

Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Quality Report – Update on Progress		
Date:	17 August 2021		
Author:	Kathleen Carolan	Job Title:	Director of Nursing & Acute Services
Executive Lead:	Kathleen Carolan	Job Title:	Director of Nursing & Acute Services
Decision / Action required by meeting:			
The Board is asked to note the progress made to date with the delivery of the action plan and other associated work which focuses on effectiveness, patient safety and service standards/care quality.			
High Level Summary:			
The report includes: <ul style="list-style-type: none"> • A summary of the work undertaken to date in response to the ‘quality ambitions’ described in the Strategy; • Our performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures) • When available, feedback gathered from patients and carers – along with improvement plans 			
Key Issues for attention of meeting:			
Noting the good performance as shown in the report.			
Corporate Priorities and Strategic Aims:			
The quality standards and clinical/care governance arrangements are most closely aligned to our corporate objectives to improve and protect the health of the people of Shetland and to provide high quality, effective and safe services.			
Implications : <i>Identify any issues or aspects of the report that have implications under the following headings</i>			
Service Users, Patients and Communities:	The focus of the quality scorecard is on evidencing safe practice and providing assurance to service users, patients and communities that services are safe and effective		
Human Resources and Organisational Development:	The focus of this report is on evidencing effective training and role development to deliver care, professionalism and behaviours which support person centred care		
Equality, Diversity and Human Rights:	EQIA is not required.		
Partnership Working	Quality standards and assessment of impact applies in all NHS settings.		
Legal:			

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

PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION PROGRESS ON THE DEVELOPMENT OF A PATIENT EXPERIENCE FRAMEWORK

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

Progress continues and since April 2021 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media during the pandemic to make sure that people in our wider community and patients know how to access our services and know how services have changed in order to meet new requirements as a result of COVID 19. This has included films, radio interviews, podcasts, articles in local news media and live streaming information sessions on social media, facilitated by the Chief Executive.
- As part of the refresh of the clinical and care strategy, 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>
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a strategic assessment (SA) for the re-provision of the Gilbert Bain Hospital which will be undertaken during 2021-22. The clinical and care models will be used to help build a 'case for change' that supports the need to look at our built environment as well as our clinical and care pathways. This second phase to develop the SA is underway and due to be completed by January 2022. As part of this work we will be undertaking a specific engagement exercise to gather views from professionals, patients and the wider public.
- As part of the work ongoing to review the Shetland Children's Partnership (SCP); a project has been commissioned to interview young people who have been involved in various decision-making structures to understand their experience of being involved, and to ask them how they would like young people to be engaged in decision-making in the future. A report has been produced to set out the key themes and they will be explored in more detail at a workshop in September to look at ways in which we can respond to the issues highlighted which include:
 1. Motivation – why do young people want to get involved?
 2. Experience – what they gained from involvement and what pains they experienced

3. Satisfaction score – how young people rated their satisfaction with engagement with decision-makers in Shetland
 4. Successful engagement – in the future, what would be the signs of successful engagement with young people
 5. Suggestions for the SCP – what could the SCP do to improve engagement with young people
 6. Final message – what are the messages the young people want to give the SCP?
- Edna Watson, Chief Nurse (Community) continues to lead 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.

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 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 A.

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

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

We are in the process of preparing for a further wave of imatters survey feedback from health and social care staff. Surveys will go out late August 2021.

PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

Our focus over 18 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 remain on an emergency footing until the end of September 2021, when the resilience levels for Health Boards will be reviewed again by Scottish Government.

We have continued to deliver the vaccination programme over the last 8 months with high uptake across all age groups. 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.

The programme of care assurance to support care services in the community in Shetland is ongoing and has helped us to reduce risks associated with care delivery. The emergency arrangements for Health Board oversight of the infection control and clinical care of residents will remain in place until the end of 2021-22. As restrictions start to lift, the focus of the care assurance work is starting to become less reactive and focus on longer term improvement goals.

Following a review and lessons learnt from the ANCHOR early action programme, a second phase has been developed which focusses on early intervention and prevention for services which support people across the life span. 2021-22 is a foundation year, building the infrastructure needed to develop tests of change across children, families and adult services. A communication toolkit has been developed setting out the key themes for the programme and this will be shared widely.

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

Partnership working that is aligned to the Children's Joint Plan includes reviewing the way in which we provide neuro-developmental care across services in Shetland and developing a whole system approach for the provision of distress brief interventions to young people and adults.

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 revised structure and terms of reference were received and approved by the NHS Shetland Board in June 2021. Work is now ongoing to implement a revised Clinical Governance Committee to assure the Board and the IJB on the performance and quality of NHS services. The IJB is developing the assurance arrangements for local authority services via existing governance structures.

The Clinical and Care Strategy was received and approved by the NHS Shetland Board in June 2021. The document can be accessed via the following link:

<https://www.shb.scot.nhs.uk/board/clinicalstrategy/documents/ClinicalAndCareStrategy.pdf>

The strategy will be used to inform our future service planning for the Health Board as well as via joint strategic planning groups aligned to the SCP and the IJB. We are in the early stages of developing the fourth iteration of the remobilisation plan and winter plans for 2021-22. The RMP4 will be submitted in September 2021 and set out the phased approach to remobilisation for the rest of this financial year.

As we start to remobilise, we are aware of the impact of the pandemic across the whole system, with a rise in the number of people accessing emergency care via GP Practices and the Emergency Department (ED) as well as waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. National data suggests that the increase in emergency activity is due to the number of people who have delayed accessing services or been unable to access services, over the last 18 months and this has exacerbated pre-existing long term conditions. In response to this, we have prioritised the development of the Same Day Emergency Care (SDEC) unit and aligned winter planning and urgent care funding to enable SDEC to consistently be open on weekdays. In addition to this, as part of our remobilisation plan, we have included a project to enhance our elective care services for three months by hosting additional visiting services that have long waiting lists, e.g. orthopaedics and ophthalmology. This will include bringing in specialist, multi-disciplinary teams as well as additional theatre and diagnostic facilities. We are in the early stages of planning, but the indicative timescale is to provide additional capacity between January and March 2022.

Supporting education and training during the pandemic has required adapted models in order to continue to support learners with the practical and theoretical elements for training. Data recently published by NES, shows that junior doctors rated their clinical placements in Shetland in the top 2% for the respective specialities. A number of other graduates have also received commendations for their learning achievements including our recent advanced practice graduates completing the MSc in Advancing Clinical Practice at Robert Gordon University. All of the Shetland graduates presented their research findings at an event earlier this year and the work was commended by academic partners. Similarly, two of our newly graduated Radiographers have recently been awarded merits by the Society of Radiographers and the Golden Jubilee prize awarded by Robert Gordon University.

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 B. Other examples of quality improvement work include the development of an improvement plan for primary care services as well as a programme of work to implement digital records.

Appendix A – Thematic Learning from Debrief Discussions April-June 2021

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed	Thematic Learning
April 21	73	0	Moderate - 8 Major - 0 Extreme – 0	3	<p>Adverse event theme (7932): under filled sample</p> <ul style="list-style-type: none"> • Patient Safety - Staff reminded the appropriate procedure for obtaining blood samples and ensuring that bottles are filled to appropriate level <p>Adverse event theme (7917): missing specimen</p> <ul style="list-style-type: none"> • Communication – changes to clinical practice and procedures on how multiple specimen collection will be carried out in future to prevent recurrence of events and improved communication by staff when handling specimens to confirm number of specimens received, incident highlighted at Theatre safety brief <p>Adverse event theme (7899): communication failure</p> <ul style="list-style-type: none"> • Patient safety – <ul style="list-style-type: none"> ○ if a referral is rejected by secondary care then the person rejecting this should contact the referrer by letter outlining why or if urgent referral, by phone to explain why. This would allow dialogue to take place between the referrer and the GP ○ if a patient has an urgent referral made to secondary care cardiac clinic then by default the patient should have an ECG on the same day - this is essential as it could change the nature of the referral from urgent to emergency ○ patients being referred to cardiac clinic should be examined and medications optimised pre-clinic. Urgent referrals are seen promptly in Shetland, however if there was a service issue in secondary care, it is safer if the referrer takes time to optimise care including medications

May 21	64	0	Moderate – 2 Major – 0 Extreme – 0	1	Adverse event theme (7974): poor water supply to renal halting dialysis <ul style="list-style-type: none"> • Communication – An action concerning the water inlet has been prioritised. A full debrief and lessons learned meeting will be scheduled once all stakeholders have returned from annual leave
June 21	49	0	Moderate - 2 Major - 0 Extreme - 0	0	
Total	186	0	Moderate = 12	4	

Quality Report - Board








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Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HI-01 Percentage Uptake of Breastfeeding at 6-8 Weeks (exclusively breastfed plus mixed breast and formula) (Rolling annual total by quarter)	Measured quarterly			62.8%	60.4%				Exceeding national target of 50% and local target of 58%. National data for 2019-20 shows us at 64.6% - the best performing Board in Scotland and well above the national average (43.9%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	3	5		15	20	5		42	The Shetland Health Survey, which is due to report in October 2021, will help understanding of the level of harmful and hazardous drinking in Shetland and allow the setting of a realistic target for completed ABIs.
PH-HI-03a Number of FAST alcohol screenings	34	85		348	482	85		80	New PI introduced July 2021.





Patient Experience Outcome Measures






Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	100%	100%	100%	100%	100%		90%	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	95.83%	100%	100%	95.83%		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%	99%	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)	82.35%	100%	100%	88.89%	93.33%	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)	98.81%	99.36%	97.92%	95.96%	98.53%	97.92%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	97.3%	98.55%	97.87%	95.83%	100%	97.87%		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)	97.62%	100%	97.92%	94%	95.52%	97.92%		90%	

Patient Safety Programme - Maternity & Children Workstream

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,340	1,371	1,401	1,220	1,310	1,401		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									The Chief Midwife is in the process of reviewing the most efficient way of collecting patient views and experience. Support to collate and report this data will be provided by the Clinical Governance & Risk Team.

Service & Quality Improvement Programmes - Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests	317	348	23	197	287	23		300	See Appendix B
NA-HC-09 All Falls rate (per 1000 occupied bed days)	8.45	8.6	1.82	2.93	2.86	1.82		7	
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	1.41	1.23	0	1.46	0	0		0.5	Quality improvement work in progress to reduce risks during identified high risk times.
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	70	17	8	2	40	8		300	Tissue Viability Nurse now in post leading educational sessions and route cause analysis using the 'Red Day' Tool which supports investigation of pressure ulcers. Tissue viability group are now exploring a new risk assessment tool entitled PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool).

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	2.46	5.45	1.46	0	5.45		0	Tissue Viability Nurse now in post leading educational sessions and route cause analysis using the 'Red Day' Tool which supports investigation of pressure ulcers. Tissue viability group are now exploring a new risk assessment tool entitled PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool).
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	99	98.4	97.1	99.4	98	97.1		95	
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100	100		100	100	100		75	
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	95.82%	95.36%	95.32%	87.86%	92.33%	95.51%		95%	
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	72.5%	62.5%	64.29%	49.53%	52.1%	66.67%		75%	Ward senior charge nurses or nurse in charge continue with spot checks of observation charts. Results are discussed at ward meetings and additional training provided where necessary. Chief Nurse conducting care assurance visits/audits twice monthly to assist SCNs/teams with quality improvement priorities.
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly								There was a discussion at the Joint Governance Group meeting in June 2021 about re-starting the patient safety conversations that were due to commence in March 2020, which were put on hold because of the COVID pandemic. JGG members have been asked to seek expressions of interest from their groups/teams to participate in the pilot.
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	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
	April 2021	May 2021	June 2021	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q1 2021/22	Q1 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan				100%	100%				This is not currently being measured as a target at national level. We *offer* the link worker to everyone newly diagnosed and therefore we meet the target (understandably, not everyone wants to take up the offer). See CH-MH-04 for details of our balancing measure.
CH-MH-04 People with diagnosed dementia who take up the offer of post diagnostic support (i.e. have an active Post Diagnosis Support status)	Measured quarterly			38.2%	27.9%				Note: this is a local measure showing the number of people with an active PDS Status as a percentage of those diagnosed with dementia who take up the offer of post diagnostic support - 39 of 140 cases. This measure was revised for year 2019-20.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			0.92					Latest available provisional national data. Rate remains consistently well within expected levels. Next data due Aug 21.

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

Falls in Secondary Care									
WARD 1 NA-HC-60 Total number of falls					WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury	Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			22		B/Fwd			143	
Jan-21	1	1	5	2 minor lacerations on leg	Jan-21	0	0	174	
Feb-21	0	2	33		Feb-21	2	2	8	1 - graze to head 1 - broken hip
Mar-21	0	0	64		Mar-21	0	2	39	
Apr-21	0	1	94		Apr-21	1	4	20	Minor cut to elbow
May-21	0	1	125		May-21	1	5	24	Minor injury - small bump to head with slight bruise
Jun-21	0	0	155		Jun-21	0	1	54	
Jul-21			186		Jul-21			85	
Aug-21			217		Aug-21			116	
Sep-21			247		Sep-21			146	
Oct-21			278		Oct-21			177	
Nov-21			308		Nov-21			207	
Dec-21			339		Dec-21			238	
Total	1	5			Total	4	14		

Pressure Ulcers in Secondary Care

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	Comments	Date	Total number of sores aquired while on ward (NA-HC-67)	Number present on admission (NA-HC-68)	Number of days between a new PU being identified (NA-HC-69)	Grade	Origin	Comments
B/Fwd			200				B/Fwd			2			
Jan-21	0	0	231				Jan-21	1	1	29	Grade 2 Grade 3	On the ward Outwith Shetland	
Feb-21	2	2	9	Grade 2 Grade 2 Grade 3 Grade 3	On Ward On Ward Home - on admission Ward 3 - on admission	Ward 3 - on admission was originally admitted to Ward 3 from the community with the PU	Feb-21	0	1	57	Grade 3	In the community	
Mar-21	0	1	40	Grade 2	Community	On Admission to the ward	Mar-21	0	6	88	Grade 4 x 2 Grade 3 Grade 2 x 2 Grade 2	All in the community	All on admission to ward
Apr-21	0	1	70	Grade 2	Outwith Shetland	On Admission to the ward	Apr-21	0	3	118	Grade 2 Ungradeable Grade 2	All in the community	All on admission to ward
May-21	0	3	101	Grade 2 Grade 2 Deep tissue injury	Community Outwith Shetland Outwith Shetland	All on admission to the ward	May-21	2	0	17	Grade 2 x 2	On the Ward	
Jun-21	2	0	8	Grade 2 Grade 2	On Ward On Ward	Same patient	Jun-21	1	0	13	Grade 2	On the Ward	
Jul-21			39				Jul-21			44			
Aug-21			70				Aug-21			75			
Sep-21			100				Sep-21			105			
Oct-21			131				Oct-21			136			
Nov-21			161				Nov-21			166			
Dec-21			192				Dec-21			197			
Total	4	7					Total	4	11				

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. In addition, learning points from the audit of cardiac arrests and National Early Warning Score documentation (NEWS)

CARDIAC ARRESTS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
April to June 2021	1	Unavoidable	Yes	Yes	<p>Unexpected collapse of a patient with extensive cardiac issues. Return of spontaneous circulation rapid with subsequent care required to keep stable.</p> <p>Transferred to ARI for specialist cardiac care. Subsequently discharged for outpatient follow-up.</p> <p>Awaiting review of case notes with particular regard to NEWS2 prior to event, and post event care.</p>

FALLS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
April to June 2021	2	Unavoidable	Yes	NA	<p>There were 14 falls in the Gilbert Bain Hospital between April and June 2021, 2 of these resulted in minor harms; bruising and a superficial cut.</p> <p>A recent deep dive into falls data demonstrated some patterns of falls. Ward senior charge nurses are now exploring ways to reduce risk at peak time (2-4pm). New risk assessment and care plan trialled and in use on wards as part of Falls Policy refresh.</p>

PRESSURE ULCERS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
April to June 2021	5	Avoidable	No	NA	<p>12 pressure ulcers were recorded on Datix between April and June, 5 of those were acquired while in Gilbert Bain Hospital.</p> <p>Each hospital acquired pressure ulcer was discussed at the multidisciplinary team Tissue Viability meeting and learning summaries shared with appropriate teams. All patients at risk are highlighted at safety huddles and handovers. Tissue viability training sessions have been delivered and are recorded for all Nurses and Health Care Support Workers to watch. Tissue viability nurse now in post and reviewing risk assessments, investigation tools and care plans.</p>

NEWS			
Date	No. of charts reviewed	Most common issues identified	Steps being taken to address practice issues
April to June 2021	72	Inaccurate count Count not recorded Observation not recorded	<p>This data represents the number of observation charts in their entirety being fully complaint, this can be up to 22 sets of vital observations per chart. Accuracy of observation and frequency are audited separately.</p> <p>Senior Charge Nurses/shift leader carry out spot checks twice per shift to ensure errors in accuracy or frequency have not led to deteriorating condition of the patient. Feedback and training provided in real-time and additional training as required. Low cardiac arrest rate also indicates good levels of vital signs monitoring in acute settings.</p>

Community Nursing – Excellence in Care Measures

