

# Shetland NHS Board

## Board Paper 2021/22/01

<b>Meeting:</b>	Shetland NHS Board		
<b>Paper Title:</b>	Quality Report – Update on Progress		
<b>Date:</b>	27 <sup>th</sup> April 2021		
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<b>Executive Lead:</b>	Kathleen Carolan	<b>Job Title:</b>	Director of Nursing & Acute Services
<b>Decision / Action required by meeting:</b>			
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.			
<b>High Level Summary:</b>			
The report includes: <ul style="list-style-type: none"> <li>• A summary of the work undertaken to date in response to the ‘quality ambitions’ described in the Strategy;</li> <li>• Our performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures)</li> <li>• When available, feedback gathered from patients and carers – along with improvement plans</li> </ul>			
<b>Key Issues for attention of meeting:</b>			
Noting the good performance as shown in the report			
<b>Corporate Priorities and Strategic Aims:</b>			
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.			
<b>Implications</b> : <i>Identify any issues or aspects of the report that have implications under the following headings</i>			
<b>Service Users, Patients and Communities:</b>	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		
<b>Human Resources and Organisational Development:</b>	The focus of this report is on evidencing effective training and role development to deliver care, professionalism and behaviours which support person centred care		
<b>Equality, Diversity and Human Rights:</b>	EQIA is not required.		
<b>Partnership Working</b>	Quality standards and assessment of impact applies in all NHS settings.		
<b>Legal:</b>			

<b>Finance:</b>	Quality standards and the delivery of them is part of the standard budgeting process and are funded via our general financial allocation.	
<b>Assets and Property:</b>	Nil	
<b>Environmental:</b>	A Strategic Environmental Impact Assessment is not required or has been completed.	
<b>Risk Management:</b>	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.	
<b>Policy and Delegated Authority:</b>	Delegated authority for the governance arrangements that underpin quality and safety measures sit with the Clinical, Care and Professional Governance Committee (and the associated governance structure)	
<b>Previously considered by:</b>	Data in this report is also shared with the Joint Governance Group which met in February 2021	
<b>“Exempt / private” item</b>	<i>Public document</i>	

## **PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION**

### **PROGRESS ON THE DEVELOPMENT OF A PATIENT EXPERIENCE FRAMEWORK**

The Board supported a formal proposal to develop an approach (or framework) that would enable us to bring together the various systems that are in place to gather patient experiences and feedback so that we can demonstrate clearly how feedback is being used to improve patient care.

Progress continues and since December 2020 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media during the pandemic to make sure that people in our wider community and patients know how to access our services and know how services have changed in order to meet new requirements as a result of COVID 19. This has included films, radio interviews, podcasts, articles in local news media and live streaming information sessions on social media, facilitated by the Chief Executive.
- A project has commenced to undertake a review of the clinical strategy and the methodology includes bringing together a very broad set of perspectives. Patients, community leaders, members of the public and third sector organisations will be invited to participate in every stage of the strategy development between now and June 2021. Over 200 people have completed the engagement tool, plus focus groups have been organised by and for young people and three workshops have taken place with an open invite to the community. The feedback will inform the content of the strategy and the guiding principles in it. A webpage has been developed to hold all of the key resources which can be found at: <https://www.shb.scot.nhs.uk/board/clinicalstrategy/index.asp>
- Edna Watson, Chief Nurse (Community) is leading a community engagement project to review and develop sustainable options for community nursing, including in the most remote parts of Shetland. This project currently reviewing recruitment options following a listening exercise with people living in these localities to understand community nursing needs and provision.
- We paused or scaled back our quality improvement work for three months, coinciding with the first wave of the pandemic. We have since last summer, we have continued to gather patient feedback and in a wide range of settings (in addition to the work described to support the clinical strategy refresh) and some examples of that work and the findings are included in Appendix B. Four examples are attached including a report setting out feedback provided by patients admitted to the Acute Hospital wards during 2020 and the beginning of 2021. We are encouraging patient feedback proactively as the numbers of surveys completed is low. In addition to this, the annual endoscopy patient which was undertaken in November 2020 is enclosed along with the health visitor's patient feedback responses following a very successful audit of our baby friendly services by UNICEF at the end of 2020. The quality improvement work undertaken by the Intermediate Care Team is also shown in the form of a 'white board'.

## **DELIVERING QUALITY CARE AND SUPPORTING STAFF DURING THE PANDEMIC**

### **Staff wellbeing**

The Staff Governance Committee (SGC) is supporting a comprehensive programme of staff health and wellbeing activities. This includes specific approaches for effective and inclusive debriefs following significant traumatic events e.g. unexpected patient death (using Schwartz rounds and TRiM). We are also encouraging teams to undertake debriefs following all complex adverse events to share learning and opportunities for improvement. The themes and lessons learnt from this work is shown in Appendix A.

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).

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

Our focus over 12 months has been to ensure that we maintain safe and effective care in all settings during the initial phase of the pandemic and through into more recent months where we have remobilised services.

We have used the winter plan which was approved by the Board in December 2020, to support the delivery of services recognising winter pressures and also the impact of increased COVID prevalence in December 2020 and January 2021. The work we undertook to ensure that we have clear infection control pathways for patient placement and outbreak management as well as the care assurance arrangements in the community have meant that we have been able to maintain safe and effective care throughout the second wave of the pandemic, within minimal impact on our remobilisation plan.

The vaccination programme also commenced in December 2020 and is continuing to roll out vaccines in line with supply. Work has also started to review the sustainability of the workforce to support vaccine programmes over the longer term, given there will be increased demand for COVID 19 booster vaccines as well as the extension of the flu vaccination programme running in winter.

Considerable work has been undertaken by NHS Shetland and the Health and Social Care Partnership to provide enhanced support in community settings during the pandemic. This includes input from multi-disciplinary teams to provide care assurance in Care Home settings and ongoing assurance visits and support visits throughout winter led by the Executive Manager for Community Care and the Chief Nurse (Community). A recent programme of care assurance has been completed with visits to all Care Homes, including input from the Infection Control team. Data on testing, adverse events and vaccines uptake, as well as quality of care are including in the care assurance arrangements.

A third iteration of the remobilisation plan was submitted to Scottish Government in March 2021. The focus of this plan is to continue to reinstate services fully, but also to focus on how we will recognise and respond to the impact of the pandemic on people's health longer term e.g. mental health, long COVID and wider health inequalities. The intention is also to ensure that we retain areas of new practice and models of care that are person centred and effective e.g. offering easier access to advice remotely for urgent care.

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 intention is to bring a revised structure and terms of reference to the NHS Board and IJB at the end of June 2021.

All three of the workshops have been held as part of the ongoing work to review the clinical and care strategy for Shetland. The events included a broad range of participants including patients, members of the community and partner organisations. A toolkit has been developed to enable people to get involved, share their thoughts and experiences and we have received a good response to this engagement strategy and feedback will be used to inform the final content of the strategy which will be received by the NHS Shetland Board and the IJB at the end of June 2021.

In order to move forward with our quality improvement programme, we are undertaking some specific projects focussing on implementing daily dynamic discharge and improving discharge planning across Acute Hospital wards. This includes a multi-agency review of the discharge planning policy. This work sits alongside the care assurance arrangements that have been put in place to reduce the incidence of falls and pressure ulcer management and review policies in these nursing sensitive measures. The Chief Nurse (Acute) is working closely with teams to implement the quality improvement programme and releasing time to care approaches. This work is being reported through the excellence in care, care assurance framework and data for assurance is shown in the Quality dashboard in Appendix A.

Following a recent review of large scale change projects that have been commissioned across partner organisations; it has been agreed that a Board will be established to lead a piece of work to identify key priorities for funding and support in Shetland. The Board will follow the model of that set out by the ANCHOR project and consider how best to implement early action interventions. The Board has agreed a draft programme of work for 2021-22 and is currently developing a communication strategy.

A similar review, which is at an early stage is aimed at agreeing the partnership priorities for the Shetland Children's Partnership. This review will run until July 2021 and is aimed at identifying the strategic aims and outcomes for the SCP, in line with the Children's Joint Plan for Shetland.

# Quality Report - Board

Generated on: 07 April 2021









## Health Improvement




	Months			Quarters			Icon	Target	
Code & Description	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	Latest Note
	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			64.5%	62.8%				Exceeding national target of 50% and local target of 58%. National data for 2018-19 shows us at 59.7% - the 2nd best performing Board in Scotland and well above the national average (43.5%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	15	15		11	15	15		217	The number of ABI screenings undertaken remains high, but patients asked do not tend to meet the threshold for a full ABI. This could be interpreted as positive in that it means people are not drinking at hazardous or harmful levels, or it may mean that the screenings are being targeted at the wrong people. The ABI Delivery Improvement plan was disrupted due to COVID-19; a revised timescale for delivery of training modules is under development.

## Patient Experience Outcome Measures


	Months			Quarters			Icon	Target	
Code & Description	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	100%	97.1%	100%	100%	97.1%		90%	

	Months			Quarters			Icon	Target	
Code & Description	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	Latest Note
	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%	94.44%	95.24%	100%	94.44%		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%	97.1%	100%	100%	98.6%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	88.89%	94.74%	100%	85.71%	88.89%	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)	95.96%	99.31%	96.5%	97.62%	95.96%	96.5%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	95.83%	98.57%	92.54%	97.5%	95.83%	92.54%		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)	94%	100%	90%	89.47%	94%	90%		90%	






## Patient Safety Programme - Maternity & Children Workstream





	Months			Quarters			Icon	Target	
Code & Description	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,220	1,251	1,279	1,128	1,220	1,310		300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0		4	
NA-CF-16 % of women satisfied with the care they received									Currently reviewing the questionnaire and collation process.

## Service & Quality Improvement Programmes - Measurement & Performance

	Months			Quarters			Icon	Target	
Code & Description	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target	
MD-HC-05 SEPSIS Six - actions performed < 1 hour (Sepsis is a complication of an infection when the body's immune defences attacks the body's own organs and tissues)									Ward 3 are undertaking the Sepsis audit as part of their ongoing Clinical Governance work. There will be a review of the anaesthetic team job plans to help identify an individual to also partake in the audit.
NA-HC-08 Days between Cardiac Arrests	197	228	256	105	197	256		300	Please see Appendix 1 of the August 2020 Board Quality Report




Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-09 All Falls rate (per 1000 occupied bed days)	2.93	2.9	8.36	8.85	2.93	8.36		7	SLWG commenced to review falls policy, falls risk assessments and care planning for falls prevention and post fall management. Changes to risk assessment and planning incorporated into policy, draft going through approval processes.
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	1.46	1.45	2.79	0	1.46	2.79		0.5	MDT approach to incident investigations and sharing of learning.  Recent investigation skills training provided to in inpatient ward senior charge nurses to improve investigation quality and aid learning opportunities.  Refresh of ward based safety huddles with emphasis on falls prevention and falls prevention aids. Chief Nurse conducting care assurance visits/audits twice monthly to assist SCNs/teams with QI priorities. More details are shown in Appendix 1
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	2	29	9	82	2	9		300	Review of ward processes and use of tools such as Sskin and Comfort rounding, use of tools to be improved. Quality improvement work underway with Inpatient wards lead by chief nurse acute. Refresh of ward based safety huddles to highlight patients with risk factors.  Each hospital acquired pressure ulcer discussed a MDT tissue viability meeting, findings and actions shared with all ward staff. Chief Nurse conducting care assurance visits/audits twice monthly to assist SCNs/teams with QI priorities. More details are shown in Appendix 1
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	1.46	1.45	2.79	0	1.46	2.79		0	
NA-HC-59 % of patients discharged from	99.4%	99%	99%	100%	99.4%	99%		95%	

	Months			Quarters			Icon	Target	
Code & Description	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target	
acute care without any of the combined specified harms									
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100			90	100				
NA-HC-75 % of total observations calculated accurately on the NEWS 2 charts – Ward 1	85.42%	93.99%	92.58%	92.22%	84.17%	93.36%		95%	
NA-HC-76 % of NEWS 2 observation charts fully compliant (Accuracy) – Ward 1	30.77%	50%	52.63%	43.33%	47.06%	51.28%		75%	Ward senior charge nurses or nurse in charge continue with spot checks of observation charts. Results discussed at ward meetings and additional training provided where necessary.  Electronic systems shown to improve accuracy and that is being explored. Chief Nurse conducting care assurance visits/audits twice monthly to assist SCNs/teams with QI priorities.
NA-HC-77 % of total observations calculated accurately on the NEWS 2 charts – Ward 3	84.13%	86.32%	89.15%	93.44%	90.86%	87.67%		95%	
NA-HC-78 % of NEWS 2 observation charts fully compliant (Accuracy) – Ward 3	21.05%	40%	40%	46.55%	51.79%	40%		75%	Ward senior charge nurses or nurse in charge continue with spot checks of observation charts. Results discussed at ward meetings and additional training provided where necessary. See Appendix 1 for more details.  Electronic systems shown to improve accuracy and that is being explored. Chief Nurse conducting care assurance visits/audits twice monthly to assist SCNs/teams with QI priorities.
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly								The format of the Patient Safety Conversations was reviewed and agreed by the Joint Governance Group. The new approach was to be tested in a few departments, the first being in Ward 3 on 17th March.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	
	Value	Value	Value	Value	Value	Value	Status	Target	
									Unfortunately, this had to be cancelled due the COVID-19 lockdown. The Medical Director plans to recommence as soon as it is safe to do so.
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured quarterly			0%					Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured quarterly			0%					Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Measured quarterly			0%					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			0%					Note: Surgical Site Infection Surveillance suspended due to COVID-19.

## Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	
	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). See CH-MH-04 for details of our balancing measure.
CH-MH-04 People with diagnosed dementia who take up the offer of post	Measured quarterly			41.9%	38.2%				Note: this is a local measure showing the number of people with an active PDS Status as a percentage of

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2020	January 2021	February 2021	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21	Q4 2020/21	
	Value	Value	Value	Value	Value	Value	Status	Target	
diagnostic support (ie have an active Post Diagnosis Support status)									those diagnosed with dementia who take up the offer of post diagnostic support - 55 of 144 cases. This measure was revised for year 2019-20.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			0.98					Latest available provisional national data. Rate remains consistently well within expected levels. Next data due May 21.

# APPENDIX A - Overview of falls, pressure care incidence Jan-March 2021

WARD 1 NA-HC-60 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury
B/Fwd			22	To add total days from 2020
Jan-21	1	1	5	Minor injury
Feb-21	0	2	33	
Mar-21	0	0	64	
Apr-21				
May-21				
Jun-21				
Jul-21				
Aug-21				
Sep-21				
Oct-21				
Nov-21				
Dec-21				
<b>Total</b>	<b>1</b>	<b>3</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			143	To add total days from 2020
Jan-21	0	0	174	
Feb-21	2	2	8	Unknown
Mar-21	0	2	8	
Apr-21				
May-21				
Jun-21				
Jul-21				
Aug-21				
Sep-21				
Oct-21				
Nov-21				
Dec-21				
<b>Total</b>	<b>2</b>	<b>2</b>		

BOARD			
Date	Total number of falls with injury	Total number of falls with no injury	Number of days between a new Fall being identified
<b>TOTAL</b>	<b>3</b>	<b>7</b>	<b>-</b>



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			200		To add total days from 2020
Jan-21	0	0	231		
Feb-21	2	2	9	Grade 2 Grade 2 Grade 3 Grade 3	On Ward On Ward Home - on admission Ward 3 - on admission
Mar-21	0	1	40	Grade 2	Community
Apr-21					
May-21					
Jun-21					
Jul-21					
Aug-21					
Sep-21					
Oct-21					
Nov-21					
Dec-21					
<b>Total</b>	<b>2</b>	<b>3</b>			

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			2		To add total days from 2020
Jan-21	1	1	29	Grade 2 Grade 3	On the ward Out with Shetland
Feb-21	0	1	57	Grade 3	In the community
Mar-21	0	4	88	Grade 4 x 2 Grade 3 Grade 2 x 2 Grade 2	All in the community
Apr-21					
May-21					
Jun-21					
Jul-21					
Aug-21					
Sep-21					
Oct-21					
Nov-21					
Dec-21					
<b>Total</b>	<b>1</b>	<b>6</b>			

BOARD			
Date	Total number of sores aquired while on ward	Number present on admission	Number of days between a new PU being identified
<b>TOTAL</b>	<b>3</b>	<b>9</b>	<b>-</b>



**APPENDIX B - Learning points from the investigation of patients with falls with harm, patients who developed pressures ulcers in Hospital in Appendix A. Plus learning points from the audit of early warning score documentation (NEWS)**

<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>
January 2021	1	Potentially Avoidable	Yes	Discussed after event with team	Patients with known complex needs/mobility aids and abilities should be discussed with the MDT on admission and throughout their stay to ensure ward the equipment that the patient is given is appropriate to their needs and falls risk. The patient was becoming frailer with rapid decline and this is a contributing factor in the fall.
February 2021	2	Potentially Avoidable	Yes	NA	The adverse event was discussed at a safety brief. The patients had a cognitive impairment so it was more difficult to anticipate if they were going to attempt to mobilise. It was noted the importance of ensuring that there are clear care plans in place for patients who are confused and decisions taken regarding whether sensor pads are an appropriate part of their falls risk assessment and care planning.

<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>
January 2021	1	Avoidable	No	NA	The adverse event was discussed at a safety brief. Ensure that risk assessments are updated and patient repositioning is completed at the stated frequency. Plus the importance of clear recording on the SSKIN chart.

<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>
February 2021	2	Avoidable	No	NA	The adverse event was discussed at a safety brief. It was noted that the patients waterlow score was not calculated and this meant that incorrect pressure relieving equipment was used (i.e. an air mattress was not provided initially). Learning points are that the waterlow score must be completed by a registered nurse on admission and regularly reviewed as part of the comfort rounding approach. The comfort rounding documentation and processes have been updated in response to adverse event.
			Yes	NA	The adverse event was discussed at a safety brief. The learning was that attention must be given to all areas of the body that are susceptible to pressure ulcers. Not enough attention had been given to the vulnerability of the patients ears when O <sub>2</sub> therapy was applied. The patient had vulnerable skin due to underlying medical conditions. Additional training in tissue viability and pressure care management will be provided to the team.

**NEWS**

<b>Date</b>	<b>No. of charts reviewed</b>	<b>Most common issues identified</b>	<b>Steps being taken to address practice issues</b>
February 2021	39	Documentation errors = Inaccurate Count Count not recorded Observation not recorded	This has been discussed at team meeting. Additional training has been offered to all members of team, added to daily safety briefing and spot checks are being carried out to identify those who require additional training.



## APPENDIX C – thematic learning from debrief discussions Jan-March 2021

Month	Number of Adverse Events	Number of Category 1	Number of Debriefs Completed	Thematic Learning
January 21	46	0	2	<p>Adverse event theme: mislabelling of a sample</p> <ul style="list-style-type: none"> <li>• <b>Communication</b> – to ensure staff member is aware of the correct sample types and to match the colour blood bottles with the specific test. If they are unsure the member of staff should ask</li> </ul> <p>Adverse event theme: Healthcare associated infection</p> <ul style="list-style-type: none"> <li>• <b>Patient Safety</b> - patients with signs of belpharitis should be delayed for future treatment until the infection has cleared. The clinical environment is multipurpose and that is an increased risk for this type of procedure so a laminar flow until has been purchased to improve air quality.</li> </ul>
February 21	64	0	2	<ul style="list-style-type: none"> <li>• <b>Communication</b> - ensure all relevant staff are included in the debrief, review the process for care home and GP call outs, establish regular meetings with care home</li> </ul> <p>Adverse event theme: Vaccines administration</p> <ul style="list-style-type: none"> <li>• <b>Patient safety</b> – carry out additional checks to ensure have the right patient before administering vaccine if patient has communication difficulties</li> </ul>
<b>Total</b>	<b>110</b>	<b>0</b>	<b>4</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-20	100%	100%	96%	100%	96%	14
Feb-20	100%	100%	100%	100%	88%	9
Mar-20	100%	100%	100%	100%	100%	3
Apr-20	N/A	N/A	N/A	N/A	N/A	N/A
May-20	N/A	N/A	N/A	N/A	N/A	N/A
Jun-20	N/A	N/A	N/A	N/A	N/A	N/A
Jul-20	100%	100%	100%	100%	75%	2
Aug-20	100%	83%	100%	100%	100%	10
Sep-20	100%	90%	98%	95%	95%	11
Oct-20	100%	100%	100%	100%	100%	1
Nov-20	100%	100%	98%	100%	100%	11
Dec-20	100%	100%	99%	100%	100%	19
<b>Average</b>	<b>100%</b>	<b>97%</b>	<b>99%</b>	<b>99%</b>	<b>95%</b>	<b>9</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-20	100%	100%	94%	100%	88%	4
Feb-20	100%	100%	100%	91%	100%	6
Mar-20	100%	#DIV/0!	100%	100%	100%	1
Apr-20	N/A	N/A	N/A	N/A	N/A	N/A
May-20	N/A	N/A	N/A	N/A	N/A	N/A
Jun-20	N/A	N/A	N/A	N/A	N/A	N/A
Jul-20	100%	100%	100%	94%	100%	9
Aug-20	100%	100%	89%	83%	86%	7
Sep-20	100%	75%	98%	100%	83%	9
Oct-20	100%	83%	100%	100%	100%	10
Nov-20	100%	100%	100%	100%	100%	6
Dec-20	100%	83%	88%	82%	75%	6
<b>Average</b>	<b>100%</b>	<b>#DIV/0!</b>	<b>96%</b>	<b>94%</b>	<b>92%</b>	<b>6</b>



# Patient Endoscopy Survey 2020

Gilbert Bain Hospital undertook a Patient Endoscopy Survey for 3 weeks between 7<sup>th</sup> December and 24<sup>th</sup> December 2020.

The aim of the survey was to find out what patients thought about their experience of undergoing an endoscopic examination at the Gilbert Bain Hospital. The survey aimed to capture all elective Day Surgery Unit patients who were having a Colonoscopy, Gastroscopy or Flexible Sigmoidoscopy (or a combination) procedure.

This survey also included for the first time questions about the Pre-Operative Assessment clinic.

Questionnaires were distributed by Day Surgery Unit/Ronas Ward staff and patients were asked to either complete it before they left the Unit (and to place it in the box provided) or take the questionnaire away with them and return it in a prepaid envelope which was provided. The closing date for receiving responses was the 31<sup>st</sup> January 2021. Seventeen responses were received.

An Action Improvement Plan has been produced and is incorporated into this report. A copy of the Patient Endoscopy Questionnaire that was used for this survey has been included in the Appendix. The results from the 2020 Patient Endoscopy Questionnaire are given below. In addition, the results from previous Questionnaires, 2019, 2018, 2017, 2016 and 2015, are also given below for comparison.

## Results

### Response Rate:

Response Rate	2020	2019	2018	2017	2016	2015
Respondents (actual number)	17	20	14	11	24	14
Response Rate	45%	59%	54%	30%	65%	78%

### Questions about your Pre-Operative Assessment Clinic appointment:

Question 1: Did you have a pre-operative assessment prior to your endoscopy examination?	2020	2019	2018	2017	2016	2015
Yes	100%	Not Asked				
No	-					

Question 2: Was this pre-operative assessment appointment.....	2020	2019	2018	2017	2016	2015
Over the telephone?	41%	Not Asked				
In the Pre-operative Assessment Clinic?	35%					
Video call at the Health Centre (Attend Anywhere)?	6%					
Did not answer	18%					

Question 3: Did the pre-assessment nurse explain the purpose of the appointment?	2020	2019	2018	2017	2016	2015
Yes	88%	Not Asked				
No	6%					
Don't Know/Can't remember	6%					

Question 4: Did the pre-assessment nurse give advice about Bowel Preparation?	2020	2019	2018	2017	2016	2015
Yes	76%	Not Asked				
Don't Know	6%					
Not Applicable	12%					
Did not answer	6%					

Question 5: Did the pre-assessment nurse give advice about Dietary Requirements?	2020	2019	2018	2017	2016	2015
Yes	94%	Not Asked				
Did not answer	6%					

Question 6: Did the pre-assessment nurse give advice about your Medication?	2020	2019	2018	2017	2016	2015
Yes	94%	Not Asked				

Did not answer	6%	
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Question 7: Did you feel your pre-assessment nurse helped you to better understand what to expect from your examination?	2020	2019	2018	2017	2016	2015
Yes	100%	Not Asked				

Question 8: Do you have any suggestions about how we can improve the pre-operative assessment clinic appointment?
<p><b>2020 Suggestions:</b>            “No, excellent”            “My experience as excellent and professional”            “None”            “Nurse was very helpful and answered all my questions, so no.”</p> <p><b>2019 Suggestions:</b>            Not previously asked.</p>

**Some questions about you:**

Question 9: How many times have you had an Endoscopy?	2020	2019	2018	2017	2016	2015
First Time	29%	10%	43%	36%	12.5%	14%
Twice	41%	50%	21%	36%	42%	50%
Three times or More	12%	40%	21%	18%	25%	29%
Did Not Answer	18%	-	14%	9%	21%	7%

Question 10: Which Procedure did you have today?	2020	2019	2018	2017	2016	2015
Flexible Sigmoidoscopy	12%	15%	14%	9%	4%	7%
Colonoscopy	59%	45%	42%	64%	46%	36%
Gastroscopy	18%	40%	29%	27%	46%	36%
Gastroscopy & Colonoscopy	12%	-	14%	-	4%	21%

Question 11: Did you have sedation?	2020	2019	2018	2017	2016	2015
Yes	65%	50%	64%	73%	58%	57%
No	29%	35%	36%	27%	37%	43%
Did Not Answer	6%	15%	-	-	4%	-

**Some questions before you had your endoscopy examination:**

Question 12: Did you receive a pamphlet/booklet explaining what the examination involved?	2020	2019	2018	2017	2016	2015
Yes	94%	100%	100%	100%	100%	100%
Did not Answer	6%	-	-	-	-	-

Question 13: Was the pamphlet/booklet easy to understand?	2020	2019	2018	2017	2016	2015
Yes	88%	100%	93%	91%	100%	100%
No	6%	-	7%	9%	-	-
Did not Answer	6%	-	-	-	-	-

Question 14: If you answered 'yes' to question 6, what were the questions?
<p><b>2020 Questions:</b> No questions were asked.</p> <p><b>2019 Questions:</b> No questions were asked.</p> <p><b>2018 Questions:</b> No questions were asked.</p> <p><b>2017 Questions:</b> No questions were asked.</p> <p><b>2016 Questions:</b> No questions were asked.</p> <p><b>2015 Questions:</b> "Length of procedure, pain, after effects etc."</p>

Question 15: Were you given sufficient time to ask questions?	2020	2019	2018	2017	2016	2015
Yes	100%	95%	93%	93%	92%	93%
Not applicable	-	5%	-	-	8%	7%
Did not answer	-	-	7%	7%	-	-

Question 16: Did staff answer your questions in a way you could understand?	2020	2019	2018	2017	2016	2015
Yes	88%	75%	71%	73%	87%	79%
Not applicable	12%	25%	21%	18%	-	14%
Did not answer	-	-	7%	9%	12%	7%

Question 17: How would you rate your level of worry or concern before you had	2020	2019	2018	2017	2016	2015
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the examination (descriptions on the rating scale were added in the 2015 survey)?						
Not at all worried	12%	50%	21%	36%	37%	43%
A little worried	59%	45%	64%	54%	62%	50%
Quite a bit worried	29%	5%	7%	9%	-	7%
Very worried	-	-	7%	-	-	-

**Question 18: If you had a main worry or concern, what was it?**

**2020 Main worry or concern:**

“Worried about the results of examination”  
 “Possibility of cancer diagnosis”  
 “What would be the results”  
 “The results”  
 “What would be the results”

**2019 Main worry or concern:**

“Concern in case anything was found to require further treatment”  
 “That I followed the Moviprep and diet instructions to the letter”  
 “Sedation”  
 “Just anxious regarding the procedure in general”  
 “Stopping apixaban”

**2018 Main worry or concern:**

“Reaction to anaesthetic”  
 “Maybe find cancerous polyp”  
 “Something untoward might be discovered”  
 “Cancer”

**2017 Main worry or concern:**

“In case growths were still there”  
 “The procedure itself”  
 “It would be painful and they might find something”  
 “Not being sedated (was meant to but there was an emergency so no anaesthetist available) but the Surgeon did an excellent job in persuading me that I would be ok without. And I would have had to wait until the **next year** to get it done with sedation, which would have been ridiculous.”

**2016 Main worry or concern:**

“That something would be found.”  
 “Thinking something might be wrong.”  
 “Just wondering what the outcome would be.”  
 “What the examination reveals.”  
 “Nothing specific, just a bit tense about the procedure.”  
 “Just being in hospital.”  
 “Gibbering during sedation.”  
 “Not applicable.” (x2)



**2015 Main worry or concern:**

“End result.”

“That I would be waiting a long time before going down to theatre. That I would feel some pain or discomfort.”

“The discomfort of the initial insertion.”

“That the equipment would go in as I have difficulties swallowing.”

“Feeling the examination as it happened.”

Question 19: Where did you sign your consent form?	2020	2019	2018	2017	2016	2015
On the Day Surgery Unit	24%	45%	36%	64%	54%	43%
In Theatre/Examination Room	-	-	-	9%	4%	-
At Home	76%	55%	57%	18%	33%	43%
The day before in Gilbert Bain Hospital	-	-	-	-	-	7%
Pre Assessment Appointment	-	-	-	-	8%	7%
Did not answer	-	-	7%	-	-	-

**Questions about having a colonoscopy:**

Question 20: How easy or difficult was it to take your bowel preparation (Movieprep)?	2020	2019	2018	2017	2016	2015
Very easy	17%	<b>Not Asked</b>				
Easy	17%					
Tolerable	42%					
Difficult	25%					
Very Difficult	-					

Question 21: Did you take the whole bowel preparation as instructed?	2020	2019	2018	2017	2016	2015
Yes	83%	<b>Not Asked</b>				
No	17%					

Question 22: Were the bowel preparation instructions easy to understand?	2020	2019	2018	2017	2016	2015
Yes	100%	<b>Not Asked</b>				

**Question 23: Do you have any other comments about the bowel preparation?****2020 Comments:**

“Messy”

“I had three treatments followed by 14 hours of “movements” and no sleep – Not ideal??”

“None”

“No”

“Could have a stronger flavour”

## Some questions about the Day Surgery Unit:

Question 24: Did you feel that your privacy and dignity was respected?	2020	2019	2018	2017	2016	2015
Yes	94%	90%	100%	100%	96%	100%
No	6%	5%	-	-	4%	-
Did not answer	-	5%	-	-	-	-

Question 25: Did you feel informed about what was happening to you?	2020	2019	2018	2017	2016	2015
Yes	100%	95%	100%	100%	100%	100%
No	-	-	-	-	-	-
Did not answer	-	5%	-	-	-	-

Question 26: Were there adequate toilet facilities?	2020	2019	2018	2017	2016	2015
Yes	100%	95%	86%	100%	96%	100%
No	-	-	7%	-	-	-
Did not answer	-	5%	7%	-	4%	4%

Question 27: What was the temperature like in the Unit?	2020	2019	2018	2017	2016	2015
Just right	93%	90%	86%	<b>Not Asked</b>		
Too cold	-	5%	14%			
Too Warm	6%	-	-			
Did not answer	-	5%	-			

### Question 28: Do you have any suggestions how we can improve the layout of the Day Surgery Unit?

#### 2020 Suggestions:

“None”

“A bit of music playing”

“It was excellent”

“No”

#### 2019 Suggestions:

“None, facilities were clean and comfortable”

“No, Everything was good”

“I Could not improve the service”

“Chairs uncomfortable”

#### 2018 Suggestions:

“No” (x3)

**2017 Suggestions:**

“Not really, I thought it was excellent.”

“No, all the nurses I saw were very pleasant and friendly and there was no problem for me with the layout.”

**2016 Suggestions:**

“More Privacy.”

“For some patients closure of screens may be helpful for their privacy.”

“No the whole service and experience was first class, thank you.”

“No.” (x2)

“Not applicable.”

**2015 Suggestions:**

“More comfortable seating, it can be a long wait.”

“Looks great to me – last time 7 years ago, I was on a ward upstairs and felt I was disturbing other patients, I like this day unit.”

**Some Questions About Your Examination in the Theatre / Examination Room**

<b>Question 29: Did you feel that your privacy and dignity were respected?</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Yes	100%	90%	93%	100%	100%	100%
Did not answer	-	5%	7%	-	-	-
Don't know	-	5%	-	-	-	-

<b>Question 30: Did you feel adequately informed what was happening to you?</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Yes	100%	95%	93%	100%	100%	100%
Did not answer	-	5%	7%	-	-	-

<b>Question 31: Was the temperature in the Theatre Department.....</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Just Right	88%	75%	86%	100%	100%	100%
Too cold	-	10%	7%	-	-	-
Too Warm	6%	-	-	-	-	-
Did not Answer	-	5%	7%	-	-	-
Don't know	6%	10%	-	-	-	-

<b>Question 32: How would you describe your level of discomfort during the procedure?</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
None/Can't remember	41%	15%	<b>Not Asked</b>			
Minimal	29%	35%				
Mild	6%	15%				
Moderate	24%	15%				
Severe	-	-				
Did not answer		20%				

Of the four people (24%) who indicated that their discomfort was moderate:

- two had a flexible sigmoidoscopy,
- one a gastroscopy,
- one a gastroscopy and colonoscopy combined.

<b>Question 33: What was the examination like?</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Acceptable and I would have it again.	82%	75%	50%	82%	71%	86%
Acceptable, but uncomfortable, I would have it again if necessary.	18%	15%	36%	18%	29%	14%
Did not answer	-	5%	14%	-	-	-
I can't remember	-	5%	-	-	-	-

<b>Question 34: Is there anything we could do to improve your experience?</b>
<p><b><u>2020 Suggestions:</u></b>            "All the people involved in my procedure were excellent. Thank you all X"            "No. Everything went well"            "More sandwiches/biscuits"            "Nothing"            "None"            "No"</p> <p><b><u>2019 Suggestions:</u></b>            "Alternative method of bowel prep"            "No, everything was fine"            "Nothing, everyone was fine"            "Nothing so I am very happy with the procedure"            "Some ones hand to hold. Would have been great"</p> <p><b><u>2018 Suggestions:</u></b>            "No" (x2)</p> <p><b><u>2017 Suggestions:</u></b>            "No I have no complaints about any of it."            "I would have preferred to be sedated but thank-you for your care"</p> <p><b><u>2016 Suggestions:</u></b></p>

“No, theatre staff were excellent at their job and very engaging and welcoming.”  
 “No, Day Surgery Unit Excellent. No Theatre staff fabulous.”  
 “No, everything was efficient and explanations good.”  
 “No.” (x3)  
 “Not applicable.”

**2015 Suggestions:**

“Cut down on waiting time, though I know you are very busy. I was told by the pre-assessment nurse to give myself the enema 1hr before the procedure, the booklet says 2. But this turned out to be irrelevant as I was taken 2hrs late! Also, the booklet advised to stop taking laxatives 3 days before, I had a cancellation so this was irrelevant as well.”  
 “No, it really was very smooth!”  
 “No – all staff were really courteous, well informed and friendly.”  
 “Only me being sick but not affected procedure.”

**Some Questions about After Your Examination:**

Question 35: Did you feel that it was made clear what would happen next?	2020	2019	2018	2017	2016	2015
Yes	94%	94%	86%	100%	100%	93%
Don't Know	-	-	-	-	-	-
Did Not Answer	6%	6%	14%	-	-	7%

Question 36: Were you told the outcome of your examination before you went home?	2020	2019	2018	2017	2016	2015
Yes	94%	95%	86%	100%	79%	71%
No	-	-	-	-	21%	21%
Did Not Answer	6%	5%	14%	-	-	7%

Question 37: Was it made clear to you how you could get your results?	2020	2019	2018	2017	2016	2015
Yes	94%	95%	86%	100%	92%	79%
No	-	-	-	-	-	-
Did not answer	6%	-	14%	-	4%	14%
Don't know	-	5%	-	-	4%	7%

Question 38: Were you informed (verbally or in writing) of the 24 hour contact telephone number if you had questions or experienced problems?	2020	2019	2018	2017	2016	2015
Yes	76%	95%	86%	91%	79%	64%
No	-	5%	-	-	8%	-
Don't know/Did not answer	24%	-	14%	9%	12%	36%

Question 39: Were you discharged with verbal and written information about next steps appropriate to your care? (Question changed 2017)	2020	2019	2018	2017	2016	2015
Verbal	12%	-	21%	18%	46%	43%
Written	6%	5%	-	-	17%	21%
Both verbal and written	65%	80%	57%	82%	25%	14%
Neither verbal or written	-	-	-	-	-	7%
Don't know/Did not answer	17%	15%	21%	-	12%	14%

### Some questions about your overall visit to the hospital:

Question 40: Do you think you were given a realistic expectation of discomfort or pain prior to the examination?	2020	2019	2018	2017	2016	2015
Yes	84%	100%	79%	100%	96%	100%
No	-	-	7%	-	4%	-
Don't know/Did not answer	12%	-	14%	-	-	-

Question 41: During your stay, were you asked whether you wanted your clinical care discussed in private?	2020	2019	2018	2017	2016	2015
Yes	41%	50%	7%	36%	50%	21%
No	35%	25%	64%	36%	29%	50%
Don't know/Did not answer	24%	25%	29%	27%	21%	29%

Question 42: How would you rate the care you received?	2020	2019	2018	2017	2016	2015
Excellent	94%	95%	86%	100%	96%	100%
Good	-	5%	7%	-	4%	-
Don't know/Did not answer	6%	-	-	-	-	-

**Question 43: If there was anything you didn't understand, what could have been done to improve your understanding?**

**2020 Comments:**

"N/A"  
 "All staff brilliant"  
 "Pictorial aids.....?"  
 "Everything was fine"  
 "None"  
 "No"

**2019 Comments:**

"No, information supplied was good, plus most people will have access to the internet for further info."

**2018 Comments:**

"No all was fine"

"Don't know"

"N/A"

"No"

**2017 Comments**

"All you had to do was ask a member of staff"

"NA"

"My only observation would be that is it possible to add concentrated fruit juice to the MoviPrep to make it more palatable."

**2016 Comments:**

"No, information was good and I looked up some info on the internet as well, this was the same as info provided."

**2015 Comments:**

"No."

**Question 44: Do you have any suggestions that would help to improve the service for yourself and other patients?**

**2020 Suggestions:**

"Important to keep patients informed as much as possible"

"None"

"No"

"No complaints, other than not liking the drunk feeling with the gas and air. Would rather not be awake"

**2019 Suggestions:**

No comments

**2018 Suggestions:**

"No" (x3)

"N/A"

**2017 Suggestions:**

"I think the daycare unit is run efficiently and I was very happy with all aspects of it."

"No."

**2016 Suggestions:**

"Keeping the same."

"None, experience was very positive. No pain at all, no memory of events. Has put my mind at rest if I ever need any further tests/ops."

**2015 Suggestions:**

No suggestions were made.

**Question 45: Any other comments?****2020 Comments:**

"A difficult time with Covid – but staff excellent"  
"Huge thank you to the whole team. Merry Christmas"  
"No"  
"No – Just thank you all to the medical staff"  
"Very professional and caring staff"  
"All staff lovely and informative"  
"Everybody treated me really well"

**2019 Comments:**

"The care and treatment that I received was brilliant. Lovely and caring staff."  
"It was relaxed and calming environment. All staff very friendly."  
"All staff involved very professional and kind. Thank you."  
"I was very satisfied with my experience of day surgery"  
"First class care."  
"Picolax would be much more preferable to Moviprep. God bless the NHS!"

**2018 Comments:**

"God bless you all"  
"I was so happy that I was asked if I wanted an alternative anaesthetist, because the one on duty is my student. Thanks (smiley face)"  
"All staff and surgeon were excellent"  
"No further comments. A very satisfactory experience with courteous, caring staff"  
"None"  
"No" (x2)

**2017 Comments**

"Fantastic service. Thank you."  
"I did find it a bit impersonal when I heard one nurse refer to me as "Is this the colonoscopy", obviously not meant to offend but perhaps better if not heard by the patient".  
"I feel all staff were first class in terms of ability and attitude."  
"Even though it was horrible. I am glad I was persuaded to go ahead without sedation. This Time!!"

**2016 Comments:**

"Excellent Service - Thank you very much."  
"Thank You!!"  
"Thank goodness we have an NHS - My experience in Shetland I Couldn't wish for better - Staff brilliant - Well done."

**2015 Comments:**

"The staff are very good."  
"All staff were great, would have no worries if I had to come in again."



“The staff made the experience as good as it could be.”

“My best stay/visit @GBH, very well looked after and informed and always a nurse nearby.”

## **Points for Consideration**

- The survey was undertaken as part of the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) which incorporates the Global Rating Scale (GRS). The results reflect Shetland’s place as part of the Global Rating Scale. The GRS is a....

“...quality improvement system designed to provide a framework for continuous improvement for endoscopy services to achieve and maintain accreditation. The GRS is a tool that enables units to assess how well they provide a patient-centered service. It is a web-based assessment tool that makes a series of statements requiring a yes or no answer. From the answers the system automatically calculates the GRS scores, which provides a summary view of a service. The scale tries to strike a balance between being comprehensive but not too complicated. To achieve this, the scale has three different layers: domains, items and measures.”

- Although there are a small numbers of respondents (seventeen – 45% response rate), the survey offers a snapshot of patient experience during their endoscopy procedure.

### **Positive Points included:**

- The results provide many positive comments.
- This questionnaire included questions about the Pre-Assessment Clinic. All patients answering the questionnaire had had a pre-operative assessment prior to their procedure and all indicated that it helped them better understand what to expect from their appointment.
- All patients signed their consent form out with the procedure room.
- All patients indicated that they felt informed throughout their hospital visit – although one patient stressed the importance of keeping patients informed in the comments section.
- All respondents answering the question stating that they found the service to be excellent. Importantly, no respondents indicated that they wouldn’t have the procedure again if required.
- No colonoscopy only patients indicated that their discomfort level was greater than mild and no respondents (all procedures) indicated that their discomfort level was greater than moderate.

### **Points for consideration:**

- One patient did not find the pamphlet/booklet easy to understand. This patient had a video call with the pre-assessment clinic and had difficulties with their bowel prep. They also suggested that pictorial aides might be useful.
- The level of worry was raised during this survey. As well as statistical biases it might also reflect the current pandemic although comments solely reflect the procedure results.

- A quarter (three patients) of respondents found their colonoscopy bowel preparation (Moviprep) difficult.
- As was the same for previous surveys, a number of patients were not asked if they wanted their clinical care discussed in private. Also one patient indicated that they felt that their privacy and dignity was not respected on the Day Surgery Unit/Ronas Ward.

# Action Improvement Plan



*"Findings of the survey are acted upon within three-months of its completion" (GRS 2018).*

*These standards (patient experience) are reviewed (in response to patient feedback) at least annually" (GRS 2018).*

*"Changes suggested by the privacy and dignity review are implemented within three months" (GRS 2018).*

Point	Issue	Required Action	Person Responsible	Target Date	Achieved Date
1.	<p>Feedback Endoscopy Survey to the Pre-Assessment Clinic for feedback and any actions required.</p> <p>The endoscopy service shall have systems in place to ensure that results of patient feedback are collated and analysed, and findings are disseminated to relevant parties and acted upon.</p>	<ul style="list-style-type: none"> <li>Circulation Endoscopy Survey 2020 to Pre-Assessment Clinic</li> </ul>	<p>Stephen Brizell Debbie Jamieson</p>	16 <sup>th</sup> March 2021	
2.	<p>Feedback Endoscopy Survey to colleagues and service users the Endoscopy Service from a patient's perspective.</p> <p>These standards (patient experience) are reviewed (in response to patient feedback) at least annually" (Joint Advisory Group on Gastrointestinal Endoscopy (JAG)</p>	<ul style="list-style-type: none"> <li>Circulation Endoscopy Survey 2020 to Colleagues.</li> <li>Provide a Feedback Poster to Service Users.</li> </ul>	<p>Stephen Brizell  Stephen Brizell</p>	<p>16<sup>th</sup> March 2021  16<sup>th</sup> March 2021</p>	

Point	Issue	Required Action	Person Responsible	Target Date	Achieved Date
	Accreditation Standards for Endoscopy Services 2016).				
3.	<p>One patient indicated that they felt that their privacy and dignity was not respected on the Day Surgery Unit/Ronas Ward.</p> <p>The endoscopy service shall have systems in place to ensure that patients' privacy and dignity is adequately protected at each stage of their pathway (Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation Standards for Endoscopy Services 2016).</p>	<ul style="list-style-type: none"> <li>• Circulation of patient Endoscopy Survey 2020 to Colleagues.</li> </ul>	Stephen Brizell	16 <sup>th</sup> March 2021	
4.	<p>A quarter of respondents indicated that they were not asked if they wanted their clinical care discussed in private.</p> <p>"There are systems in place for any clinical conversations to be held in private" (Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation Standards for Endoscopy Services 2016).</p>	<ul style="list-style-type: none"> <li>• Circulate the Patient Endoscopy Survey 2020 to the Day Surgery Redesign Lead Edna Peterson in light of the intended Day Surgery Redesign</li> </ul>	Stephen Brizell	16 <sup>th</sup> March 2021	
5.	<p>One patient did not find the pamphlet/booklet easy to understand.</p> <p>The endoscopy service shall have systems in place to review and update (as required) all patient information annually to reflect patient feedback and changes in practice or risks (Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation Standards for Endoscopy Services 2016).</p>	<ul style="list-style-type: none"> <li>• Undertake annual review of patient information.</li> </ul>	Stephen Brizell	1 <sup>st</sup> April 2021	

Point	Issue	Required Action	Person Responsible	Target Date	Achieved Date
6.	<p>A quarter (three patients) of respondents found their colonoscopy bowel preparation (Movieprep) difficult.</p> <p>The endoscopy service shall have systems in place to review and update (as required) all patient information annually to reflect patient feedback and changes in practice or risks (Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation Standards for Endoscopy Services 2016).</p>	<ul style="list-style-type: none"> <li>Undertake annual review of patient information.</li> </ul>	Stephen Brizell	1 <sup>st</sup> April 2021	
7.	<p>One patient indicated that they felt that their privacy and dignity was not respected on the Day Surgery Unit/Ronas Ward.</p> <p>The endoscopy service shall have systems in place to ensure that patients' privacy and dignity is adequately protected at each stage of their pathway (Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation Standards for Endoscopy Services 2016).</p>	<ul style="list-style-type: none"> <li>Circulation of patient Endoscopy Survey 2020 to Colleagues.</li> </ul>	Stephen Brizell	12 <sup>th</sup> March 2021	

# Appendix

## Patient Endoscopy Questionnaire

Dear Patient,

You have been asked to complete an Endoscopy Questionnaire because you have undergone an endoscopic examination at Gilbert Bain Hospital. Endoscopic examinations include a gastroscopy, colonoscopy and sigmoidoscopy.

We will always try to do our best and offer a professional service. One way of ensuring this is to find out about your experiences. We would be grateful if you could take a few minutes to complete this questionnaire. No personal information that identifies you will be published and the views you express will remain anonymous.

This is an annual survey and the questionnaire has been designed by NHS Shetland. All responses will be used to improve the endoscopy service in Shetland.

**The completed Questionnaire can be posted in the 'Endoscopy Questionnaire' box situated on the Ward or Unit or returned using the Freepost envelope provided by 31<sup>st</sup> January 2021.**

**The Endoscopy Questionnaire is also available online via: <https://tinyurl.com/endo-shetland>**

Having an endoscopy examination can be an anxious time for many people. All the members of the hospital team involved with your care hope that you were treated with respect and dignity throughout your stay.

Many thanks

Stephen Brizell, Senior Theatre Nurse Practitioner, NHS Shetland  
Telephone: 01595 743000 ext 3150 or Email: [stephen.brizell@nhs.scot](mailto:stephen.brizell@nhs.scot)

*A **Gastroscopy** is an examination of the inside of the stomach using a thin, lighted tube passed through the mouth and oesophagus.*

*A **Colonoscopy** and **Flexible Sigmoidoscopy** are examinations of the inside of the colon (bowel) using a thin, lighted tube inserted into the rectum.*

## Patient Endoscopy Questionnaire

### Questions about your Pre-Operative Assessment Clinic appointment:

1. Did you have a pre-operative assessment prior to your endoscopy examination?

Yes  No  Don't Know  Not Applicable

If you did not have a pre-operative assessment please continue to Question 7.

2. Was this pre-operative assessment.....

Over the telephone?  In the Pre-operative Assessment Clinic?

Video call at the Health Centre (Attend Anywhere)?

3. Did the pre-assessment nurse explain the purpose of the appointment?

Yes  No  Don't Know/Can't remember

	Yes	No	Don't Know	Not Applicable
4. Did the pre-assessment nurse give advice about...				
Bowel preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did you feel your pre-assessment nurse helped you to better understand what to expect from your procedure?

Yes  No  Don't Know

6. Do you have any suggestions about how we can improve the pre-op assessment clinic appointment?

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### Questions about you:

7. Including the one you had today, how many times have you had an endoscopy? \_\_\_\_\_

8. Which examination did you have today (see the covering letter for brief definitions)?

Gastroscopy  Colonoscopy  Sigmoidoscopy  Don't Know

9. Did you have any sedation? Yes  No  Don't Know

### Questions before you had your endoscopy examination:

10. Did you receive a pamphlet/booklet explaining what the examination involved?

Yes  No  Don't Know  Not Applicable

11. Was the pamphlet/booklet easy to understand?

Yes  No  Don't Know  Not Applicable

12. After reading the pamphlet/booklet did you have any questions? If so what were the questions? \_\_\_\_\_  
\_\_\_\_\_

13. Were you given sufficient time to ask questions? Yes  No  Don't Know  Not Applicable

14. Did Staff answer your questions in a way you could understand? Yes  No  Don't Know  Not Applicable

15. How would you rate your level of worry or concern before you had the examination?

Not at all worried  A little worried  Quite a bit worried   
Very worried

16. If you had a main worry, what was it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Where did you sign your consent form?

At Home  On the Day Surgery Unit/Ronas Ward   
In Theatre/Examination Room  Other \_\_\_\_\_

### Questions about having a colonoscopy

If you did not have a colonoscopy then please continue to Question 22

18. How easy or difficult was it to take the bowel preparation (Movieprep)?

Very easy  Easy  Tolerable  Difficult  Very Difficult

19. Did you take the whole bowel preparation as instructed?

Yes  No  Don't Know  Not Applicable

20. How did easy were the bowel preparation instructions to understand?

Very easy  Easy  Tolerable  Difficult  Very Difficult



21. Do you have any other comments about the bowel preparation?

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**Questions about the Day Surgery Unit/Ronas Ward:**

- |   | Yes                                 | No                                | Don't Know                          |
|---|-------------------------------------|-----------------------------------|-------------------------------------|
| 22. Did you feel that your privacy and dignity was respected? | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            |
| 23. Did you feel informed about what was happening to you?    | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            |
| 24. Were there adequate toilet facilities?                    | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            |
| 25. Was the temperature in the Unit?                          |                                     |                                   |                                     |
| Too Warm <input type="checkbox"/>                             | Just Right <input type="checkbox"/> | Too Cold <input type="checkbox"/> | Don't Know <input type="checkbox"/> |

26. Do you have any suggestions how we can improve the Day Surgery Unit/Ronas Ward?

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**Questions about your examination in the Theatre/Examination Room:**

- |   | Yes                                 | No                                | Don't Know                          |
|---|-------------------------------------|-----------------------------------|-------------------------------------|
| 27. Did you feel that your privacy and dignity was respected?             | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            |
| 28. Did you feel adequately informed about what was happening to you?     | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            |
| 29. Was the temperature in the Theatre Department?                        |                                     |                                   |                                     |
| Too Warm <input type="checkbox"/>   | Just Right <input type="checkbox"/> | Too Cold <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| 30. How would you describe your level of discomfort during the procedure? |                                     |                                   |                                     |
| None/Can't Remember <input type="checkbox"/>                              | Minimal <input type="checkbox"/>    | Mild <input type="checkbox"/>     | Moderate <input type="checkbox"/>   |
| Severe <input type="checkbox"/>   |                                     |                                   |                                     |
| 31. What was the examination like?  |                                     |                                   |                                     |
| Acceptable and I would have it again if necessary                         |                                     |                                   | <input type="checkbox"/>            |
| Acceptable, but uncomfortable. I would have it again if necessary         |                                     |                                   | <input type="checkbox"/>            |
| Totally unacceptable, I would not have the examination again              |                                     |                                   | <input type="checkbox"/>            |
| I don't know  |                                     |                                   | <input type="checkbox"/>            |

32. Is there anything we could do to improve your experience?

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**Questions about after your examination:**

- |   | Yes                      | No                       | Don't Know               |
|---|--------------------------|--------------------------|--------------------------|
| 33. Did you feel that it was made clear what would happen next? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. Were you told the outcome of your examination before you went home?
35. Was it made clear to you how you could get your results?
36. Were you informed (verbally or in writing) of the 24 hour contact telephone number if you had questions or experienced problems?
37. Were you discharged with verbal and written information about next steps appropriate to your care?
- Verbal & Written       Verbal Only       Written Only
- Neither Verbal or Written       Don't Know

**Questions about your overall visit to the hospital:**

- |   | Yes                                | No                                  | Don't know               |
|---|------------------------------------|-------------------------------------|--------------------------|
| 38. Do you think you were given a realistic expectation of discomfort or pain prior to the examination? | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 39. During your stay, were you asked whether you wanted your clinical care discussed in private?        | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 40. How would you rate the care you received?   |                                    |                                     |                          |
| Excellent <input type="checkbox"/>  | Good <input type="checkbox"/>      | Fair <input type="checkbox"/>       |                          |
| Poor <input type="checkbox"/>   | Very Poor <input type="checkbox"/> | Don't Know <input type="checkbox"/> |                          |

41. If there was anything you didn't understand what could have been done to improve your understanding? \_\_\_\_\_

42. Do you have any suggestions that would help to improve the service for yourself and other patients? \_\_\_\_\_

43. Any other comments? \_\_\_\_\_

Thank you for completing this questionnaire.

You may also wish to share your experiences by visiting <https://www.careopinion.org.uk/youropinion>

Or to leave a comment or suggestion, please contact:

NHS Shetland's Corporate Services Department,  
Upper Floor Montfield, Burgh Road, Lerwick, ZE1 0LA

Telephone: 01595 743064      Email: [shet.feedbackandcomplaints@nhs.scot](mailto:shet.feedbackandcomplaints@nhs.scot)

## HEALTH VISITOR SERVICES

### Patient Satisfaction Questionnaire

A total of **32** questionnaires are included in this report.

#### Q1. Do you know the name of your Health Visitor?

<b>N = 32</b>	
Yes	31 (97%)
No	1 (3%)
N/A	0
Not answered	0

#### Q2. Do you know how to contact your Health Visitor?

<b>N = 32</b>	
Yes	31 (97%)
No	1 (3%)
N/A	0
Not answered	0

Comments	
1	Yes, she is very easy to contact.
2	I would contact the local health centre.
3	Via the Hillswick or the Brae health centre.
4	By phone and/or mail.
5	?Hospital switchboard.
6	Email/Telephone.
7	Have phone number.
8	I have her mobile number.

9	Through our health centre or direct line to health visitor.
10	She made sure I knew the quickest response is from email which I really appreciated.
11	Phone, Email.
12	Very easy to contact and get hold off.

### Q3. Did you have contact with your Health Visitor before you had your baby?

N = 32	
Yes	20 (63%)
No	12 (38%)
N/A	0
Not answered	0

Comments	
1	For 3 <sup>rd</sup> baby she phoned about [?] + we discussed.
2	Due to having an older child.
3	Visited before I had [name].
4	Visit was scheduled but baby arrived early.
5	Was not in Shetland.
6	I am sure I did but I can't remember?
7	Not sure if this would have been different pre-lockdown, but I moved Dr's.
8	I don't think so but I can't fully remember.
9	No, only met her after having baby.
10	She offered a visit before I had him.
11	A few messages back and forth to introduce herself. She had a bereavement, which is why we could not have a visit prior to Toby arriving. Completely understood.
12	She phoned and sent out info.
13	[Name] is my son's HV. She made contact with us before baby was born.

**Q4. Taking into account restriction imposed on the services due to COVID, were you satisfied with the frequency of contact you received from your Health Visitor?**

		<b>N = 29</b>
Yes	26 (90%)	
No	3 (10%)	
N/A	2 (7%)	
Not answered	1 (3%)	

Comments	
1	We have never needed to contact our health visitor.
2	We missed seeing her through Covid restrictions as she had been a huge support to us as we were already going through a difficult time.
3	Not had any contact with health visitor during last few months. Son is 2 years old so not sure what contact is needed?
4	My contact has been much, much better with my second child, as I had with my first child who was born 7 years ago.
5	Child is 27 months so haven't been affected by this. 27 month check happened as normal
6	Really great. Had (?) get to know you meeting.
7	I spoke to my HV over the phone, I have no concerns with my kids. It was a routine 4 year check.
8	Maybe more phone calls.
9	I haven't contacted HV during Covid - I received the 48+ month questionnaire in the post.
10	She phoned around first birthday as expected.
11	Regular phone calls. Again made sure I could email her anytime.
12	This is my first baby so it is hard to know what to expect. She has said she thinks it might have helped my breast feeding, had she been along sooner / seen it for herself.
13	Only saw her once, my children are 2 now.
14	Kept in touch regularly via phone call.

**Q5. Were you satisfied with the care you and your family received from your Health Visitor?**

		<b>N = 32</b>
Yes	32 (100%)	
No	0	
N/A	0	
Not answered	0	

Comments	
1	She is very caring health visitor.
2	[Name] has been fantastic for both of my sons and is very supportive.
3	Definitely.
4	She was so friendly, supportive and easy to talk to.
5	[Name] is lovely to talk to and was very reassuring when my baby lost weight / wasn't able to latch on properly. She is very down to Earth. Helped with birth trauma + getting a birth debrief.
6	[Name] went out of her way to call and email us to follow up & check in with us during lockdown which was extremely helpful and appreciated.
7	She went above and beyond.

**Q6. Did your Health Visitor treat you and your family with respect?**

		<b>N = 32</b>
Yes	32 (100%)	
No	0	
N/A	0	
Not answered	0	

Comments	
1	Always, she is very kind and respectful.
2	Always, very approachable also.
3	At all times.
4	Absolutely.

5	Always.
6	[Name] is very respectful and always included my older son in her home visits which meant a lot.

### Q7. Do you have any suggestions for the development of the Health Visiting Service in Shetland?

Comments	
1	I think I have been very lucky having [name] as my health visitor as I have heard other moms saying they hardly see their one / don't know who they are.
2	None.
3	I think we have an excellent service here in Shetland and I can't think of anything that needs to be changed.
4	I could not have received a better health visitor for both my children. [Name] has helped us so much with hospital appointments and support
5	[Name] is a very good health visitor and is always quick at responding to my queries and gives great advice.
6	Bring back baby massage run by HV.
7	This is not directly relating to the HV service. However, worth mentioning. I did raise this with [name] at the time, regarding the 6-8 week check with the GP. My understanding is that it is a check up for mother + baby. However, on both occasions (2nd and 3rd child) I have not been asked questions about my own health + wellbeing. Just aware of the importance of these appointments for detecting potential postnatal MH issues,
8	Nope. Really good.
9	It would be great for staff to feel supported and not overloaded. I fear in these times there may not be enough HV to go round. Perhaps if HV were able to spend longer with families (more regular visits) for folk that need extra help?
10	As a first time mum, the service was great during Covid.
11	I have had 4 HVs with my 2 years old, which I know cannot be helped, but more consistency would have been nice.
12	No, I've always been happy with it.
13	I think it is great through the Scalloway HC. I can't comment on other areas of Shetland.
14	<ul style="list-style-type: none"> <li>▪ B-pump on loan would be good.</li> <li>▪ Yes - We did not get any information on the breast feeding support groups (due to Covid) but this may have helped.</li> <li>▪ More information on cup feeding &amp; when to move on to a bottle.</li> </ul>
15	Stronger links with maternity?

16	I think it would be great to see some information shared about car seat safety. I do not think there is any info available. Talking to other parents many do not understand the law on reinforcing highback boosters, etc. And when it is safe for children to be in different seats or the importance of not dressing babies in jackets /snow suits in car seats. It would be great to have some info leaflets for health visitors to discuss this with parents too.
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**Q8. Is there other comment you would like to make either about your Health Visitor or the Health Visiting Service in Shetland?**

Comments	
1	Over the last 7.5 years I have had only positives experience with the team and I am delighted to have had [name] for all three children.
2	I have liked all the different health visitors my children have had over the years. Really friendly and good at their jobs. Perhaps try to stay away from the tick box culture and too much paperwork that makes it difficult for them to be personal and good at their job.
3	[Name] is a brilliant health visitor. Very grateful to have her as my one.
4	Excellent service, lovely bunch of health visitors, we are very lucky :)
5	[Name] was a brilliant health visitor and I feel very lucky to have had her. She has been great to work with and very supportive.
6	Thank you [name].
7	We were/are very happy with the support we have received.
8	I have been happy with all interactions I had. Thank you.
9	[Name] has always been lovely, reassuring and approachable.
10	Thanks for all your support!
11	[Name] has always been a brilliant health visitor.
12	Just to say thank you to [name] as she was lovely and understanding and I really appreciated her help. She also made sure that if I could not get through when calling the Health Centre, I told her and she arranged an appointment for me. I feel like she went above and beyond.
13	I think it would be better to meet your HV before the birth to build up a trusting relationship (I met her at work - it helped). More info that might help :) Do you have a birth trauma or PTSD group / information / help for mums? Dressings for mums who have had a section would be helpful. Information of nipple shields. Things to try when a baby is not latching on.
14	It is a wonderful service that is supporting me very well.
15	My HV has been a very important part of our lives.



Intermediate Care Team Client Feedback Board

