

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	19 September 2023
Agenda reference:	Board Paper 2023/23/27
Title:	Quality Report
Responsible Executive/Non-Executive:	Prof Kathleen Carolan, Director of Nursing & Acute Services
Report Author:	Prof Kathleen Carolan, Director of Nursing & Acute Services

1 Purpose

This is presented to the Board/Committee for:

- Awareness/Discussion

This report relates to:

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

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

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

2 Report summary

2.1 Situation

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

2.2 Background

The report includes:

- A summary of the work undertaken to date in response to the 'quality ambitions' described in the Strategy;
- Our performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures)
- When available, feedback gathered from patients and carers – along with improvement plans

2.3 Assessment

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

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

EQIA is not required.

2.3.6 Other impacts

2.3.7 Communication, involvement, engagement and consultation

The Quality Scorecard was reviewed by the Clinical Governance Committee on 12/09/2023

2.3.8 Route to the Meeting

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

2.4 Recommendation

Awareness – for Board members

3 List of appendices

The following appendices are included with this report:

Appendix No1 Quality Report September 2023

Appendix No 2 Quality Scorecard September 2023

Appendix No 3 Complaints and Feedback Q1 2023-24

Appendix No 4 Case Studies from Speech & Language Therapy

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 April 2023 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media to make sure that people in our wider community and patients know how to access our services and key messaging e.g. keeping safe during Tall Ships, vaccination programme etc This has included films, radio interviews, podcasts, articles in local news media.
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a business case for the re-provision of the Gilbert Bain Hospital. As part of the work we are now undertaking a wider programme initial agreement (PIA) planning process to look at the relationship between our proposed clinical and care models, the equipment we need to deliver them and the places in which care will take place over a 20-30 year timeframe. A key component of that work is community engagement, building on the listening exercises undertaken in February 2023 further community conversations are planned in September 2023.

Edna Watson, Chief Nurse Corporate and Elizabeth Brooks, Engagement Advisor at Tesco asking people what matters to them as part of the PIA engagement programme



- We continue to support teams to gather patient stories and patient experience data. The feedback is discussed within the multi-disciplinary teams to identify learning and improvement opportunities. An example of this work is shown in Appendix 4, where the Speech and Language Team (SALT) has brought together different examples of patient feedback and how they have used that feedback as a team to put in place service improvement/redesign.

- Over the summer months, various teams attended the agricultural shows to raise awareness of support and services available across Shetland
- The OPEN project has been working with peer researchers (e.g. young people) to explore their attitudes to alcohol and drug culture. This is to help us better understand the results of the health and wellbeing census aimed at children in P2 to P4 that was undertaken in 2023. The results will be published in September 2023
- A Joint Strategic Needs Assessment (JSNA) is being brought together to support the publication of the refreshed Shetland Children's Integrated Plan 2023-2026. The JSNA includes a wide range of data including feedback from young people and families via the health and wellbeing census and the NHS Shetland Health Population survey as well as quantitative measures e.g. maternal smoking rates. These data are being used to map to our current priorities which are family support, alcohol and other drugs, and mental health.
- We continue to learn from concerns raised and compliments from patients. The annual report feedback and complaints report 2022-23 will be received by the September 2023 Board. It details the thematic learning from concerns raised and where improvement work has taken place as a result of concerns being raised. The most recent quarterly report (Q1 2023-24) is shown in Appendix 3.
- Marie Hurson, Lead Cardiac Nurse Specialist is supporting a pilot to introduce the What Matters to Me, meaningful conversations approach with people who have heart failure. This work is part of a national pilot to look at the feasibility of using the WMTM approach more widely. Follow the link to see the content of the WMTM toolkit.
[What+Matters+Meaningful+Conversation+Plan+\(SINGLE+PAGES\).pdf \(squarespace.com\)](#)

Lois Gaffney, Staff Nurse receiving the Student of the Year award 2022, at the RCN Scotland awards ceremony in June 2023

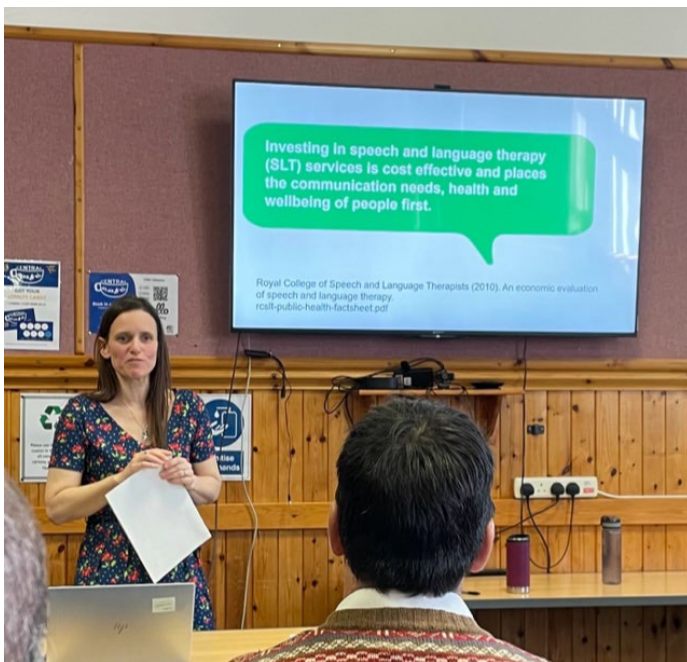


DELIVERING QUALITY CARE AND SUPPORTING STAFF REMOBILISING BEYOND THE PANDEMIC

Staff wellbeing and recognition

Our staff are continuously looking for improvement opportunities and this report describes just a small selection of them. We are encouraging teams to share examples of good practice and the SALT improvement and redesign awareness event in September 2023 was a great example where the team showcased the wide range of improvements they have put in place across pathways accessed by children and adults. These examples really highlighted the importance of investment in prevention and services to support early years. More detail can be found in Appendix 4.

Shona Hughson, Head of SALT providing an overview of the role of the SALT team



Recognising the work that Lois Gaffney, Staff Nurse, Medical Unit has undertaken to support student nurses, Lois won the first ever Student Nurse of the Year 2022 at the RCN Scotland awards in June 2023.

Over the summer, various staff attended events in Edinburgh to celebrate 75 years of the NHS and represent NHS Shetland.

The Practice Education Team has been shortlisted for the Nursing Times Workforce awards in November 2023 for the work they have undertaken to increase the number of learning placements available in Shetland. Student feedback via QMPLE remains very positive at 100% in the last reporting period.

There have been 13 staff nominated for the Scottish Health awards, with the event due to take place in November 2023.

A further cycle of matters conversations have also taken place in the last six months with action plans being developed in August 2023. The results showed a significant increase in engagement with both the matters survey and the action planning activity for teams.

PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

Since April 2023, we have continued to experience sustained system pressures. A combination of increased activity for some services, vacancies, staff sickness, planning for industrial action and managing large scale digital projects. One of our key responses has been to undertake bed modelling to ensure that we can maintain safe staffing levels and focus on providing care in the right place. There has been successful work to look at alternatives to emergency Hospital admission including 'calling before convey' with the Scottish Ambulance Service (SAS) and the establishment of a group to review anticipatory care planning.

We expect the current pressures to continue into the winter months and we have undertaken further bed modelling to look at how best to manage both our urgent and planned care requirements. We are now also in the process of formalising our winter planning arrangements with the intention of undertaking table top exercises before Christmas to test our service continuity plans (particularly in light of how challenging last winter was with adverse weather into April). The winter plan will be received by the Board in December 2023.

Whilst staff vacancies remain a challenge, we have seen success with the recruitment of additional advanced nurse practitioners into the community nursing team and international graduates taking posts in the Hospital setting. In addition to this, new medical staff have joined the hospital based teams who are providing input via rotational models or a flexible work arrangement. This represents some success in attracting new practitioners to work in Shetland alongside equally important work to support 'grown our own' approaches. Podiatry, SALT, Pharmacy, Healthcare Sciences (e.g. Laboratory and Physiology) to name a few, all have support in place for undergraduate and postgraduate learners to help sustain local services and contribute to ensuring the vibrancy of professions in remote and rural communities.

Over the last six months, we have seen the implementation of a number of new IT systems. In May 2023, HEPMA was rolled out across the Hospital to enable electronic prescribing and is the culmination of several years' work to achieve this. The rollout has been supported by a multi-professional local team with regional support. In August, the Laboratory Information Management System (LIMS) was replaced and we were the first Board in the rollout to move to the new system. Both of these projects were complex and required significant commitment from individual staff and teams to successfully deliver – the benefits will include better processes which are safer for patients e.g. reducing waste, duplication and harm.

The project to procure a MRI scanner is also moving forward to plan, with ground works currently being undertaken with the scanner due to be on site from April 2024. In the interim, our Radiographers continue to support a visiting service is hosted between Orkney and Shetland. The Medical Imaging team are also leading joint innovation projects with NHS Grampian to test AI diagnostic screening tools to improve access for patients.

Also during summer 2023, we have a whole system digital project ongoing to implement Allocate which is a roster management system. There will be a number of benefits to staff longer term by moving away from manual, paper driven processes to more efficient electronic recording e.g. requests for leave, payroll data entry and monitoring safe staffing levels. As this is an organisation wide roll out, we have needed to consider a more agile approach to business as usual because of the additional training and time that staff need to learn how to use this new system. Until the end of the year, we will take an agile approach to governance and risk assess other BAU requirements to ensure we have enough capacity to safely roll out Allocate and deliver operational services.

Patient safety leadership walk arounds and other leadership 'walk abouts' have continued at the request of staff. This is given the important opportunities they bring to highlight good practice and also where needed ask for support to unblock problems that teams themselves cannot resolve alone. The clinical governance committee/groups have been sighted on the learning from the leadership walk arounds as well as learning reviews and the findings from debriefs.

Following the successful recruitment of a MCN Co-Ordinator, three new MCNs are being established with a focus on frailty, cardiovascular disease and respiratory pathways. The MCN development remains in the early stages, but is making strong links with the realistic and values based medicine workstreams. Our focus for the rest of 2023-24 will be on further development of the MCNs and considering the sustainability of the model to support them as the funding we have in place is fixed term.

The Shetland Children's Partnership is reviewing priorities for partnership working across children's services and will bring a refreshed joint children's plan to the Children & Families Committee in November 2023 and the NHS Board in December 2023. This will include a significant focus on how we can work together to reduce the impact of poverty on families in Shetland. Due to system pressures the refresh of the plan has been delayed. The annual report for 2022-23 will be received by Board in September 2023.

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

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

Quality Report - Board

Generated on: 14 April 2023








Health Improvement


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

Patient Experience Outcome Measures

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

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






Patient Safety Programme - Maternity & Children Workstream

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


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

Service & Quality Improvement Programmes - Measurement & Performance

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

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

Treatment

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

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

Falls in Secondary Care

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

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

Pressure Ulcers in Secondary Care

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

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?
Jan - March 2023	4	Unavoidable	Yes	No	A small focused falls improvement group has been created on ward 3. Initial improvements will focus on providing 1:1 nursing care rather than relying on sensor pads. New sensor pads to be purchased for overnight use when staffing levels are lower.

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

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

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

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

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

NHS Shetland Feedback Monitoring Report 2023_24 Quarter 1

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government. This report outlines NHS Shetland's performance against these indicators for the period April to June 2023 (Quarter 1).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2023 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 in a subsequent iteration of the report). All Stage 2 complaint learning from 2022/23 is included in the Feedback and Complaints Annual Report that will be presented to the Clinical Governance Committee and Board in September 2023.

A summary of cases taken to the Scottish Public Services Ombudsman from April 2020 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 35 pieces of feedback in Quarter 1 of 2023/24 (1 April 2023 – 30 June 2023). For clarity these figures include all salaried GP practices (8 of 10 in Shetland):

Feedback Type	01.04.23 – 30.06.23		01.01.23 – 31.03.23 (previous quarter)	
	Number	%	Number	%
Compliments	2	5.7	1	2.4
Concerns	17	48.6	21	50
Complaints	16	45.7	20	47.6
Totals:	35		42	

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

Service	01.04.23 – 30.06.23		01.01.23 – 31.03.23 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	5	31.25	7	35
Directorate of Community Health and Social Care	9	56.25	9	45
Acute and community	-	-	1	5
Corporate	2	12.5	2	10
Other	-		1	5
Withdrawn	-		-	
Totals:	16		20	

Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints is on target. Responding to Stage 2 complaints within 20 working days remains challenging. This is not unique to NHS Shetland. Stage 2 complaints are often complex and some require input from other Boards and partner organisations which can further elongate the response time.
- We have seen an increase in concerns and complaints about access to dental treatment, including orthodontic care.
- Compliance with complaint returns from Family Health Service providers remains minimal and for those areas that do submit the numbers of complaints recorded are low. This will continue to be picked up through professional leads.
- We are not aware of any new cases submitted to SPSO, nor any new litigation cases in the time period.

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	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	75% (12 of 16)	36.8% (7 of 19)
Number of complaints closed at Stage Two as % of all complaints*	25% (4 of 16)	63.2% (12 of 19)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 16)	0% (0 of 19)

* One complaint remains open and is progressing under Duty of Candour

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	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	50% (6 of 12)	42.86% (3 of 7)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	50% (2 of 4)	16.67% (2 of 12)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 0)

Partially Upheld

Description	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	33.33 (4 of 12)	28.57% (2 of 7)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	50% (2 of 4)	50% (6 of 12)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 0)

Not Upheld

Description	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	16.67 (2 of 12)	28.57% (2 of 7)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 4)	33.33% (4 of 12)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 0)

3 The average time in working days for a full response to complaints at each stage			
Description	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	4.91	4	5 wkg days
Average time in working days to respond to complaints at Stage Two	28.75	35	20 wkg days
Average time in working days to respond to complaints after escalation	-	-	20 wkg days

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	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	66.67% (8 of 12)	71.4% (5 of 7)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	50% (2 of 4)	25% (3 of 12)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	-	-	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	01.04.23 – 30.06.23	01.01.23 – 31.03.23 (previous quarter)
% of complaints at Stage One where extension was authorised	33.33%	28.6%
% of complaints at Stage Two where extension was authorised	50%	75%
% of escalated complaints where extension was authorised	-	-

Staff Awareness and Training

The Feedback and Complaints Officer is available to speak to 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 and there is a renewed organisational push on mandatory training (for which there is a Feedback and Complaints eLearning module). A more detailed management bundle on feedback and complaints has been developed for delivery by the Feedback and Complaints Officer. Staff are 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 2023 to 30 June 2023

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Concerns about care provided	Maternity	Y		Part upheld	<ul style="list-style-type: none"> Full review previously conducted that did not identify negligent practice, however learning was identified which was disseminated within the team.
2	Holistic care concerns	Dental	N	Complex and requiring input from a number of clinicians	Part upheld	<ul style="list-style-type: none"> Treatment sought not felt to be clinically indicated, however outcomes had not been patient centred and there had been a breakdown in communication and shared decision making. MDT meeting recommended to discuss treatment options moving forwards.
3	Lack of access to appropriate disabled changing facilities	Acute/Estates	Y		Upheld	<ul style="list-style-type: none"> Apology given and an acknowledgement of the confines of the older estate. Steps taken to improve the current facilities with short and longer term solutions planned.
4	Lack of treatment at A&E	Nursing	N	Complexity and availability of staff	Upheld	<ul style="list-style-type: none"> No record of attendance, nor recollection so unable to verify exactly what happened. Measures put in place to ensure policies are upheld, and staff will be reminded of the importance of entering data for each patient visit to A&E.

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to August 2023

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 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
Notified 2022/23								
30.11.22	2021_22_24	202111117	Potential long Covid treatment	30.11.22	Will not take forward	None		Closed
Notified 2023/24								
05.04.23	2021_22_08	202200363	Provision of physiotherapy	05.04.23	Will not take forward	None – advised timed out		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

Feedback which reflects challenges

6. How would you rate the communication with the Speech and Language Therapy department?

3.6



"The service was brilliant but it took 15 months to be seen from referral which was such a shame. Perhaps more staff would speed this process up."

"It's a shame. There really isn't enough help from speech and language."

"Not enough support"

"Frustration. They really aren't involved enough at all."

"We received speech activities to complete at home but instructions on how to use them were not clear enough."

"More communication. More 1:1 appointments instead of school getting feedback and not being able to speak with them. More help accessing technology. For them to come to GIRFEC meetings too."

"Nursery did not inform me when my child had been seen. More frequent appointments, always have another appointment booked in for the future catch up. I don't know if we will be seen again."

"Service been not existent in past few years"

46% of respondents rated waiting time as 'long' or 'extremely long'

Feedback which reflects strengths

69% of respondents described increased knowledge or a positive outcome following SLT

"Our experience of the service once face to face has been professional and calming for my child at a very stressful time. Thankyou to the department."

"A great team that helped loads to pass on information & tasks to help."

"It was obvious that they work really well together as a team which is so reassuring for parents. It is obvious that they all care about their clients and about doing the best for each individual and their family."

"It gave my child the answers they needed."

The appointments seem to work well with speech and language visiting the schools, this doesn't make it seem such a big thing for my son.

"The Autism assessment process with the SLT team was a very positive experience for our family. The staff were exceptionally caring, supportive and thoughtful in the way the assessment was set up. The style of assessment was inclusive and we all felt they listened carefully and their understanding of Autism was very specialised, up to date with the latest research and child centred. We all felt really lucky to have such a great team here locally and grateful for such a positive experience."

"It has helped our daughter say words with the letters she struggled with. A great team that helped loads to pass on information & tasks to help."

Case Study 1

2yr old referred for eating and drinking assessment, very limited diet

Assessment for eating and drinking. Sensory based feeding difficulty. Advice given and arranged joint visit with OT for further sensory assessment

Further Assessment Session also arranged for communication. Further advice given and referral to Pre School Home Visiting Service.

Termly reviews at home. Supported family with acceptance of differences. Now attending More than words parent course (8 group training sessions and 3 individual visits).

Input into ELC setting – providing advice and resources for support in nursery.

Collaboration with PSHVS

Outcome: Making good progress with communication skills, family feel supported and empowered to support their child, significant decrease in family anxiety around eating, on the waiting list for autism pathway diagnosis but already receiving the appropriate support they need



Family Feedback:

"Without the early involvement through speech and language and PSHVS we wouldn't be where we are today. As a family we will always feel indebted to the services as I feel this has actually changed our lives. Early involvement has been absolutely key to us. The positive impact this has had on my child with their communication and socialising skills is evident every day, as we continue to use the tools and tips provided to us my child continues to develop"

Case Study 2

Referral for a 4 year old not speaking in nursery, no concerns with language skills at home.

Training session delivered to nursery staff after hours, reviewed after 2 weeks.

Child had started speaking during 1-2-1 interactions and in front of other children, another child in nursery made them a present as she was so excited to hear his voice. Parents happy with progress, also met with them to discuss strategies for him to be able to speak in front of extended family



Partnership working:

I find all contact with the SLT service extremely helpful. All team members are so knowledgeable and approachable. Collaborative work in relation to casework is always particularly helpful.

It's clear how hard the service is working to make changes to increase impact. For example, the work they have done on the prioritisation tool for the ASD pathway; the plans they have to set up groups for parents following the training they have undertaken in the Hanen programme approaches; and the early years language project; and the work done developing their Facebook page and web-based resources, are all really positive developments.

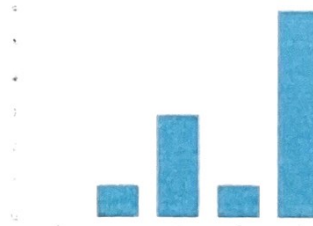
Thank you for all your support.

I'd like more direction, sometimes sheets are emailed to teacher and passed on to us to implement. Not sure if we are doing it correctly.

SLT has been great at providing advice and seeing pupils even though she seems to have a large caseload. In an ideal world she would be able to spend more time with individual pupils and be able to carry out more visits to school. I appreciate that she gets back to me and gives advice via email too.

How would you rate the **quality** of Speech and Language Therapy in your setting?

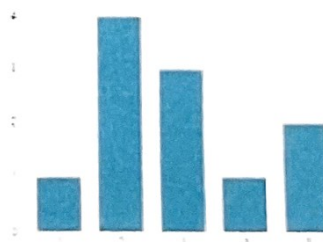
1 star = poor quality 5 stars = high quality



Average Rating 4.09

How would you rate the **quantity** of Speech and Language Therapy in your setting?

1 star = poor quality 5 stars = high quality



Average Rating 2.91