NHS Shetland

Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Quality Report – Update on Progress		
Date:	18 August 2020		
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Decision / Action required by meeting:
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.

High Level Summary:
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

Key Issues for attention of meeting:
Noting the good performance as shown in the report

Corporate Priorities and Strategic Aims:
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.

Implications : *Identify any issues or aspects of the report that have implications under the following headings*

Service Users, Patients and Communities:	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
Human Resources and Organisational Development:	The focus of this report is on evidencing effective training and role development to deliver care, professionalism and behaviours which support person centred care
Equality, Diversity and Human Rights:	EQIA is not required.
Partnership Working	Quality standards and assessment of impact applies in all NHS settings.
Legal:	
Finance:	Quality standards and the delivery of them is part of the standard budgeting process and are funded via our general financial allocation.

Assets and Property:	Nil	
Environmental:	A Strategic Environmental Impact Assessment is not required or has been completed.	
Risk 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.	
Policy and Delegated Authority:	Delegated authority for the governance arrangements that underpin quality and safety measures sit with the Clinical, Care and Professional Governance Committee (and the associated governance structure)	
Previously considered by:	Data in this report is also shared with the Joint Governance Group which will meet in September 2020	

"Exempt / private" item	*Public document*

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 2020 the following actions have been taken:

- There have been numerous interactions via social media and with the local media during the pandemic to make sure that people in our wider community and patients know how to access our services and know how services have changed in order to meet new requirements as a result of COVID 19. 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. A micro site has also been developed as part of the Health Improvement website which has been regularly updated to include patient information as services recover. The Corporate Services Team are bringing together a communications plan to support remobilisation.

- Health Improvement Scotland (Community Engagement) local team, continues to support staff to gather feedback from a wide range of patients and service users. During the pandemic the Community Engagement Team has supported staff to develop a wide range of patient information materials from very specific documents about intensive care and admission to the Respiratory Care Unit, through to general guidance on visiting. Some examples of patient experiences in the Out Patient Department during the pandemic are shown in Appendix B. We are now starting to look at how we can ask patients for their care experiences again across a range of settings including maternity, children's services and mental health.

DELIVERING QUALITY CARE AND SUPPORTING STAFF DURING THE PANDEMIC

Since March 2020, we have been delivering health and care services through the coronavirus pandemic. This section of the quality report focusses on the huge contribution that all staff have made during the pandemic and the support we have put in place to ensure that staff are well supported at this time.

Quality Improvement

The QI Lead along with operational leads for bank staff undertook a review of the Hospital and Human Resources Banks for Staff. As a result of this review request

forms have been adapted and a Teams channel created that includes all the necessary information required to book staff based on skillsets, shift preferences etc. The launch is planned for the 4th of August 2020 and this will be communicated via our Communication Officer via the updates. A follow up audit will be undertaken 3 months following the launch of the new Bank. Dependent on the outcome of the review further Banks will have the opportunity to merge.

Statutory and Mandatory Training

NHS Shetland has a legal duty to ensure that staff and the organisation comply with statutory and mandatory requirements. Managers are responsible for ensuring staff are up to date with statutory and mandatory training and enabled to undertake training as required. To support the Board and managers with these duties all compulsory eLearning modules are now on the national TURAS Learn platform. In the next two weeks a "dashboard" for managers will go live that will enable managers to see the completion by individual module or by team member. Having instant access to compliance information will enable managers to support their team. This is a vast improvement to Learn Pro where reports had to be run centrally, and the compliance data manually extracted. Work is underway on the Staff Development intranet pages so information on Statutory and Mandatory Training requirements can be easily and quickly accessed. To measure the impact of the new dashboard on compliance, a report will be run prior to its launch and then one month after. Feedback will also be sought from mangers to give qualitative data.
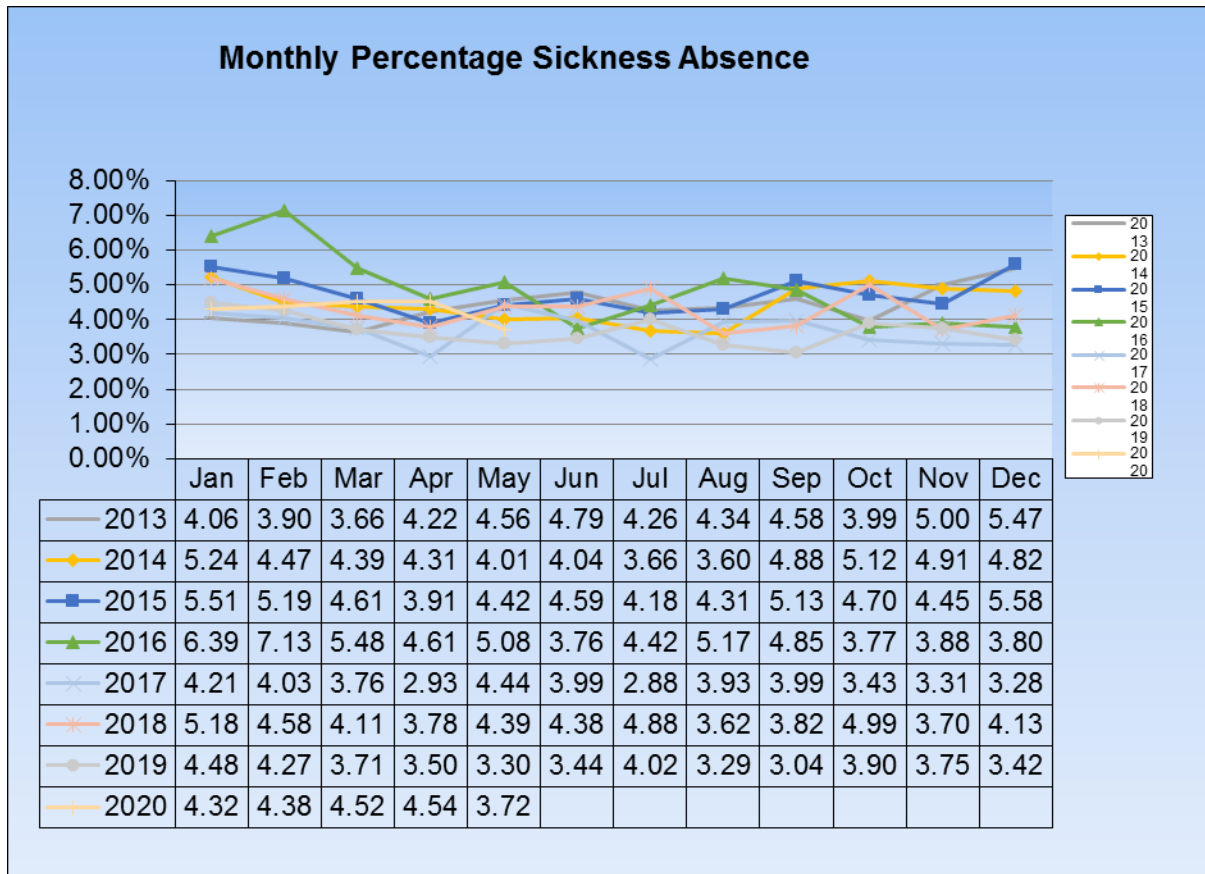
Leadership Development Programme

Twelve staff members from Health and Care were put forward to attend a local Leadership Development Programme to explore their own leadership potential and ambition in readiness for application of Senior Management positions. The programme was due to start in March 2020, but was postponed due to COVID 19 related activity. Using Microsoft Teams as a vehicle, the programme commenced in a new virtual format in May 2020. The leadership development programme team members have been in regular contact, sharing and critiquing leadership related articles, webinars, podcasts and leaning resources in an 'all teach – all learn' environment. Team members are all participating in a coaching qualification, which is planned to start in September as the first part of the formal learning, with the aim to develop skills with good coaching conversations. Links have been made with NHS Education for Scotland and Project Lift to support further learning along with the team members delivering training to each other. The programme will end in October next year with a formal report and poster submission.

Promoting Attendance and Staff Wellbeing

The latest absence data from SWISS is for the month of May 2020. This shows an absence rate of 3.72%, below the 4% target rate, and below the Scottish average rate (4.54%) for the month. Short term absence was 1.24%, which is slightly lower than the Scottish average and long term absence was 2.58%, which is below the Scottish average for the month.

For the rolling 12 month period –June 2019 to 31 May 2020, the annual absence rate was 3.86% this was below the Scottish average (5.30%), below the HEAT target of 4%. For the rolling year, long term absence was 2.19% and short term sickness absence was 1.68% both below the Scottish average.

We remain the lowest absence rate for territorial and island boards in Scotland.

Monthly Percentage Sickness Absence

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2013	4.06	3.90	3.66	4.22	4.56	4.79	4.26	4.34	4.58	3.99	5.00	5.47
2014	5.24	4.47	4.39	4.31	4.01	4.04	3.66	3.60	4.88	5.12	4.91	4.82
2015	5.51	5.19	4.61	3.91	4.42	4.59	4.18	4.31	5.13	4.70	4.45	5.58
2016	6.39	7.13	5.48	4.61	5.08	3.76	4.42	5.17	4.85	3.77	3.88	3.80
2017	4.21	4.03	3.76	2.93	4.44	3.99	2.88	3.93	3.99	3.43	3.31	3.28
2018	5.18	4.58	4.11	3.78	4.39	4.38	4.88	3.62	3.82	4.99	3.70	4.13
2019	4.48	4.27	3.71	3.50	3.30	3.44	4.02	3.29	3.04	3.90	3.75	3.42
2020	4.32	4.38	4.52	4.54	3.72							

Absence

During this period we have also been managing on a day by day basis staff absence during the Pandemic and have been reporting attendance on a three times a week basis since March. This has enabled us to see trends, support organisational messaging and enable process such as access to staff testing/deployment of staff into homeworking roles.

Daily reports were provided to managers to show absence rate and reasons to help them plan service delivery and support their staff.

Safe Working Environment

Face Fit Testing The greatest focus over the last few months has been ensuring staff are face fit tested to Respiratory Protective Equipment, as required by the Control of Substances Hazardous to Health Regulations. Since the end of January over 900 face fit tests have been carried out.

This has required a significant and concerted effort from various teams, including staff development, individuals previously trained, volunteers (staff and Shetland Recreational Trust), as well as redeployed staff members including physios, nurses, and dental staff.

- **Face Mask Fitting:** To ensure staff were safe at work a range of masks have been fitted over the past 8 weeks from May the 11th 2020, 924 masks had been fitted. The reason the number is so high is a range of masks had to be tested due to potential demand and to increase capacity.

   Each new type supplied required re testing of all front line workers. Currently we have four masks in store, with most front line workers passed in x3 types of masks, with other groups on two.

- **Risk Assessment:** Risk Assessments processes have been supported in many areas, specifically covering potential exposure of staff to COVID 19, whether it be in accessing the hazard to staff in an operational workplace, deployed staff in a new setting / role, volunteer workers, and temporary home workers. PPE risk Assessments and BAEM workers risk assessed.

- **Reporting of Diseases, Dangerous Occurrence Regulations (RIDDOR):** A key focus is the requirements laid out by the Health and Safety Executive concerning the reporting of staff exposure / illness with, COVID 19. The guidance has been worked up for dissemination to managers, and includes a flow chart which identifies the process managers need to go through. This is an important piece of work which will needs transparent application.
   In the last quarter we have had no RIDDOR reported issues

Staff Wellbeing

Testing

Occupational Health as part of supporting staff have implemented testing process for Key workers across Shetland. This process is now embedded and robustly working.

Occupational Health are continuing with pre-employments for both NHS and Shetland Islands Council and have carried out over 145 paper screen pre-employments, 1 pre-employment review and 48 telephone pre-employment assessments where we had to carry out further in depth assessment.

  As we move into recovery Occupational health are picking up on gaps of MMR vaccinations across staff groups working in the NHS Shetland to prepare for next winter a Strategy for flu testing is in progress

Staff Wellbeing Area

A well-being space has been set up in the Hospital Sanctuary where staff (any member of staff both NHS or SIC) can go to if they need a safe space. Lots of

effort has been made to ensure this resource can meet the varying needs of staff. If you get the chance please go to see.

The Board is mindful that not all staff operate out of a Lerwick setting and staff in remote settings have been asked what they would like to see in their area(s) and as part of the process we will write appropriate Endowments bids – this is now being overseen by the Endowment Committee where endowment bids were available to make across the Board with regard to the donation made by Captain Tom Moore's Just Giving page.

Trauma Risk Management

TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic events. The use of this tool is currently being explored to support staff.

Wellbeing Support Telephone Line

A local staff support telephone line has been set up in response to COVID 19 to support the wellbeing of all care staff during these difficult times. The support line was set up as a rapid response and continues to be adapted in response to need.

The support line was developed by the Staff Wellbeing Support Team (SWS) and has a team of listeners who have put themselves forward from NHS teams, Shetland Islands Council (SIC) staff and Volunteers.

The listeners and the SWS Team have had guidance and training in setting up the phone line provided by volunteers from the local Samaritans branch. The Samaritans are continuing to provide a support role to all listeners as the support line develops.

The support line has been tested over a number of weeks with the official launch being the 22nd June 2020. The service will be open for all staff across NHS, Community Health and Care to call Monday to Friday 6pm-9pm, alongside a national support phone line hosted by The National Wellbeing Hub on the PRoMIS website https://www.promis.scot/ .

Managers Reach-out Conversations

As part of the wellbeing agenda, a small team from Staff Development, Health Improvement and Shetland Islands Council Staff Welfare have been reaching out to NHS managers to check-in with them and their teams in response to COVID 19. The conversations have been well received with currently over 30 conversations already taken place and more booked over July and August. The conversations are confidential, with the team working hard to pull out themes and trends that will be reported to appropriate committees. During the conversations, offers of coaching, both local and national have happened and clear signposting and guidance has been given to managers if required. A report will be available shortly and learning will support any further COVID 19 spikes and recovery planning.
Appendix C includes a number of reflections from staff on working during the pandemic.

POGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

Our focus over the last six months has been to ensure that we maintain safe and effective care in all settings during the initial phase of the pandemic and through into more recent months where we have remobilised services.

During that time, we put in place a clinical pathways group to work across Acute and Community services to agree how we could deliver safe care to all patients in all settings. The pathways group has designed the Respiratory Care Unit, 'red/green' pathways for patients requiring hospital care, oxygen management plans, adapted our approach to delivering resuscitation during the pandemic, agreed approaches to support patients who are shielding and need to travel to access specialist services and is supporting the development of our urgent care pathways via A&E and primary care. The group has designed clinical pathways, protocols and risk assessments to support the unique delivery of care during the pandemic and forms a key part of our agile clinical governance arrangements.

Also as part of the agile clinical and care governance arrangements, a monthly meeting of all Heads of Service (silver command) has been put in place to ensure that we take a joint approach in developing clinical pathways, whole system approach to risk management and engaging with patients.

Staff from NHS Shetland have also contributed to the Clinical Board, Recovery Board and Ethics Committee at NHS Grampian to ensure that plans that are developed in specialist settings also reflect the needs of remote and rural patients. NHS Shetland has also put in place an ethics sub group to consider complex issues and help to problem solve/made good decisions where the evidence base is unclear or undeveloped.

The Joint Governance Group (JGG) is currently reviewing how clinical and care governance structures could best operate, in line with our experience of a more agile clinical and care governance approach during the pandemic and also taking into account the learning from the national review of clinical and care structures. The JGG will take a paper to the October Board setting out our care assurance arrangements whilst we undertake this local review.

Some care assurance improvement work has been paused during the pandemic, as shown in Appendix A which sets out the quality dashboard. However, service improvement work, including the Excellence in Care programme have now resumed. Throughout the pandemic we have maintained key care assurance work such as strategies to reduce patient falls whilst in hospital, tissue viability and safeguarding children and adults.

Over the last six months, all services have had to respond to the need to provide care differently during the pandemic and this has led to many new and innovative approaches in the way we provide health and social care. Since May 2020, we have been actively working on remobilising services and retaining innovative practice e.g.

using less invasive treatments, new technology and building more digital approaches. The remobilisation plan for NHS Shetland was submitted to Scottish Government at the end of July 2020, which reflects many of the new approaches we are taking.

An example of innovative practice from the Audiology service has shown that 80% of patients can successfully have hearing aids fitted remotely. This has been possible because new hearing aids have been purchased that can be fine-tuned using software, meaning the patient and the Audiologist do not need to be physically in the same room together. This has led to 50% reduction in the time taken to complete a hearing aid fitting and the number of patients receiving appointments has grown from 200 to just over 400 over the last 12 months, effectively removing the backlog.

Considerable work has been undertaken by NHS Shetland and the Health and Social Care Partnership to provide enhanced support to Care Homes during the pandemic. This has included additional input from Infection Control and Health Protection Teams as well as the wider multi-disciplinary team that already work closely with Care Home teams. This work has further strengthened partnership working and identified opportunities for improvement work through a formal, care assurance process. Weekly review meetings are held to provide assurance that Care Homes are receiving additional support as required to meet the needs of their residents. Data from the assurance process will be received by JGG in September 2020.

There was also notable collaborative work undertaken to provide the 'Caring for Shetland' plan and the legacy of this is also seen in the next phase of the Anchor Project and Community Led Support, where some of the service hubs will be developed further to provide access to people who require support.

In May 2020, we celebrated International Nurses Day using a digital approach – hosting events on our NHS Shetland Facebook page. Nurses also now have access to remote coaching sessions, facilitated by the Florence Nightingale Foundation, which have been purchased via the NHS Charities fund. We will also be hosting an Excellence in Care event as a digital event in October 2020 to showcase the improvement work that has been undertaken during 2020. This gives us the opportunity to engage practitioners across the organisation in a way that was not previously possible and will be open to colleagues working across Health and Social Care.

Students have played a considerable role during the pandemic and our Practice Education Team has worked hard to ensure that students have continued to be supported whilst formal academic programmes have been paused (both undergraduate and postgraduate learners). Medical and NMAHP Students joined our workforce and made huge contributions as HCSWs and Assistant Practitioners to ensure that we provided safe staffing levels, when we needed to put in place new services at speed.

The second workshop for the regional review of children's services took place in July 2020 as a digital workshop. NHS Shetland along with the other Boards in the North Region helped to refine local priorities and examples of where taking a regional

approach to service planning and/or delivery would improve outcomes for children and families. As a result of the pandemic and how that has impacted on the project, both in terms of time but also priorities the group will be reviewing areas of collaboration that can provide greatest benefit in a shorted timescale.

Since June 2020, we have returned to the work needed, to review the local position and readiness to implement guidance in line with the requirements of the Health and Care (Staffing) (Scotland) Act 2019. Workload planning tools (or professional judgement tools) are being used in all areas that have access to a validated tool to understand the skill mix needed to provide safe and effective care. The outturn of that work will be taken to the Staff Governance Committee as a risk/benchmarking exercise. A nursing and midwifery rostering policy has also been developed to support staff to work within the safe staffing legislation and will be considered at the next Area Partnership Forum (APF) meeting.

Quality Report – Board

NHS Shetland

Health Improvement

Code & Description	Months						Quarters			Icon	Target	Latest Note
	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q4 2019/20	Q4 2019/20	
	Value	Value	Value	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)	Only measured quarterly			Only measured quarterly			64.3%			✅	58%	Exceeding national target of 50% and local target of 58%. National data for 2018-19 shows us at 59.7% - the 2nd best performing Board in Scotland and well above the national average (43.5%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	63	72	80				49	80		🛑	261	The number of ABI screenings undertaken is high, but patients asked do not tend to meet the threshold for a full ABI. This could be interpreted as positive in that it means people are not drinking at hazardous or harmful levels, or it may mean that the screenings are being targeted at the wrong people. The ABI Delivery Improvement plan was disrupted due to COVID-19; a revised timescale for delivery of training modules is under development.

Patient Experience Outcome Measures

Code & Description	Months						Quarters			Icon	Target	Latest Note
	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q4 2019/20	Q4 2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	93.8%	100%	100%	Survey suspended – COVID-19			100%	100%	N/A	✅	90%	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	100%	Survey suspended – COVID-19			100%	100%	N/A	✅	90%	
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)	100%	100%	100%	Survey suspended – COVID-19			100%	100%	N/A -	✅	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%	100%	100%	Survey suspended – COVID-19			92.31%	100%	N/A	✅	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)	95.83%	100%	100%	Survey suspended – COVID-19			96.61%	100%	N/A	✅	90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	100%	96.3%	100%	Survey suspended – COVID-19			92.86%	100%	N/A	✅	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)	93.94%	93.1%	100%	Survey suspended – COVID-19			92.31%	100%	N/A	✅	90%	

Patient Safety Programme - Maternity & Children Workstream

Code & Description	January 2020 Value	February 2020 Value	March 2020 Value	April 2020 Value	May 2020 Value	June 2020 Value	Q3 2019/20 Value	Q4 2019/20 Value	Q1 2020/21 Value	Q4 2019/20 Status	Q4 2019/20 Target	Latest Note
	Months						Quarters			Icon	Target	
NA-CF-07 Days between stillbirths	885	914	945	975	1006	1036	854	945	1036	✅	300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0	0	0	0	✅	2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	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	January 2020 Value	February 2020 Value	March 2020 Value	April 2020 Value	May 2020 Value	June 2020 Value	Q3 2019/20 Value	Q4 2019/20 Value	Q1 2020/21 Value	Q4 2019/20 Status	Q4 2019/20 Target	Latest Note
	Months						Quarters			Icon	Target	
MD-HC-05 SEPSIS Six - actions performed < 1 hour (Sepsis is a complication of an infection when the body's immune defences attacks the body's own organs and tissues)				Audit work suspended – COVID-19					N/A			Ward 3 are undertaking the Sepsis audit as part of their ongoing Clinical Governance work. There will be a review of the anaesthetic team job plans to help identify an individual to also partake in the audit.
NA-HC-08 Days between Cardiac Arrests	499	528	559	24	55	13	468	559	13	🔴	300	See Appendix 1
NA-HC-09 All Falls rate (per 1000 occupied bed days)	1.14	8.61	2.83	6.29	11.09	7.54	6.28	2.83	7.54	✅	7	
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	1.08	1.42	0	2.22	0	0	1.42	0	✅	0.5	

Code & Description	Months						Quarters			Icon	Target	Latest Note
	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q4 2019/20	Q4 2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	4	5	36	0	31	16	0	36	16	🛑	300	See Appendix 1
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	2.28	3.23	0	2.1	0	1.51	2.09	0	1.51	✅	0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	99	100	96	98	98.3	98.6	99.5	96	98.6	✅	95	
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	90	100	Audit suspended – COVID-19				90	100		✅	75	The audit was suspended during March, April and May for COVID-19. It was restarted in July with a review of June patient records – awaiting the results.
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Only measured quarterly			Only measured quarterly								The format of the Patient Safety Conversations was reviewed and agreed by the Joint Governance Group. The new approach was to be tested in a few departments, the first being in Ward 3 on 17th March. Unfortunately, this had to be cancelled due to the COVID-19 lockdown. The Medical Director plans to recommence as soon as it is safe to do so.
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Only measured quarterly			Only measured quarterly			0%	Paused due to Covid-19				Qtr 4 - Surgical Site Infection surveillance was paused this quarter to enable additional support for the COVID-19 response.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Only measured quarterly			Only measured quarterly			0%	Paused due to Covid-19				Qtr 4 - Surgical Site Infection surveillance was paused this quarter to enable additional support for the COVID-19 response. Qtr 3 - provisional data. Some forms still to be returned.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Only measured quarterly			Only measured quarterly			0%	Paused due to Covid-19				Qtr 4 - Surgical Site Infection surveillance was paused this quarter to enable additional support for the COVID-19 response. Qtr 3 - provisional data. Some forms still to be returned.

Code & Description	Months						Quarters			Icon	Target	Latest Note
	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q4 2019/20	Q4 2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Status	Target	
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Only measured quarterly			Only measured quarterly			0%	Paused due to Covid-19				Qtr 4 - Surgical Site Infection surveillance was paused this quarter to enable additional support for the COVID-19 response. Qtr 3 - provisional data. Some forms still to be returned.

Treatment

Code & Description	Months						Quarters			Icon	Target	Latest Note
	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q4 2019/20	Q4 2019/20	
	Value	Value	Value	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%	100%	100%	✅	100%	This is not currently being measured as a target at national level. We *offer* the link worker to everyone newly diagnosed and therefore we meet the target (understandably, not everyone wants to take up the offer). See CH-MH-04 for details of our balancing measure.
CH-MH-04 People with diagnosed dementia who take up the offer of post diagnostic support (ie have an active Post Diagnosis Support status)	Only measured quarterly						43%					Note: this is a local measure showing the number of people with an active PDS Status as a percentage of those diagnosed with dementia who take up the offer of post diagnostic support. 52 of 121 cases. This measure was revised for year 2019-20.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Only measured quarterly						1.12					Latest available provisional national data. Prone to small number variation. Rate remains consistently well within expected levels. Next data due Aug 20.

Appendix 1 – Further information about measures where performance is on RED

CARDIAC ARRESTS					
DATE	NUMBER OF PATIENTS	AVOIDABLE/ UNAVOIDABLE?	APPROPRIATE CARE GIVEN?	DEBRIEF CONDUCTED?	LEARNING POINTS?
April – June 2020	2	Unavoidable	Yes	Yes - mini	In both cases the clinical team discussed the resuscitation and the clinical circumstances of each patient. It was noted as a learning point that the clinical teams need to consider early on in a patient admission the potential for ceilings of care and discussions with patients and families about this. An additional learning point was to put in place a simplified resuscitation trolley for patients who may need resuscitation with symptoms of COVID 19 – this is to ensure that the resuscitation attempt can be made as swiftly as possible

Pressure Ulcers in Secondary Care

	WARD 1				
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**
B/Fwd			0		
Jan-20	1	1	30	Grade 2 Grade 3	Ward 1 Community
Feb-20	0	1	59	Grade 2	Community
Mar-20	0	1	90	Grade 2	Ward 1
Apr-20	0	1	120	Grade 2	Ward 1
May-20	0	0	151	NA	NA
Jun-20	1	0	16	Grade 2	Ward 1
Jul-20			47		
Aug-20			78		
Sep-20			108		
Oct-20			139		
Nov-20			169		
Dec-20			0		
Total	**2**	**4**			

			WARD 3		
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			115		
Jan-20	1	1	4	Grade 2 Grade 2	Community setting Ward 3
Feb-20	3	1	5	Grade 2 x 3 Grade 2	Ward 3 Community
Mar-20	0	2	36	Grade 2 Grade 2 x 1	Home Community
Apr-20	1	1	0	Grade 2 Grade 2	Community setting Ward 3
May-20	0	1	31	Grade 2	Community setting
Jun-20	0	1	61		
Jul-20			10		
Aug-20			21		
Sep-20			23		
Oct-20			54		
Nov-20			84		
Dec-20			115		
Total	**5**	**7**			

		BOARD	
Date	Total number of sores aquired while on ward	Number present on admission	Number of days between a new PU being identified
TOTAL	**7**	**11**	-

A Table to show the review of pressure ulcer management for patients who developed a pressure ulcer whilst in Hospital – January 2020 to June 2020

PRESSURE ULCER MANAGEMENT					
DATE	NUMBER OF PATIENTS	AVOIDABLE/ UNAVOIDABLE?	APPROPRIATE CARE GIVEN?	DEBRIEF CONDUCTED?	LEARNING POINTS?
Jan-Jun 2020	7	4 UNAVOIDABLE 3 CURRENTLY UNDER REVIEW	4 YES 3 UNDER REVIEW	NA NA	Very detailed records in place for some patients – we are reviewing 3 sets of health records to ensure we understand the pressure care management in place for those patients. Care plans were in place for all patients, patients developing pressure ulcers in hospital were complex, frail and unable to comply with the requirements of the care plans with additional measures such as encourage from family and additional pressure relieving devices used. Detailed reviews are taking place on W1 and W3 to understand what more we can do to ensure that we reduce the likelihood of a patient developing a pressure ulcer in our care. One of the patterns of presentation was that patients had experienced a fall or fracture which led to admission to hospital. We are reviewing falls and frailty management in general and hope that will also help contribute to a reduction in patients also developing pressure ulcers.

NHS Shetland

Age-related Macular Degeneration Clinic

Patient Satisfaction Questionnaire

A total of **20** questionnaires are included in this report.

To calculate the percentage of questionnaires having given ***"Yes", "No"*** *and* ***"Not sure"*** *as an answer for a given question is calculated using as denominator the amount of questionnaires having an answer different from "N/A" and "No answered" for that particular question. The total amount of questionnaires received is used as denominator to calculate the percentage of questionnaires having* ***"N/A"*** *or* ***"Not answered"*** *for a given question.*

Q1. On arrival at the department, were you satisfied with the welcome you received?

	Total N = 20
Yes	20 (100%)
No	0
Not sure	0
N/A	0
Not answered	0

Q2. If your appointment was with a nurse, did you feel they knew enough about your condition and treatment?

	Total N = 19
Yes	19 (100%)
No	0
Not sure	0
N/A	1 (5%)
Not answered	0

Comments		
1	April	People know me

Produced by the Clinical Governance and Risk Team – July 21th 2020

Q3. Did you feel listened to?

	Total N = 19
Yes	19 (100%)
No	0
Not sure	0
N/A	1 (5%)
Not answered	0

Q4. Did staff wash / clean their hands before commencing your treatment / test?

	Total N = 20
Yes	17 (85%)
No	0
Not sure	3 (15%)
N/A	0
Not answered	0

Comments		
1	April	Thoroughly

Q5. Did you feel that staffs were approachable so that you could voice any worries or concerns that you had?

	Total N = 20
Yes	20 (100%)
No	0
Not sure	0
N/A	0
Not answered	0

Q6. Did you feel you were given enough privacy when being examined or treated?

	Total N = 16
Yes	16 (100%)
No	0
Not sure	0
N/A	1 (5%)
Not answered	3 (15%)

Q7. Did you previously receive treatment in Aberdeen Royal Infirmary (ARI)?

	Total N = 17
Yes	14 (82%)
No	3 (18%)
Not sure	0
N/A	0
Not answered	3 (15%)

Q8. If yes, how does this service compare with travel to ARI for treatment?

		Comments
1	April	This was much better, less stressful than having to get to airport, have treatment then get back, usually on same day.
2	April	As good
3	April	Much more convenient! And a sense of caring, professional involvement was evident throughout, though I must say the Aberdeen team were very good. Very grateful, however, for the quality of care here.
4	April	So much easier with travel to Lerwick. Over and done within the same day as regards over boat trip.
5	April	Much more convenient and less stressful
6	April	I was previously treated in a hospital in Spain and the treatment here is of a very high standard.
7	April	Excellent!
8	April	So much better being at Lerwick. Thank you for however [whoever] arranged it that the treatment can be in Lerwick
9	April	It's much easier and quicker. The staffs are fine and easy to talk to and have a joke. Although much better. Hope it continues.
10	April	The service was very good but as it was the first time, difficult to compare.
11	April	So much better as having to go to Aberdeen. I can travel down to Lerwick on the bus and back in a few hours. Before, I had to spend the night in Aberdeen.
12	April	Very similar
13	May	I am very pleased to have my treatment done at the Gilbert Bain. Both the doctor and nurse were the very best.
14	May	So nice not having to travel to Aberdeen. Pleased with service and injection. Very good.
15	May	There is no comparison! No stress of every departure. Very busy clinic. Being in a conveyor belt of patients.

Q9. Further comments

		Comments
1	April	Glad to be getting local treatment
2	April	Thanks to all of you.
3	April	I am so happy to be treated in Lerwick with trained (and very nice doctors) personnel. To be able to travel up and down from [place] in the same day is wonderful.
4	April	It would be appreciated if appointment times did not coincide with the doctors lunch break
5	April	The ability to be treated here in Shetland with such a high quality of treatment takes any apprehension out of the equation.
6	April	A really good service.
7	April	I still feel more at ease @ ARI due to the length of time I have been attending
8	May	I would be very happy to any further treatment done in GB. I have always had a fear of flying so I would be delighted if I never had to go in a plane again. Thank you all for being so professional.
9	May	I will be notified for another injection in a month's time.
10	May	The case attention of the GB clinic is excellent. Thank you

Appendix C Positive working during the pandemic - reflections.

Andrew Best (New Moving and Handling Training Advisor)

What a massive period of change. I didn't see that coming when I took on the role of Manual Handling Training Advisor at the start of the year. Change can often be difficult, but in true Shetland style we all rallied round to get things done. We have all learnt new skills, new ways to work and appreciated how important family and friends are. During lockdown Microsoft Teams has been a big advantage for me, just to be able to see the people you are talking to, is much personal than an email when working remotely. Looking and learning how to offer training remotely has been interesting. I was also drafted at short notice to train as a face mask fitting 'train the trainer' in Aberdeen and then spent a solid seven weeks along with an amazing team from different departments fitting staff with appropriate face mask protection. It was really good to be able to tell staff that all are mask types were of the highest grade not like in some areas of the UK, which was very reassuring for staff. There will no doubt be more challenges ahead, not just in terms of training but in working within the NHS and two separate departments while balancing our lives at home. I am thankful that I work alongside an incredible team of people.

Kirsty Clark (Training and OD Officer)

The key take homes I've learnt about our team from our response to Covid are;

- ☐ Our Team is truly agile, we flex and adapt to deliver organisational goals. Change is embraced and we use our skills to find the most appropriate way to deliver a task, whether this is face-fit testing, redeployment, wellbeing, volunteers or bank staff processes. We've formed new teams with colleagues from across a range of departments
- ☐ We don't work in silo's. The very nature of Staff Development means we worked across the departments and locations. This has been a great strength in our response to Covid and enabled us to adapt and deliver
- ☐ Our values are strong and people are at the centre of everything we do. We were able to deliver as compassion, quality and teamwork are core shared values in our team.
- ☐ Wellbeing is not a buzzword, we look out for each other and the solutions we developed took into consideration the impact on others. We all need to get better at self-care though!

On a more traditional response, Staff Development has put the "support" into Support Services. We've used our skills to ensure our clinical colleagues are supported in whatever it takes.

- ☐ The majority of the team are trained Face-Fit testers and we supported the development of that process, going forward we are supporting through onboarding/ induction and testing.
- ☐ We're supporting individuals and teams as we moved from Covid to recovery around training, appraisals and local induction.

- We're supporting educators and trainers across departments as we move away from face-to-face towards virtual training.
- We're working on a national level across all of the above to ensure our staff have access to opportunities, resources and support.