staff. About 20 people engaged and expressed views on Digital routes and access. There were two comments about a new hospital but topics such as the importance of prevention and continuity around locums also came up. The input recorded was in line with the findings from the engagement for the clinical and care strategy.

##### **Cuppa at Quoys pop up (7<sup>th</sup> March):** a very hardy group ventured in for coffee and cake. The folks who were there were open to engage and took the time to have quite

lengthy conversations. Two carers gave their take on support being provided and one individual spoke of the experience of moving here from the south of England. The input recorded was in line with the findings from the engagement for the clinical and care strategy. Quoys invited us back when the opportunity was available.





**Tesco popup (7<sup>th</sup> March):** the evening pop up coincided with heavy snow and most folks were keen to get in and out as quickly as possible. A number of folks did stop to chat, mostly about their own story. The input recorded was in line with the findings from the engagement for the clinical and care strategy.

The Chief Nurse (Corporate), Clinical Governance Team Leader and one of the Public Partners were able to continue with engagement events outwith the above timeframe.

**Living Well Hub Brae popup (17<sup>th</sup> March):** this was timed to coincide with the Delting Up Helly Aa. About ten people engaged with themes including availability of dental care,

access to GPs with the Hillswick practice being seen as very positive, importance of support for individuals receiving life changing diagnoses later in life. When folks were asked, they generally were not aware of the clinical strategy.

**U3A (University of the Third Age) group discussion 21<sup>st</sup> March:** Nine members attended and a range of issues were discussed. Good practice was highlighted in terms of the co-ordination and service experienced when travelling to Specialist centres outwith Shetland, as was the positive benefits seen in the repatriation of services for people with Acute Macular Degeneration (AMD). Challenges were noted with access to Primary Care services through the use of Ask MyGP with the system not always being available to the public, however others positively reported on the use of Technology to support care provision both in terms of its convenience and time saving for both the individual and professionals. The key to the use of digital services was about already having a relationship with the Professional and about being given a choice as to the type of consultation ie telephone, video or in person.

General issues were raised about awareness and availability of information on services that do exist in terms both of availability and support offered, across both statutory and voluntary/third sector provision.

All in all the engagement will hopefully have made those who saw it aware that engagement is going on and the feedback did support the previous engagement.

Work is also ongoing for a questionnaire with the first draft available [here](#).

Other related activity:

A Public Partners meeting took place on the 6<sup>th</sup> March during with the engagement scheduled was shared. The North Natters final reports and the public health population health survey were considered and the questions for the public questionnaire were discussed.

It has been agreed, together with the communications team to split out the engagement activities from the communications plan. A revised engagement plan will be started after the Programme Board if agreed.

The EQIA has been revised to keep it in line with the new scope.

Participation sheets have been developed but the text is being held until it has been finalised by the communications team.

A meeting with Healthcare Improvement Scotland has taken place to review the engagement activity and receive additional input.

Reporting period	CE01 - Overall, how would you rate your hospital experience? (Excellent/Good)		CE02 - You received the care/support that you expected and needed (% of those that answered 'Yes')	
	Ward 1 NA-HC-03	Ward 3 NA-HC-02	Ward 1 NA-HC-06	Ward 3 NA-HC-05
Jan-23	100%	100%	100%	100%
Feb-23	100%	100%	100%	100%
Mar-23	100%	100%	100%	100%
Apr-23				
May-23				
Jun-23				
Jul-23				
Aug-23				
Sep-23				
Oct-23				
Nov-23				
Dec-23				
<b>Average for year</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>





## WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – March 2023

We are very fortunate within Shetland to have such a fantastic NHS Service. Quality of food is outstanding compared to hospitals on mainland Scotland

I just wish there was money for a new hospital. Also I wish the NHS staff got more pay.

Food was good

"Named" was a wonderful nurse and took great care of me.

Ward 1 staff Lovely

I felt I was very well looked after. 5 Star. Thank you all (Signed)

The quality of care from everyone has been excellent. Thank you all very much indeed. The food was also excellent - great variety and so well presented. Thank you.

Ward staff were friendly, kind and professional throughout my stay. I did find the alarms on the drips very disturbing to my sleep, even though they were always cancelled as quickly as possible.

I feel they need more staff on the ward to help care for patients, more comfortable beds.

## WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – March 2023

Excellent Service, Many Thanks.

Nursing and Medical care 100%