NHS Shetland

Meeting:	**Board**
Meeting date:	**20 September 2022**
Agenda reference:	**Board Paper 2022/23/32**
Title:	**Quality Report**
Responsible Executive/Non-Executive:	**Kathleen Carolan, Director of Nursing & Acute Services**
Report Author:	**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, remobilisation and embedding new ways of working as described in the clinical and care strategy. It includes data measures, set out in a quality score card format with a more detailed analysis where there have been exceptions or deviation from the agreed national standards. When available, a written report summarising patient feedback and actions arising from those comments will be included. A patient story will also be included in the context of the quality report, when speakers are available to share their experiences. Feedback monitoring quarterly updates are also a standard component of the quality report content.

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

EQIA is not required.

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

The Quality Scorecard was reviewed by the Clinical Governance Committee on 05/09/22.

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 October 2022
Appendix No 2 Quality Scorecard
Appendix No 3 KPIs Report
Appendix No 4 Emotional Touch Points Report

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 June 2022 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 and requirements as we move beyond the pandemic. 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 a business case for the re-provision of the Gilbert Bain Hospital. As part of the work to develop the initial agreement (IA) we intend to undertake specific engagement exercise to gather views from patients and the wider public and the specification for this is currently under development, with details for the public on how to get involved on our Facebook page. An engagement and communication plan was approved by the IA Programme Board in August 2022 and a number of engagement events are planned during the winter/spring of 2022-23.

- Following the review of the Shetland Children's Partnership (SCP) 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. In order to support this work, we have moved to a new programme format which includes and seeks young people views on improvement work and their contribution via Shetland Youth Voice (SYV) and third sector supported groups. The Project Officers supporting youth empowerment and participation will be joining the SCP to ensure that there are appropriate links between the priorities of young people, represented via the SYV network and the priorities reflected in the joint planning and commissioning of children's services.

- 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 4 sets out the themes from five conversations with patients and relatives, which were facilitated by the Spiritual Care Lead, Neil Brice using the Emotional Touchpoints approach. The learning from these conversations will form part of the person centred improvement plan for Ward 3.

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 TRiM and Spaces for Listening). 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 2.

Early work is in place to review services using a trauma informed lens, which will benefit both staff and people who are accessing our services. Executive Leads to support trauma informed service delivery have been identified to support the Shetland Children's Partnership, the IJB and NHS Shetland. The three leads for trauma informed care are meeting to look at how best to lead this agenda across health and care services in Shetland. Workshops are planned in November 2022 to consider the priorities for Shetland public sector services. Considerable work has already been undertaken as part of the emotional wellbeing and resilience programme to roll out trauma informed training, but our focus now is on how we take a strategic approach in the implementation of trauma informed care across our services.

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 imatters feedback and are in the process of taking forward actions that have been agreed in 2022. 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 building their imatters improvement plan how best to support actions that will improve communication and collaboration with staff across the organisation.

POGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

During 2022-23 we have become aware of the longer term 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) throughout 2022, but particularly since June 2022. As well as increased waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. In response to this, we have prepared our fifth iteration of the remobilisation plan (Annual Delivery Plan) which was submitted to Scottish Government (SG) in July 2022, this reflects the extended period of recovery needed and the ongoing impact on elective care, mental health services and urgent care.

2022-23 has been challenging due to pandemic related pressures, particularly the impact on services due to the increased need for staff to self-isolate due to COVID. We have maintained services throughout, but in some cases we have needed to reduce the level of service provision in order to maintain safe services and safe staffing levels. Where possible we have maintained as close to 'business as usual' for services as possible to avoid creating further backlogs and/or compound the pre-existing health inequalities associated with the pandemic.

The preparation we undertook to support winter pressures has helped us to manage through a period of increased pressure over the summer months, where we have seen an increase in emergency activity, inpatient bed occupancy, the number of people medically fit who are delayed in hospital and a reduction in community care and residential care capacity. We have used the escalation plans to manage demands placed on services and they have been well utilised and tested. We are now about to refresh our resilience plans again as we move towards planning for winter. The Winter Plan will be presented to Board in December 2022.

In July and August 2022, we had the opportunity to showcase the work that we are doing to remobilise and redesign services across health and care in Shetland, at visits from the Chief Operating Officer and the Cabinet Secretary for Health and Social Care Directorates for NHS Scotland.

In order to increase our capacity to provide ambulatory care services in Shetland, the current Day Surgical Unit (DSU) has been redesigned to double our day surgery and ambulatory care capacity. The unit opened to patients on 12/09/22. This is part of our clinical and care strategy and plan to maximise the opportunity to provide services locally, with a minimal hospital stay and in many cases complete the episode of care in less than 8 hours.

As part of the work to redesign urgent care pathways, the ED has undergone changes to introduce a triage suite which will enable the team to provide an initial assessment and then where appropriate, redirect patients to other services that are better able to meet their needs e.g. optometrists for acute eye problems etc This work forms part of our wider redirection model of care, linking patients into planned appointments and reducing pressure on urgent care services such as GP walk in clinics and ED.

Work has commenced to develop the Initial Agreement (IA) which is a precursor to a business case to consider the options for the replacement of the Gilbert Bain Hospital. Six workshops will be hosted between now and the end of 2022-23 to develop the optional appraisal.

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. A third phase of assurance visits took place during Spring/Summer 2022. As restrictions have begun to lift, the focus of the care assurance work will shift to being less reactive and focus on longer term improvement goals. The multi-agency assurance group is now considering the future focus of the improvement and support programme for Care Homes.

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 is now in place and developing a work plan to enhance/optimise the effectiveness of the CGC.

Similarly, we have concluded a review of the governance structure for the Shetland Children's Partnership (SCP). We are now moving to the implementation phase and putting in place the new structure and assurance arrangements that are underpinned by it. A key focus is on early intervention and prevention and participation driving the improvement agenda across teams and services. We have also recently considered the need highlight and prioritise resources on reducing poverty and the impact of poverty and inequalities on families, this will be reflected in the refreshed joint children's plan for 2022-23.

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 and the complaints and feedback report is shown as Appendix 3.

Appendix 2 Quality Report - CGC

Generated on: 01 September 2022

Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	*No Data available yet for Quarter 1, 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			68%	65%	*		58%	Exceeding national target of 50% and local target of 58%. National data for 2020-21 shows us at 59.7% - the joint best performing Board in Scotland and well above the national average (45.2%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	4	5	7	11	63	7		63	
PH-HI-03a Number of FAST alcohol screenings	47	88	105	441	637	105		120	

Patient Experience Outcome Measures

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 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%	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%	95%	100%	100%		90%	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 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)	100%	100%	100%	100%	98.2%	100%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	100%	100%	94.74%	100%	80%	94.74%		90%	Whilst this measure meets the target it is the only area reported at less than 100%, however, an improvement of approx. 15% can be seen upon the results for quarter 4, 2021/22
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)	100%	93.75%	100%	97.5%	100%	100%		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%	97.3%	93.75%	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)	100%	90%	100%	97.56%	89.47%	100%		90%	

Patient Safety Programme - Maternity & Children Workstream

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,705	1,736	1,766	1,585	1,675	1,766		300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
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									The SCM is currently reviewing the questionnaire and collation process.
NA-HC-58 % compliance with the newborn screening bundle									Awaiting data from Maternity

Service & Quality Improvement Programmes - Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
CE-IC-01 Cleaning Specification Audit Compliance	Not measured for Months			98%	98.1%	96.3%		90%	
HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	89.7%	88.2%	73.8%	86.8%	84.7%	82.9%		90%	13 were completed late, 4 are still open and 1 was withdrawn.
NA-HC-08 Days between Cardiac Arrests									Data has not been collected locally for a period of time. National project currently being undertaken to standardise data collection for cardiac arrests
NA-HC-09 All Falls rate (per 1000 occupied bed days)	5.95	8.01		8.6	11.95	8.01		7	Overall reduction in falls rate from Q4 2021/22 to Q1 2022/23, however rate is variable on a monthly basis which may be reflective of patient acuity at the time and the number of patients in hospital for fast track reablement
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	2.29	0	0	1.19	0		0.5	Reduction in falls with harm from Q4 2021/22 to Q1 2022/23

	Months			Quarters			Icon	Target	
Code & Description	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x 1000)									See comment in NA-HC-08 above
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	62	93	15	3	32	15		300	Tissue Viability Nurse continues to provide educational sessions across the board on prevention and classification of pressure ulcers which has demonstrated a reduction in PU over the last year. All acquired PUs are investigated with Tissue Viability Nurse and clinical team, lessons learnt are then shared and discussed widely. New risk assessments that have been tested in ward 3 are now being implemented in ward 1. Measure will remain on red until target of 300 days reached
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	0	1.17	1.23	0	0		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms									Reporting to start Q2 2022/23.
NA-HC-66 Pressure ulcer - days between pressure ulcers developed on Ward 1.	93	124	15	3	63	15		300	This measure will remain on Red until the target of 300 days between pressure ulcers developing in hospital has been reached. See comments in NA-HC-53 for current actions in place to investigate and manage pressure ulcer concerns
NA-HC-69 Pressure ulcers - days between pressure ulcers on Ward 3	62	93	123	197	32	123		300	
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100			100	80	100		75	A decision was made at the Surgical Audit meeting to conduct the DVT audit in the months of August, December, February and April to coincide with the new doctors starting at the beginning of these months.
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	95.9%	94.56%	91.53%	95.02%	95.58%	94.03%		95%	
NA-HC-80 % of NEWS 2 observation	70%	57.5%	52.5%	65%	70.83%	60%		75%	Review of current practices by New EiC lead to

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
charts fully compliant (Accuracy)									understand where issues are arising, provision of support and teaching for staff. Consider prioritising participation in SPSP collaborative deteriorating patient work stream in order to access additional QI resources and support to address this key patient safety measure.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	107	138	168	38	77	168		300	Infection Control Team have provided ward based educational sessions to improve hydration and use of CAUTI Bundles to prompt interventions. Whilst consistent month on month progress is being made towards the target of 300 days between CAUTIs developing in hospital, this measure will remain on red until this has been reached
NA-IC-02 Catheter Usage Rate	14.64	13.31	22.14	19.33	15.83	22.14		15	Whilst there had been a reduction in catheter usage rate from Q3 to Q4 2021/22, there is a significant increase to 22.14 in Q1 of 2022/23. Reasons for this need to be explored and measures to address put in place. For discussion at next care assurance meeting.
NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	100%	100%	88.89%	88.89%	100%	88.89%		95%	
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	71.43%	60%	100%	94.44%	93.33%	100%		95%	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly								Patient safety walkrounds will recommence with visits being scheduled to Maternity, Mental Health and Scalloway Health Centre before the end of 2022. An ongoing programme of visits for 2022/23/24 will be developed.
NA-IC-22 Hand Hygiene Audit Compliance	Measured quarterly			98.3%	97.7%	99.1%		95%	See HAIRT Report to Board
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured quarterly								Note: Surgical Site Infection Surveillance remains suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured quarterly								Note: Surgical Site Infection Surveillance remains 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 remains 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 remains suspended due to COVID-19.

Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 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%	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).

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2022	May 2022	June 2022	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23	Q1 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)	Measured quarterly			80.5%	85%	60%		80%	Note: this is a local measure showing the number who take up the offer of post diagnostic support as a percentage of the total number diagnosed with dementia in the previous 12 months - 27 of 45. We do not currently have a PDS worker in post. The post has been vacant since April this year and is currently being redesigned. This measure replaces CH-MH-04 for 2022-23.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			1.1	0.96	*		1.0	Latest available provisional national data. Rate remains consistently well within expected levels. Next data due Nov 22. – not yet available

APPENDIX A – Overview of falls and pressure ulcer incidence between April and June 2022

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			90	
Jan-22	0	1	121	
Feb-22	0	0	149	
Mar-22	0	3	180	
Apr-22	0	0	210	
May-22	0	0	241	
Jun-22	0	0	271	
Jul-22			302	
Aug-22			333	
Sep-22			363	
Oct-22			394	
Nov-22			424	
Dec-22			455	
Total	**0**	**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			121	
Jan-22	0	5	152	
Feb-22	0	4	180	
Mar-22	1	6	9	Skin tear to left forearm
Apr-22	0	4	40	
May-22	2	5	20	Head injury - bruising Abrasions to R arm and leg
Jun-22	0	2	50	
Jul-22			81	
Aug-22			112	
Sep-22			142	
Oct-22			173	
Nov-22			203	
Dec-22			234	
Total	**3**	**26**		

Pressure Ulcers in Secondary Care

WARD 1

Date	Total number of sores aquired while on ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin
B/Fwd			3		
Jan-22	1	3	4	Grade 2 x 4	ARI Community Setting x 2 On Ward
Feb-22	0	2	32	Grade 2 x 2	In the community Ward 3
Mar-22	0	0	63		
Apr-22	0	0	93		
May-22	0	2	124	Grade 2 x 2	In the community x 2
Jun-22	1	0	15	Grade 2	On the Ward
Jul-22			46		
Aug-22			77		
Sep-22			107		
Oct-22			138		
Nov-22			168		
Dec-22			199		
Total	**2**	**7**			

WARD 3

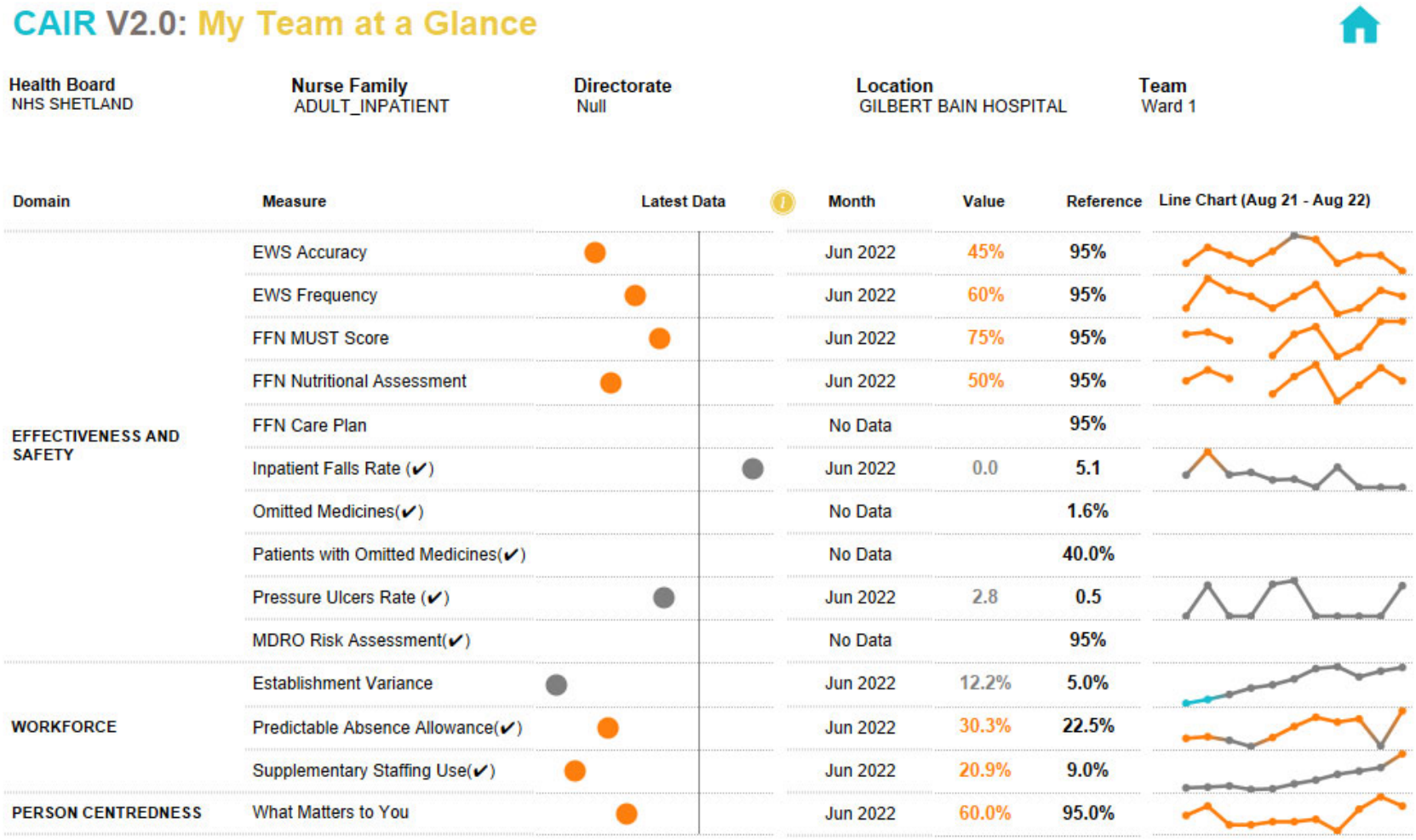
Date	Total number of sores aquired while on ward (NA-HC-67)	Number present on admission (NA-HC-68)	Number of days between a new PU being identified (NA-HC-69)	Grade	Origin
B/Fwd			197		
Jan-22	0	0	228	-	-
Feb-22	3	0	1	Grade 2 x 3	On Ward x 3
Mar-22	0	0	32	-	-
Apr-22	0	2	62	Grade 2 Grade 1	In the community
May-22	0	0	93	-	-
Jun-22	0	1	123	Grade 2	Ward 1, initially acquired in the Community
Jul-22			154		
Aug-22			185		
Sep-22			215		
Oct-22			246		
Nov-22			276		
Dec-22			307		
Total	**3**	**3**			

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?**
April to June 2022	2	1. Unavoidable 2. Unavoidable	1. Yes 2. Yes	1. No 2. No	1.Patient lost balance. Review of notes post incident identified a learning need for staff in the ward in relation to undertaking head injury neuro observations. SCN to discuss at ward meeting and to ensure appropriate training in 2. Review identified appropriate care provided, documentation reflects this, risk assessments in place and followed. Excellence in Care Lead has oversight of these 2 reviews.

PRESSURE ULCERS					
Date	**No. of Patients**	**Avoidable/ Unavoidable**	**Appropriate Care Given?**	**Debrief Conducted?**	**Learning Points?**
April to June 2022	1	Unavoidable	Yes	No	Tissue viability nurse review carried out. Appropriate wound care carried out and documented. Pressure ulcer development due to issue pre-hospital admission.

Screenshots from the Excellence in Care Dashboard



CAIR V2.0: My Team at a Glance

Health Board	Nurse Family	Directorate	Location	Team
NHS SHETLAND	ADULT_INPATIENT	Null	GILBERT BAIN HOSPITAL	Ward 1

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Aug 21 - Aug 22)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Jun 2022	45%	95%	
	EWS Frequency		Jun 2022	60%	95%	
	FFN MUST Score		Jun 2022	75%	95%	
	FFN Nutritional Assessment		Jun 2022	50%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✔)		Jun 2022	0.0	5.1	
	Omitted Medicines(✔)		No Data		1.6%	
	Patients with Omitted Medicines(✔)		No Data		40.0%	
	Pressure Ulcers Rate (✔)		Jun 2022	2.8	0.5	
	MDRO Risk Assessment(✔)		No Data		95%	
WORKFORCE	Establishment Variance		Jun 2022	12.2%	5.0%	
	Predictable Absence Allowance(✔)		Jun 2022	30.3%	22.5%	
	Supplementary Staffing Use(✔)		Jun 2022	20.9%	9.0%	
PERSON CENTREDNESS	What Matters to You		Jun 2022	60.0%	95.0%	

CAIR V2.0: My Team at a Glance

Health Board	Nurse Family	Directorate	Location	Team
NHS SHETLAND	ADULT_INPATIENT	Null	GILBERT BAIN HOSPITAL	Ward 3

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Aug 21 - Aug 22)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Jun 2022	75%	95%	
	EWS Frequency		Jun 2022	70%	95%	
	FFN MUST Score		Jun 2022	60%	95%	
	FFN Nutritional Assessment		Jun 2022	60%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✔)		Jun 2022	4.5	5.1	
	Omitted Medicines(✔)		No Data		1.6%	
	Patients with Omitted Medicines(✔)		No Data		40.0%	
	Pressure Ulcers Rate (✔)		Jun 2022	0.0	0.5	
	MDRO Risk Assessment(✔)		No Data		95%	
WORKFORCE	Establishment Variance		Jun 2022	2.2%	5.0%	
	Predictable Absence Allowance(✔)		Jun 2022	31.8%	22.5%	
	Supplementary Staffing Use(✔)		Jun 2022	23.7%	9.0%	
PERSON CENTREDNESS	What Matters to You		Jun 2022	70.0%	95.0%	

CAIR V2.0: My Team at a Glance

Health Board	Nurse Family	Directorate	Location	Team
NHS SHETLAND	DISTRICT_NURSING	Null	Shetland Islands	Community Nursing

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Aug 21 - Aug 22)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Jun 2022	100%	60%	
	Preferred Place Documented		Jun 2022	100%	60%	
WORKFORCE	Establishment Variance		No Data		5.0%	
	Predictable Absence Allowance(✔)		Jun 2022	18.3%	22.5%	
	Supplementary Staffing Use(✔)		Jun 2022		9.0%	
PERSON CENTREDNESS	What Matters to You		Jun 2022	100.0%	95.0%	

Appendix C – Thematic Learning from Debrief Discussions April – June 2022

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
Apr 22	29	0	Extreme – 0 Major - 0 Moderate - 0	2	Adverse event theme (8593) – violence and aggression to staff by patient • **Staff safety** – Patient contacted regarding adverse event. Alert placed on patient's record regarding patient's behaviour and medical history. Staff member to undertake further training on handling conflict. Adverse event theme (8612) – Medication preparation and administration for patient • **Record keeping** – communication issues and exhaustion between colleagues regarding the correct preparation and administration of a medicine resulting in a recording error. Line management in regular weekly discussion to improve communication and team dynamics
May 22	59	0	Extreme – 0 Major – 1 Moderate – 2	2	Adverse event theme (8625) – violence and aggression • **Staff safety –** patient caused damaged to property. Violence and aggression training discussed with new advisor with training to be facilitated over the next few months. Risk assessments are in place. Adverse event theme (8652) – Out of hours care requirements for patients • **Patient Care** – a number of issues have been identified to improve the care to patients, including improved handovers, access to notes and treatments. There was no impact 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
					Adverse event theme (8686) – Medical gas unavailable for clinic • **Communication** – lack of notice of interruption to supply which affected the clinic. Department has involved the Resilience and Business Continuity Officer
Jun 22	55	0	Extreme – 0 Major – 6 Moderate – 6	2	Adverse Event theme (8720) – Maternity – unexpected admission • **Patient safety** – significant After formal review, a number of improvement actions have been documented and these are due to be completed by end of September 2022. The review highlighted that there were elements of patient care that could have been better, however difficult to say if this would have impacted on outcome
Total	**143**	**0**	**Extreme = 0 Major = 7 Moderate = 8**	**6**	

Appendix 3 NHS Shetland Feedback Monitoring Report 2022_23 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 2022 (Quarter 1).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2022 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 2021/22 is included in the Feedback and Complaints Annual Report that will be presented to the Board in September 2022.

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 41 pieces of feedback in Quarter 1 of 2022_23 (1 April 2022 – 30 June 2022):

	01.04.22 – 30.06.22		01.01.22 – 31.03.22 (previous quarter)	
Feedback Type	**Number**	**%**	**Number**	**%**
Compliments	1	2	4	9
Concerns	25	61	17	37
Complaints	15	37	25	54
Totals:	**41**		**46**	

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

	01.04.22 – 30.06.22		01.01.22 – 31.03.22 (previous quarter)	
Service	**Number**	**%**	**Number**	**%**
Directorate of Acute and Specialist Services	8	53	7	28
Directorate of Community Health and Social Care	7	47	15	60
Acute and community	-	-	-	-
Corporate	-	-	-	-
Other	-	-	2	8
Withdrawn	1	-	1	4
Totals:	**15**		**25**	

Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints remains on target. Responding to Stage 2 complaints within 20 working days remains challenging, and the improvement seen in Quarter 4 of 2021/22 has not continued into the new reporting year. Stage 2 complaints are often complex and some require input from other Boards and partner organisations which can further elongate the response time.
- We are not aware of any complaints escalated to SPSO within Quarter 1.
- 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.
- Feedback received in relation to the complaints service provided for Stage 1 and Stage 2 complaints for 2022/23 will be included in the annual report.

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	01.04.22 – 30.06.22	01.01.22 – 31.03.22 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	60% (9 of 15)	54.2% (13 of 24)
Number of complaints closed at Stage Two as % of all complaints*	40% (6 of 15)	33.3% (8 of 24)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 15)	12.5% (3 of 24)

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	01.04.22 – 30.06.22	01.01.22 – 31.03.22 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	33.3% (3 of 9)	23% (3 of 13)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	33.3% (2 of 6)	25% (2 of 8)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	-	33.3% (1 of 3)

Partially Upheld

Description	01.04.22 – 30.06.22	01.01.22 – 31.03.22 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	44.5% (4 of 9)	54% (7 of 13)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	50% (3 of 6)	62.5% (5 of 8)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	-	0% (0 of 3)

Not Upheld

Description	01.04.22 – 30.06.22	01.01.22 – 31.03.22 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	22.2% (2 of 9)	23% (3 of 13)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	16.7% (1 of 6)	12.5% (1 of 8)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	-	66.7% (2 of 3)

3 The average time in working days for a full response to complaints at each stage			
Description	**01.04.22 – 30.06.22**	**01.01.22 – 31.03.22 (previous quarter)**	**Target**
Average time in working days to respond to complaints at Stage One	4.7	4.6	5 wkg days
Average time in working days to respond to complaints at Stage Two	37	24.6	20 wkg days
Average time in working days to respond to complaints after escalation	-	31	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	**01.04.22 – 30.06.22**	**01.01.22 – 31.03.22 (previous quarter)**	**Target**
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	66.7% (6 of 9)	84.6% (11 of 13)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	16.7% (1 of 6)	37.5% (3 of 8)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	-	33.3% (1 of 3)	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	**01.04.22 – 30.06.22**	**01.01.22 – 31.03.22 (previous quarter)**
% of complaints at Stage One where extension was authorised	33.3%	15.4%
% of complaints at Stage Two where extension was authorised	83.3%	62.5%
% of escalated complaints where extension was authorised	-	66.7%

Learning from complaints

For Quarter 1 there are no noticeable trends in the complaints received. One complaint has led to awareness raising for staff to ensure they know that visiting is possible at all times for next of kin of patients in the high dependency unit. Posters are now on display in Accident and Emergency to try and ensure families and carers are also aware of this.

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. 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 2022 to 30 June 2022

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Complainant's procedure which they had travelled away for was cancelled at very short notice for a reason they had already made staff aware of	Public Health/GJNH	Y		Upheld	• There were missed opportunities to communicate the current guidelines and procedures with the complainant. • Apologies offered for the impact this had on the complainant and their family.
2	Poor care and treatment	Intermediate Care Team and SIC care home	N	Complex investigation with a number of staff participating	Part upheld	• Family had been involved in discharge discussion. • An internal investigation took place regarding information handling with processes changed and lessons learned. • Explanation provided about how medicine consumption had been supported.
3	Poor cleanliness of ward and toilets during an inpatient stay and samples not removed in a timely manner	Ward and facilities staff	N	Marginally over the 20 days due to annual leave	Part upheld	• Apology given that the experience was not optimal. There had been disturbances in the night and general higher noise levels in an open bed bay. • Observed cleaning standards were found to meet national standards and visitors and carers were supported to meet infection control standards. • New signage already in place about visitors not being permitted to use patient facilities. • Further discussion to occur about storing samples waiting for transport to the lab.
4	Family member advised they could not stay with patient in the high dependency unit	Nursing	N	Meeting with complainant before finalising complaint response	Upheld	• Visiting to HDU is open to next of kin at all times. Staff awareness raising to ensure this is communicated to family members and patients and their wishes are accommodated. Information and posters shared with all staff to inform them HDU is open to patient's families. • Apology given for the miscommunication and the impact this had.

5	Unhappy with consultation and not being listened to	Medical	N	Delay in investigation completion	Part upheld	• GP felt they had spent significant time with patient to understand the history and to reach a mutually agreed management plan. • Apology given that distress had been caused.
6	Lack of treatment and care following discharge	Community health and social care	N		Not upheld	• Clear evidence of appropriate discharge planning found.

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to 30 June 2022

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

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

Emotional Touch points survey (July-Aug 2022)

Emotional touchpoints are a powerful way of helping people share their experiences which can challenge assumptions about what matters to them. They allow people to explore the emotions they are feeling around a situation or experience of using a service, and give people a chance to share how situations and experiences of services and professionals made them feel (HealthCare Improvement Scotland, 2020). Emotional touchpoints | HIS Engage

Emotional touchpoints is a method of obtaining qualitative data from service users that requires very little resource. A confident facilitator is required and 10-20 minutes with a willing service user, relative or carer.

The facilitator has a discussion with the department manager to identify service users who it will be helpful to get qualitative feedback from. The output of the Emotional touchpoints are then shared with the departmental manager and cascaded to staff through departmental meetings to reflect on and agree priorities for any improvements that are identified.

The process for an Emotional touchpoints interview involves laying word cards out on a flat surface so that they are visible and easy to reach. Ask the participant to select emotion card(s) that best sum up how the experience felt. Invite them to say why they felt this way. Use active listening skills to encourage them to tell their story. If appropriate, discuss with the participant what could have been different.

The facilitator for these 5 Emotional touch point interviews has been Spiritual Care Lead Neil Brice. Consent is obtained to share anonymised feedback. The typed notes of the interview are shared with the interviewee following the meeting.

Patient A:

Touch Points	**Emotions about those touch points**
Talking to Staff	Trust and Included. Level of communication received was so high.
Getting Better	Supported Respected Ashamed- I felt ashamed because things had not gone according to treatment plan and because I am a “control freak” this had made me feel shame. I recognised it is my own plan that had not worked out not someone elses “plan”! Uncomfortable- I felt uncomfortable with requiring nursing help with the loo, which was a new experience to me. Over time this felt more comfortable and I got use to things.
Coming into hospital	Supported- Serious health problem being encountering and probably life changing or even life threatening at first. I felt so very

	well supported as I faced this part of life by the staff. I recognised that "the cost" of looking after me and the things I needed were of no consequence and did not matter. Ashamed- I came into hospital as an emergency and felt ashamed at needing to be rushed in. Hopeful- I was hopeful that things would work out as time went on.
My goals	Cooperation- I felt full cooperation with my needs and very well supported. Looking forward- To my daily visit with physiotherapists as they knew this was going to be the way of getting better and dealing with my physical (and emotional) needs. Disappointed- things had not gone according to "my plan" and they were having to keep making correction to this.

Relative B:

Touch Points	**Emotions about those touch points**
The Care of your relative	Anxious-because I realised that I could not care for my loved one at home anymore. Scared- over time things were getting harder to cope with things at home. Frequent hospital admissions made me feel more and more scared as they began to realise they were not going to able to "fix it". Included- Clear communication from all in team, honest and not building false hopes. Fortunate- Stark comparison to large hospitals.
Mealtimes	Included- in all aspects Respected- nurses insisted I ate something too! I mattered too, not just the patient and this was very moving. Awkward- did not want to feel a burden to staff looking after my loved one.
Visiting	Scared- felt as though I "could be there" but was scared in case I could NOT be there. Positive Respected- My view mattered and was counted

Patient B:

Touch Points	**Emotions about those touch points**
Working with the Therapist	Disheartened- Too much time required to get better Frustrated- frustrated at not being able to walk. Respected Calm
Having something to do	Frustrated- no privacy on the ward. Lack of places to go for activities; There is no garden, no café there is nothing to do. Supported- By family

Involvement with decisions	Hopeful Dismissed- I was not involved in all decision making Not in control- medications discussion excluded me
Being with other patients	Uncomfortable- surrounded by patients who cannot speak to me feel uncomfortable and much prefer to be alone. fed up- - lack of privacy

Relative B:

Touch Points	**Emotions about those touch points**
Visiting times	Happy that visiting is open, loved one really needs visitors.
Involvement with decisions	Frustration-lack of communication, feel disengaged from decision making and lack of activities. Wish to be invited to more decision making meetings.

Patient C:

Touch Points	**Emotions about those touch points**
Talking to Staff	Safe-receiving treatment and this help me feel safe. Positive- feel positive about some members of staff and my experience with them is positive Scared/Dejected-My mental health is a stigma. Let Down-not listened to.
Being here at night	Dejected-I feel dejected because of my mental health. Cut off-I feel cut off and get no response when I press my bell. Dismissed -I feel dismissed and that they do not care about me
Being Involved	Cheerful- I feel cheerful as I was able to help another patient Intimidated- spoken of as “her” and this makes them feel intimidated. Cut off- I have not been involved in anything. There is nothing I can do so I just go with the flow. I have been sectioned so I don’t matter.
The environment	Alarmed- heater and loos ceiling tile issues and the TV doesn’t work. Reported to team. Disheartened and hopeful -I am hopeful that I will get home, but I feel disheartened because I may miss my daughter’s birthday. Dejected-I feel dejected because the environment is not good for my mental health. Optimistic-I feel optimistic because “I have to feel optimistic”.

What will we do with this feedback?

- Discuss the feedback at ward operational meetings with all nursing team present.
- Discuss the feedback at ward governance meetings which are attended by the wider MDT
    - Agree specific recommendations from the feedback
- Discuss at SCN/Team leader meetings, how do the recommendations align with our current work plan and priorities, agree how the senior nursing team can support proposed changes.
- Areas for Improvements that will be discussed will include;
    - Joint decision making-How is time created for these conversations to happen out with the ward rounds (where tasks are time bound).
    - Creating spaces for patients to have time off the ward
    - Increasing Mental Health knowledge amongst generalist workforce.
    - Agree Mental Health Input for patients who are admitted with acute presentations but have emerging Mental Health needs.
    - Explore reporting mechanisms for maintenance tasks for the estate and responsiveness.
- Submit final report to operational governance group.
- Continue cycle of Emotional Touchpoints interview across the Acute and Specialist Service Directorate.

Amanda McDermott

Chief Nurse (Acute & Specialist Services)

10th August 2022