

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>14 February 2023</b>
<b>Agenda reference:</b>	<b>Board Paper 2022/23/58</b>
<b>Title:</b>	<b>Quality Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

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

- Awareness/Discussion

**This report relates to:**

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

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

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

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

The report includes:

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

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

## **2.3 Assessment**

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

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

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

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

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

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

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

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

EQIA is not required.

### **2.3.6 Other impacts**

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

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

The Quality Scorecard was reviewed by the Operational Clinical Governance Group on 07/02/23

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

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

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 Quality Report February 2023

Appendix No 2 Quality Scorecard February 2023

Appendix No 3 Feedback Monitoring Report Q3 2022-23

Appendix No 4 QMPLE Report Q3 2022-23

## **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 December 2022 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media to make sure that people in our wider community and patients know how to access our services and key messaging about winter pressures and service continuity plans. This has included films, radio interviews, podcasts, articles in local news media and live streaming information sessions on social media, facilitated by the Chief Executive.
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a business case for the re-provision of the Gilbert Bain Hospital. As part of the work to develop the initial agreement (IA) 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. The engagement events commenced in early February 2023 and will run into March 2023.
- We are in the process of reviewing our patient experience and public involvement arrangements and we are undertaking a self-assessment using the new Healthcare Improvement Scotland Community Engagement framework.
- We continue to support teams to gather patient stories and patient experience data. The feedback is discussed within the multi-disciplinary teams to identify learning and improvement opportunities.
- The feedback monitoring report for Q3, 2022-23 is shown as Appendix 3.

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

### **Staff wellbeing and recognition**

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

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 took place in November 2022 to consider the priorities for Shetland public sector services. Further events facilitated by the charity Who Cares Scotland? Will take place in February 2023.

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. Work is being undertaken to review whether the imatters survey can also include additional questions to explore the organisational culture.

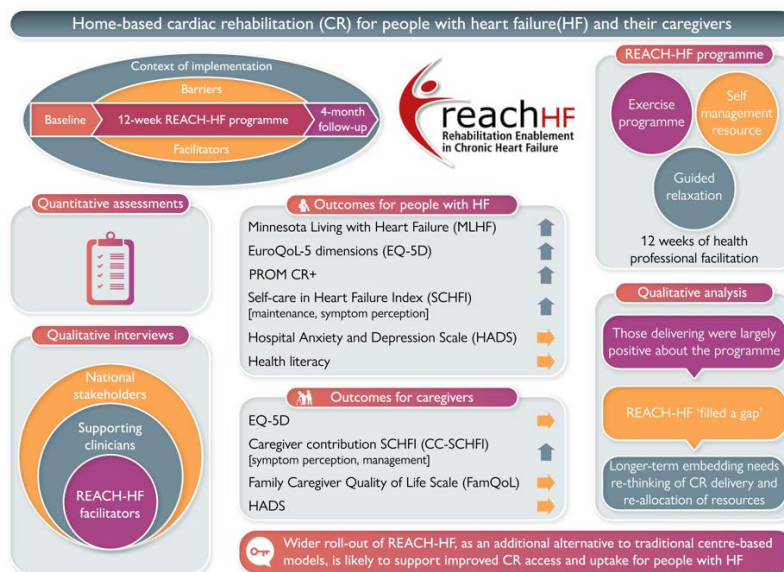
NHS Shetland provides a learning environment for a wide range of professions and undergraduate learners. This includes hosting over 120 student nurses each year from a number of different Universities. Learning experience is really important in terms of knowledge and role development, but also considering that health or social care organisation as a future employer. NHS Shetland receives feedback from students and acts on that through the various educational governance groups that we have in place. Appendix 4 includes feedback from student nurses who experienced a learning placement between October 2022 and January 2023. At a recent annual review, NHS Education Scotland (NES) commended NHS Shetland for the supportive learning environments that we provide and the variety of learning opportunities available in our setting.

Rehabilitation EnAblement in CHronic Heart Failure (REACH-HF) is a comprehensive home-based rehabilitation and self-management programme, facilitated by health professionals for people with heart failure and their caregivers. The SCOT:REACH-HF study assessed the implementation of REACH-HF in routine clinical practice across Scotland. Marie Hurson, Advanced Cardiac Clinical Nurse

Specialist enrolled NHS Shetland as an early adopter and recruited patients and caregivers to be part of the study. The research findings showed that a home based cardiac rehabilitation approach improves patients quality of life, even in remote and rural settings (despite the challenges presented with the Pandemic) highlighting the benefits of a CR hybrid model in providing a more person centred approach in cardiac care. This is a really good example of how proactive and preventative models of care improve quality of life and where our advanced clinical nurse specialists play such a vital role in patient education and developing the evidence base through participation in research. The full article can be found below, along with a graphical abstract of the study.

[Home-based cardiac rehabilitation for people with heart failure and their caregivers: a mixed-methods analysis of the roll out an evidence-based programme in Scotland \(SCOT:REACH-HF study\) | European Journal of Cardiovascular Nursing | Oxford Academic \(oup.com\)](https://doi.org/10.1093/eurcn/zvad004)

### Graphical abstract



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

We are continuing to see 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 2022-23, but particularly since mid-2022. As well as increased waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. We are now starting to make plans for service delivery into 2023-24 following the recent issue of planned care guidance by the Scottish Government. Our focus will be on identifying ways of increasing our efficiency and reducing unwarranted variation including unnecessary patient travel. We have started a project to review theatre efficiency and review pathways for patients requiring appointments in specialist centres.

2022-23 has been challenging due to pandemic related pressures, particularly the impact on services due to the increased need for staff to self-isolate due to COVID increased respiratory illnesses in the community throughout the winter months. We have maintained services throughout, but in some cases we have needed to reduce the level of service provision in order to maintain safe services and safe staffing levels. Where possible we have maintained as close to 'business as usual' for services as possible to avoid creating further backlogs and/or compound the pre-existing health inequalities associated with the pandemic. We have used our Winter Plan as a tool to support the planning of escalation and integrated working. We intend to review lessons learnt to date, at a Clinical Pathways Group meeting in February 2023 so we can capture and act on the learning as we continue to experience systems pressures.

The Shetland Children's Partnership (SCP) has continued to move forward improvement work to redesign the neurodevelopmental pathway and two workshops were held in winter 2022 to develop a more seamless approach to provide assessment and family support for children who are neuro-diverse. A joint assessment process has been developed and we are currently working through plans to move towards implementation in 2023, which will need to include consideration of a post to help support care co-ordination.

The SCP is also reviewing priorities for partnership working across children's services and will bring a refreshed joint children's plan to the Children & Families Committee in March 2023 and the NHS Board in April 2023. This will include a significant focus on how we can work together to reduce the impact of poverty on families in Shetland.

A Joint Inspection of Adult Support and Protection arrangements began in January 2023. Pre-inspection preparation has been ongoing since 2021 where a comprehensive file reading exercise was undertaken in order to create an improvement programme that began to work through ahead of the formal inspection. A programme of patient safety and leadership walk arounds has been developed, with the first two taking place in January 2023. It was noted at the last Operational Clinical Governance Group (OCGG) that these opportunities to meet with staff to consider patient safety, quality and staff wellbeing were considered very important to teams, particularly as we continue to experience system pressures. It was agreed we

would host one walk around per month so that we can interact with as many teams as possible in 2023-24.

The oncology team has recently participated in the North of Scotland systemic anti-cancer therapy (SACT) audit. The first phase of the review has been completed with input from specialist services in Grampian and a visit of our local services is planned later in the year. The initial feedback from the audit has been positive and demonstrates that the local service is being delivered in line with SACT standards.

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



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.




# Board Quality Report







Generated on: 03 February 2023

## Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 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			68.8%	66.1%				Waiting for data and comment from Maternity.
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	58	61	74	7	43	74		195	Waiting narrative.
PH-HI-03a Number of FAST alcohol screenings	269	292	325	105	228	325		360	

## Patient Experience Outcome Measures

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 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%	92.9%	100%	100%	92.9%		90%	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	100%	100%	96.88%	100%		90%	
NA-HC-14 What matters to you - % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	100%	100%	100%	100%	98.8%	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%	100%	94.74%	100%	100%		90%	
NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	98.44%	97.18%	100%	100%	95.2%	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%	92.42%	100%	100%	92.98%	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%	98.57%	100%	100%	91.94%	100%		90%	



## Patient Safety Programme - Maternity & Children Workstream






Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,889	1,919	1,950	1,766	1,858	1,950		300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0		4	
NA-CF-16 % of women satisfied with the care they received						0			There isn't a nationally agreed survey for gathering feedback from women during maternity care. The Heads of Midwifery across Scotland have agreed to use a propriety satisfaction survey and this has been added to the local audit plan for roll out in 2023.
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
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
CE-IC-01 Cleaning Specification Audit Compliance	Measured quarterly			96.3%	96.8%	97.3%		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	97.2%	89.8%	83.9%	82.9%	77.5%	88.3%		90%	Steady progress towards reaching the target has been made following improvements to procedures. This was despite: 205 requests being received in Q3, the highest ever received by NHS Shetland. This was a 21% increase

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
									over Q2 (itself a 48% increase over Q1 - at 115 requests, Q1 was close to the mean for quarter totals since 2013). 99 requests were received in November - the highest ever month total and 612 requests in 2022 was the highest ever calendar year total. 171 requests were responded to on time in Q3 – greater than the total requests received in Q2 (or indeed any quarter ever) – staff are clearly doing a fantastic job under unprecedented pressure. There continues to be a disproportionate FOI burden on HR and Information Services
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. The Clinical Governance Team, are considering ways we could re-establish data collection and discussion will occur at the next resuscitation meeting.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-09 All Falls rate (per 1000 occupied bed days)	9.64	3.44	13.42	2.33	8.76	13.42		7	This quarter's figure of 13.42 is higher than the target of 7. The prevalence of falls was in long term patients awaiting interim placements, these are patients with complex health needs. Please see the learning from falls on page 11.
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0.96	0	1.03	0	0	1.03		0.5	For Quarter 3, there were two falls with very minor harm. Please see the learning from falls on page 11.
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x									Please see note against NA-HC-08 Days between Cardiac Arrests


Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
1000)									
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	72	14	4	15	41	4		300	<p>Tissue Viability Nurse continues to provide educational sessions to link nurses on prevention and classification of pressure ulcers.</p> <p>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.</p> <p>Following a hospital acquired PU all patients undergo Multidisciplinary team investigation using the 'Red Day tool' to determine if the PU was avoidable and identify any learning.</p>
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	1.15	1.03	1.17	0	1.03		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms									Currently we are not able to calculate this measure as it combines the data collected against the four measures of (falls, pressure ulcers, CONTI and cardiac arrests), as data collection around cardiac arrests have not been collected, we are unable to populate this measure. We hope to report on this measure once the collection of cardiac arrest data is re-established.
NA-HC-66 Pressure ulcer - days between pressure ulcers developed on Ward 1.	72	102	4	15	41	4		300	Please see note above NA-HC-53
NA-HC-69 Pressure ulcers - days between pressure ulcers on Ward 3	246	14	45	123	215	45		300	Please see note above NA-HC-53
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	N/A	N/A		100	100			75	This will be reported at the next quarter as per reporting schedule.
NA-HC-79 % of total observations calculated accurately on the NEWS 2	91.13%	91.4%	94.44%	94.03%	93.68%	92.41%		95%	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
charts									
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	52.5%	50%	52.5%	60%	68.33%	51.67%		75%	This quarters figures (51.67%) falls below the target of 75%. We have observed fluctuating figures regarding accuracy of the NEWS2 observation chart over the past 12 months. Various change ideas have been tested however results have not been sustained. Currently an audit team is being established and multidisciplinary discussion is being generated around factors which influence data.
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	11	41	72	168	21	72		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	19.4	22.72	11.64	22.14	28.92	11.64		15	
NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	87.5%	75%	83.33%	88.89%	100%	83.33%		95%	This quarters CAUTI figure (83.33%) is below the target of 95%, this is due to missing and poor documentation. This has been raised with the Ward staff and discussed at the link nurse meetings.
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	95%	68.42%	90.91%	100%	100%	90.91%		95%	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly							100	Clinical Governance Leadership Walkrounds have recommenced in January 2023. This is a platform for patient safety conversations. Areas visited to date is Maternity and Mental Health. Scalloway Health Centre Walkround is scheduled for 07/02/2023. A schedule of areas has been developed for 2023.
NA-IC-22 Hand Hygiene Audit Compliance	Measured quarterly			89.1%	100%	98.2%		95%	
NA-IC-23 Percentage of cases where an	Measured quarterly								Note: Surgical Site Infection Surveillance suspended

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
infection is identified post Caesarean section									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. No plans nationally to re-establish due to national staffing and pressure issues.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
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
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 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%	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2022	November 2022	December 2022	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23	Q3 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			60%	36%				
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			0.97					



## APPENDIX A – Overview of falls and pressure ulcer incidence between October and December 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	1	2	18	Laceration to left arm.
Aug-22	0	0	49	
Sep-22	0	0	79	
Oct-22	0	2	110	
Nov-22	0	1	140	
Dec-22	0	2	171	
<b>Total</b>	<b>1</b>	<b>11</b>		

WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			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	0	3	81	
Aug-22	0	2	112	
Sep-22	0	8	142	
Oct-22	1	7	2	Head Injury - nose bleed and observation from Neuro
Nov-22	0	2	32	
Dec-22	1	10	26	Laceration to elbow & grazed knees
<b>Total</b>	<b>5</b>	<b>58</b>		

## Pressure Ulcers in Secondary Care

WARD 1						WARD 3					
Date	Total number of sores aquired while on ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin	Date	Total number of sores aquired while on ward (NA-HC-67)	Number present on admission (NA-HC-68)	Number of days between a new PU being identified (NA-HC-69)	Grade	Origin
B/Fwd			3			B/Fwd			197		
Jan-22	1	3	4	Grade 2 x 4	ARI Community Setting x 2 On Ward	Jan-22	0	0	228	-	-
Feb-22	0	2	32	Grade 2 x 2	In the community Ward 3	Feb-22	3	0	1	Grade 2 x 3	On Ward x 3
Mar-22	0	0	63			Mar-22	0	0	32	-	-
Apr-22	0	0	93			Apr-22	0	2	62	Grade 2 Grade 1	In the community
May-22	0	2	124	Grade 2 x 2	In the community x 2	May-22	0	0	93	-	-
Jun-22	1	0	15	Grade 2	On the Ward	Jun-22	0	1	123	Grade 2	Ward 1, initially acquired in the Community
Jul-22	0	2	46	Grade 2 x 2	In the community x 2	Jul-22	0	1	154	Grade 3	In the community
Aug-22	1	1	11	Grade 2 Grade 3	On the Ward In the community	Aug-22	0	1	185	Grade 3	In the community
Sep-22	0	1	41	Grade 2	In the Community	Sep-22	0	0	215	-	-
Oct-22	0	2	72	Grade 2 x 2	In the Community	Oct-22	0	2	246	Grade x 2	In the community x 2
Nov-22	0	0	102			Nov-22	1	0	14	Grade 2	On Ward
Dec-22	1	0	4	Grade 2	One the Ward	Dec-22	0	1	45	Grade 2	In the community
<b>Total</b>	<b>4</b>	<b>13</b>				<b>Total</b>	<b>4</b>	<b>8</b>			

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

<b>FALLS</b>					
<b>Date</b>	<b>No. of Patients</b>	<b>Avoidable/ Unavoidable</b>	<b>Appropriate Care Given?</b>	<b>Debrief Conducted?</b>	<b>Learning Points?</b>
October to December 2022	2	Unavoidable	Yes	No	Both falls with very minor harms. Falls in long term patients awaiting interim placements, post falls investigations show only preventable with 1:1 care provision but pre fall risk assessment not identified as a requirement for 1:1 level care.

<b>PRESSURE ULCERS</b>					
<b>Date</b>	<b>No. of Patients</b>	<b>Avoidable/ Unavoidable</b>	<b>Appropriate Care Given?</b>	<b>Debrief Conducted?</b>	<b>Learning Points?</b>
October to December 2022	2	Unavoidable	Yes	No	Both acquired PUs investigated using 'Red day Tool'. Unavoidable. As an incidental finding in investigation Tilting mattress ordered to aid patients with end of life care needs who cannot tolerate frequent position changes, recent reduction in number of mattresses available but not a contributory factor in these acquired PUs.

# Screenshots from the Excellence in Care Dashboard. Community Nursing: October – December 2022

## CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
DISTRICT\_NURSING

Directorate  
Null

Location  
Shetland Islands

Team  
Community Nursing

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Dec 21 - Dec 22)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Oct 2022	83%	60%	
	Preferred Place Documented		Oct 2022	92%	60%	
	Establishment Variance		No Data		5.0%	
WORKFORCE	Predictable Absence Allowance(✓)		Oct 2022	14.9%	22.5%	
	Supplementary Staffing Use(✓)		Oct 2022		9.0%	

# CAIR V2.01: My Team at a Glance





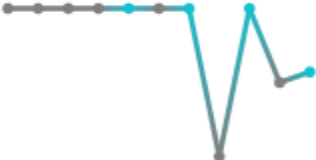




Health Board  
NHS SHETLAND

Nurse Family  
DISTRICT\_NURSING

Directorate  
Null

Location  
Shetland Islands

Team  
Community Nursing

Domain	Measure	Latest Data 	Month	Value	Reference	Line Chart (Jan 22 - Jan 23)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Nov 2022	86%	60%	
	Preferred Place Documented		Nov 2022	79%	60%	
	Establishment Variance		No Data		5.0%	
WORKFORCE	Predictable Absence Allowance(✓)		Nov 2022	19.8%	22.5%	
	Supplementary Staffing Use(✓)		Nov 2022		9.0%	

# CAIR V2.01: My Team at a Glance



**Health Board**  
NHS SHETLAND

**Nurse Family**  
DISTRICT\_NURSING

**Directorate**  
Null

**Location**  
Shetland Islands

**Team**  
Community Nursing

Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Feb 22 - Feb 23)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved			Dec 2022	89%	60%	
	Preferred Place Documented			Dec 2022	90%	60%	
	Establishment Variance			No Data		5.0%	
WORKFORCE	Predictable Absence Allowance(✓)			Dec 2022	32.8%	22.5%	
	Supplementary Staffing Use(✓)			Dec 2022		9.0%	

# Screenshots from the Excellence in Care Dashboard. Ward One: October – December 2022

## CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 1

Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Dec 21 - Dec 22)
EFFECTIVENESS AND SAFETY	EWS Accuracy			Oct 2022	55%	95%	
	EWS Frequency			Oct 2022	90%	95%	
	FFN MUST Score			Oct 2022	50%	95%	
	FFN Nutritional Assessment			Oct 2022	50%	95%	
	FFN Care Plan			No Data		95%	
	Inpatient Falls Rate (✓)			Oct 2022	0.0	5.1	
	Omitted Medicines(✓)			No Data		1.6%	
	Patients with Omitted Medicines(✓)			No Data		40.0%	
	Pressure Ulcers Rate (✓)			Oct 2022	0.0	0.5	
	MDRO Risk Assessment(✓)			Oct 2022	60%	95%	
WORKFORCE	Establishment Variance			Oct 2022	2.8%	5.0%	
	Predictable Absence Allowance(✓)			Oct 2022	33.4%	22.5%	
	Supplementary Staffing Use(✓)			Oct 2022	10.5%	9.0%	

# CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 1

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Jan 22 - Jan 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Nov 2022	50%	95%	
	EWS Frequency		Nov 2022	80%	95%	
	FFN MUST Score		Nov 2022	80%	95%	
	FFN Nutritional Assessment		Nov 2022	65%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✓)		Nov 2022	2.6	5.1	
	Omitted Medicines(✓)		No Data		1.6%	
	Patients with Omitted Medicines(✓)		No Data		40.0%	
	Pressure Ulcers Rate (✓)		Nov 2022	0.0	0.5	
	MDRO Risk Assessment(✓)		Nov 2022	70%	95%	
WORKFORCE	Establishment Variance		Nov 2022	3.5%	5.0%	
	Predictable Absence Allowance(✓)		Nov 2022	35.6%	22.5%	
	Supplementary Staffing Use(✓)		Nov 2022	7.9%	9.0%	



# CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 1

Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Feb 22 - Feb 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy			Dec 2022	50%	95%	
	EWS Frequency			Dec 2022	65%	95%	
	FFN MUST Score			Dec 2022	55%	95%	
	FFN Nutritional Assessment			Dec 2022	50%	95%	
	FFN Care Plan			No Data		95%	
	Inpatient Falls Rate (✓)			Dec 2022	4.3	5.1	
	Omitted Medicines(✓)			No Data		1.6%	
	Patients with Omitted Medicines(✓)			No Data		40.0%	
	Pressure Ulcers Rate (✓)			Dec 2022	2.1	0.5	
	MDRO Risk Assessment(✓)			Dec 2022	80%	95%	
WORKFORCE	Establishment Variance			Dec 2022	3.5%	5.0%	
	Predictable Absence Allowance(✓)			Dec 2022	29.0%	22.5%	
	Supplementary Staffing Use(✓)			Dec 2022	6.4%	9.0%	

# Screenshots from the Excellence in Care Dashboard. Ward Three: October – December

## CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 3

Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Dec 21 - Dec 22)
EFFECTIVENESS AND SAFETY	EWS Accuracy			Oct 2022	50%	95%	
	EWS Frequency			Oct 2022	75%	95%	
	FFN MUST Score			Oct 2022	40%	95%	
	FFN Nutritional Assessment			Oct 2022	30%	95%	
	FFN Care Plan			No Data		95%	
	Inpatient Falls Rate (✓)			Oct 2022	15.0	5.1	
	Omitted Medicines(✓)			No Data		1.6%	
	Patients with Omitted Medicines(✓)			No Data		40.0%	
	Pressure Ulcers Rate (✓)			Oct 2022	0.0	0.5	
	MDRO Risk Assessment(✓)			Oct 2022	90%	95%	
WORKFORCE	Establishment Variance			Oct 2022	4.2%	5.0%	
	Predictable Absence Allowance(✓)			Oct 2022	28.0%	22.5%	
	Supplementary Staffing Use(✓)			Oct 2022	19.8%	9.0%	

# CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 3

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Jan 22 - Jan 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Nov 2022	50%	95%	
	EWS Frequency		Nov 2022	70%	95%	
	FFN MUST Score		Nov 2022	45%	95%	
	FFN Nutritional Assessment		Nov 2022	35%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✓)		Nov 2022	4.3	5.1	
	Omitted Medicines(✓)		No Data		1.6%	
	Patients with Omitted Medicines(✓)		No Data		40.0%	
	Pressure Ulcers Rate (✓)		Nov 2022	2.1	0.5	
	MDRO Risk Assessment(✓)		Nov 2022	85%	95%	
WORKFORCE	Establishment Variance		Nov 2022	2.7%	5.0%	
	Predictable Absence Allowance(✓)		Nov 2022	24.8%	22.5%	
	Supplementary Staffing Use(✓)		Nov 2022	14.0%	9.0%	

# CAIR V2.01: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 3

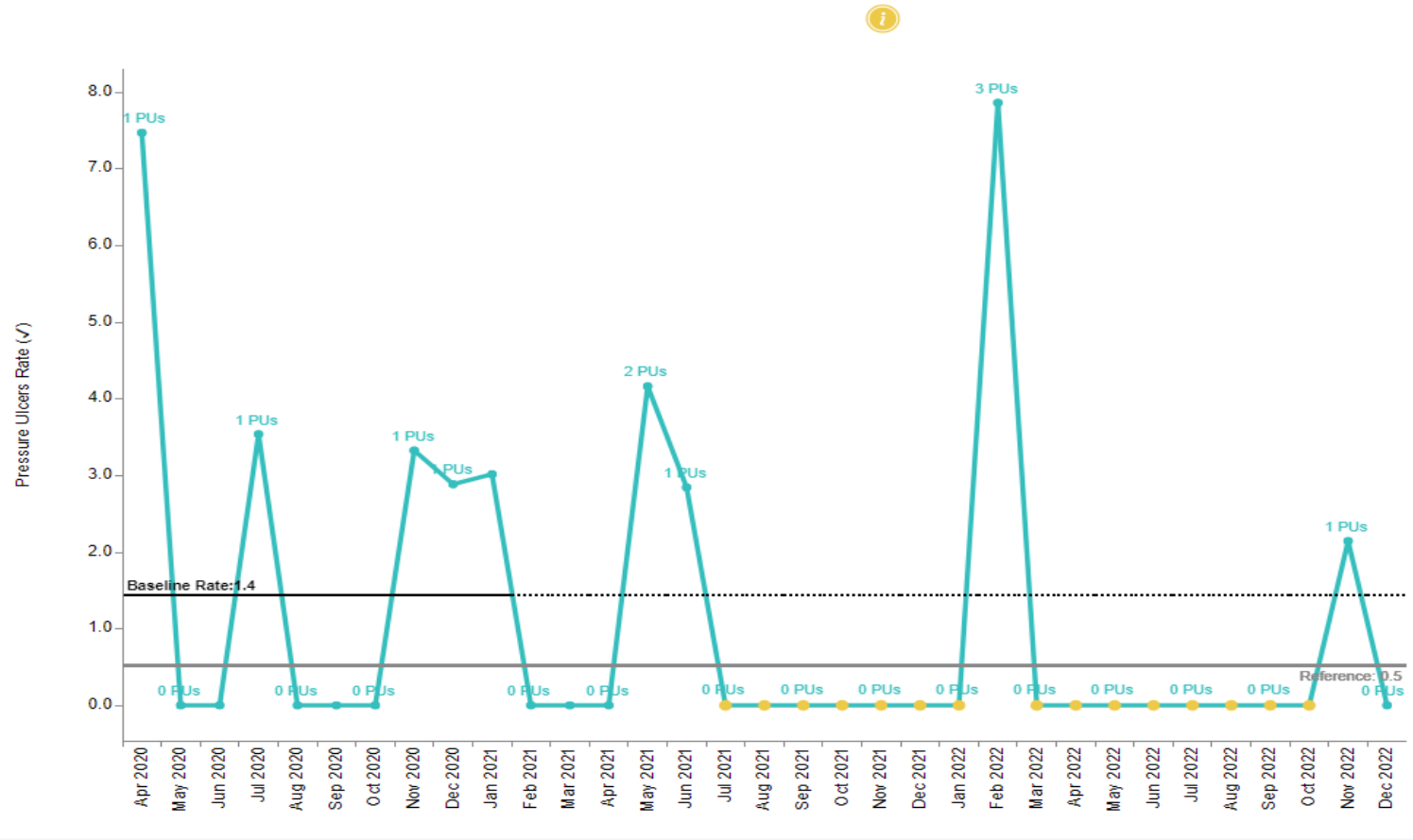
Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Feb 22 - Feb 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy			Dec 2022	55%	95%	
	EWS Frequency			Dec 2022	75%	95%	
	FFN MUST Score			Dec 2022	70%	95%	
	FFN Nutritional Assessment			Dec 2022	60%	95%	
	FFN Care Plan			No Data		95%	
	Inpatient Falls Rate (✓)			Dec 2022	22.7	5.1	
	Omitted Medicines(✓)			No Data		1.6%	
	Patients with Omitted Medicines(✓)			No Data		40.0%	
	Pressure Ulcers Rate (✓)			Dec 2022	0.0	0.5	
	MDRO Risk Assessment(✓)			Dec 2022	80%	95%	
WORKFORCE	Establishment Variance			Dec 2022	8.9%	5.0%	
	Predictable Absence Allowance(✓)			Dec 2022	22.4%	22.5%	
	Supplementary Staffing Use(✓)			Dec 2022	15.2%	9.0%	

Pressure Ulcer Rate:

### CAIR V2.01: Run Chart



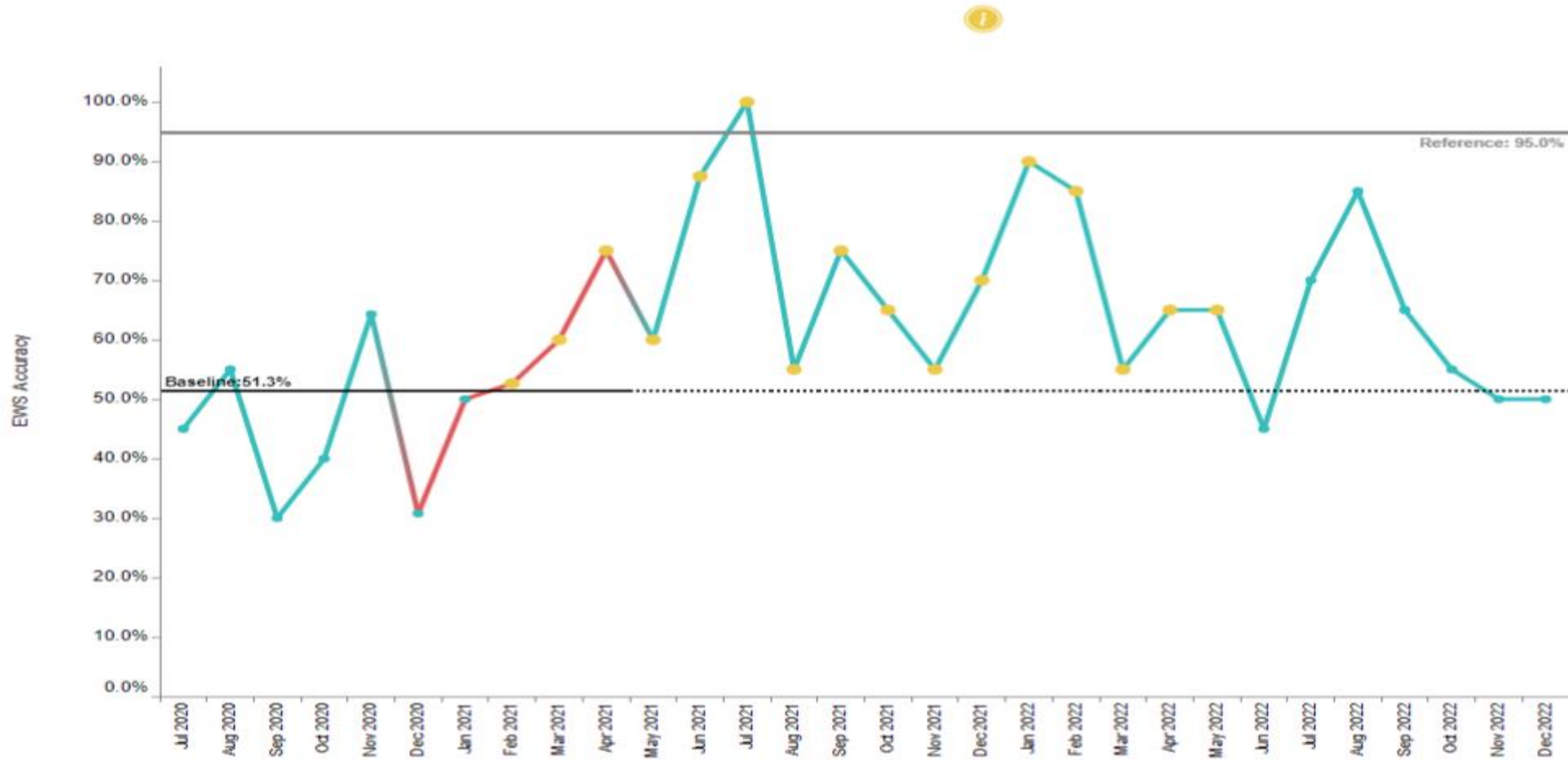
Health Board: 
 Nurse Family: 
 Directorate: 
 Location Name: 
 Team: 
 Measure:



NEWS 2 Accuracy:

### CAIR V2.01: Run Chart

Health Board: NHS SHETLAND | Nurse Family: ADULT\_INPATIENT | Directorate: Null | Location Name: GILBERT BAIN HOSPITAL | Team: Ward 1 | Measure: Accurate Calculation ...



NEWS 2 Accuracy:

### CAIR V2.01: Run Chart



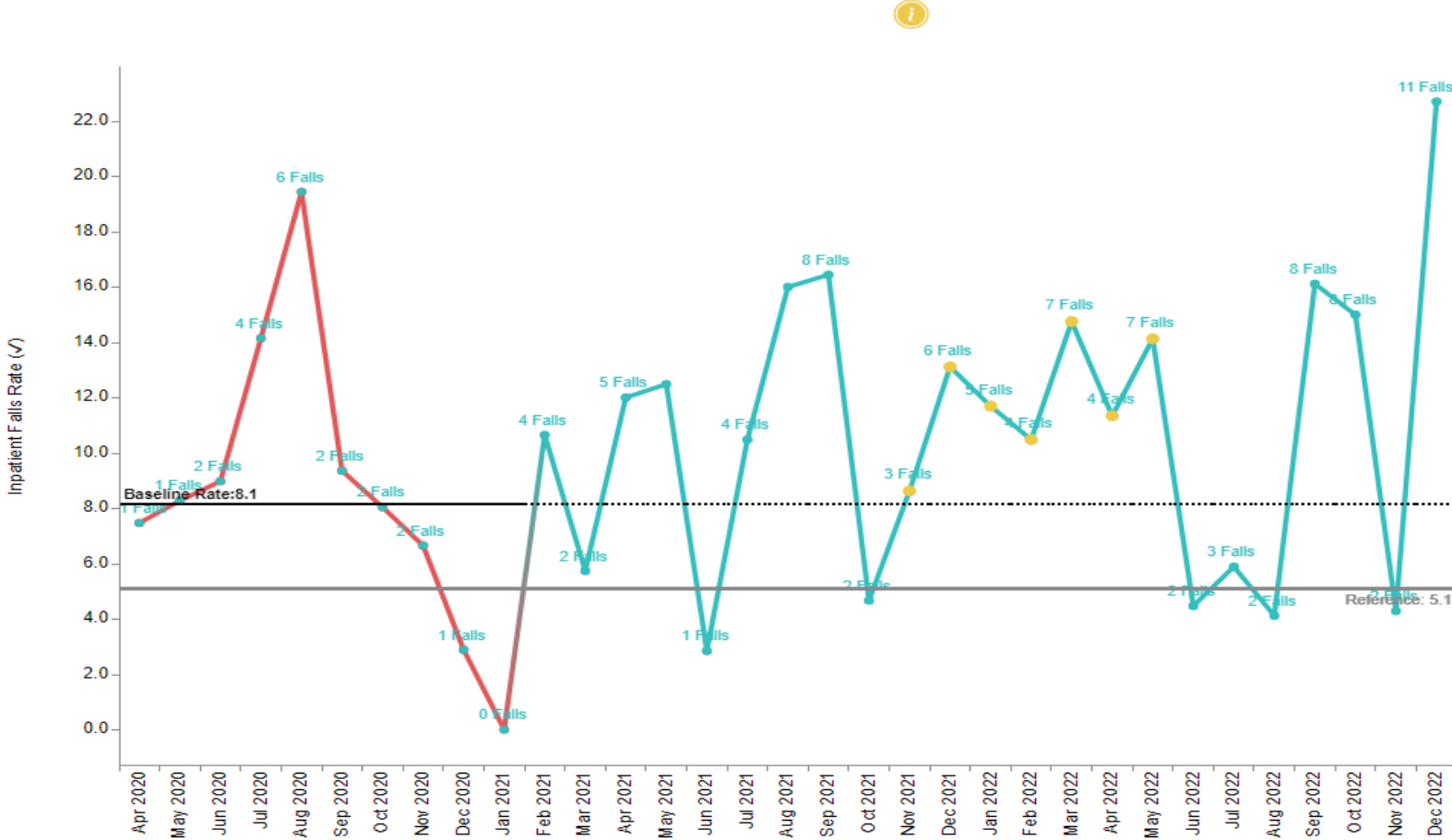
Health Board: NHS SHETLAND | Nurse Family: ADULT\_INPATIENT | Directorate: Null | Location Name: GILBERT BAIN HOSPITAL | Team: Ward 1 | Measure: Supplementary Staffing Use



Falls Rate Ward 3:

CAIR V2.01: Run Chart

Health Board: NHS SHETLAND | 
 Nurse Family: ADULT\_INPATIENT | 
 Directorate: Null | 
 Location Name: GILBERT BAIN HOSPITAL | 
 Team: Ward 3 | 
 Measure: Inpatient Fall Rate p...





## Thematic Learning from Debrief Discussions October – December 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
Oct 22	69	0	Extreme – 1 Major – 2 Moderate - 6	5	<p>Adverse event theme (8931) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Morning insulin medication was missed as prescription chart not read correctly. Additional support to be provided to the staff member. Patient management was discussed with Senior Diabetic specialist.</li> </ul> <p>Adverse event theme (8933) – Medication / Vaccination</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> - Patient received incorrect age specific vaccine. No harm to patient. Lessons shared with team to check the age of the patient is appropriate for the vaccine.</li> </ul> <p>Adverse event theme (8945) – Medication / Vaccination</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> - Patient stated they just wanted the Flu vaccine at clinic as they had the Covid vaccination the previous week. Records stated that it was the flu vaccine that they had previously. Currently under investigation.</li> </ul>

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Nov 22	60	0	Extreme – 0 Major – 2 Moderate - 5	6	<p>Adverse event theme (8992) – Business Continuity</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Major incident declared due to communication cables connecting Shetland to the Scottish mainland were damaged. Affected all clinical and non-clinical systems linked to external sources. Debrief conducted with multiple agencies. Communications were partially restored later in the day.</li> </ul> <p>Adverse event theme (9004) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Patient given second Covid vaccine instead of flu vaccine. Patient was informed and flu appointment re-scheduled. Reviewed practices with Team Leader to reduce the likelihood of a re-occurrence</li> </ul>
Dec 22	57	1	Extreme – 0 Major – 0 Moderate - 1	2	No documented learning currently from adverse events with a debrief. One report is currently open and a Level 1 review is underway.
<b>Total</b>	<b>186</b>	<b>1</b>	<b>Extreme = 1 Major = 4 Moderate = 12</b>	<b>13</b>	

**Medical and Surgical Unit, Inpatient patient experience survey feedback results:**

Reporting period	CE01 - Overall, how would you rate your hospital experience? (Excellent/Good)		CE02 - You received the care/support that you expected and needed (% of those that answered 'Yes')	
	Ward 1 NA-HC-03	Ward 3 NA-HC-02	Ward 1 NA-HC-06	Ward 3 NA-HC-05
Jan-22	100%	100%	100%	100%
Feb-22	100%	100%	100%	100%
Mar-22	100%	100%	100%	100%
Apr-22	100%	100%	100%	100%
May-22	100%	No Response	100%	No Response
Jun-22	100%	100%	100%	100%
Jul-22	No Response	100%	No Response	80%
Aug-22	100%	100%	100%	100%
Sep-22	100%	100%	100%	91%
Oct-22	100%	100%	100%	100%
Nov-22	100%	100%	100%	100%
Dec-22	91%	100%	100%	100%
<b>Average</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>

**Ward 1**

Person Centred Measure description	MD01 (NA-HC-16)	MD02 (NA-HC-19)	MD03 (NA-HC-22)	MD04 (NA-HC-25)	MD05 (NA-HC-28)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-22	100%	100%	100%	100%	100%	11
Feb-22	92%	100%	98%	100%	100%	12
Mar-22	100%	75%	100%	93%	88%	9
Apr-22	100%	100%	100%	100%	100%	6
May-22	100%	100%	94%	100%	90%	5
Jun-22	100%	94%	100%	100%	100%	21
Jul-22	100%	100%	No Response	100%	100%	1
Aug-22	100%	96%	100%	96%	94%	35
Sep-22	100%	100%	98%	97%	90%	21
Oct-22	100%	100%	98%	100%	100%	15
Nov-22	100%	100%	97%	92%	99%	35
Dec-22	100%	100%	100%	100%	100%	11
<b>Average</b>	<b>99%</b>	<b>97%</b>	<b>99%</b>	<b>98%</b>	<b>97%</b>	<b>15</b>

### Ward 3

Person Centred Measure description	MD01 (NA-HC-15)	MD02 (NA-HC-18)	MD03 (NA-HC-21)	MD04 (NA-HC-24)	MD05 (NA-HC-27)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-22	100%	78%	87%	96%	96%	13
Feb-22	100%	88%	100%	95%	85%	10
Mar-22	100%	100%	100%	100%	100%	1
Apr-22	100%	100%	100%	100%	100%	2
May-22	N/A	N/A	N/A	N/A	N/A	0
Jun-22	100%	100%	100%	100%	100%	2
Jul-22	100%	100%	100%	90%	78%	5
Aug-22	100%	100%	97%	88%	100%	8
Sep-22	91%	100%	90%	83%	95%	11
Oct-22	100%	100%	100%	100%	100%	2
Nov-22	100%	100%	100%	100%	100%	1
Dec-22	100%	100%	100%	100%	100%	3
<b>Average</b>	<b>99%</b>	<b>97%</b>	<b>98%</b>	<b>96%</b>	<b>96%</b>	<b>5</b>

### WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – December 2022

All staff couldn't be better. Very Professional.

Thank you all very much (Signed)

Cooked food is really not good

My treatment was 1st class but the wait for pharmacy dispensing my medication, to get out, was ridiculous. It added hours to me leaving hospital and the freeing up of a bed for someone else.

Consultant (Named) and his wonderful team were so caring and prompt in my stay in hospital. I can't thank them enough. Shame I can't say the same about the Pharmacy as hours of waiting for tablets is time lost in getting someone else into a bed.

From start to finish everyone has been amazing! Staff member (Named) organised a special meal for Xmas as I was stranded here. Truly amazing Staff!

### WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – December 2022

Thank you, one and all.

The return journey was delayed by several hours because of waiting for medication from Pharmacy. This causes further delays on ferries & such a shame for N. Isles patients and, unfortunately, this is not the first time this has happened to me.

## NHS Shetland Feedback Monitoring Report 2022\_23 Quarter 3

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 October to December 2022 (Quarter 3).

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 2022/23 is included in the Feedback and Complaints Annual Report that will be presented to the Board in June 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 46 pieces of feedback in Quarter 3 of 2022\_23 (1 October 2022 – 31 December 2022):

Feedback Type	01.10.22 – 31.12.22		01.07.22 – 30.09.22 (previous quarter)	
	Number	%	Number	%
Compliments	7	15.2	7	16
Concerns	18	39.1	21	48
Complaints	21	45.7	16	36
<b>Totals:</b>	<b>46</b>		<b>44</b>	

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

Service	01.10.22 – 31.12.22		01.07.22 – 30.09.22 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	7	33.3	6	37.5
Directorate of Community Health and Social Care	10	47.6	9	56.3
Acute and community	-	-	0	-
Corporate	1	4.8	0	-
Other	3	14.3	1	6.2
Withdrawn	-	-	0	-
<b>Totals:</b>	<b>21</b>		<b>16</b>	

## Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints has improved in Quarter 3. 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 are not aware of any complaints escalated to SPSO within Quarter 3.
- 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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	78.9% (15 of 19)	72.8% (8 of 11)
Number of complaints closed at Stage Two as % of all complaints*	21.1% (4 of 19)	27.2% (3 of 11)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 19)	0% (0 of 11)

### 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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	53.3% (8 of 15)	37.5% (3 of 8)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	25% (1 of 4)	66.7% (2 of 3)
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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	20% (3 of 15)	62.5% (5 of 8)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	75% (3 of 4)	0% (0 of 3)
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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	26.7% (4 of 15)	0% (0 of 8)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	% (0 of 4)	33.3% (1 of 3)
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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	4.86	9.6	5 wkg days
Average time in working days to respond to complaints at Stage Two	36.25	20.3*	20 wkg days
Average time in working days to respond to complaints after escalation	-	-	20 wkg days

\*Although this looks improved it only takes into account the number of Stage 2 complaints closed at the time of reporting (3 of 8). Response times for Stage 2 complaints remain significantly impacted upon in the main due to lack of capacity.

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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	66.7% (10 of 15)	40% (4 of 10)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	0% (0 of 4)	66.6% (2 of 3)	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	01.10.22 – 31.12.22	01.07.22 – 30.09.22 (previous quarter)
% of complaints at Stage One where extension was authorised	33.3%	60%
% of complaints at Stage Two where extension was authorised	100%	62.5%
% of escalated complaints where extension was authorised	-	-

## Learning from complaints

For Quarter 3 there are no noticeable trends in the complaints received.

## 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.

The Complaints Officer has attended the Practice Managers' meeting to talk through Stage 1 reporting in particular.

Stage 2 complaints received 1 April 2022 to 31 December 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	<ul style="list-style-type: none"> <li>• There were missed opportunities to communicate the current guidelines and procedures with the complainant.</li> <li>• Apologies offered for the impact this had on the complainant and their family.</li> </ul>
2	Poor care and treatment	Intermediate Care Team and SIC care home	N	Complex investigation with a number of staff participating	Part upheld	<ul style="list-style-type: none"> <li>• Family had been involved in discharge discussion.</li> <li>• An internal investigation took place regarding information handling with processes changed and lessons learned.</li> <li>• Explanation provided about how medicine consumption had been supported.</li> </ul>
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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Observed cleaning standards were found to meet national standards and visitors and carers were supported to meet infection control standards.</li> <li>• New signage already in place about visitors not being permitted to use patient facilities.</li> <li>• Further discussion to occur about storing samples waiting for transport to the lab.</li> </ul>
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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Apology given for the miscommunication and the impact this had.</li> </ul>

5	Unhappy with consultation and not being listened to	Medical	N	Delay in investigation completion	Part upheld	<ul style="list-style-type: none"> <li>GP felt they had spent significant time with patient to understand the history and to reach a mutually agreed management plan.</li> <li>Apology given that distress had been caused.</li> </ul>
6	Lack of treatment and care following discharge	Community health and social care	N		Not upheld	<ul style="list-style-type: none"> <li>Clear evidence of appropriate discharge planning found.</li> </ul>
7	Potential treatment error and pain caused	Medical	N	One day late	Upheld	<ul style="list-style-type: none"> <li>Apology given for mistake in preparation for treatment</li> </ul>
8	Failure to diagnose broken bone	Medical	Y		Upheld	<ul style="list-style-type: none"> <li>Apology given for missing the fracture and the way the patient had felt during the consultation</li> <li>Next day surgical review safety netting had not happened and no review appointment made. This has been reviewed by the team</li> </ul>
9	Support in place for family member	Community health and social care	N	Complex across a number of areas	Not upheld	<ul style="list-style-type: none"> <li>Determined an appropriate level of assessment had been carried out, including tools, observational visits and discussions. No evidence found to support concerns raised.</li> </ul>
10	Concerns about service over a prolonged period	Mental health	N	Capacity within team	Upheld	<ul style="list-style-type: none"> <li>Review identified lack of communication and the way the team communicated with the family highlighted as an issue that must be addressed.</li> <li>Signposting and information for patients and carers on how to access mental health services will be addressed.</li> </ul>
11	Painful examination and viewpoint on Covid regulations	Medical	Y		Not upheld	<ul style="list-style-type: none"> <li>No evidence to support concerns raised</li> </ul>
12	Failure to diagnose	Medical and nursing	N	Annual leave	Part upheld	<ul style="list-style-type: none"> <li>Apology given that complainant had suffered pain for such a long time. Whilst the treatment received would not have differed greatly with earlier diagnosis, there would have been a prevention of repeated trips to appointments and a decrease in anxiety due to this.</li> </ul>

13	Prescribing error	Medical	N	Annual leave	Part upheld	<ul style="list-style-type: none"> <li>• Care actioned in a timely and appropriate manner, with medication prescribed that was felt would help the condition, with full understanding of medical history.</li> <li>• Clinician to reflect on communication about this as part of their annual appraisal.</li> </ul>
14	Care provided	Mental health	N	Annual leave and capacity within team	Not upheld	<ul style="list-style-type: none"> <li>• Treatment offered was appropriate, but apology given if manner came across as curt.</li> </ul>
15	Premature discharge	Acute	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• Patient transferred between wards before discharge which led to a failure in the process. Full apologies given and learning implemented.</li> <li>• Patient was very keen for discharge and multidisciplinary team had undertaken appropriate assessments.</li> </ul>
16	Treatment and care of family member	GP	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• In person appointment offered but declined due to transport issues. Follow up reasonable but with hindsight GP regrets not seeing patient when contacted several days later.</li> </ul>
17	Significant delay in diagnosis and dismissal of pain – lack of apology	GP	N	Delayed due to seeking clarity on repeated complaint	Upheld	<ul style="list-style-type: none"> <li>• Corporate apology given and commitment to support forward treatment plan reiterated.</li> </ul>
18	Communication and treatment following diagnosis	Acute	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• Found communication regarding treatment waits and support available could have been improved.</li> </ul>
19	Staff attitude	GP and admin	N	Complex, and additional information being added to complaint	Open	

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to 31 December 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
<b>Notified 2020/21</b>								
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
<b>Notified 2021/22</b>								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the advice received.	Files submitted for review	Closed

**Key:**

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

# Quality Management of the Practice Learning Environment Student Feedback Overview Report

As at 11/01/2023



Boards: NHS Shetland

Submission dates:

15/01/2023,08/01/2023,25/12/2022,24/12/2022,23/12/2022,  
18/12/2022,11/12/2022,04/12/2022,27/11/2022,20/11/2022,  
13/11/2022,06/11/2022,30/10/2022,23/10/2022,16/10/2022,  
10/10/2022,09/10/2022

Year of

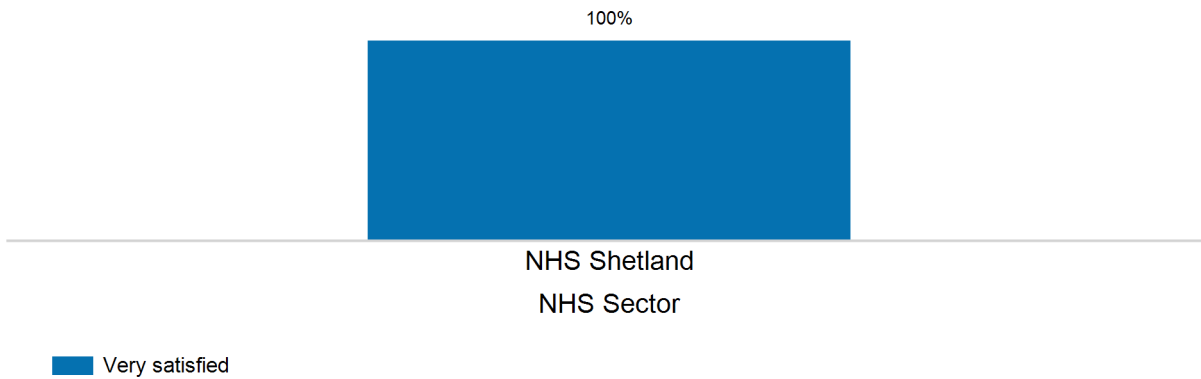
Study:0,3,1,4,5,  
2

[Overall Satisfaction](#) | [Notice Period](#) | [Preparation](#) | [Orientation & Induction](#) | [Induction helpful?](#) | [Learning environment 1](#) |  
[Learning environment 2](#) | [Mentor allocated?](#) | [Mentor review](#) | [Mentor availability](#) | [Mentor feedback](#) | [Final assessment](#) |  
[Adjustments required](#) | [Adjustments discussed](#) | [Adjustments effective](#) | [Learning Centres & Learning Environment](#)

Please click on the Chart for relevant Report Data

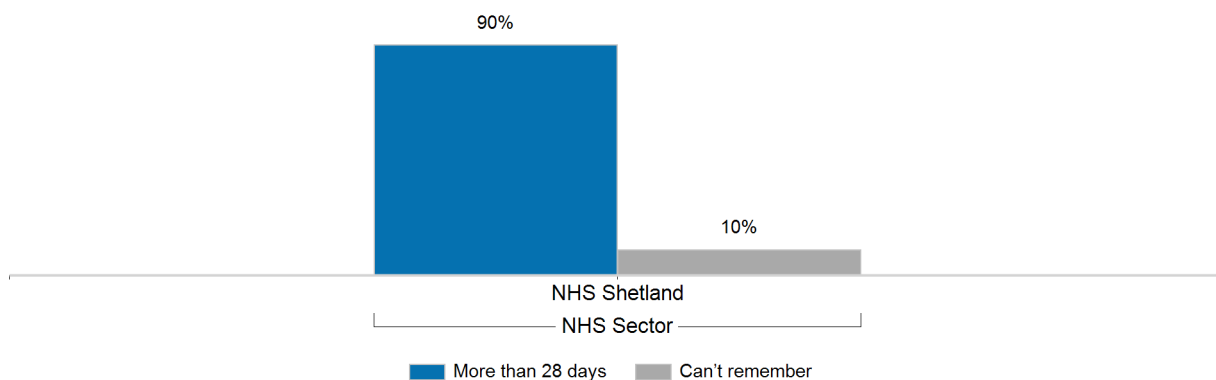
## 1 Overall Satisfaction:

Overall how satisfied or dissatisfied were you with your practice learning experience?



## 2 Preparation for Practice Learning

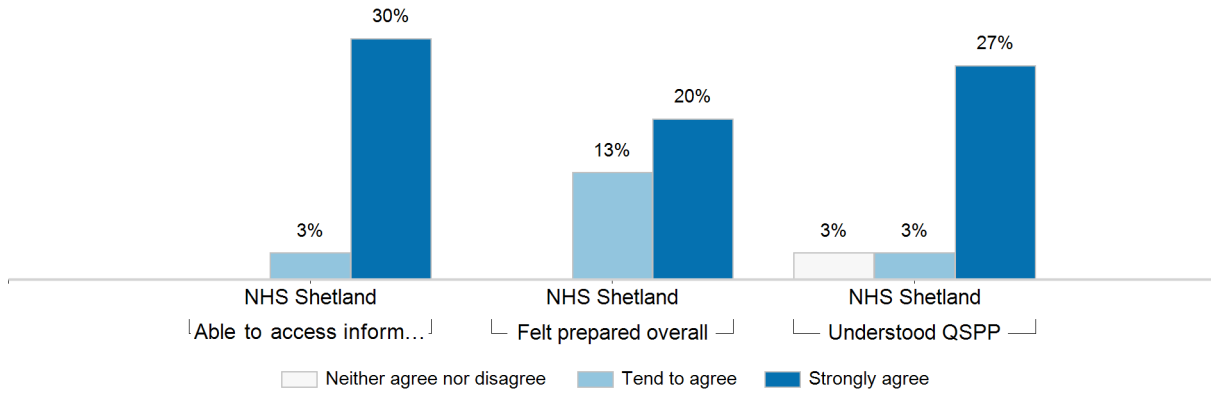
2.1 Notice period: How much notice did you receive of your practice learning placement?



### 2.2 Preparation

Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree...

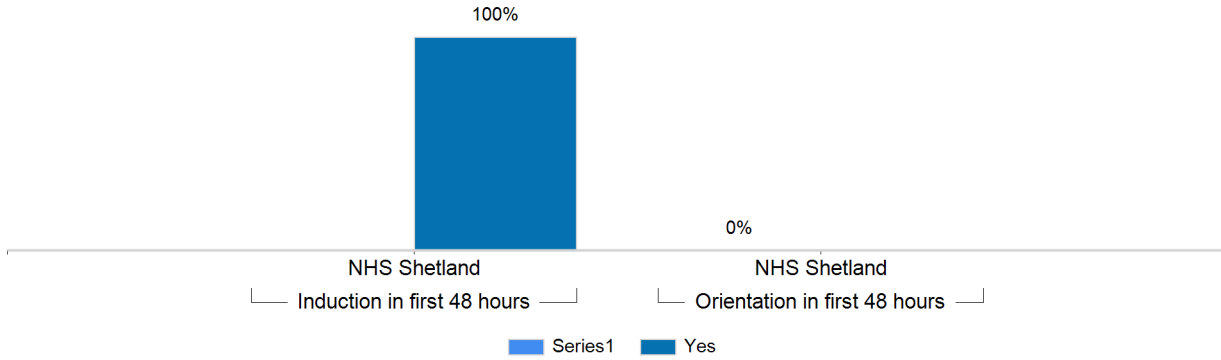
Questions:



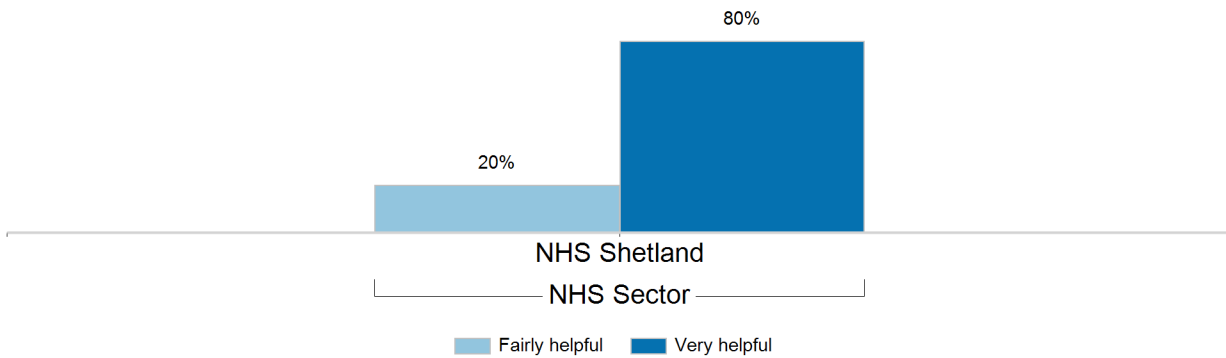


**3 Orientation and Induction:**

3.1 Did you receive an orientation & induction within 48 hours of your arrival at the practice learning environment?



3.2 To what extent did you find the induction helpful or not?

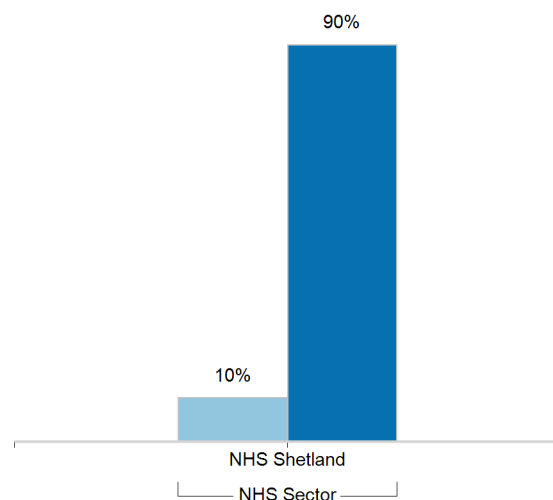
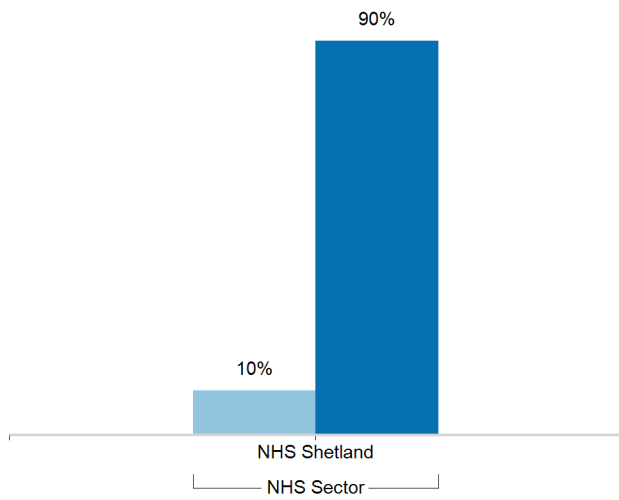


#### 4 The Learning Environment

4.1 Thinking overall about your practice learning experience, to what extent do you agree or disagree...

a) The learning opportunities and resources available enabled me to achieve my Essential Skills Clusters (ESCs) and Learning Outcomes (LOs)

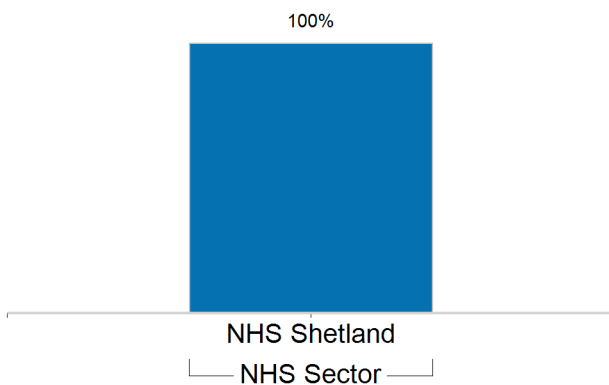
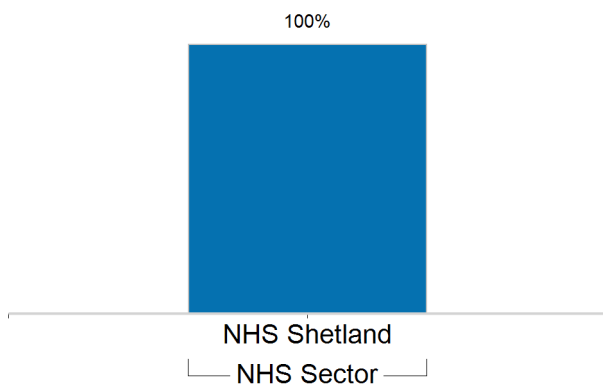
b) I was welcomed and accepted as part of the team



Strongly disagree    Tend to disagree    Neither agree nor disagree    Don't know  
Tend to agree    Strongly agree    Can't Remember

c) I received an appropriate level of support from the team

d) I had adequate opportunity to work alongside professionals (e.g. physiotherapists, etc.)



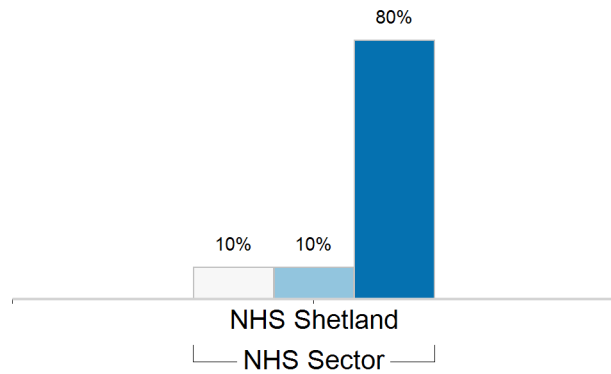
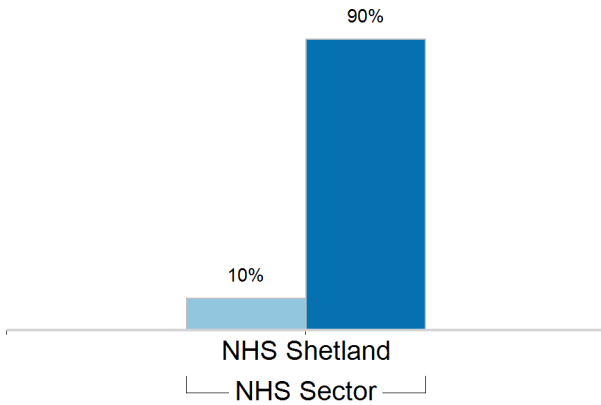
Quality Management of the Practice Learning Environment  
**Student Feedback Overview Report**

As at 11/01/2023



e) I was supervised directly or indirectly by a professional at all times

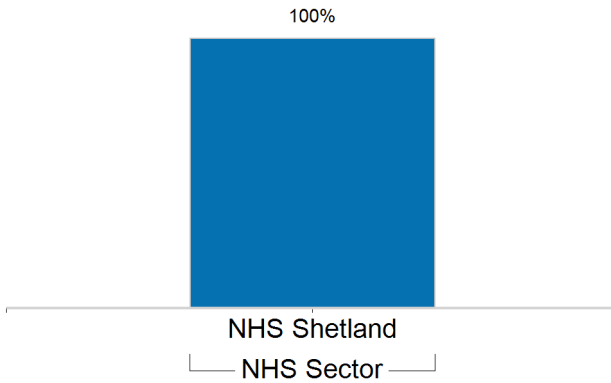
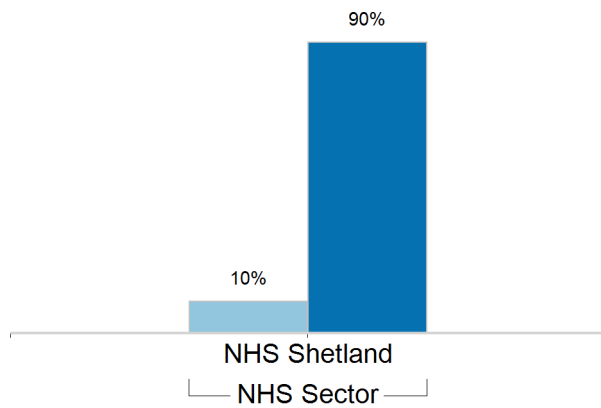
f) Appropriate support from my academic tutor/lecturer was available, if I needed it



■ Strongly disagree   
 ■ Tend to disagree   
 ■ Neither agree nor disagree   
 ■ Don't know  
■ Tend to agree   
 ■ Strongly agree   
 ■ Can't Remember

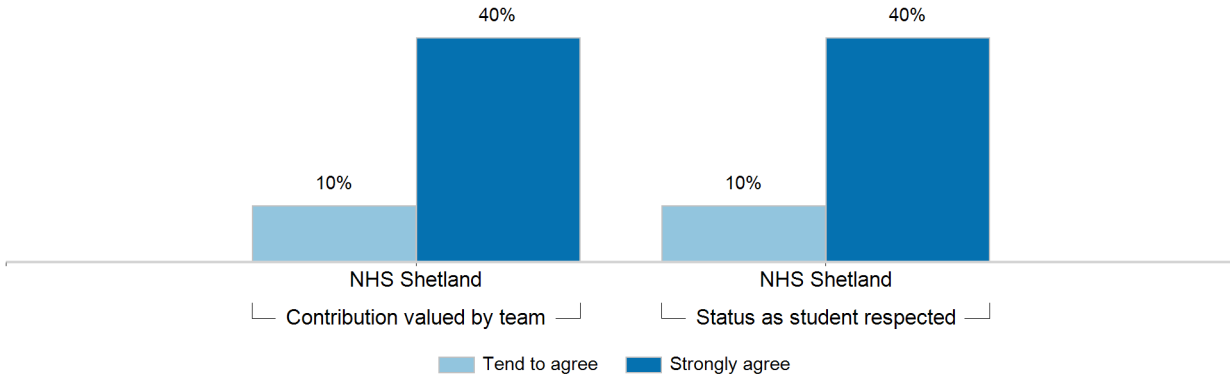
g) The practice learning environment was sufficiently supportive that I would have felt able to raise concerns if I had any

h) I had adequate opportunity to discuss evidence underpinning care with members of the team



■ Strongly disagree   
 ■ Tend to disagree   
 ■ Neither agree nor disagree   
 ■ Don't know  
■ Tend to agree   
 ■ Strongly agree   
 ■ Can't Remember

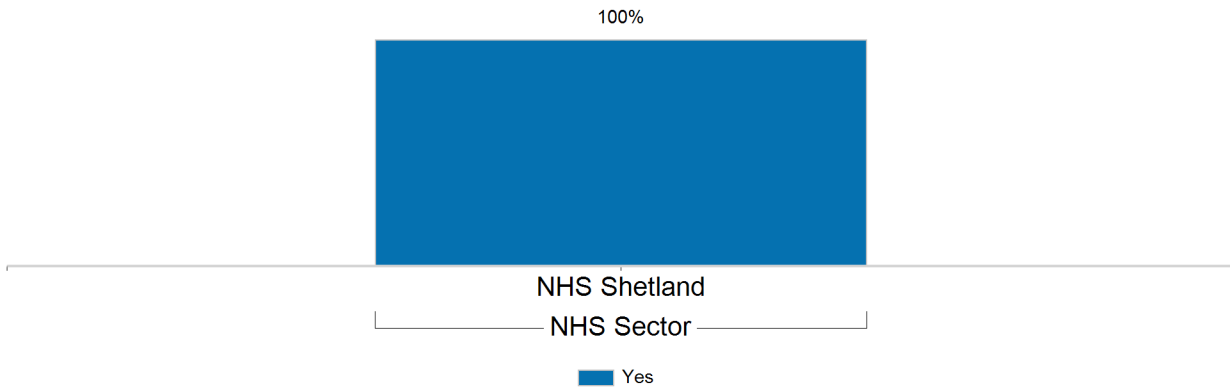
4.2 And still thinking about your overall practice learning experience...



## 5 Mentor Support

### 5.1 Allocation

Were you allocated a mentor when you arrived in the practice learning environment?

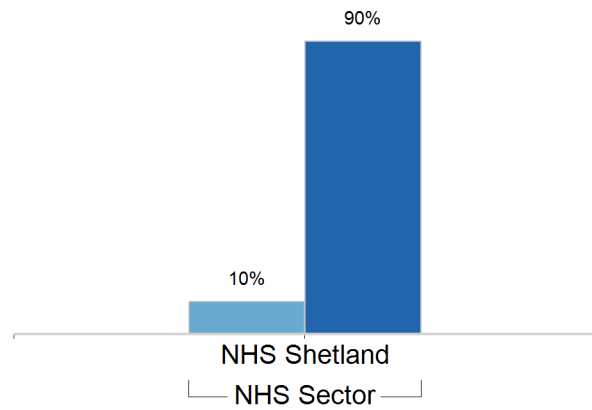
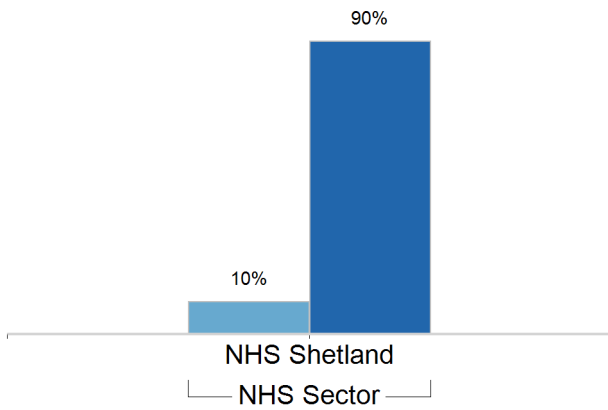


5.2 Review of Mentor Support

Thinking about the support provided by your mentor over the course of your practice learning experience, to what extent did you think each of the following were adequate or not?

a) Opportunities available to discuss with your mentor the support you would receive to achieve your learning outcomes

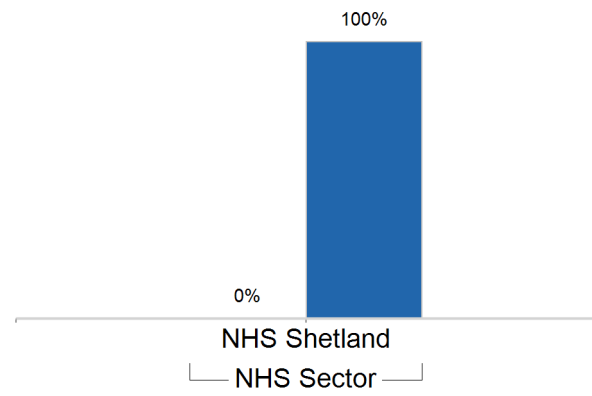
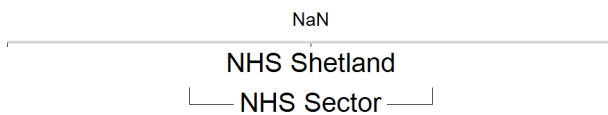
b) Opportunities available to reflect on and discuss with your mentor your practice learning experience



- Completely inadequate
- Very inadequate
- Fairly inadequate
- Neither adequate nor inadequate
- Completely adequate
- Fairly adequate
- Very adequate
- Can't remember
- Don't know

c) Your mentor's general availability

d) The amount of time your mentor allocated to discussing your progress and for your ongoing assessment



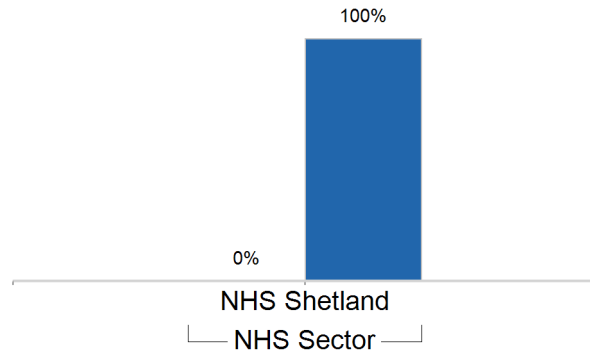
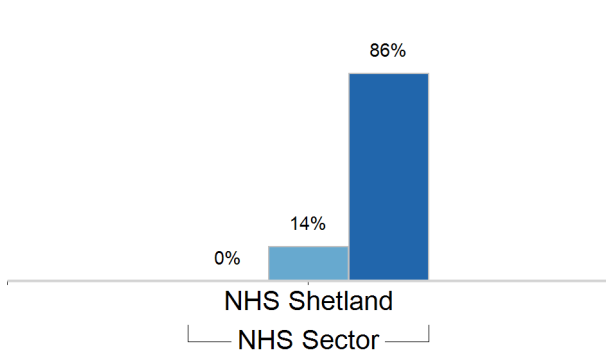
Quality Management of the Practice Learning Environment  
Student Feedback Overview Report

As at 11/01/2023



e) Your mentor's knowledge of your university programme

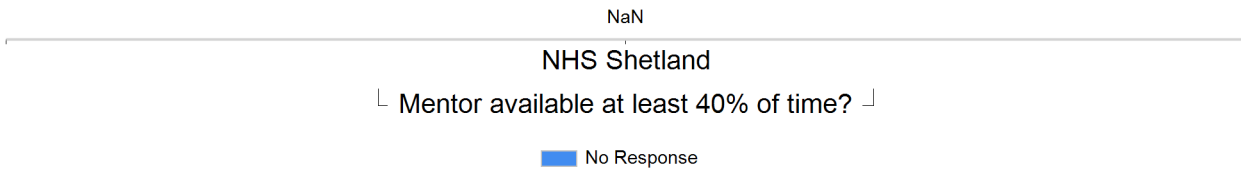
f) Your mentor's level of familiarity with, and ability to complete, your university's practice learning assessment documentation



- Completely inadequate
- Very inadequate
- Fairly inadequate
- Neither adequate nor inadequate
- Completely adequate
- Fairly adequate
- Very adequate
- Can't remember
- Don't know

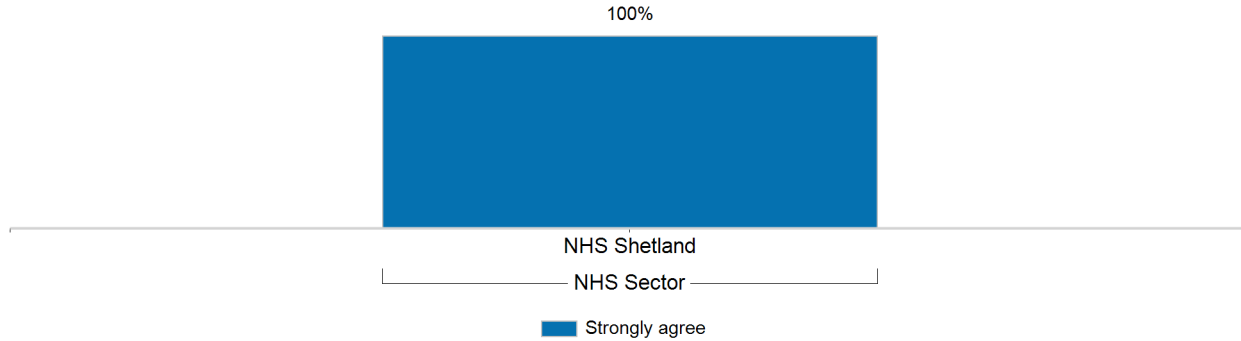
### 5.3 Mentor Availability

Was your mentor available to you for 40% of your time during your practice learning experience?



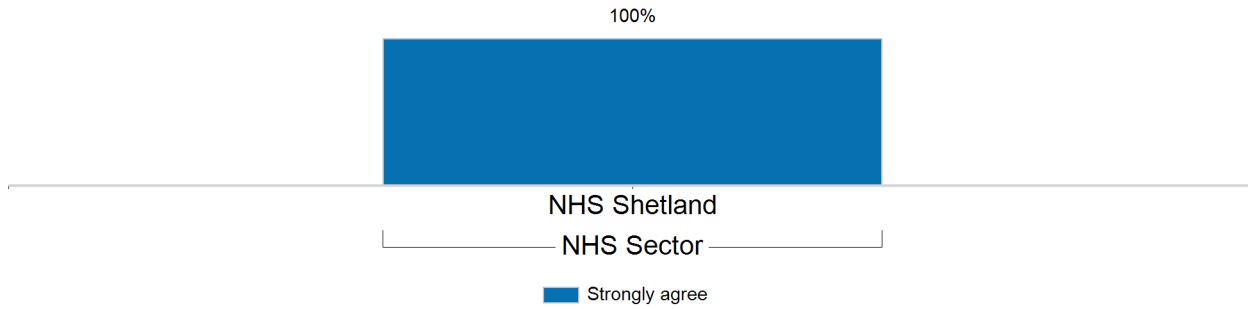
### 5.4 Review of Mentor Feedback

Thinking generally about the feedback you receive from your mentor over the course of your practice learning experience, to what extent do you agree that this was...



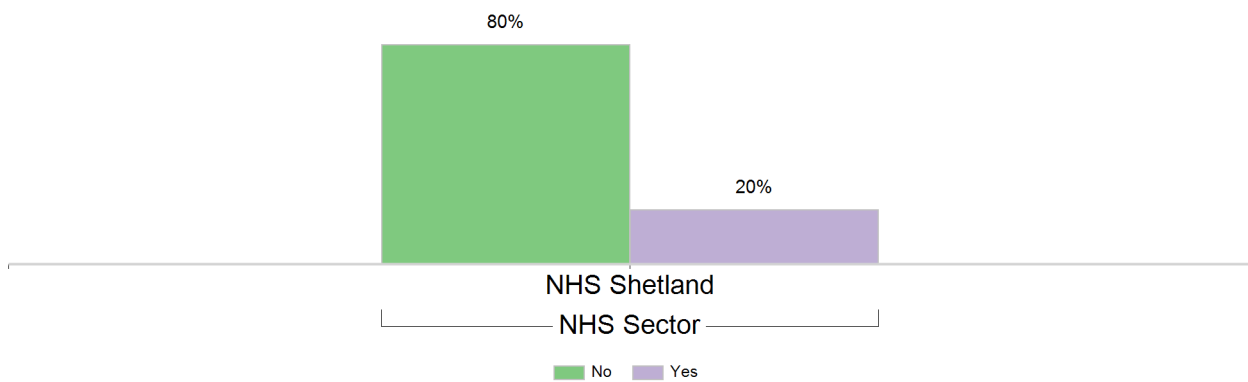
### 5.5 Final Assessment

To what extent do you agree or disagree that your final assessment accurately reflected your progress and performance during your practice learning experience?



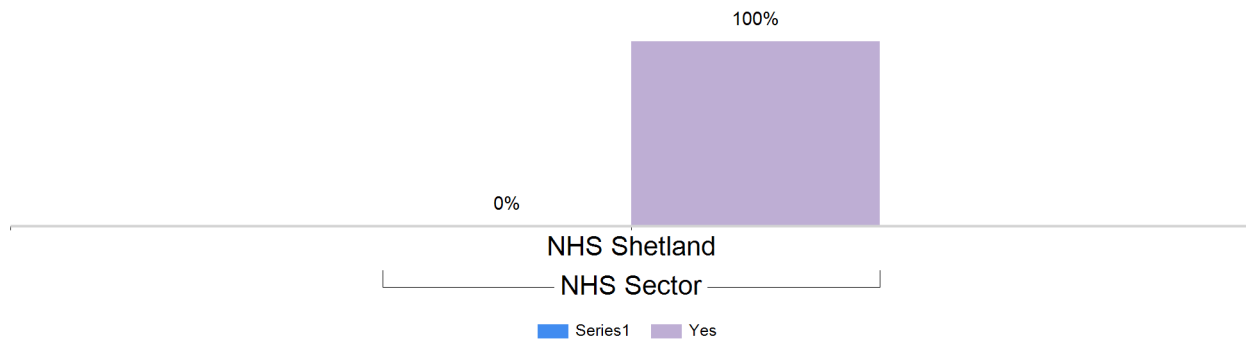
### 6 Reasonable Adjustments

6.1 Did you require any reasonable adjustments... at any point during your practice learning experience?

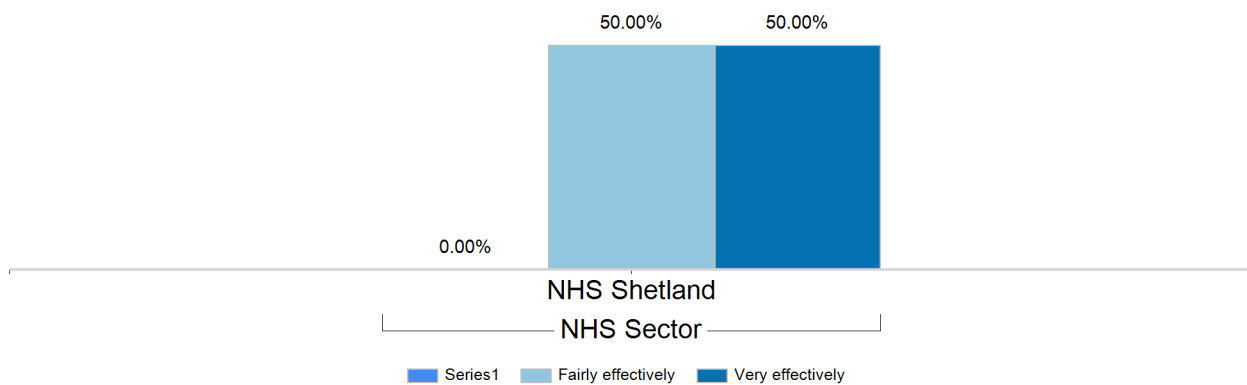




6.2 And did you discuss your reasonable adjustment needs with your mentor?



6.3 How effectively, if at all, did you think your reasonable adjustment needs were met?



7 Free Text Questions

7.1 "What, if anything, was particularly good about your practice learning experience?"

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## Quality Management of the Practice Learning Environment

# Student Feedback Overview Report

As at 11/01/2023



-- - Wide variety of learning available, staff were very good at promoting extra opportunities for students to gain learning outside of the PLE, such as scans, theatre, Drs ward rounds and MDT meetings. Also if acute events occurred, staff were keen for me to be included to allow for better learning experiences.

- Having a newly qualified supervisor along with an experienced Assessor, brought about different teaching styles which was very beneficial to my learning experience.

- Being assigned a set of patients to care for during a shift meant that I wasn't expected to cover other areas of the ward, this allowed for better concentration on a set of patients needs, learning about their medical conditions and meant I could focus on plans for their ongoing care, therefore being able to hand over patient care to the next shift confidently.

- Newly qualified nurses were highly efficient and are great professional role models for students in the practice setting.

- I felt that senior nurses were particularly good at taking time to explain theory behind actions and interventions, and often did not allow for any interruptions or distractions to disrupt our discussions where teaching/learning was taking place. (Gilbert Bain Hospital, Ward 3)

-- All of the Brae team were so welcoming and willing to pass on their knowledge. They were always there to support me if need be and were there to help me grow my confidence and independence with new skills. (Shetland Community, Brae Community)

-- During my time in the outpatient clinics department at GB hospital in Shetland, I found that everything was good. The staff was fantastic and supportive. They would always find an opportunity to teach me something new. They made me feel part of the team from the first day and always engaged with me with department decisions. I had the possibility to cover many aspects of medicine such as: gynaecology, cardiology, ENT, rheumatology, pain management, podiatrist, diabetic, dermatology, dietician, fracture, maternity, general medicine, general surgical, ophthalmology, and minor ops. I had the chance to enhance my learning by going out on spokes such as: McMillan nurses, theatre, A&E, and paramedics. (Gilbert Bain Hospital, Out Patients Department)

-- Everything, I learnt loads (Gilbert Bain Hospital, Accident and Emergency)

-- I felt like I was given lots of different learning opportunities and was properly supported during my placement to achieve any goals I had in mind. The Bixter Community Nursing team is a lovely team and I loved being a part of it during my placement. I got to experience palliative and end of life care while maintaining dignity and respect for the patient while working with multidisciplinary teams and with relatives, keeping the patient's best interests at heart. This has had a profound impact on my nursing practice which I intend to develop further in my future placements. My mentor has helped me improve my confidence and have enjoyed meeting and getting to know the patients in this area. I would highly recommend future placements here. (Shetland Community, Bixter Community)

-- I had such a positive experience in ward 3. The team are so welcoming and supportive which allowed me to achieve my learning goals. I felt everyone I worked with so welcoming and knowledgeable. (Gilbert Bain Hospital, Ward 3)

-- I really enjoyed this placement as I was given so many opportunities to expand on my learning and given the space to be able to research things on my own.

I felt the team dynamic made me feel really comfortable which I really appreciated as I was so anxious before starting.

My practice supervisor and assessor were so helpful and answered any questions I had and really encouraged me to become more independent which I found really helpful to my overall experience. (Shetland Community, Community Mental Health Team)

Quality Management of the Practice Learning Environment  
**Student Feedback Overview Report**

As at 11/01/2023



- My mentor was really encouraging and I felt within myself that my confidence has improved since my last placement there (Gilbert Bain Hospital, Child Health)
- Very friendly team to work with and loads of learning experiences available. (Gilbert Bain Hospital, Day surgery unit)
- Ward staff very welcoming, friendly and helpful. (Gilbert Bain Hospital, Ward 3)

7.2 "And what, if anything, would have improved your practice learning experience?"

[Show / Hide](#)

-- I wished I could have had more time. There is so many leaning opportunities available on this ward (Gilbert Bain Hospital, Ward 3)

-- - This only happened once or twice during placement but I feel it knocked my confidence at the start and felt some staff were not accepting of having a student tag along.  
When a students' allocated supervisor or assessor isn't available during a shift, It would be good if another staff member was assigned by the senior nurse to act as stand in supervisor for that shift, and that the person is willing and accepting of taking a student for the shift.

This would prevent students being left to 'float', left feeling as though no-one was willing to assist in your learning for that day, understandably everyone is very busy and supervising a student does mean work can take a little longer. Students being left to 'float' is not ideal for the student and having an allocated staff member to report to and gain feedback or guidance is better for the students experience.

- Uninterrupted drug rounds for students would be ideal. Although reduced staff numbers tended to be the reason for supervisors being called away.

(Gilbert Bain Hospital, Ward 3)

-- A work sheet with some of the Shetland lingo. (Shetland Community, Brae Community)

-- I understand that there were some management issues during my placement regarding the team itself - however despite all the additional stress placed on the team, it didn't affect the experience I had and actually was a great learning experience to witness but not be directly involved in. (Shetland Community, Community Mental Health Team)

-- More opportunities to get experience of childrens theatre lists (Gilbert Bain Hospital, Child Health)

-- N/A (Gilbert Bain Hospital, Out Patients Department)

-- N/A (Gilbert Bain Hospital, Ward 3)

-- nothing (Gilbert Bain Hospital, Accident and Emergency)

-- Nothing! I really enjoyed it. (Gilbert Bain Hospital, Day surgery unit)

7.3 "Any additional comments about your practice learning experience"

[Show / Hide](#)

# Quality Management of the Practice Learning Environment

## Student Feedback Overview Report

As at 11/01/2023



-- (Gilbert Bain Hospital, Child Health)

-- I absolutely loved this experience and really learnt a lot about myself and routes my career might lead me. (Shetland Community, Community Mental Health Team)

-- I really enjoyed my placement on ward 3 and feel I have learned most during this placement.

The staff were very accommodating and proactive in finding opportunities for learning.

It is such a busy and varied ward with a great team of experienced nurses and newly qualified nurses, this really makes for a good mixture of teaching styles.

(Gilbert Bain Hospital, Ward 3)

-- none (Gilbert Bain Hospital, Accident and Emergency)

-- The team were all so lovely and made me feel very welcome. They have made my Shetland experience amazing. (Shetland Community, Brae Community)

-- This placement helped me a lot to reflect about my carrier prospective. There are so many fields that students should explore during their time at university, and I believe this is a great place to do so. I found this placement very educational thanks to the support and professionalism of my PS/PA which pushed me to gain experience in every single clinic. Prior my arrival, they made a plan for myself aimed to experience every single service they provide. They asked what my expectations were and what I wanted to gain from this PLE. Today, I can say with certainty that I have achieved my expectations and I am pleased with the learning experiences I have come across during my time at Gilbert Bain Hospital. (Gilbert Bain Hospital, Out Patients Department)

-- This was a very busy ward however even though staff were extremely busy they still managed to take time to teach and I feel I had valuable learning experiences. (Gilbert Bain Hospital, Ward 3)

### 8: Associated Learning Environments:

Learning Centre	Learning Environment	Responses
<b>Gilbert Bain Hospital</b>		<b>7</b>
<b>Shetland Community</b>		<b>3</b>

[Overall Satisfaction](#) | [Notice Period](#) | [Preparation](#) | [Orientation & Induction](#) | [Induction helpful?](#) | [Learning environment 1](#) | [Learning environment 2](#) | [Mentor allocated?](#) | [Mentor review](#) | [Mentor availability](#) | [Mentor feedback](#) | [Final assessment](#) | [Adjustments required](#) | [Adjustments discussed](#) | [Adjustments effective](#) | [Learning Centres & Learning Environment](#)