

Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Quality Report – Update on Progress		
Date:	14 December 2021		
Author:	Kathleen Carolan	Job Title:	Director of Nursing & Acute Services
Executive Lead:	Kathleen Carolan	Job Title:	Director of Nursing & Acute Services
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: <ul style="list-style-type: none"> • 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:			
<ul style="list-style-type: none"> • 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 : <i>Identify any issues or aspects of the report that have implications under the following headings</i>			
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 Governance Committee (and the associated governance structure)	
Previously considered by:	Clinical Governance Committee	07/12/2021
“Exempt / private” item	<i>Public document</i>	

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 October 2021 the following actions have been taken:

- There continues to be regular 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.
- 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 strategic assessment (SA) for the re-provision of the Gilbert Bain Hospital which will be undertaken during 2021-22. The clinical and care models have been used to help build a 'case for change' that supports the need to look at our built environment as well as our clinical and care pathways. This second phase to develop the SA is underway and due to be completed by January 2022. Three workshops have been held to date, to explore the views of professionals. As part of this work we will be undertaking a specific engagement exercise to gather views from patients and the wider public and the specification for this is currently under development.
- Following the review of the Shetland Children's Partnership approach, we are now considering how we will meaningfully involve young people in the decision making process across the Partnership; particularly young adults aged 18-25 years who may be transitioning into adult services but have less opportunity to influence how services are developed that impact on them/their needs.
- We are in the process of reviewing our patient experience and public involvement arrangements and we will be undertaking a self-assessment in 2022, using the new Healthcare Improvement Scotland Community Engagement framework.
- We continue to support teams to gather patient stories and patient experience data. In Appendix C the results of a survey undertaken by the Pre-operative Assessment in a slide set which described improvement actions and conclusions.

DELIVERING QUALITY CARE AND SUPPORTING STAFF DURING 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 Schwartz rounds and TRiM). We are also 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 B.

To help create some consistency in our approach for undertaking learning reviews, we are in the process of developing a set of principles that can be applied to an adverse event to determine if a learning review would be beneficial.

The SGC is also supporting training opportunities aimed at building resilience and wellness and this ranges from accessing fitness classes to coaching time with Educational Psychologists. The implementation of this programme is being overseen by the SGC and the Area Partnership Forum (APF).

All teams have received matters feedback and are in the process of taking forward actions that have been agreed. Across the organisation as a whole, there was a high degree of engagement and willingness to recommend care provided by NHS Shetland teams as well as NHS Shetland as an employer. NHS Shetland Board members are considering in their matters improvement plan how best to support actions that will improve communication and collaboration with staff across the organisation.

In December 2021, the annual Excellence in Care awards were held at a virtual Celebrating Excellence event. There were 5 awards: person centred care, prevention, innovation, practice education and working in partnership. The improvement work showcased redesign of services across the whole system and the work overall had a strong theme of early intervention, prevention and innovation. A link to the event is shown below:

https://scottish-my.sharepoint.com/:v/g/personal/sally_ritch_shetland_nhs_scot/EWYjLsa-6XJAKBVcEYo-sgoBTDEcWGaJffwMcQQbTEBHGg

PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

Our focus in 2020 and 2021 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. We remain on an emergency footing given the significant pressures that Health Boards and Health and Social Care Partnerships (H&SCPs) are experiencing, particularly the increase in urgent care.

As we start to remobilise, we are aware of the impact of the pandemic across the whole system, with a rise in the number of people accessing emergency care via GP Practices and the Emergency Department (ED) as well as waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. In response to this, we have prepared the fourth iteration of the remobilisation plan which was submitted to Scottish Government at the end of September 2021, this reflects the extended period of recovery needed and the ongoing impact on elective care, mental health services and urgent care. In conjunction with the development of this operational plan, we have also set out our winter planning arrangements. Taking into account the challenges of managing pandemic related pressures alongside the expected winter pressures, we will consider escalation plans to reflect anticipated issues with the demands placed on teams e.g. service continuity plans for staff self-isolation due to COVID etc. The operational winter plan is a separate report to the December 2021 Board and IJB.

As part of the Shetland Early Action Programme (SEAP), a test of change develop more community led support has resulted in the establishment of a Living Well Hub in Brae. Options include linking individuals with local community organisations or voluntary groups, as well as referral to other support services including Shetland Islands Council and NHS Shetland.

The programme of care assurance to support care services in the community in Shetland is ongoing and has helped us to reduce risks associated with care delivery. The emergency arrangements for Health Board oversight of the infection control and clinical care of residents will remain in place until the end of 2021-22. A second phase of assurance visits took place in October and November 2021. As restrictions have begun to lift, the focus of the care assurance work is starting to become less reactive and focus on longer term improvement goals. We are currently reviewing our care home assurance and oversight arrangements to reflect the current challenges in respect of winter planning and the increased demand for community care (which is reflected in H&SCP across Scotland).

We have continued to work on the restructuring of the clinical and care governance framework for NHS Shetland and the Integration Joint Board (IJB). The new Clinical Governance Committee met in December 2021. To support this assurance role an operational clinical governance group has been established, which is made up of the chairs of all of the NHS governance groups. The IJB is developing the assurance arrangements for local authority services via existing governance structures.

Similarly, we are in the latter stages of reviewing the governance structure and agreeing the partnership priorities for the Shetland Children's Partnership (SCP). The SCP met at the end of November 2021 to consider a proposed structure, incorporating the senior officers case review group into the governance arrangements.

In order to support the development of an integrated workforce plan, a workshop was held at the end of November 2021, to bring together senior managers and clinicians across the whole system to consider short term and medium term solutions to improve recruitment, retention and role development. The action plan arising from the workshop will inform the business planning cycle for 2022-23 as well as the wider workforce plan refresh which is planned for March 2022. There was a strong emphasis on widening access to all health and care related careers in Shetland, including role development and enablers such as using technology to share expertise and services with other organisations.

The Control of Infection Committee (CoIC) received an updated action plan in November 2021, following the unannounced HAI inspection in September 2021. All actions are either complete or significantly progressed since the inspection. Also in November, NHS Shetland was subject to a separate unannounced inspection to review our compliance with new decontamination standards (following changes in the legislation due to the UK departure from the EU). The inspection found there were no compliance issues as a result of this review.

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 A. Appendix B includes the themes and management of feedback and complaints between July and September 2021.

NHS Shetland Feedback Monitoring Report 2021_22 Q2

Since April 2017 all NHS Boards in Scotland have been required to further monitor patient feedback and to report performance against a suite of high level indicators determined by the Scottish Public Services Ombudsman (SPSO). This report outlines NHS Shetland's performance against these indicators for the period July to September 2021 (Q2).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2021 is provided (this allows an overview of types of complaints in year and also for any open complaints at the point of reporting to be completed at a subsequent iteration of the report). All Stage 2 complaint learning from 2020/21 was included in the Feedback and Complaints Annual Report presented to the Board in August 2021.

A summary of cases taken to the Scottish Public Services Ombudsman from April 2019 onwards is included at the end of this report, allowing oversight of the number and progress of these and also the compliance with any learning outcomes that are recommended following SPSO investigation.

Summary

- Corporate Services recorded 38 pieces of feedback in Quarter 2 of 2021_22 (1 July 20201 – 30 September 2021):

Feedback Type	01.07.21 – 30.09.21		01.04.21 – 30.06.21 (previous quarter)	
	Number	%	Number	%
Compliments	4	10.5	4	8
Concerns	17	44.75	29	57
Complaints	17	44.75	18	35
Totals:	38		51	

- The Stage 1 and Stage 2 complaints received related to the following areas:

Service	01.07.21 – 30.09.21		01.04.21 – 30.06.21 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	7	41	9	50
Directorate of Community Health and Social Care	7	41	8	44
Acute and community	2	12	1	6
Corporate	1	6	-	-
Other	-	-	-	-
Withdrawn	-	-	-	-
Totals:	17		18	

Key highlights

- Complaint numbers are increasing to more typical levels, and in particular there is increased feedback regarding waiting times for non-urgent, but significantly life improving operations, access to dental and mental health services. These pressure areas are not unique to Shetland.
- We are not aware of any complaints escalated to SPSO within Quarter 2.
- Performance regarding length of time to respond to Stage 1 complaints has improved, with a reduction from 5.3 days in Quarter 1 to 3.4 days in Quarter 2. Performance for length of time to respond to Stage 2 complaints has also improved, with a reduction from 30 days to 25 days, however for Stage 2 this is still above the 20 working day target.
- ISD no longer collates complaint performance data on a quarterly basis. As NHS Bodies already publish annual reports covering complaints, we are asked instead to include complaints information covering nine Key Performance Indicators (KPIs).

A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government.

- Compliance with complaint returns from Family Health Service providers remains minimal and for those areas that do submit the numbers of complaints recorded are negligible. This will continue to be picked up through professional leads.
- Complainant experience in relation to the complaints service provided for Stage 1 and Stage 2 complaints will be included on an annual basis given the low numbers involved.

Complaints Performance

Definitions:

Stage One – complaints closed at Stage One Frontline Resolution;

Stage Two (direct) – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);

Stage Two Escalated – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

1 Complaints closed (*responded to*) at Stage One and Stage Two as a percentage of all complaints closed.

Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	41% (7 of 17)	55.6% (10 of 18)
Number of complaints closed at Stage Two as % of all complaints	47% (8 of 17)	38.8% (7 of 18)
Number of complaints closed at Stage Two after escalation as % of all complaints	12% (2 of 17)	5.6% (1 of 18)

2 The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed (*responded to*) in full at each stage.

Upheld

Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	57% (4 of 7)	80% (8 of 10)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 8)	14.3% (1 of 7)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	50% (1 of 2)	0% (0 of 1)

Partially Upheld

Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	29% (2 of 7)	20% (2 of 10)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	62.5% (5 of 8)	71.4% (5 of 7)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 2)	100% (1 of 1)

Not Upheld

Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	14% (1 of 7)	0% (0 of 10)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	37.5% (3 of 8)	14.3% (1 of 7)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	50% (1 of 2)	0% (0 of 1)

3 The average time in working days for a full response to complaints at each stage			
Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	3.4	5.3	5 wkg days
Average time in working days to respond to complaints at Stage Two	25	30	20 wkg days
Average time in working days to respond to complaints after escalation	27	12	20 wkg days

*Response times for Stage 2 complaints remain significantly impacted upon by capacity due to the Covid-19 Pandemic.

4 The number and percentage of complaints at each stage which were closed (responded to) in full within the set timescales of 5 and 20 working days			
Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	86% (6 of 7)	80% (8 of 10)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	50% (4 of 8)	28.57 (2 of 7)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	50% (1 of 2)	100% (1 of 1)	80%

5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.		
Description	01.07.21 – 30.09.21	01.04.21 – 30.06.21 (previous quarter)
% of complaints at Stage One where extension was authorised	14% (1 of 7)	20% (2 of 10)
% of complaints at Stage Two where extension was authorised	50% (4 of 8)	71.43% (5 of 7)
% of escalated complaints where extension was authorised	50% (1 of 2)	0% (0 of 1)

Learning from complaints

For Quarter 2 noted above, an escalated complaint has led to a review of process and procedures for a specific request with the complainant asked to participate in this exercise, and ensuring all staff are clear about obligations in this regard.

Dental capacity remains an issue given the pandemic and also the breadth of the service that needs to be provided in Shetland by the Public Dental Service, however additional communications have been issued.

Staff Awareness and Training

Staff are provided with key information on feedback and complaint handling at each induction session. Staff attending mandatory refresher training are given an update sheet on feedback and complaints. The Feedback and Complaints Officer is continuing to speak with departments to try and empower more people to feel confident to handle a Stage 1 complaint or signpost effectively to the appropriate support. Reminders have been put in staff briefings.

A management bundle on feedback and complaints has been developed for delivery by the Feedback and Complaints Officer. Staff are also able to access excellent national e-learning resources regarding feedback and complaint handling, including investigation skills, through TURAS Learn.

Stage 2 complaints received 1 April 2021 to 30 September 2021

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Treatment and care in the hospital	Medical and nursing	N	Availability of key personnel	Part upheld	<ul style="list-style-type: none"> • Diagnosis and treatment considered reasonable given the medical background the patient presented with. • Learning points identified with aspects of the nursing care.
2	Lack of care following injury, and concerns about treatment thereafter	Medical	N	Delay in final statement	Part upheld	<ul style="list-style-type: none"> • No evidence found to support that the clinical team had acted inappropriately in terms of treatment, however it was recognised the complainant had found certain aspects of their hospital stay unprofessional and an apology was provided for this.
3	Repeated failure to listen to patient and family about diagnosis	Medical	Y		Part upheld	<ul style="list-style-type: none"> • No evidence to suggest the miscommunication had any influence on the treatment plan, however the medical team recognised they could have resolved the patient's concerns earlier and apologised for the frustration this had caused. • Meeting with patient and family about this matter and ongoing health concerns.
4	Concerns about treatment over a number of years and failure to listen to patient about pain levels	Medical and AHP	N	Delay in a statement and capacity to conclude investigation	Part upheld	<ul style="list-style-type: none"> • Concluded that the medical team had made an effort to listen and all recognised the pain experienced was causing disability, however despite best intentions they had not managed to effectively manage pain. • Primary Care team to reflect on learning where there are multiple teams and clinicians involved as to how to create the best person-centred approach and consistency of messaging.
5	Care provided following falls	Medical and Social Care	N	Broad investigation across two organisations	Upheld	<ul style="list-style-type: none"> • Communication failures identified, which had they been avoided may have resulted in a better outcome for the patient. • Review of medical status of patients within health and care services to ensure the information provided is

						sufficient to enable the most appropriate care for the needs of the individual.
6	Staff attitude (escalated from Stage 1)	Admin	Y		Part upheld	<ul style="list-style-type: none"> Recognised interaction was not positive for either party. Apologies offered for the delay in getting answers about family member care resulting from the pandemic, and explanation provided about next steps. Consideration of recording calls if and when the functionality becomes available to the department.
7	Concern prescription is incorrect and patient is not being listened to due to racial prejudice	Medical	Y		Part upheld	<ul style="list-style-type: none"> Medication was correct but the patient's wish for two lower doses had not been explained. No evidence found to support patient's view of racial prejudice. As a newly registered patient a telephone consultation would have been beneficial given the medication required. Medication review to be carried out.
8	Lack of treatment following injury	AHP	N	Complexity of response including input from a number of external clinicians	Not upheld	<ul style="list-style-type: none"> Wording of discharge letter clarified with author and further explained to family. Professionals meeting to be held to enable a holistic discussion of ongoing care needs. Recommendation to adopt a case specific professional group for patients discharged to NHS Shetland in order to provide an early opportunity for all those involved in an individual's care to fully discuss discharge advice and ongoing care requirements.
9	Complainant not satisfied with level of care for family member compared to in another country	Medical	N	Response needed from a number of individuals and also annual leave	Part upheld	<ul style="list-style-type: none"> Investigation found the perceived level of urgency and diagnostic significance attached to a procedure was at odds with previous reported findings. Apology offered for miscommunication regarding a cancelled x-ray.

10	Care and attitude of GP and care in GBH	Primary and secondary care	Y		Part upheld	<ul style="list-style-type: none"> No medical neglect found but appeared to have been some miscommunication and a perceived lack of care for which an apology was offered.
11	Centralised service and travel difficulties for family planning services	Primary care	Y		Part upheld	<ul style="list-style-type: none"> Agreed there had been a reduction in service in part due to the pandemic and in part due to loss of skills within primary care. Explained it was not possible to expect smaller, rural practices to provide all services, and that it is proposed to run a service from two health centres and recruit a new sexual health lead nurse to redesign the provision.
12	Unhappy that options given for place of treatment had not happened in reality	Nursing	Y		Part upheld	<ul style="list-style-type: none"> Despite best efforts it had not been possible to deliver all treatment in Shetland, but this had been met wherever possible.
13	Felt clinical outcome could have been avoided had they received the right treatment. Also felt not being listened to	Medical	N		Not upheld	<ul style="list-style-type: none"> Actions of the team were appropriate and timely, but the patient had severe disease that did not respond to treatment.
14	Concerned symptoms had been missed over the years before a sudden death	Medical	Y		Not upheld	<ul style="list-style-type: none"> Individual had been appropriately investigated and treated for the symptoms presented with. Explained the sudden death could not have been predicted.
15	Lack of assessment for condition	CMHT	N		Part upheld	<ul style="list-style-type: none"> Administrative error apologised for, however the individual did not meet the criteria for assessment.
16	Lack of support from local health centre	Health centre - various	Y		Not upheld	<ul style="list-style-type: none"> No evidence found that the patient was not receiving appropriate care and support, however communication difficulties were evident for all parties.
17	Release of information delayed and incomplete	Corporate	N		Upheld	<ul style="list-style-type: none"> Agreed failure to meet statutory obligations. Review of process and procedures and to ensure all staff are clear about their obligations in this regard.

18	Treatment and attitude of consultant	Medical	N	Unexpected leave	Part upheld	<ul style="list-style-type: none">• Treatment appropriate but pain scores not regularly recorded, and difference in treatment decisions noted.• Some discussions not appropriate on an open ward.
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Cases escalated to the Scottish Public Services Ombudsman from 1 April 2019 to 22 November 2021

Date notified with SPSO	Our complaint ref	SPSO ref	Area of complaint	Date of SPSO outcome	SPSO outcome	SPSO recommendations	Action update	Board/SPSO status
Notified 2019/20								
21.10.19	2018_19_24	201902265	Unreasonable attempt to continue procedure and should have been stopped sooner	09.06.20	Upheld	1. Letter of apology for the failings identified by 10.08.20 2. Evidence that this matter has been fed back to relevant medical staff in a supportive manner that encourages learning by 09.10.20 3. Evidence that the junior doctor included this case in their appraisal by 10.08.20	File submitted 07.11.19 Letter of apology sent to family Evidence sent to SPSO for all three actions 10.08.20	Considered closed by SPSO
09.01.20	2019_20_16	201908764	GP attitude during consultation	09.01.20	Will not take forward	None		Closed
Notified 2020/21								
12.08.20	2018_19_18	201907983	Complication following surgical procedure	07.01.21	Will not take forward	None	Additional information submitted for consideration	Closed
02.03.21	2019_20_08	202007880	Care provided following off island procedure	26.08.21	Will not take forward	Has determined the Board's responses to be reasonable and no significant issues overlooked.	Files submitted for review	Closed
Notified 2021/22								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the advice received.	Files submitted for review	Closed

Key:

Grey – no investigation undertaken nor recommendations requested by SPSO
 Green – completed response and actions
 Amber – completed response but further action to be taken at the point of update
 No colour – open case

Quality Report - Board








Generated on: 25 November 2021






Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	August 2021	September 2021	October 2021	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22	Q2 2021/22	
	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			60.4%	61.9%				Exceeding national target of 50% and local target of 58%. National data for 2019-20 shows us at 64.6% - the best performing Board in Scotland and well above the national average (43.9%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	7	7	7	20	7	7		129	The population health survey will be reporting later than anticipated - between now and Christmas. The Health Improvement Team have commenced an improvement project based around two primary care practices, to increase activity and improve recording, and a Sexual Health Lead Nurse has been appointed who will support better record keeping for ABIs in that setting.
PH-HI-03a Number of FAST alcohol screenings	229	297	343	482	138	297		240	The population health survey will be reporting later than anticipated - between now and Christmas. The Health Improvement Team have commenced an improvement project. based around two primary care practices, to increase activity and improve recording, and Sexual Health Lead Nurse has been appointed who will support better record keeping for fast alcohol screenings in that setting.




Patient Experience Outcome Measures





Code & Description	Months			Quarters			Icon	Target	Latest Note
	August 2021	September 2021	October 2021	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22	Q2 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	97%	100%	95.2%	100%	100%	100%		90%	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	100%	100%	95.83%	100%		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)	96.6%	100%	100%	99%	100%	98.8%		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)	92.31%	100%	100%	93.33%	100%	100%		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)	96.92%	96.88%	98.81%	98.53%	97.92%	96.88%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	93.65%	89.66%	97.14%	100%	97.87%	89.66%		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)	95.06%	96.67%	95.24%	95.52%	97.92%	96.67%		90%	

Patient Safety Programme - Maternity & Children Workstream


Code & Description	Months			Quarters			Icon	Target	Latest Note
	August 2021	September 2021	October 2021	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22	Q2 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,463	1,493	1,524	1,310	1,401	1,493		300	
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
	August 2021	September 2021	October 2021	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22	Q2 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests				287	23			300	
NA-HC-09 All Falls rate (per 1000 occupied bed days)	10.02	15.12		2.86	1.82	15.12		7	Wards are due to commence quality improvement work with SPSP Acute Adult Collaborative team, reduction of inpatient falls work stream. Falls policy has also been refreshed and each case where a patient has a fall with harm is fully investigated (see below for summary).
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	2.33		0	0	2.33		0.5	
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	70	2	33	40	8	2		300	Tissue Viability Nurse now in post leading educational sessions and route cause analysis using the 'Red Day' Tool which supports investigation of pressure ulcers. Tissue viability group are now exploring a new risk assessment tool entitled PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool).

Code & Description	Months			Quarters			Icon	Target	Latest Note
	August 2021	September 2021	October 2021	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22	Q2 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	1.16		0	5.45	1.16		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms				98	97.1				
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100			100	100	100		75	
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	93.46%	96.14%	96.21%	92.33%	95.51%	95.15%		95%	
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	57.5%	72.5%	72.5%	52.1%	66.67%	66.67%		75%	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly							100	The first patient safety conversation/walk round piloting the new process was held in the Outpatient depart on 24 th November. Arrangements are now being made for the next walk round.
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
	August 2021	September 2021	October 2021	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22	Q2 2021/22	
	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%	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)	Measured quarterly			27.9%					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 - 39 of 140 cases. This measure was revised for year 2019-20.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			0.9					Latest available provisional national data. Rate remains consistently well within expected levels. Next data due Nov 21.

APPENDIX A – Overview of falls and pressure ulcer incidence up to October 2021

Falls in Secondary Care									
WARD 1 NA-HC-60 Total number of falls					WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury	Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			22		B/Fwd			143	
Jan-21	1	1	5	2 minor lacerations on leg	Jan-21	0	0	174	
Feb-21	0	2	33		Feb-21	2	2	8	1 - graze to head 1 - broken hip
Mar-21	0	0	64		Mar-21	0	2	39	
Apr-21	0	1	94		Apr-21	1	4	20	Minor cut to elbow
May-21	0	1	125		May-21	1	5	24	Minor injury - small bump to head with slight bruise
Jun-21	0	0	155		Jun-21	0	1	54	
Jul-21	0	2	186		Jul-21	1	3	6	Black eye
Aug-21	0	2	217		Aug-21	0	7	37	
Sep-21	1	4	19	Bruising to amputation site	Sep-21	1	7	29	Cut to head
Oct-21	1	1	29	Bruising to left side of head	Oct-21	0	2	60	
Nov-21			59		Nov-21			90	
Dec-21			90		Dec-21			121	
Total	3	14			Total	6	33		

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	Comments
B/Fwd			200			
Jan-21	0	0	231			
Feb-21	2	2	9	Grade 2 Grade 2 Grade 3 Grade 3	On Ward On Ward Home - on admission Ward 3 - on admission	Ward 3 - on admission was originally admitted to Ward 3 from the community with the PU
Mar-21	0	1	40	Grade 2	Community	On Admission to the ward
Apr-21	0	1	70	Grade 2	Outwith Shetland	On Admission to the ward
May-21	0	3	101	Grade 2 Grade 2 Deep tissue injury	Community Outwith Shetland Outwith Shetland	All on admission to the ward
Jun-21	2	0	8	Grade 2 Grade 2	On Ward On Ward	Same patient
Jul-21	0	2	39	Grade 3 Grade 2	Community x 2	On Admission to the ward
Aug-21	0	2	70	Ungradeable Grade 2	Community Outwith Shetland	deep tissue injury On admission to Ward x 2
Sep-21	1	0	2	Grade 2	On the Ward	Grade 2 - developed on Ward
Oct-21	0	1	33	Grade 3	On Admission	On Admission to the ward
Nov-21			63			
Dec-21			94			
Total	5	12				

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	Comments
B/Fwd			2			
Jan-21	1	1	29	Grade 2 Grade 3	On the ward Outwith Shetland	
Feb-21	0	1	57	Grade 3	In the community	
Mar-21	0	6	88	Grade 4 x 2 Grade 3 Grade 2 x 2 Grade 2	All in the community	All on admission to ward
Apr-21	0	3	118	Grade 2 Ungradeable Grade 2	All in the community	All on admission to ward
May-21	2	0	17	Grade 2 x 2	On the Ward	
Jun-21	1	0	13	Grade 2	On the Ward	
Jul-21	0	1	44	Grade 3	In the community	On admission to ward
Aug-21	0	0	75			
Sep-21	0	1	105	Grade 2	In the community	
Oct-21	0	0	136			
Nov-21			166			
Dec-21			197			
Total	4	13				

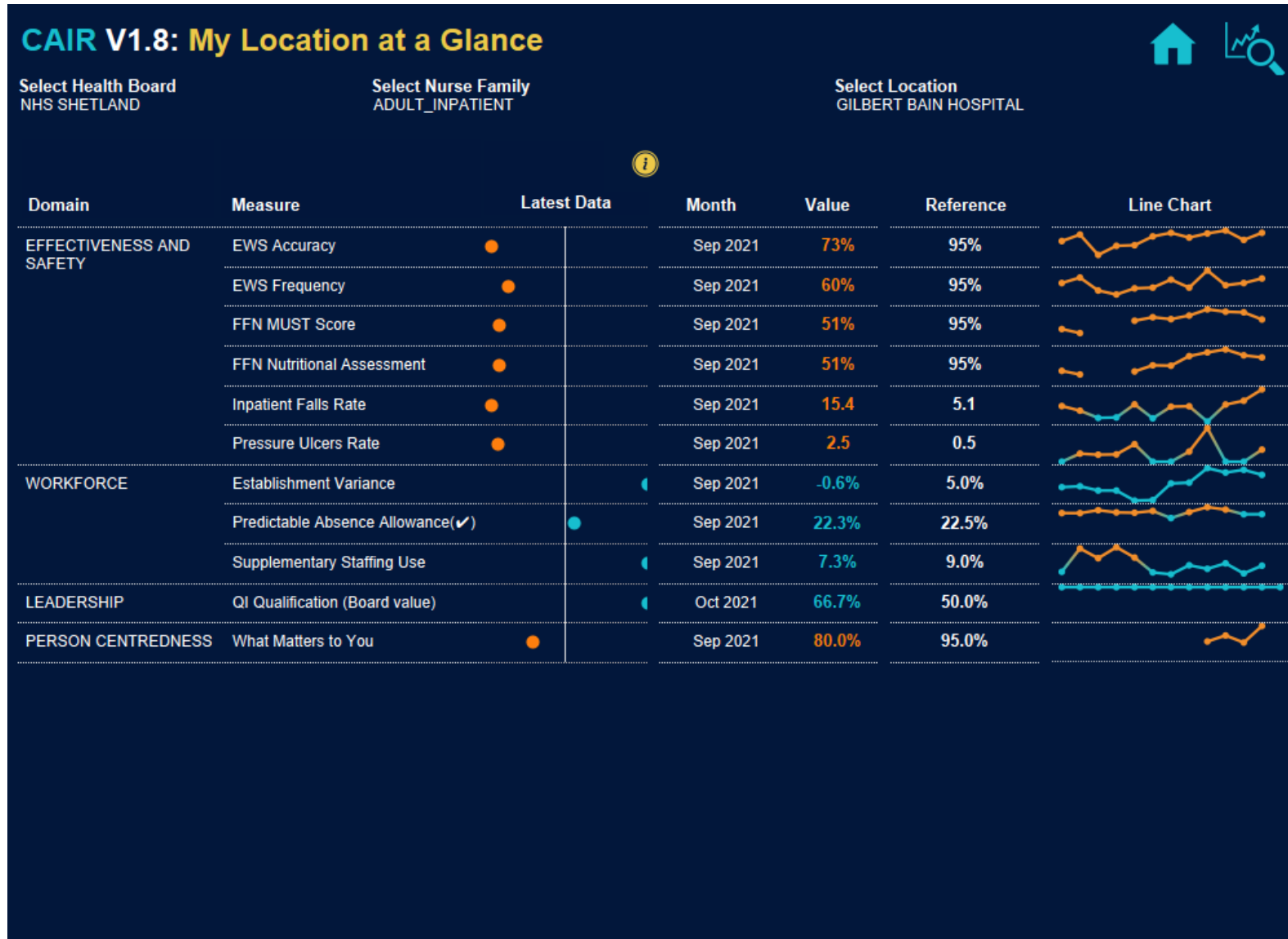
APPENDIX B – Learning points from the investigation of patients that have had a fall with harm and patients who developed pressures ulcers in Hospital in Appendix A

FALLS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
August to October 2021	2	Unavoidable	Yes	N/A	Falls predominantly due to re-ablement approach in both cases, minor lessons learnt shared at ward meetings and falls group.

PRESSURE ULCERS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
August to October 2021	1				A pressure ulcer recorded for Ward 1 in September but nothing in the SCN spreadsheet about it – awaiting further narrative from Amanda/Heather

CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
August to October 2021	1				Infection Control Team have provided ward based educational sessions to improve hydration and use of CAUTI Bundles to prompt interventions.

Screenshots from the Excellence in Care Dashboard



CAIR V1.8: My Location at a Glance



Select Health Board
NHS SHETLAND

Select Nurse Family
DISTRICT_NURSING

Select Location
Shetland Islands



Domain	Measure	Latest Data	Month	Value	Reference	Line Chart
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Sep 2021	100%	60%	
	Preferred Place Documented		Sep 2021	78%	60%	
WORKFORCE	Predictable Absence Allowance(✓)		Sep 2021	15.9%	22.5%	
	Supplementary Staffing Use		No Data		9.0%	
LEADERSHIP	QI Qualification (Board value)		Oct 2021	66.7%	50.0%	
PERSON CENTREDNESS	What Matters to You		Sep 2021	57.1%	95.0%	

Appendix C – Thematic Learning from Debrief Discussions August – October 2021

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
Sept 21	71	0	Extreme – 0 Major - 1 Moderate - 5	2	<p>Adverse event theme (8222) – wrong vaccine administered</p> <ul style="list-style-type: none"> • Patient safety – prompt reporting when recognising error had been made, corrective action taken and explanation given to patient. Improvements including adding the name and age group of the vaccines on the front of the fridge door as a trigger for collecting the correct vaccine. Nurse to check vaccine before leaving office and can ask for second nurse to confirm if required for safety check. Had team debrief and highlighted learning to colleagues <p>Adverse event theme (8242) – management and transfer of a seriously ill child</p> <ul style="list-style-type: none"> • Patient safety – team commended on assessment and decision making. Learning - transfer preparation and communication to be improved including: pre-transfer check list, ensuring adequate staffing and appropriate staff involved early with prompt reassessment and updates to receiving team where conditions changed and consideration of a pre-transfer huddle
Oct 21	51	0	Extreme – 0 Major – 0 Moderate – 3	0	
Total	122	0	Extreme = 0 Major = 1 Moderate = 8	2	

Pre-operative Assessment Clinic Patient Survey – Local GA

Debbie Jamieson

Senior Staff Nurse

Pre-op Assessment Clinic

Explain the aims and objectives

- Enable POA patients to share their experience of GA surgery in the GBH enabling positive, evidence based change.
- Opportunity to find out what we do well & inform us of anything we need to change. Enabling positive Improvements.
- How to improve our service

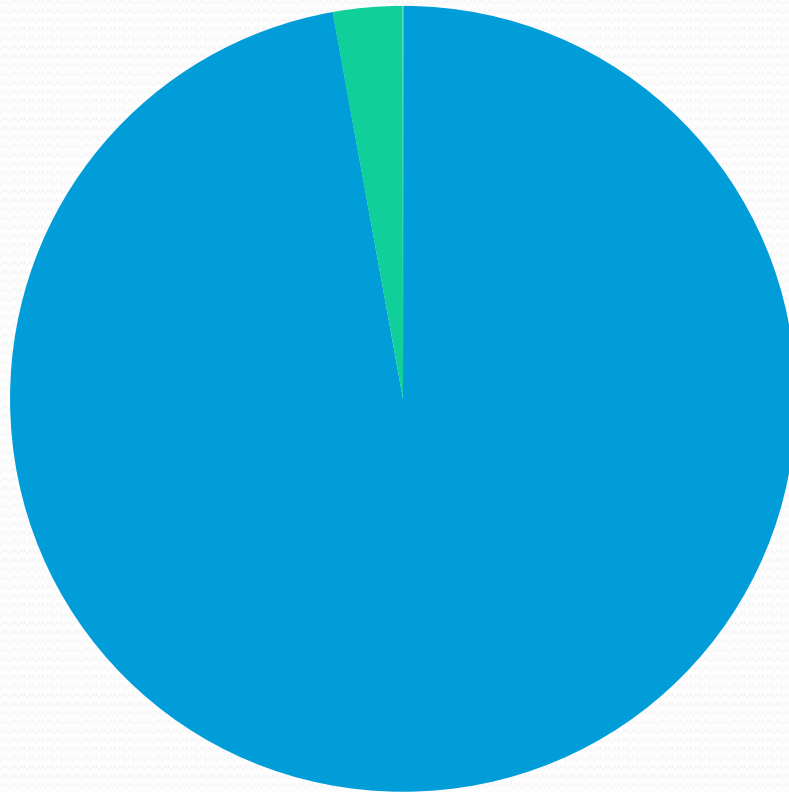
Explain the methodology & sample size

Patients having General Anaesthetics in Shetland
Surgery between June & August 2021

- 71 patients were sent the survey
 - 35 responded
 - 49% response rate

Undertake this satisfaction survey annually to assess change.

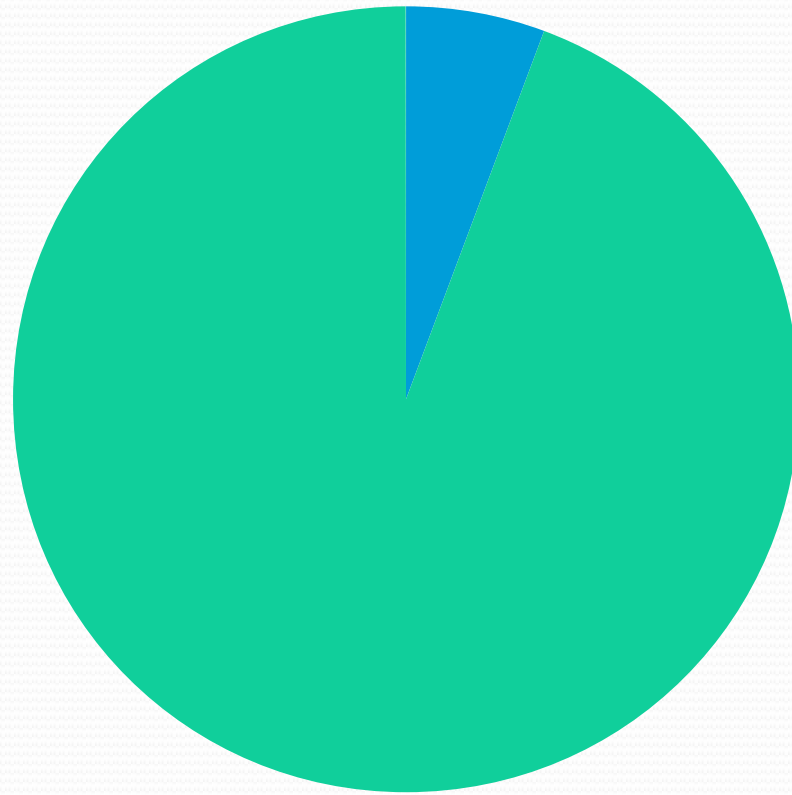
1. Where did you have your pre-operative assessment?



At Outpatients in the Hospital	34
At your Health Centre	1
Over the telephone	0
Other	0
Total Responses	35

■ At Outpatients in the Hospital ■ At your Health Centre ■ Over the telephone ■ Other

2. Would you have preferred to have had the appointment another way?



■ Yes

■ No

Yes	2
No	33
Total Responses	35

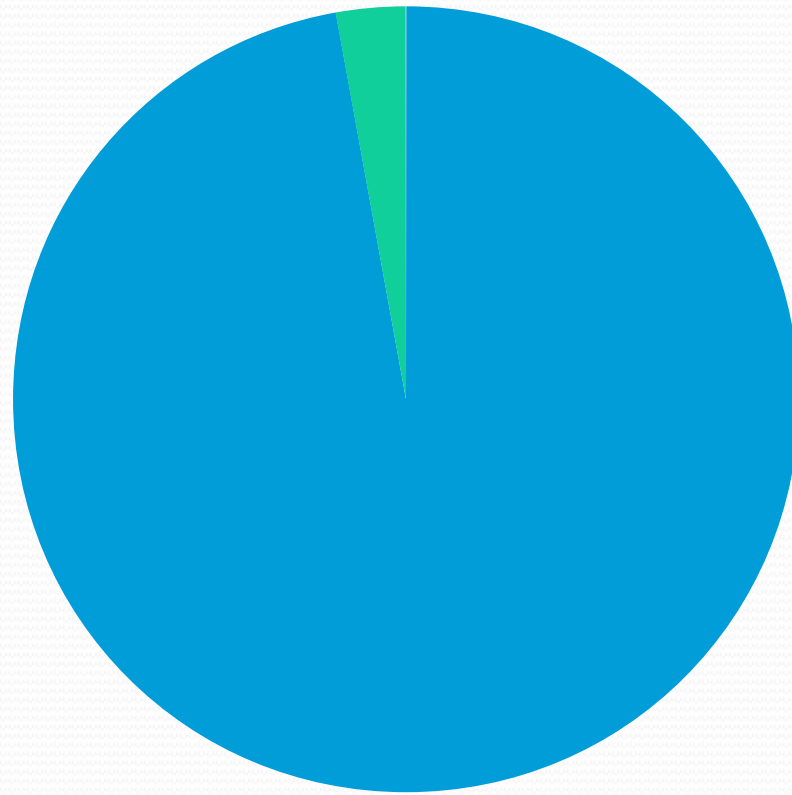
3. If Yes, please explain.....

Comment/s

Ideally in clinic nearer home in [Island name given]. I had to juggle around car access, maintain isolation and pay extra travel by ferry

I would have been happy to do a remote/VC appt if it had been appropriate, but was quite happy to go to GBH as well.

4. Did you feel your pre-operative assessment appointment was...?

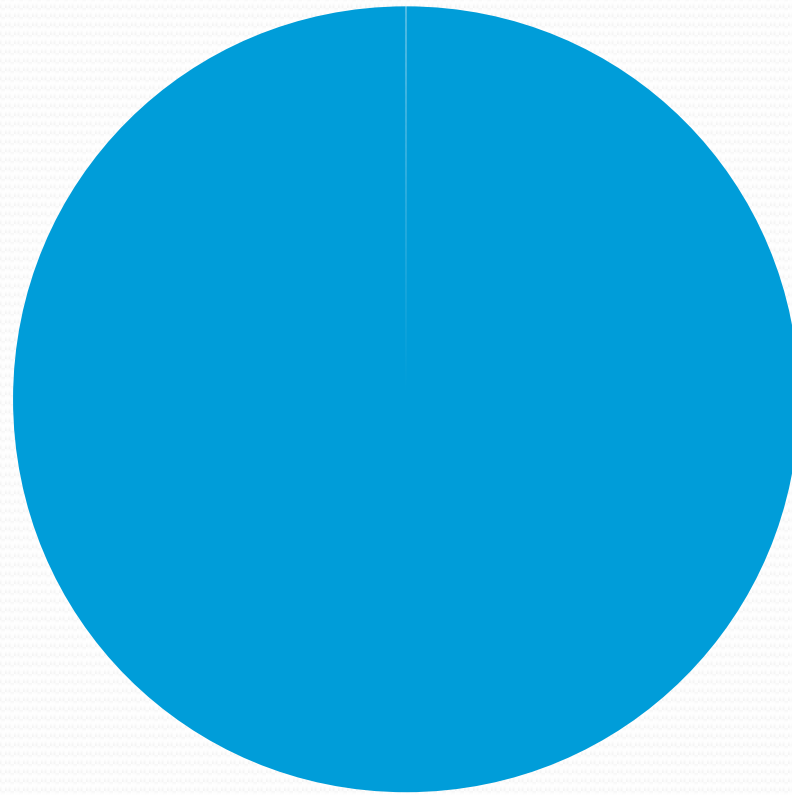


■ Just right

■ Too long

Just right	34
Too long	1
Not long enough	0
Total Responses	35

5. Was the purpose of your pre-operative assessment explained to you?

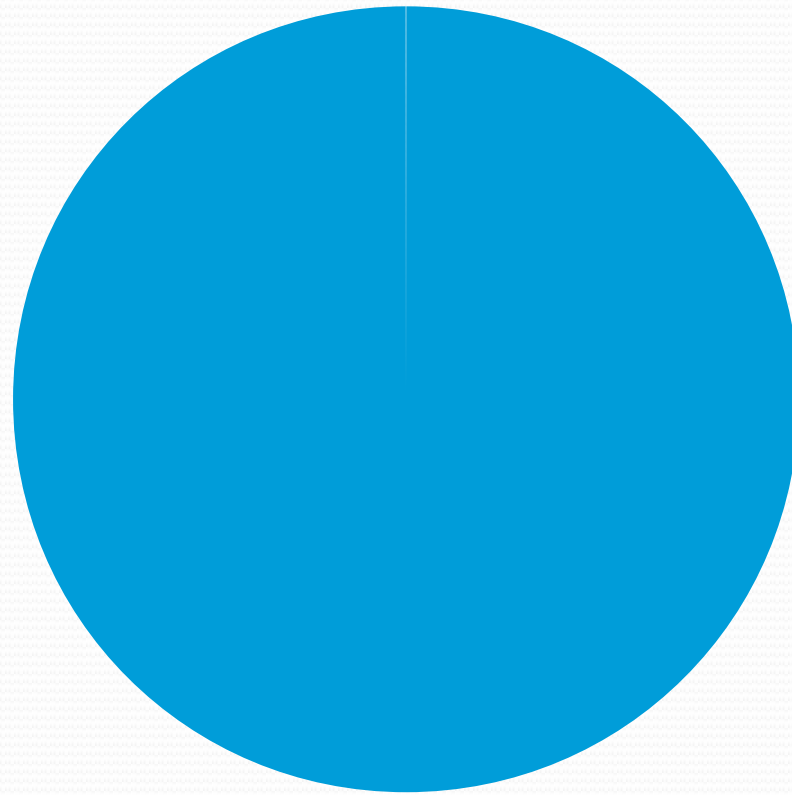


■ Yes

■ No

Yes	35
No	0
Total Responses	35

6. Did your POA nurse treat you with courtesy and respect?

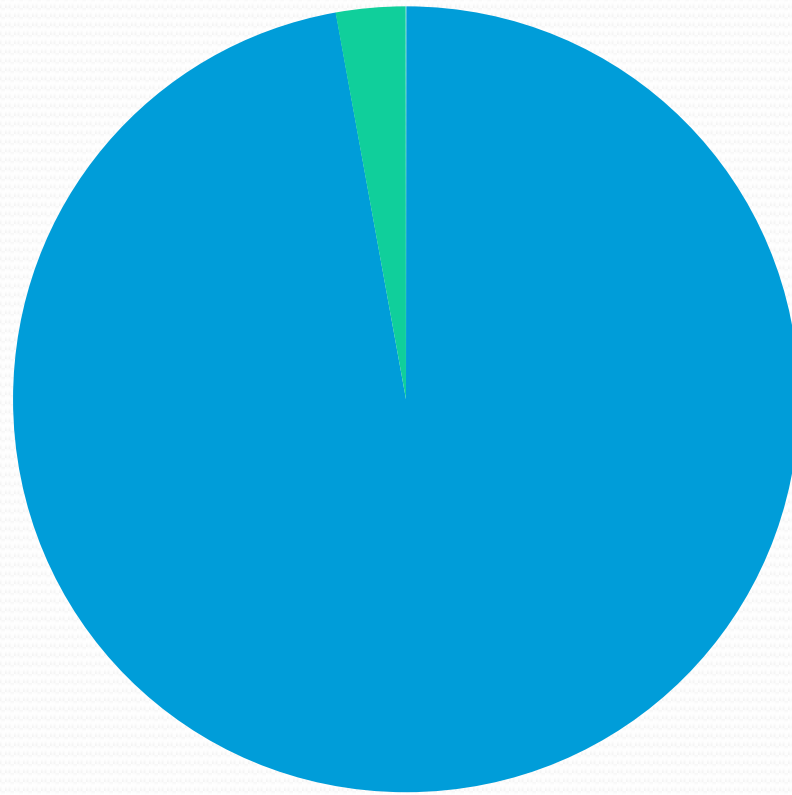


■ Yes

■ No

Yes	35
No	0
Total Responses	35

7. Did your POA nurse explain the anaesthetic method you would be having?

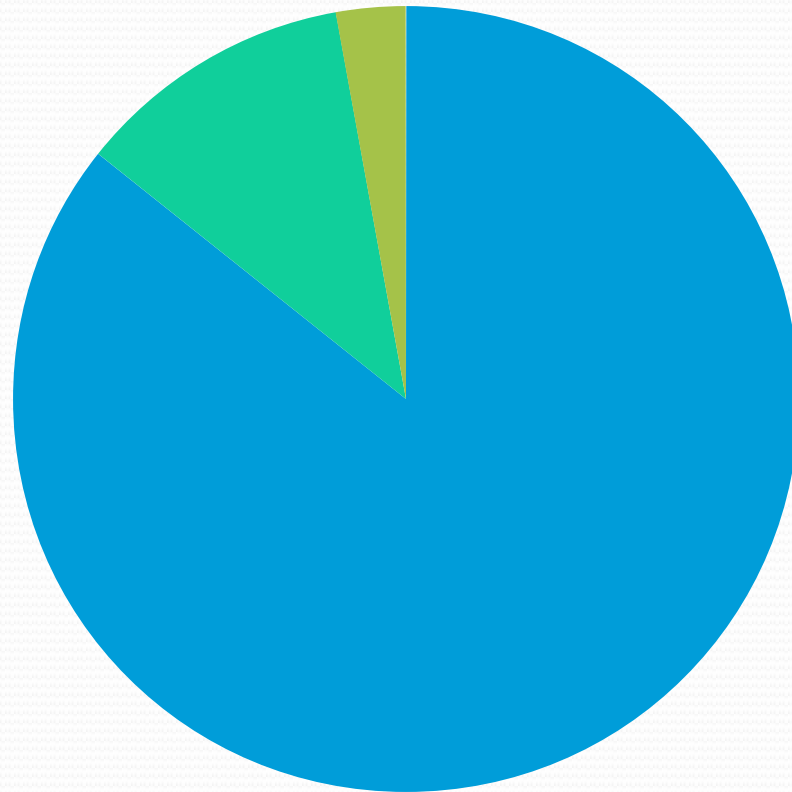


■ Yes

■ No

Yes	34
No	1
Total Responses	35

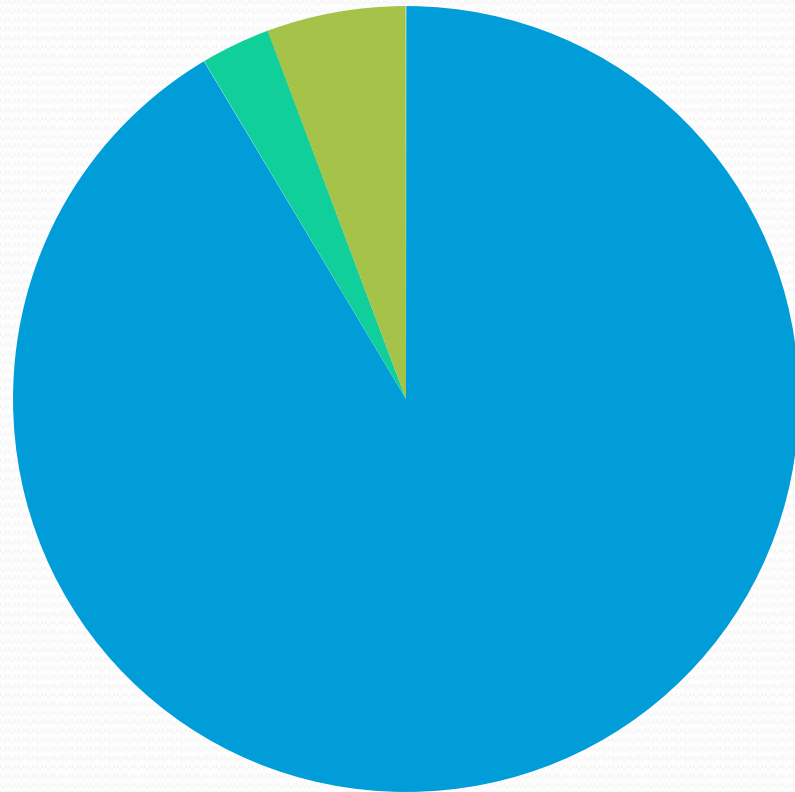
8. Did your POA nurse give an explanation of the procedure you would be having?



■ Yes ■ No ■ Don't know/can't remember

Yes	30
No	4
Don't know/can't remember	1
Total Responses	35

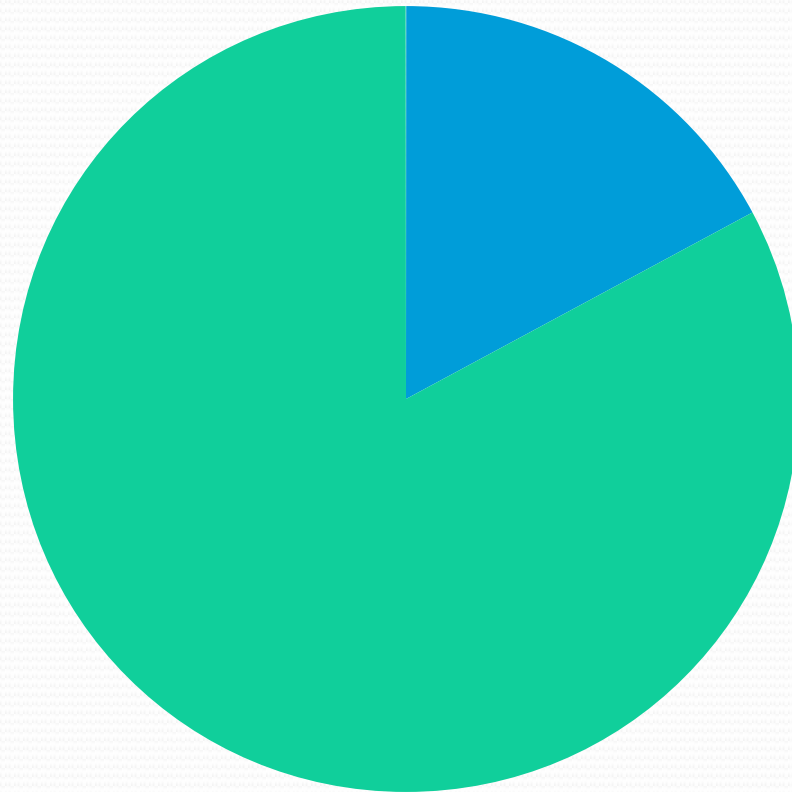
9. Did your POA nurse explain how to prepare for surgery?



■ Yes ■ No ■ Don't know/can't remember

Yes	32
No	1
Don't know/can't remember	2
Total Responses	35

10. Did you see an anaesthetist at your pre-op assessment appointment?

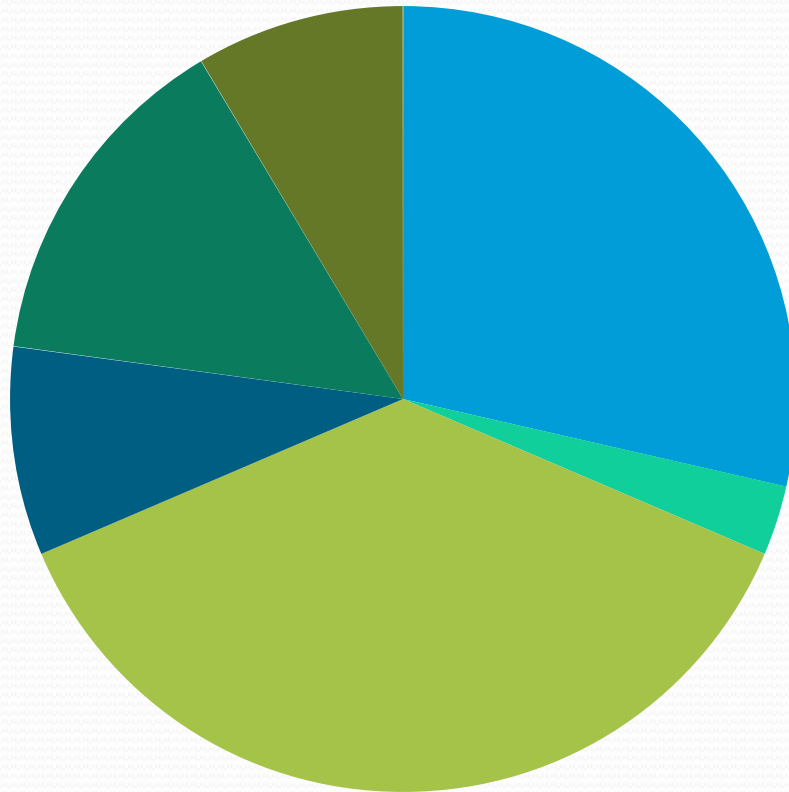


■ Yes

■ No

Yes	6
No	29
Total Responses	35

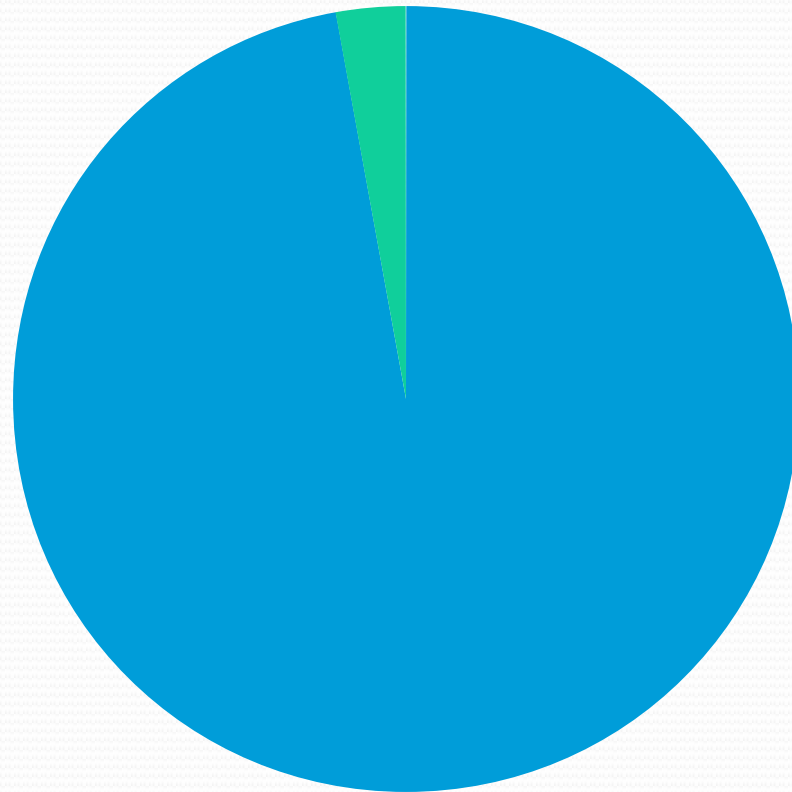
11. Did you receive medication advice at your pre-op assessment appointment?



Yes, written and verbal	10
Yes, written	1
Yes, verbal	13
No	3
Don't know/can't remember	5
Not applicable	3
Total Responses	35

■ Yes, written and verbal ■ Yes, written ■ Yes, verbal ■ No ■ Don't know/can't remember ■ Not applicable

12. Did you receive any other written information?

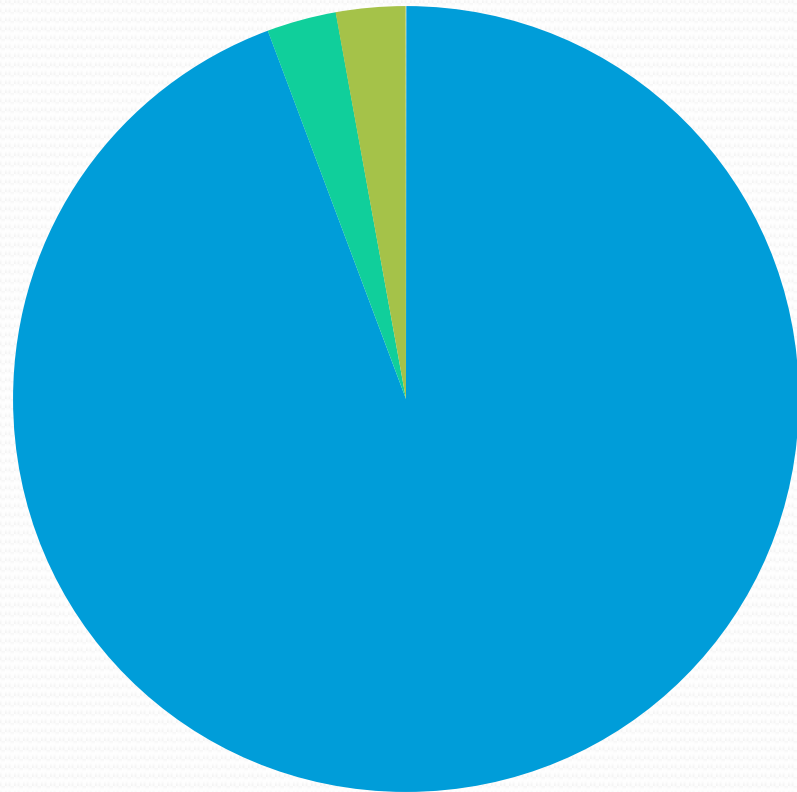


■ Yes

■ No

Yes	34
No	1
Total Responses	35

13. Did you read it?



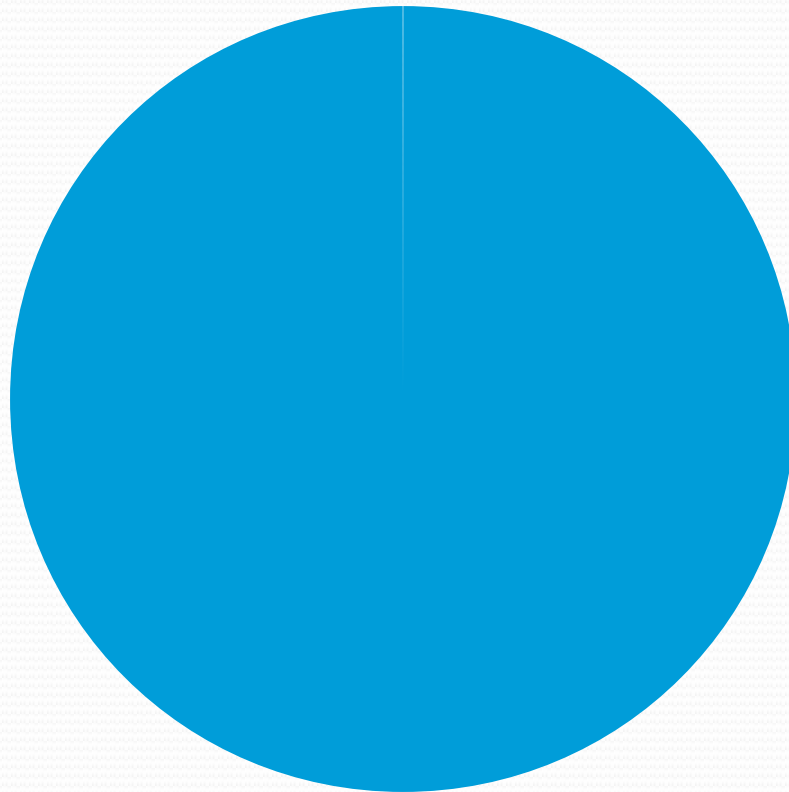
■ Yes

■ No

■ Not applicable

Yes	33
No	1
Not applicable	1
Total Responses	35

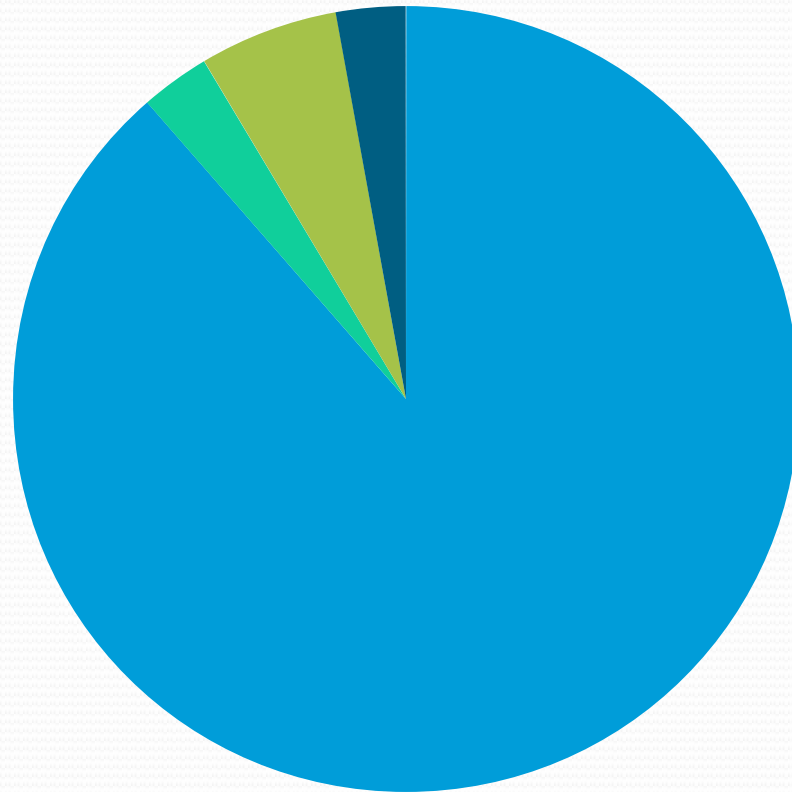
14. If No, was this because.....?



■ A family member read it on my behalf

I really didn't want to know any more about my procedure	0
It wasn't easy to understand	0
I forgot/mislaid the information	0
A family member read it on my behalf	1
Other	0
Total Responses	1

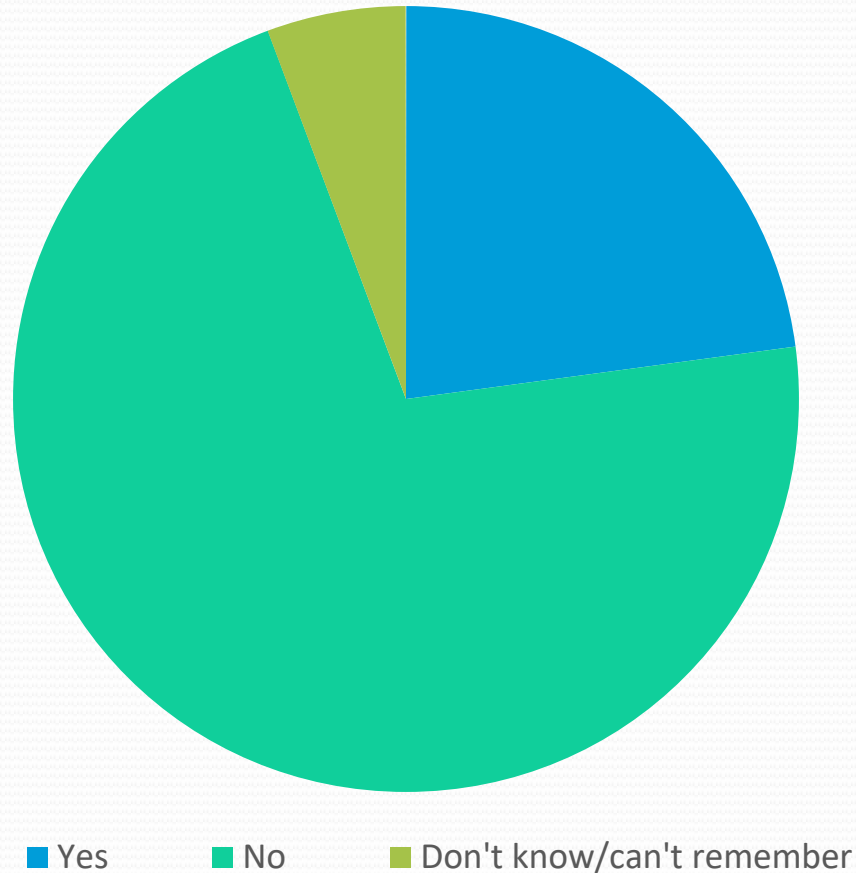
15. Did you think the written information was....?



■ Just right ■ Not enough ■ Too much ■ Not applicable

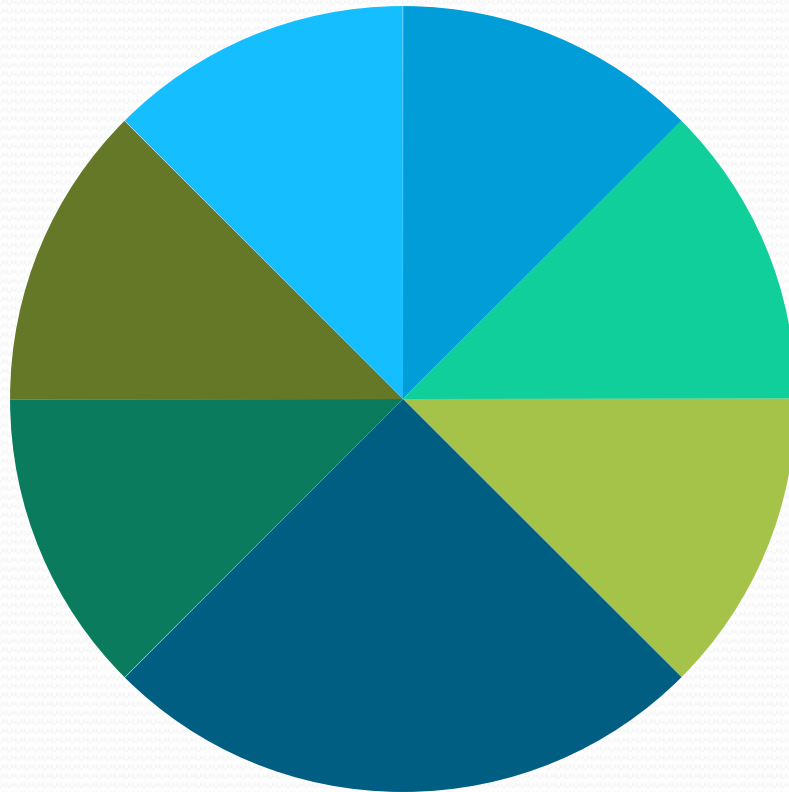
Just right	31
Not enough	1
Too much	2
Not applicable	1
Total Responses	35

16. Did you need any further investigations before your procedure?



Yes	8
No	25
Don't know/can't remember	2
Total Responses	35

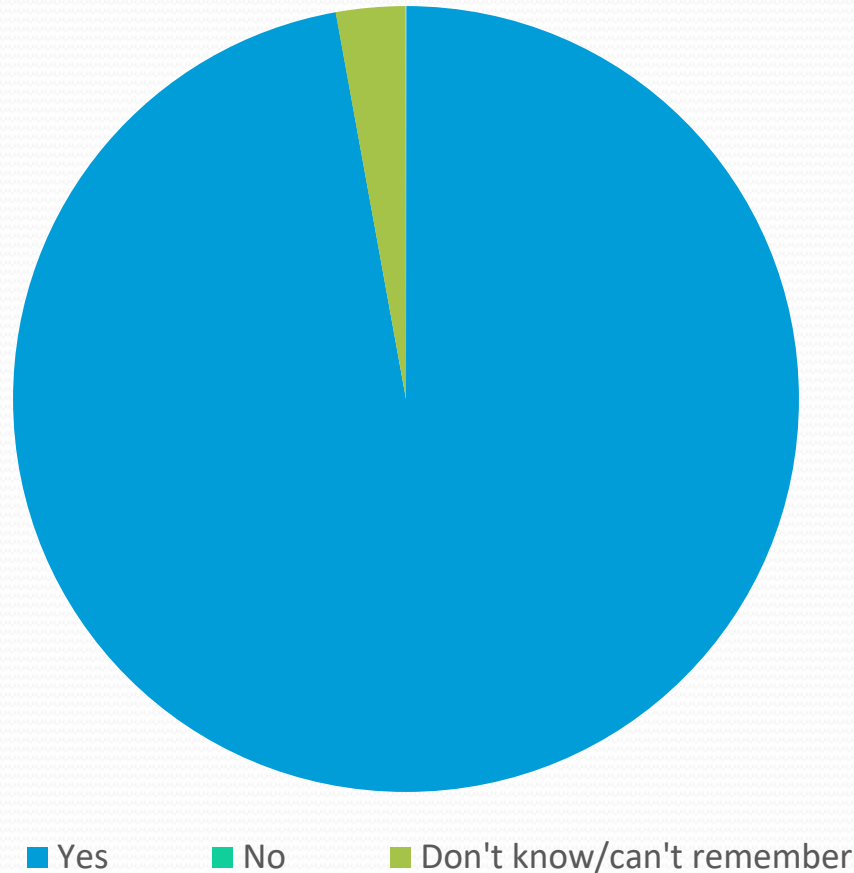
17. If Yes, please explain:



Blood test and Echo	1
Blood tests	1
CT Scan	1
ECG	2
Echo and spirometry	1
Further tests	1
Not answered	1
Total Responses	7

■ Blood test and Echo ■ Blood tests ■ CT Scan ■ ECG ■ Echo and spirometry ■ Further tests ■ Not answered

18. Did you feel that your pre-operative assessment was beneficial?



Yes	34
No	0
Don't know/can't remember	1
Total Responses	35

19. How could your experience of the pre-operative assessment clinic be improved?

All was just right

Can't think of any improvement at moment

Could of explained better about after surgery care and recovery

I can think of nothing

It was adequate

It was very good

[Q15] A couple of the [leaflets] do slightly contradict each other!

N/A was fine

No it was fine

Nothing

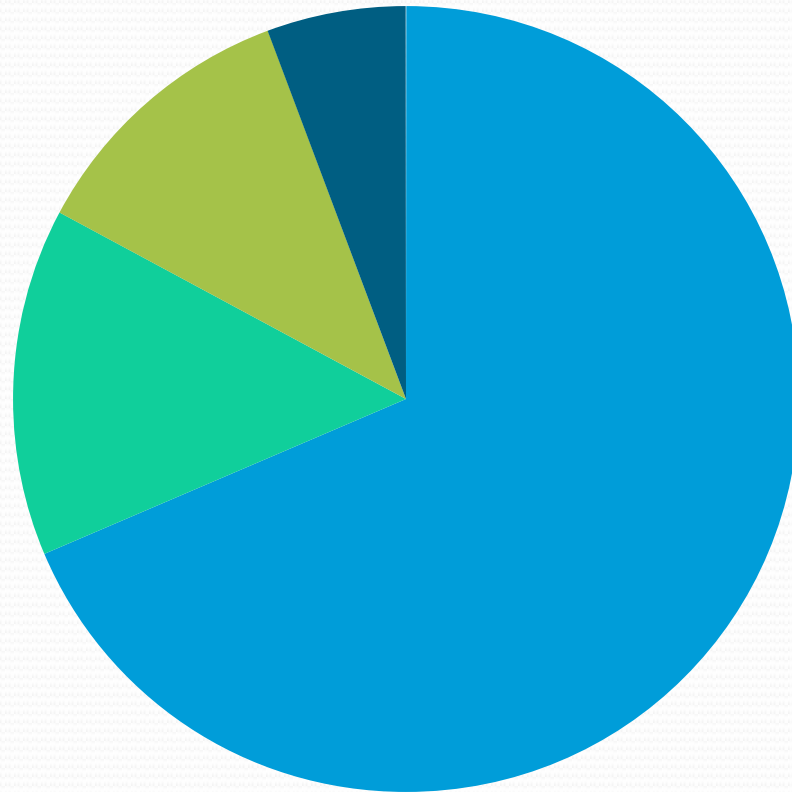
Nurse was excellent

Pre-op mostly beneficial to practitioners. Post-op - beyond the fog of anaesthetic, would've been more beneficial to me. You don't know what you don't know, it wasn't brought up and I was too ignorant in asking. Pre-op assessment on Isle in [island named] and post op follow up prior to return to work, also on Isle.

This was a positive experience and prepared/reassured me for my operation.

Very thorough

20. Overall, how would you rate the co-ordination of care from pre-op assessment through to post-op management?



■ Excellent ■ Good ■ Fair ■ Not answered

Excellent	24
Good	5
Fair	4
Poor	0
Very Poor	0
Not answered	2
Total Responses	33

21. Further comments

[Q12] There was as much on COVID as on procedure itself, wasn't fully clear as to complications and after care.

[Q19] No probs pre-op, largely clear and understood. Felt post-op with bleed unclear and I was still a bit out of it for more than a week. Apparently I woke up during procedure but do not have detail - would like to have detail. I have a vague memory of this, main concern was whether this was part of effect on me post-op - palpitations, woozy feeling, extremely tired for 8 days solid. Discharge between wards confused me as to what I needed to look for/do for aftercare, only cleared up through surgeon next day. (Also add how awkward it seems to get a line for work, having to go via GP is extra hassle). Otherwise would like to say everyone very pleasant and obviously care, I appreciate all your efforts.

'Pre-op' care and information was excellent, as was 'post op' care in hospital. It would have been beneficial to have had a contact after I was discharged. I struggled in the first month after the operation - not knowing what to expect or how to cope.

A huge thank you to all staff for your kindness and care.

Clearer advice on when to drive would help - able to do an emergency stop is not helpful - one does not know when this will be unless one drives.

Excellent care received - thank you! [nurse named]

I thought the POA was very reassuring process in preparation for my operation.

On the day of the procedure I was meant to get a GA. Didn't require a GA - should have had sedation before local anaesthetic. IT WAS HORRIBLE!

Pre-op was excellent but post op I have had no contact. My pre-op nurse went above and beyond though.

Speed of everything has been fantastic. And all staff have been incredibly understanding, patient and not pushy with my phobia.

21. Further comments (cont.)

Thank you for all your help - all of you at the GB. So far my op has been a great success, thanks to Dr [**] and [their] team. Thank you all very much x

The 'Admission to Ronas Green Ward' letter and the 'Preoperative Fasting Instructions' said different things about whether you could have milk or not. This wasn't a problem for me - I just went with the one that said you could have a little milk, but people might find it confusing!

The patient care was second to none. Thank you to all involved!

This is the second pre-op I have had with [name provided], she is a fantastic nurse and was glad to see it was her for my latest pre-op. Any fears/worries she helped put my mind at ease, wish my time on ward had been more like my pre-op!

Very satisfied

Was great nurse at hospital was absolutely amazing and made me feel so safe and welcome knowing I was terrified of the surgery. Wish it was explained to me better about after care and given the proper pain medication so I didn't end up in agony and having to keep going to A&E and Lerwick health centre for pain relief as I couldn't eat and ended up with an infection when it would have been avoided if I was given correct pain relief to begin with.

Interpretation of results & conclusions

- Generally positive feedback about preoperative assessment, **information** given seems appropriate.
- **Fasting information is contradictory** – Discussions had with medical records, change of their documents is required to be in line with evidence based guidance given from POA. **Awaiting action from Medical records.** POA fasting advice is evidence based and in line with Grampian.
- Some dissatisfaction in **post operative advice & pain relief**. POA to ensure patients have procedure information and that they have read and understood the information. This will improve post operative knowledge. Raise this with DSU

Interpretation of results & Conclusions

- **Driving regulations** from DVLA and Royal College of Anaesthetists reviewed and discussed with POA colleagues. ‘Once you can do an emergency stop’ is not satisfactory. The DVLA advise “Licence holders wishing to drive after surgery should establish with their own doctors when it would be safe to do so. Any decision regarding returning to driving must take into account several issues, including: recovery from effects of procedure, anaesthetic recovery from the effects of the procedure, any distracting effect of pain, analgesia-related impairments (sedation or cognitive impairment), other restrictions caused by the surgery, the underlying condition or any comorbidities, Drivers have the legal responsibility to remain in control of a vehicle at all times, Drivers must ensure they remain covered by insurance to drive after surgery.”

<https://www.gov.uk/guidance/miscellaneous-conditions-assessing-fitness-to-drive#driving-after-surgery>

Conclusions

- POA is performing well
 - Undertake Audit every year
 - Liaise with wider surgical team to facilitate change.
-
- Thank you