

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	12 December 2023
Agenda reference:	Board Paper 2023/24/41
Title:	Quality Report
Responsible Executive/Non-Executive:	Prof Kathleen Carolan, Director of Nursing & Acute Services
Report Author:	Prof Kathleen Carolan, Director of Nursing & Acute Services

1 Purpose

This is presented to the Board/Committee for:

- Awareness/Discussion

This report relates to:

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

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

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

2 Report summary

2.1 Situation

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

2.2 Background

The report includes:

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

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

2.3 Assessment

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

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

EQIA is not required.

2.3.6 Other impacts

2.3.7 Communication, involvement, engagement and consultation

The Quality Scorecard was reviewed by the Clinical Governance Committee on 05/12/2023

2.3.8 Route to the Meeting

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

2.4 Recommendation

Awareness – for Board members

3 List of appendices

The following appendices are included with this report:

Appendix No1 Quality Report December 2023

Appendix No 2 Quality Scorecard Q2 (including QMPLE and Care Opinion feedback)

Appendix No 3 Complaints and Feedback Q1- 2, 2023-24

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 October 2023 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media to make sure that people in our wider community and patients know how to access our services and key messaging e.g. keeping safe during Tall Ships, vaccination programme etc This has included films, radio interviews, podcasts, articles in local news media.
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a business case for the re-provision of the Gilbert Bain Hospital. As part of the work we are now undertaking a wider programme initial agreement (PIA) planning process to look at the relationship between our proposed clinical and care models, the equipment we need to deliver them and the places in which care will take place over a 20-30 year timeframe. A key component of that work is community engagement, building on the listening exercises undertaken in February 2023 further community conversations took place in September 2023. The initial findings from those conversations are shown on the NHS Shetland website [Investing in the future – NHS Shetland](#)
- We continue to support teams to gather patient stories and patient experience data. As part of Appendix 2, a recent Care Opinion survey is included which sets out feedback from women who have recently had a baby and have experience of maternity care in Shetland and/or Aberdeen. The midwives and the wider multi-disciplinary team will use the results of the survey to identify any areas for improvement and affirm the high standards of care that they provide.
- The OPEN project has been working with peer researchers (e.g. young people) to explore their attitudes to alcohol and drug culture. This is to help us better understand the results of the health and wellbeing census aimed at children in P2 to P4 that was undertaken in 2023. The results were published in September 2023 and will be presented at the Shetland Children's Partnership in December 2023.
- A Joint Strategic Needs Assessment (JSNA) has been completed as part of the publication of the refreshed Shetland Children's Integrated Plan 2023-2026. The JSNA includes a wide range of data including feedback from young people and families via the health and wellbeing census and the NHS Shetland Health Population survey as well as quantitative measures e.g. maternal smoking rates. These data are being used to map to our current priorities which are family support, alcohol and other drugs, and mental health.
- We continue to learn from concerns raised and compliments from patients. The most recent quarterly report (Q1 - Q2, 2023-24) is shown in Appendix 3.

DELIVERING QUALITY CARE AND SUPPORTING STAFF REMOBILISING BEYOND THE PANDEMIC

Staff wellbeing and recognition

Our staff are continuously looking for improvement opportunities and this report describes just a small selection of them. Janine Irvine, SCM is currently undertaking the Royal College of Midwives Leadership programme. The programme content includes leadership behaviours, political awareness, communicating effectively and quality and safety in maternity care. Janine supports the leadership of maternity care and public protection in Shetland and she intends to use the RCM programme as an opportunity to grow her network of system leaders across Scotland.

Janine Irvine, SCM pictured first left with the RCM Leadership cohort



Stuart Fergusson, Consultant Surgeon teaching with the University of Rwanda



Although we didn't take home any prizes this year, there were 13 applications for the Scottish Health Awards from Shetland. Two members of staff attending the awards to represent Shetland; David Wagstaff, Programme Manager for the Programme Initial Agreement and Shona Hughson, Head of SALT.

In November 2023, Jacquie Whitaker, Chief Midwife and Child & Family Health Lead; and Hannah McCluskey, Midwife with a specialist interest in bereavement care; presented the work that they have taken forward to miscarriage care and facilities in Shetland. This includes the work to develop pathways to support women following pregnancy loss and stillbirth and the new Northern Star bereavement suite. This is in line with the Scottish Government expectation that all Boards will have implemented the national bereavement care pathways by the end of 2024.

Roseline Yakubu, Staff Nurse, Ward 1 is an international graduate who joined NHS Shetland in Summer 2023. Roseline was our first international graduate to complete all of the requirements to join the NMC register to practice as a nurse in the UK. Roseline was selected by the Scottish Government to attend a welcome ceremony for international graduates hosted by Buckingham Palace and His Majesty the King in November 2023. Roseline was one of a few nurses that met the King and was able to share her personal account of moving from Nigeria to Shetland.

His Majesty, King Charles meeting Roseline Yakubu on 14/11/24 at Buckingham Palace



Dr Pauline Wilson, Director of Medical Education and Associate Medical Director (Acute) presented the work she has led on the development of the Rural Emergency Practitioner credential at the NES Remote and Rural Healthcare Symposium. The event was facilitated by the National Centre for Remote and Rural Health and Care with an audience from Scotland and Norway. This is another example of how we are showcasing the work of leaders from NHS Shetland on a national and international stage – looking at ways in which we can develop roles that are fit for purpose in a modern, remote and rural context.

POGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

We have sustained system pressures throughout 2023-24. A combination of increased activity for some services, vacancies, staff sickness, planning for industrial action and managing large scale digital projects. One of our key responses has been to undertake bed modelling to ensure that we can maintain safe staffing levels and focus on providing care in the right place. As noted at the recent Finance and Performance Committee, despite system pressures we have maintained our performance in most areas at or above the national average.

We expect the current pressures to continue into the winter months and we have undertaken further bed modelling to look at how best to manage both our urgent and planned care requirements. We are now also in the process of formalising our winter planning arrangements and table top exercises have been planned for November and December to rehearse the plans. The current draft of the winter plan will be received by the Board in December 2023.



In October 2023, NHS Shetland hosted a series of events to engage with and listen to the views of staff as part of 'Speak Up Week'. It was a great opportunity for Board members to be visible and get out into the organisation to speak to staff about the things that matter to them. Following the event, feedback has been presented at a Board seminar and the Area Partnership Forum (APF). The event offered an opportunity to create time to listen and learn, with the aim of taking away themes that we can act on as a Board and signpost staff who need additional support, to where they can access it e.g. a confidential contact, critical friend etc.

Whilst staff vacancies remain a challenge, we have seen success with the recruitment of new staff across a range of professions via rotational models, through the introduction of international graduates and raising the awareness of opportunities in Shetland. As noted in previous reports, the rotational model for Consultant Surgeons commenced in August 2023 and now we have a number of Surgeons with a portfolio role which includes opportunities to work globally. Mr Stuart Fergusson joined the NHS Shetland team in August and is pictured below in a teaching session in October 2023. Ms Weber, who is a longstanding member of the NHS Shetland team is also very active in humanitarian healthcare and spent time teaching and operating in Africa in July-September 2023.

Attracting, training, nurturing and retaining our staff is a priority for the Board. In October 2023, a wide range of staff from a variety of different settings participated in the Developing the Young Workforce (DYW) Careers event to showcase the varied career opportunities that are available in Shetland and with the NHS. It was a great opportunity to speak to young people about what it means to work for the NHS and how to go about applying for jobs now or setting off on a particular career pathway.

Following on from this event, in November staff from the Child Health Team have met with young people to look at how we can support work experience opportunities and again, offer taster sessions on what it is like to work with babies, children and young people in Shetland. There are also future sessions planned in Schools for young people who are at the stage of applying to

UCAS so they can gain an understanding of the requirements and ways of accessing undergraduate programmes to become a nurse or midwife. These sessions will be supported by nurses and midwives who are in current practice and able to provide an authentic account of what it means to be a nurse or midwife in 2023, in a remote and rural setting.

In November 2023, the Scottish Government commenced a series of listening exercises to ask nurses, midwives and health visitors what their current experiences are, so that we gather that learning to inform how we train, retain, support and attract practitioners to the professions and provide fulfilling careers in Scotland. NHS Shetland is the only Island Board that has hosted an event so far, but we hope that by providing views into the listening exercise process it will highlight some of the specific challenges we have with recruitment and retention in remote and rural settings, but also the highly rewarding aspects of working in multi-professional teams, knowing and being part of a community and being part of highly integrated service models.

Val Adamson, Steve Lamming and Henry Oldberry from the Estates and Facilities Team at the DYW event



Following the successful recruitment of a MCN Co-Ordinator, three new MCNs are being established with a focus on frailty, cardiovascular disease and respiratory pathways. The MCN development remains in the early stages, but is making strong links with the realistic and values based medicine workstreams. A business case for the development of the MCNs, considering the sustainability of the model has been developed and will be included in the financial business cycle process for 2024-25.

The Shetland Children's Partnership has reviewed the priorities for partnership working across children's services and it presented the joint children's plan to the Children & Families Committee in November 2023. The plan will be received by the NHS Board in December 2023. The plan includes a significant focus on how we can work together to reduce the impact of poverty on families in Shetland and focus on early intervention and prevention, particularly for pre-birth to 3 years which are a critical period of development for an infant.

Work has progressed to develop the options appraisal for the refurbishment or replacement of the Gilbert Bain Hospital along with the widening of the scope of this work to review the property

requirements across NHS Shetland. The Board will receive a separate report setting out a progress report at the December 2023 meeting.

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

In November 2023, the Board held the Annual Review for 2022-23. The event included an opportunity to hear from the local community and a number of questions were asked about access to services and workforce challenges. In 2022-23, the Board performed well against performance measures set by Scottish Government and staff engagement levels e.g. through imatters were higher than in previous years. The Annual Review included a number of examples of good practice and positive improvements to services including in access to psychological therapies.

Quality Score Card Board


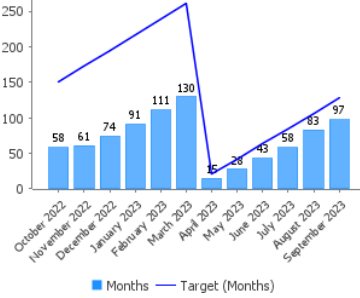

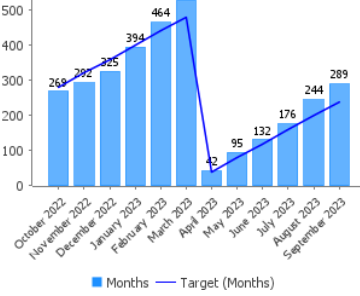
Generated on: 23 November 2023 14:51




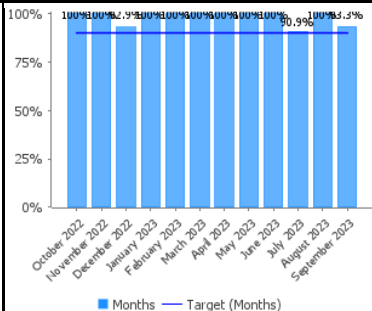

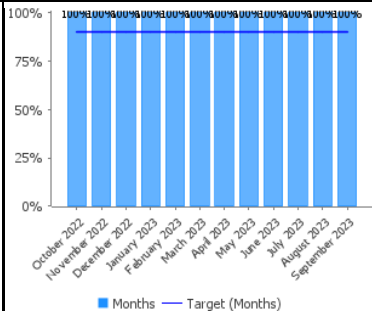
Quality Scorecard – Board

Title
Health Improvement

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	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			81.8%	67.6%			58%	<table border="1"> <caption>Percentage Uptake of Breastfeeding at 6–8 Weeks</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q3 2022/23</td> <td>62.5%</td> </tr> <tr> <td>Q4 2022/23</td> <td>81.8%</td> </tr> <tr> <td>Q1 2023/24</td> <td>67.6%</td> </tr> <tr> <td>Target</td> <td>58%</td> </tr> </tbody> </table>	Quarter	Percentage	Q3 2022/23	62.5%	Q4 2022/23	81.8%	Q1 2023/24	67.6%	Target	58%	Exceeding national target of 50% and local target of 58%. Awaiting Q2 data.
Quarter	Percentage																			
Q3 2022/23	62.5%																			
Q4 2022/23	81.8%																			
Q1 2023/24	67.6%																			
Target	58%																			

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	58	83	97	130	43	97		129		There has been a steady increase of ABIs recorded over the last 9 months, we anticipate this to continue as further staff complete ABI training from the 3 priority settings.
PH-HI-03a Number of FAST alcohol screenings	176	244	289	528	132	289		240		ABIs/screenings now being carried out as part of a group weight management and lifestyle change programme in Health Improvement.


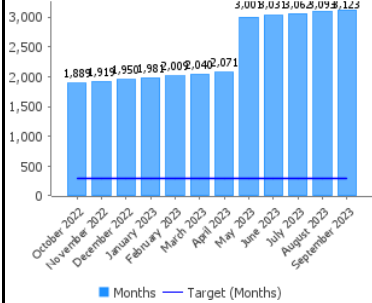

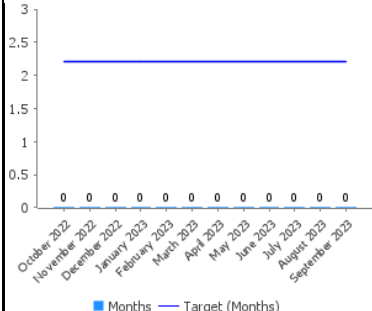
Title
Patient Experience Outcome Measures

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-01 % who say they had a positive care experience overall (aggregated)	90.9%	100%	93.3%	100%	100%	93.3%		90%		
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	100%	100%	100%	100%		90%		

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note																										
	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-HC-14 What matters to you – % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	100%	100%	100%	98.6%	98.5%	100%	✔	90%	<table border="1"> <caption>Monthly Performance Data for NA-HC-14</caption> <thead> <tr> <th>Month</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>100%</td></tr> <tr><td>November 2022</td><td>100%</td></tr> <tr><td>December 2022</td><td>100%</td></tr> <tr><td>January 2023</td><td>100%</td></tr> <tr><td>February 2023</td><td>100%</td></tr> <tr><td>March 2023</td><td>100%</td></tr> <tr><td>April 2023</td><td>100%</td></tr> <tr><td>May 2023</td><td>100%</td></tr> <tr><td>June 2023</td><td>100%</td></tr> <tr><td>July 2023</td><td>100%</td></tr> <tr><td>August 2023</td><td>100%</td></tr> <tr><td>September 2023</td><td>100%</td></tr> </tbody> </table>	Month	Value (%)	October 2022	100%	November 2022	100%	December 2022	100%	January 2023	100%	February 2023	100%	March 2023	100%	April 2023	100%	May 2023	100%	June 2023	100%	July 2023	100%	August 2023	100%	September 2023	100%	
Month	Value (%)																																			
October 2022	100%																																			
November 2022	100%																																			
December 2022	100%																																			
January 2023	100%																																			
February 2023	100%																																			
March 2023	100%																																			
April 2023	100%																																			
May 2023	100%																																			
June 2023	100%																																			
July 2023	100%																																			
August 2023	100%																																			
September 2023	100%																																			
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)	93.18%	96.43%	100%	94.44%	84.62%	100%	✔	90%	<table border="1"> <caption>Monthly Performance Data for NA-HC-17</caption> <thead> <tr> <th>Month</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>100%</td></tr> <tr><td>November 2022</td><td>100%</td></tr> <tr><td>December 2022</td><td>100%</td></tr> <tr><td>January 2023</td><td>100%</td></tr> <tr><td>February 2023</td><td>99%</td></tr> <tr><td>March 2023</td><td>99%</td></tr> <tr><td>April 2023</td><td>99%</td></tr> <tr><td>May 2023</td><td>99%</td></tr> <tr><td>June 2023</td><td>99%</td></tr> <tr><td>July 2023</td><td>84.62%</td></tr> <tr><td>August 2023</td><td>95.18%</td></tr> <tr><td>September 2023</td><td>100%</td></tr> </tbody> </table>	Month	Value (%)	October 2022	100%	November 2022	100%	December 2022	100%	January 2023	100%	February 2023	99%	March 2023	99%	April 2023	99%	May 2023	99%	June 2023	99%	July 2023	84.62%	August 2023	95.18%	September 2023	100%	
Month	Value (%)																																			
October 2022	100%																																			
November 2022	100%																																			
December 2022	100%																																			
January 2023	100%																																			
February 2023	99%																																			
March 2023	99%																																			
April 2023	99%																																			
May 2023	99%																																			
June 2023	99%																																			
July 2023	84.62%																																			
August 2023	95.18%																																			
September 2023	100%																																			
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)	99.32%	100%	96.61%	98.61%	99.23%	96.61%	✔	90%	<table border="1"> <caption>Monthly Performance Data for NA-HC-20</caption> <thead> <tr> <th>Month</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>96.4%</td></tr> <tr><td>November 2022</td><td>96.1%</td></tr> <tr><td>December 2022</td><td>100%</td></tr> <tr><td>January 2023</td><td>97.5%</td></tr> <tr><td>February 2023</td><td>97.4%</td></tr> <tr><td>March 2023</td><td>96.1%</td></tr> <tr><td>April 2023</td><td>96.1%</td></tr> <tr><td>May 2023</td><td>96.1%</td></tr> <tr><td>June 2023</td><td>96.1%</td></tr> <tr><td>July 2023</td><td>96.1%</td></tr> <tr><td>August 2023</td><td>96.1%</td></tr> <tr><td>September 2023</td><td>96.1%</td></tr> </tbody> </table>	Month	Value (%)	October 2022	96.4%	November 2022	96.1%	December 2022	100%	January 2023	97.5%	February 2023	97.4%	March 2023	96.1%	April 2023	96.1%	May 2023	96.1%	June 2023	96.1%	July 2023	96.1%	August 2023	96.1%	September 2023	96.1%	
Month	Value (%)																																			
October 2022	96.4%																																			
November 2022	96.1%																																			
December 2022	100%																																			
January 2023	97.5%																																			
February 2023	97.4%																																			
March 2023	96.1%																																			
April 2023	96.1%																																			
May 2023	96.1%																																			
June 2023	96.1%																																			
July 2023	96.1%																																			
August 2023	96.1%																																			
September 2023	96.1%																																			

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	97.73%	100%	96.43%	100%	92.31%	96.43%	✔	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)	98.86%	100%	96.67%	97.06%	98.08%	96.67%	✔	90%		



Title
Patient Safety Programme – Maternity & Children Workstream


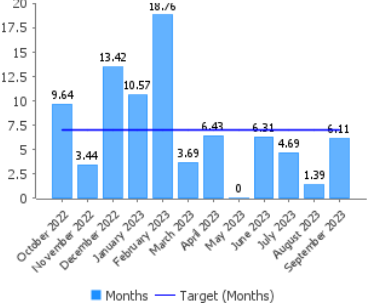

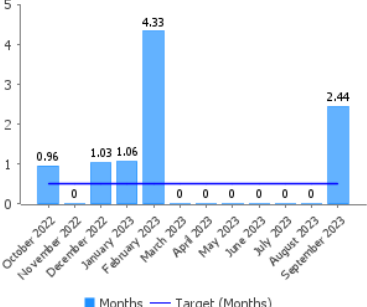

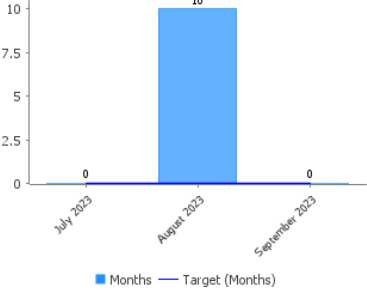
Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note																										
	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-CF-07 Days between stillbirths	3,062	3,093	3,123	2,040	3,031	3,123		300	 <table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>NA-CF-07 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>1,888</td></tr> <tr><td>November 2022</td><td>1,919</td></tr> <tr><td>December 2022</td><td>1,950</td></tr> <tr><td>January 2023</td><td>1,982</td></tr> <tr><td>February 2023</td><td>2,009</td></tr> <tr><td>March 2023</td><td>2,040</td></tr> <tr><td>April 2023</td><td>2,071</td></tr> <tr><td>May 2023</td><td>2,002</td></tr> <tr><td>June 2023</td><td>2,015</td></tr> <tr><td>July 2023</td><td>2,063</td></tr> <tr><td>August 2023</td><td>2,093</td></tr> <tr><td>September 2023</td><td>3,123</td></tr> </tbody> </table>	Month	Value	October 2022	1,888	November 2022	1,919	December 2022	1,950	January 2023	1,982	February 2023	2,009	March 2023	2,040	April 2023	2,071	May 2023	2,002	June 2023	2,015	July 2023	2,063	August 2023	2,093	September 2023	3,123	
Month	Value																																			
October 2022	1,888																																			
November 2022	1,919																																			
December 2022	1,950																																			
January 2023	1,982																																			
February 2023	2,009																																			
March 2023	2,040																																			
April 2023	2,071																																			
May 2023	2,002																																			
June 2023	2,015																																			
July 2023	2,063																																			
August 2023	2,093																																			
September 2023	3,123																																			
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	 <table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>NA-CF-09 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>0</td></tr> <tr><td>November 2022</td><td>0</td></tr> <tr><td>December 2022</td><td>0</td></tr> <tr><td>January 2023</td><td>0</td></tr> <tr><td>February 2023</td><td>0</td></tr> <tr><td>March 2023</td><td>0</td></tr> <tr><td>April 2023</td><td>0</td></tr> <tr><td>May 2023</td><td>0</td></tr> <tr><td>June 2023</td><td>0</td></tr> <tr><td>July 2023</td><td>0</td></tr> <tr><td>August 2023</td><td>0</td></tr> <tr><td>September 2023</td><td>0</td></tr> </tbody> </table>	Month	Value	October 2022	0	November 2022	0	December 2022	0	January 2023	0	February 2023	0	March 2023	0	April 2023	0	May 2023	0	June 2023	0	July 2023	0	August 2023	0	September 2023	0	
Month	Value																																			
October 2022	0																																			
November 2022	0																																			
December 2022	0																																			
January 2023	0																																			
February 2023	0																																			
March 2023	0																																			
April 2023	0																																			
May 2023	0																																			
June 2023	0																																			
July 2023	0																																			
August 2023	0																																			
September 2023	0																																			


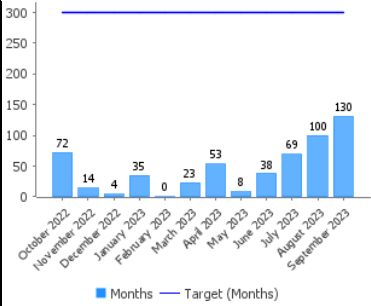

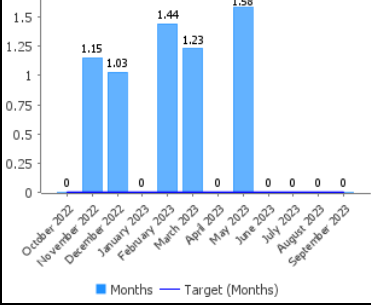

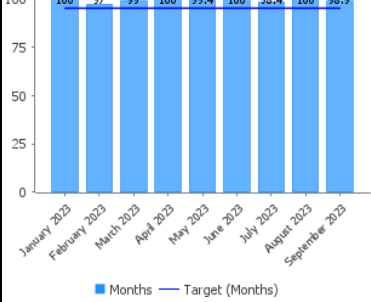
Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0	✔	4	<p>A line chart with the y-axis ranging from 0 to 5. The x-axis lists months from October 2022 to September 2023. A horizontal blue line is drawn at the value of 4, representing the target. The data points for 'Months' are all 0, shown as small blue bars along the x-axis.</p>	
NA-CF-16 % of women satisfied with the care they received				94.85	95.93	Care Opinion utilised	✔	95	<p>A bar chart comparing Q1 and Q2. The y-axis ranges from 0 to 100. The Q1 bar reaches 94.85 and the Q2 bar reaches 95.93. Both bars are blue. The text 'Care Opinion utilised' is written vertically between the bars.</p>	Q2 Care Opinion was used to ask patients to provide feedback regarding their care experience.
NA-HC-58 % compliance with the new born screening bundle	Measured Quarterly			100	100	100	✔	100	<p>A bar chart showing compliance percentages for four periods: 2015/16, 2016/17, 2022/23, and 2023/24. All four bars reach the 100% mark on the y-axis.</p>	


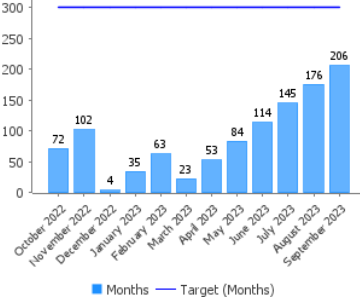

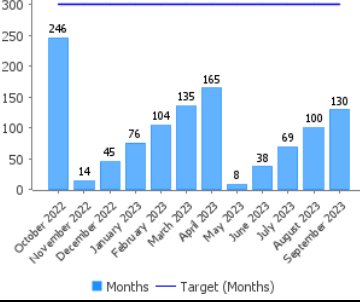

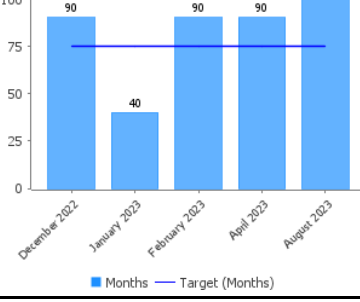
Title

Service & Quality Improvement Programmes – Measurement & Performance


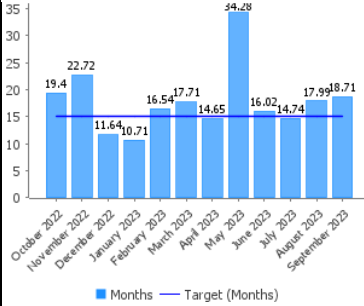

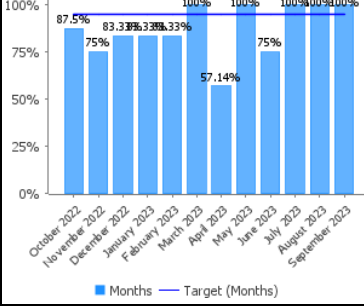

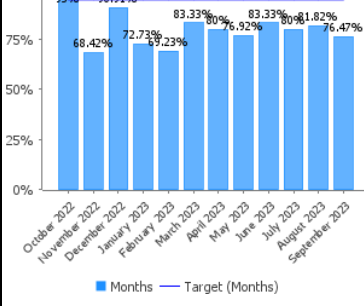
Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note										
	Value	Value	Value	Value	Value	Value	Status	Target												
CE-IC-01 Cleaning Specification Audit Compliance	Measured Quarterly			96.5%	96.8%	95.2%		90%	<table border="1"> <caption>CE-IC-01 Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q3 2022/23</td> <td>97.2%</td> </tr> <tr> <td>Q4 2022/23</td> <td>96.5%</td> </tr> <tr> <td>Q1 2023/24</td> <td>96.8%</td> </tr> <tr> <td>Q2 2023/24</td> <td>95.2%</td> </tr> </tbody> </table>	Quarter	Value	Q3 2022/23	97.2%	Q4 2022/23	96.5%	Q1 2023/24	96.8%	Q2 2023/24	95.2%	
Quarter	Value																			
Q3 2022/23	97.2%																			
Q4 2022/23	96.5%																			
Q1 2023/24	96.8%																			
Q2 2023/24	95.2%																			
NA-HC-08 Days between Cardiac Arrests		11	41			41		300	<table border="1"> <caption>NA-HC-08 Cardiac Arrests Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>August 2023</td> <td>11</td> </tr> <tr> <td>September 2023</td> <td>41</td> </tr> <tr> <td>Target (Months)</td> <td>300</td> </tr> </tbody> </table>	Month	Value	August 2023	11	September 2023	41	Target (Months)	300	Measure will remain on red until target of 300 days reached.		
Month	Value																			
August 2023	11																			
September 2023	41																			
Target (Months)	300																			

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-09 All Falls rate (per 1000 occupied bed days)	4.69	1.39	6.11	3.69	6.31	6.11		7		
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	0	2.44	0	0	2.44		0.5		
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x 1000)	0	10	0			0		0		

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	69	100	130	23	38	130		300		Measure will remain on red until target of 300 days reached across both inpatient areas.
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	0	0	1.23	0	0		0		
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	98.4	99	98.9	99	100	98.9		95		<p>Please note that cardiac arrests data collection has been recommenced and is reported in Q2.</p> <p>Falls with harm, hospital acquired pressure ulcers, cardiac arrests and hospital acquired CAUTIS.</p>

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-66 Pressure ulcer – days between pressure ulcers developed on Ward 1.	145	176	206	23	114	206		300		Measure will remain on red until target of 300 days reached across both inpatient areas.
NA-HC-69 Pressure ulcers – days between pressure ulcers on Ward 3	69	100	130	135	38	130		300		Measure will remain on red until target of 300 days reached across both inpatient areas.
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100	90	90	90	100		75			

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note																										
	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	94.43%	95.8%	97%	92.73%	95.43%	95.56%	✓	95%	<p>NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts</p> <table border="1"> <caption>NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>91.3%</td> </tr> <tr> <td>2021/22</td> <td>95.3%</td> </tr> <tr> <td>2022/23</td> <td>93.3%</td> </tr> <tr> <td>2023/24</td> <td>95.4%</td> </tr> </tbody> </table>	Year	Value (%)	2020/21	91.3%	2021/22	95.3%	2022/23	93.3%	2023/24	95.4%																	
Year	Value (%)																																			
2020/21	91.3%																																			
2021/22	95.3%																																			
2022/23	93.3%																																			
2023/24	95.4%																																			
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	69.44%	75%	87.5%	60.83%	66.67%	77.59%	✓	75%	<p>NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)</p> <table border="1"> <caption>NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>42.8%</td> </tr> <tr> <td>2021/22</td> <td>67.2%</td> </tr> <tr> <td>2022/23</td> <td>60.2%</td> </tr> <tr> <td>2023/24</td> <td>72.0%</td> </tr> </tbody> </table>	Year	Value (%)	2020/21	42.8%	2021/22	67.2%	2022/23	60.2%	2023/24	72.0%																	
Year	Value (%)																																			
2020/21	42.8%																																			
2021/22	67.2%																																			
2022/23	60.2%																																			
2023/24	72.0%																																			
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	284	315	345	162	253	345	✓	300	<table border="1"> <caption>NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>October 2022</td> <td>11</td> </tr> <tr> <td>November 2022</td> <td>41</td> </tr> <tr> <td>December 2022</td> <td>72</td> </tr> <tr> <td>January 2023</td> <td>103</td> </tr> <tr> <td>February 2023</td> <td>131</td> </tr> <tr> <td>March 2023</td> <td>162</td> </tr> <tr> <td>April 2023</td> <td>192</td> </tr> <tr> <td>May 2023</td> <td>223</td> </tr> <tr> <td>June 2023</td> <td>253</td> </tr> <tr> <td>July 2023</td> <td>284</td> </tr> <tr> <td>August 2023</td> <td>315</td> </tr> <tr> <td>September 2023</td> <td>345</td> </tr> </tbody> </table>	Month	Value	October 2022	11	November 2022	41	December 2022	72	January 2023	103	February 2023	131	March 2023	162	April 2023	192	May 2023	223	June 2023	253	July 2023	284	August 2023	315	September 2023	345	
Month	Value																																			
October 2022	11																																			
November 2022	41																																			
December 2022	72																																			
January 2023	103																																			
February 2023	131																																			
March 2023	162																																			
April 2023	192																																			
May 2023	223																																			
June 2023	253																																			
July 2023	284																																			
August 2023	315																																			
September 2023	345																																			

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note																										
	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-IC-02 Catheter Usage Rate	14.74	17.99	18.71	17.71	16.02	18.71		15	 <table border="1"> <caption>Catheter Usage Rate Data</caption> <thead> <tr><th>Month</th><th>Usage Rate</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>19.4</td></tr> <tr><td>November 2022</td><td>22.72</td></tr> <tr><td>December 2022</td><td>11.64</td></tr> <tr><td>January 2023</td><td>10.71</td></tr> <tr><td>February 2023</td><td>16.54</td></tr> <tr><td>March 2023</td><td>17.71</td></tr> <tr><td>April 2023</td><td>14.65</td></tr> <tr><td>May 2023</td><td>34.28</td></tr> <tr><td>June 2023</td><td>16.02</td></tr> <tr><td>July 2023</td><td>14.74</td></tr> <tr><td>August 2023</td><td>17.99</td></tr> <tr><td>September 2023</td><td>18.71</td></tr> </tbody> </table>	Month	Usage Rate	October 2022	19.4	November 2022	22.72	December 2022	11.64	January 2023	10.71	February 2023	16.54	March 2023	17.71	April 2023	14.65	May 2023	34.28	June 2023	16.02	July 2023	14.74	August 2023	17.99	September 2023	18.71	
Month	Usage Rate																																			
October 2022	19.4																																			
November 2022	22.72																																			
December 2022	11.64																																			
January 2023	10.71																																			
February 2023	16.54																																			
March 2023	17.71																																			
April 2023	14.65																																			
May 2023	34.28																																			
June 2023	16.02																																			
July 2023	14.74																																			
August 2023	17.99																																			
September 2023	18.71																																			
NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	100%	100%	100%	100%	75%	100%		95%	 <table border="1"> <caption>CAUTI Insertion Bundle Compliance Data</caption> <thead> <tr><th>Month</th><th>Compliance (%)</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>87.5%</td></tr> <tr><td>November 2022</td><td>75%</td></tr> <tr><td>December 2022</td><td>83.33%</td></tr> <tr><td>January 2023</td><td>83.33%</td></tr> <tr><td>February 2023</td><td>83.33%</td></tr> <tr><td>March 2023</td><td>100%</td></tr> <tr><td>April 2023</td><td>57.14%</td></tr> <tr><td>May 2023</td><td>100%</td></tr> <tr><td>June 2023</td><td>100%</td></tr> <tr><td>July 2023</td><td>75%</td></tr> <tr><td>August 2023</td><td>100%</td></tr> <tr><td>September 2023</td><td>100%</td></tr> </tbody> </table>	Month	Compliance (%)	October 2022	87.5%	November 2022	75%	December 2022	83.33%	January 2023	83.33%	February 2023	83.33%	March 2023	100%	April 2023	57.14%	May 2023	100%	June 2023	100%	July 2023	75%	August 2023	100%	September 2023	100%	
Month	Compliance (%)																																			
October 2022	87.5%																																			
November 2022	75%																																			
December 2022	83.33%																																			
January 2023	83.33%																																			
February 2023	83.33%																																			
March 2023	100%																																			
April 2023	57.14%																																			
May 2023	100%																																			
June 2023	100%																																			
July 2023	75%																																			
August 2023	100%																																			
September 2023	100%																																			
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	80%	81.82%	76.47%	83.33%	83.33%	76.47%		95%	 <table border="1"> <caption>CAUTI maintenance bundle Compliance Data</caption> <thead> <tr><th>Month</th><th>Compliance (%)</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>95%</td></tr> <tr><td>November 2022</td><td>68.42%</td></tr> <tr><td>December 2022</td><td>90.91%</td></tr> <tr><td>January 2023</td><td>72.73%</td></tr> <tr><td>February 2023</td><td>69.23%</td></tr> <tr><td>March 2023</td><td>83.33%</td></tr> <tr><td>April 2023</td><td>80%</td></tr> <tr><td>May 2023</td><td>76.92%</td></tr> <tr><td>June 2023</td><td>83.33%</td></tr> <tr><td>July 2023</td><td>80%</td></tr> <tr><td>August 2023</td><td>81.82%</td></tr> <tr><td>September 2023</td><td>76.47%</td></tr> </tbody> </table>	Month	Compliance (%)	October 2022	95%	November 2022	68.42%	December 2022	90.91%	January 2023	72.73%	February 2023	69.23%	March 2023	83.33%	April 2023	80%	May 2023	76.92%	June 2023	83.33%	July 2023	80%	August 2023	81.82%	September 2023	76.47%	Following discussion with the Infection Control Team, the reduction in performance was identified and escalated to the SCNs and Chief Nurse Acute. Work has been commenced around improving the documentation of the catheters insertion bundle. During audits any identified failures or concerns are communicated with the ward. Continue to monitor this measure.
Month	Compliance (%)																																			
October 2022	95%																																			
November 2022	68.42%																																			
December 2022	90.91%																																			
January 2023	72.73%																																			
February 2023	69.23%																																			
March 2023	83.33%																																			
April 2023	80%																																			
May 2023	76.92%																																			
June 2023	83.33%																																			
July 2023	80%																																			
August 2023	81.82%																																			
September 2023	76.47%																																			

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note										
	Value	Value	Value	Value	Value	Value	Status	Target												
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured Quarterly			100	133	67	✓	100	<table border="1"> <caption>NA-IC-20 Trend Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 2022/23</td> <td>100</td> </tr> <tr> <td>Q1 2023/24</td> <td>133</td> </tr> <tr> <td>Q2 2023/24</td> <td>67</td> </tr> </tbody> </table>	Quarter	Value	Q4 2022/23	100	Q1 2023/24	133	Q2 2023/24	67	2 Leadership Walkrounds were scheduled and carried out during Q2 (child health & pharmacy). An additional walkround was carried out in Q1 to reflect and balance the challenges of scheduling Walkrounds during the summer holiday period. From July 2023 the walkrounds were temporarily suspended to allow the Clinical Governance team to support the Allocate eRostering project.		
Quarter	Value																			
Q4 2022/23	100																			
Q1 2023/24	133																			
Q2 2023/24	67																			
NA-IC-22 Hand Hygiene Audit Compliance	Measured Quarterly			99.5%	99.5%	97.3%	✓	95%	<table border="1"> <caption>NA-IC-22 Trend Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q3 2022/23</td> <td>98.4%</td> </tr> <tr> <td>Q4 2022/23</td> <td>99.5%</td> </tr> <tr> <td>Q1 2023/24</td> <td>99.5%</td> </tr> <tr> <td>Q2 2023/24</td> <td>97.3%</td> </tr> </tbody> </table>	Quarter	Value	Q3 2022/23	98.4%	Q4 2022/23	99.5%	Q1 2023/24	99.5%	Q2 2023/24	97.3%	
Quarter	Value																			
Q3 2022/23	98.4%																			
Q4 2022/23	99.5%																			
Q1 2023/24	99.5%																			
Q2 2023/24	97.3%																			
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured Quarterly							0%		Surgical Site Infection Surveillance suspended due to Covid-19. 16/11/2023 – update from the Infection Control Team, there is no national updated regarding when this will be recommenced.										

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note															
	Value	Value	Value	Value	Value	Value	Status	Target																	
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured Quarterly							0%		Surgical Site Infection Surveillance suspended due to Covid-19. 16/11/2023 – update from the Infection Control Team, there is no national updated regarding when this will be recommenced.															
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Measured Quarterly							0%		Surgical Site Infection Surveillance suspended due to Covid-19. 16/11/2023 – update from the Infection Control Team, there is no national updated regarding when this will be recommenced.															
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Measured Quarterly							0%	<table border="1"> <caption>NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)</caption> <thead> <tr> <th>Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>3.33%</td> <td>0%</td> </tr> <tr> <td>2018/19</td> <td>5.45%</td> <td>0%</td> </tr> <tr> <td>2019/20</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>2020/21</td> <td>0%</td> <td>0%</td> </tr> </tbody> </table>	Year	Actual (%)	Target (%)	2017/18	3.33%	0%	2018/19	5.45%	0%	2019/20	0%	0%	2020/21	0%	0%	Surgical Site Infection Surveillance suspended due to Covid-19. 16/11/2023 – update from the Infection Control Team, there is no national updated regarding when this will be recommenced.
Year	Actual (%)	Target (%)																							
2017/18	3.33%	0%																							
2018/19	5.45%	0%																							
2019/20	0%	0%																							
2020/21	0%	0%																							

Title
Treatment

Performance Indicators	July 2023	August 2023	September 2023	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Q2 2023/24	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	100%	100%	100%	100%	100%	100%	✓	100%		
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)	Measured Quarterly			93%	91.9%					Awaiting Q2 data
MD-HC-07 Percentage of unadjusted inpatient mortality (number of deaths in the hospital compared to number of deaths/live discharges)	Measured Quarterly			3.54%	4.4%	2.09%	✓	No target identified		

APPENDIX A – Overview of falls and pressure ulcer incidence between July and September 2023

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			171		B/Fwd			26	
Jan-23	1	1	6	Small laceration to back of head – no intervention required	Jan-23	0	8	2	
Feb-23	0	3	20		Feb-23	3	7	5	3 patients with differing injuries: Abrasion to arm fractured left elbow. Laceration to head. Fractured left elbow
Mar-23	0	0	51		Mar-23	0	3	11	
Apr-23	0	2	22		Apr-23	0	3	3	
May-23	0	0	53		May-23	0	0	34	
Jun-23	0	0	83		Jun-23	0	4	0	1 fall occurred during the onset of a stroke.
Jul-23	0	0	114		Jul-23	0	3	1	
Aug-23	0	1	14		Aug-23	0	0	32	
Sep-23	0	0	44		Sep-23	2	3	9	1 fall required a CT due to patient on anticoagulation therapy
Oct-23					Oct-23				
Nov-23					Nov-23				
Dec-23					Dec-23				
Total	1	6			Total	3	28		

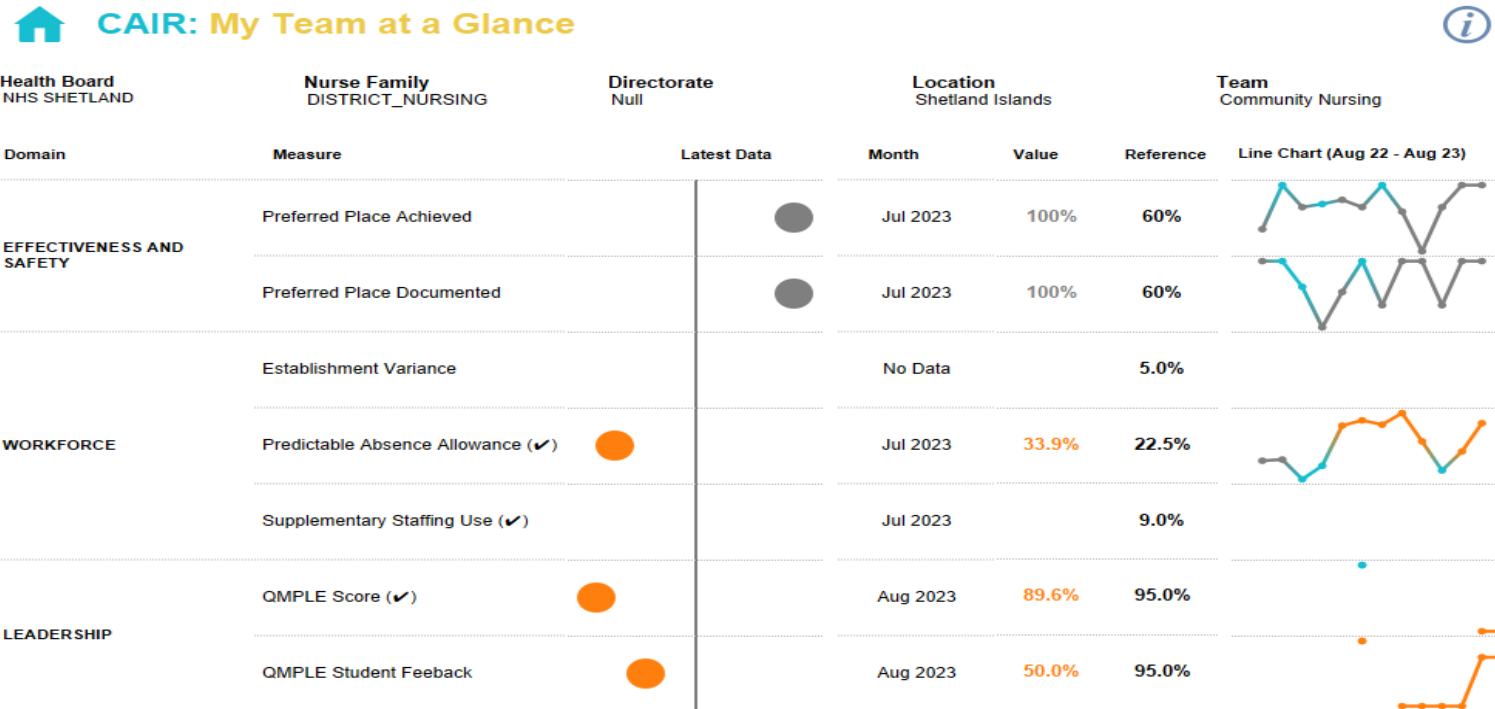
Pressure Ulcers in Secondary Care											
WARD 1						WARD 3					
Date	Total number of pressure ulcers acquired while on the ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin	Date	Total number of pressure ulcers acquired while on the 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			4			B/Fwd			45		
Jan-23	0	1	35		In the community	Jan-23	0	1	76	Grade 2	In the community
Feb-23	0	0	63			Feb-23	0	0	104		
Mar-23	1	1	23	Grade 2 Grade 2	In the Community On Ward	Mar-23	0	1	135	Grade 1	In the community
Apr-23	0	0	53			Apr-23	0	1	165	Grade 1	In the community
May-23	0	1	84	Grade 2	In the community	May-23	1	2	8	Grade 2 Grade 2 Grade 2	Community Community On the ward
Jun-23	0	1	114	Grade 3	In the community	Jun-23	0	2	38	Grade 3 Grade 2	Community Community
Jul-23	0	0	145			Jul-23	0	2	65	Grade 2 Grade 2	Community Other hospital
Aug-23	0	0	176			Aug-23	0	3	100	Grade 2 Grade 2 Grade 2	ARI Home Home
Sep-23	0	1	206	Grade 2	ARI	Sep-23	0	1	130	Grade 2	In the community
Oct-23						Oct-23					
Nov-23						Nov-23					
Dec-23						Dec-23					
Total	1	4				Total	1	9			

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

FALLS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
July - September 2023	2	Unavoidable	Yes	No	<p>There were 2 falls with harm during Q2 on ward 3. Both falls were unavoidable.</p> <p>1 individual did not want to disturb the nursing team and fell trying to independently mobilise at night, they had a minor injury to their face which required first aid. The appropriate falls bundle was completed. There was no derogation of duty.</p> <p>1 individual fell in the bathroom, resulting in an abrasion to their forearm and heel, first aid was provided. The patient received a precautionary CT scan in line with clinical guidelines, as the individual is on anticoagulation therapy. The individual is at high risk of falls and all falls interventions were implemented.</p> <p>Both falls were reported via Datix 9546 & 9549</p>

PRESSURE ULCERS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
July - September 2023	7	Unavoidable	Yes	No	<p>1 x grade 2 pressure ulcer was reported upon arrival to ward 1, this was acquired in ARI and documented within the handover paperwork. All necessary paper work and safety crosses were completed. Appropriate actions taken by nursing team.</p> <p>6 x pressure ulcers were upon admission to ward 3: 2 were acquired in another hospital 2 were community acquired 2 were acquired at home</p> <p>Appropriate care, documentation, and pressure area assessments were implemented by the nursing team.</p> <p>All incidents were reported via Datix 9552, 9500, 9473, 9509, 9520, 9536, 9615</p>

Screenshots from the Excellence in Care Dashboard. Community Nursing: July - September 2023:





CAIR: My Team at a Glance



Health Board
NHS SHETLAND

Nurse Family
DISTRICT_NURSING

Directorate
Null

Location
Shetland Islands

Team
Community Nursing

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Sep 22 - Sep 23)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved	●	Aug 2023	80%	60%	
	Preferred Place Documented	●	Aug 2023	100%	60%	
	Establishment Variance		No Data		5.0%	
WORKFORCE	Predictable Absence Allowance (✓)	●	Aug 2023	29.5%	22.5%	
	Supplementary Staffing Use (✓)		Jul 2023		9.0%	
LEADERSHIP	QMPLE Score (✓)	●	Aug 2023	89.6%	95.0%	
	QMPLE Student Feedback	●	Aug 2023	50.0%	95.0%	



CAIR: My Team at a Glance



Health Board
NHS SHETLAND

Nurse Family
DISTRICT_NURSING

Directorate
All

Location
Shetland Islands

Team
Community Nursing

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Oct 22 - Oct 23)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved	●	Sep 2023	100%	60%	
	Preferred Place Documented	●	Sep 2023	100%	60%	
WORKFORCE	Predictable Absence Allowance (✓)	●	Sep 2023	29.3%	22.5%	
LEADERSHIP	QMPLE Score (✓)	●	Sep 2023	89.6%	95.0%	
	QMPLE Student Feedback	●	Sep 2023	66.7%	95.0%	

Screenshots from the Excellence in Care Dashboard. Ward One: July - September 2023



Health Board	Nurse Family	Directorate	Location	Team		
NHS SHETLAND	ADULT_INPATIENT	Null	GILBERT BAIN HOSPITAL	Ward 1		
Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Aug 22 - Aug 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Jul 2023	56%	95%	
	EWS Frequency		Jul 2023	88%	95%	
	FFN MUST Score		Jul 2023	89%	95%	
	FFN Nutritional Assessment		Jul 2023	83%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✓)		Jul 2023	0.0	5.1	
	Pressure Ulcers Rate (✓)		Jul 2023	0.0	0.5	
	MDRO Risk Assessment (✓)		Jul 2023	72%	95%	
	Omitted Medicines (✓)		No Data		1.6%	
	Patients with Omitted Medicines (✓)		No Data		40.0%	
WORKFORCE	Establishment Variance		Jul 2023	18.4%	5.0%	
	Predictable Absence Allowance (✓)		Jul 2023	29.8%	22.5%	
	Supplementary Staffing Use (✓)		Jul 2023	8.7%	9.0%	
LEADERSHIP	QMPLE Score (✓)		May 2023	92.7%	95.0%	
	QMPLE Student Feedback		Aug 2023	0.0%	95.0%	



CAIR: My Team at a Glance



Health Board
NHS SHETLAND

Nurse Family
ADULT_INPATIENT

Directorate
Null

Location
GILBERT BAIN HOSPITAL

Team
Ward 1

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Sep 22 - Sep 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy	●	Aug 2023	90%	95%	
	EWS Frequency	●	Aug 2023	100%	95%	
	FFN MUST Score	●	Aug 2023	65%	95%	
	FFN Nutritional Assessment	●	Aug 2023	60%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✓)	●	Aug 2023	3.6	5.1	
	Pressure Ulcers Rate (✓)	●	Aug 2023	0.0	0.5	
	MDRO Risk Assessment (✓)	●	Aug 2023	65%	95%	
	Omitted Medicines (✓)		No Data		1.6%	
	Patients with Omitted Medicines (✓)		No Data		40.0%	
	WORKFORCE	Establishment Variance	●	Aug 2023	20.7%	5.0%
Predictable Absence Allowance (✓)		●	Aug 2023	29.8%	22.5%	
Supplementary Staffing Use (✓)		●	Aug 2023	10.5%	9.0%	
LEADERSHIP	QMPLE Score (✓)	●	May 2023	92.7%	95.0%	
	QMPLE Student Feedback	●	Aug 2023	0.0%	95.0%	



CAIR: My Team at a Glance



Health Board
NHS SHETLAND

Nurse Family
ADULT_INPATIENT

Directorate
All

Location
GILBERT BAIN HOSPITAL

Team
Ward 1

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Oct 22 - Oct 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy	●	Sep 2023	95%	95%	
	EWS Frequency	●	Sep 2023	100%	95%	
	FFN MUST Score	●	Sep 2023	65%	95%	
	FFN Nutritional Assessment	●	Sep 2023	65%	95%	
	Inpatient Falls Rate (✓)	●	Sep 2023	16.6	5.1	
	Pressure Ulcers Rate (✓)	●	Sep 2023	0.0	0.5	
	MDRO Risk Assessment (✓)	●	Sep 2023	75%	95%	
WORKFORCE	Establishment Variance	●	Sep 2023	13.1%	5.0%	
	Predictable Absence Allowance (✓)	●	Sep 2023	15.8%	22.5%	
	Supplementary Staffing - Bank and Agency (✓)	●	Sep 2023	8.1%	15.0%	
	Supplementary Staffing - Overtime and Excess (✓)	●	Sep 2023	0.9%	1.3%	
LEADERSHIP	QMPLE Score (✓)	●	May 2023	92.7%	95.0%	
	QMPLE Student Feedback	●	Sep 2023	0.0%	95.0%	

Screenshots from the Excellence in Care Dashboard. Ward Three: July - September 2023



Health Board
NHS SHETLAND

Nurse Family
ADULT_INPATIENT

Directorate
Null

Location
GILBERT BAIN HOSPITAL

Team
Ward 3

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Aug 22 - Aug 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Jul 2023	80%	95%	
	EWS Frequency		Jul 2023	75%	95%	
	FFN MUST Score		Jul 2023	45%	95%	
	FFN Nutritional Assessment		Jul 2023	45%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✓)		Jul 2023	7.1	5.1	
	Pressure Ulcers Rate (✓)		Jul 2023	0.0	0.5	
	MDRO Risk Assessment (✓)		Jul 2023	90%	95%	
	Omitted Medicines (✓)		No Data		1.6%	
	Patients with Omitted Medicines (✓)		No Data		40.0%	
WORKFORCE	Establishment Variance		Jul 2023	10.3%	5.0%	
	Predictable Absence Allowance (✓)		Jul 2023	26.8%	22.5%	
	Supplementary Staffing Use (✓)		Jul 2023	17.1%	9.0%	
LEADERSHIP	QMPLE Score (✓)		Aug 2023	100.0%	95.0%	
	QMPLE Student Feedback		Aug 2023	100.0%	95.0%	



CAIR: My Team at a Glance



Health Board
NHS SHETLAND

Nurse Family
ADULT_INPATIENT

Directorate
Null

Location
GILBERT BAIN HOSPITAL

Team
Ward 3

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Sep 22 - Sep 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Aug 2023	60%	95%	
	EWS Frequency		Aug 2023	70%	95%	
	FFN MUST Score		Aug 2023	80%	95%	
	FFN Nutritional Assessment		Aug 2023	70%	95%	
	FFN Care Plan		No Data		95%	
	Inpatient Falls Rate (✓)		Aug 2023	0.0	5.1	
	Pressure Ulcers Rate (✓)		Aug 2023	0.0	0.5	
	MDRO Risk Assessment (✓)		Aug 2023	75%	95%	
	Omitted Medicines (✓)		No Data		1.6%	
	Patients with Omitted Medicines (✓)		No Data		40.0%	
WORKFORCE	Establishment Variance		Aug 2023	10.1%	5.0%	
	Predictable Absence Allowance (✓)		Aug 2023	32.5%	22.5%	
	Supplementary Staffing Use (✓)		Aug 2023	15.4%	9.0%	
LEADERSHIP	QMPLE Score (✓)		Aug 2023	100.0%	95.0%	
	QMPLE Student Feedback		Aug 2023	100.0%	95.0%	



CAIR: My Team at a Glance



Health Board
NHS SHETLAND

Nurse Family
ADULT_INPATIENT

Directorate
All

Location
GILBERT BAIN HOSPITAL

Team
Ward 3

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Oct 22 - Oct 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy	●	Sep 2023	80%	95%	
	EWS Frequency	●	Sep 2023	75%	95%	
	FFN MUST Score	●	Sep 2023	55%	95%	
	FFN Nutritional Assessment	●	Sep 2023	55%	95%	
	Inpatient Falls Rate (✓)	●	Sep 2023	0.0	5.1	
	Pressure Ulcers Rate (✓)	●	Sep 2023	0.0	0.5	
	MDRO Risk Assessment (✓)	●	Sep 2023	75%	95%	
WORKFORCE	Establishment Variance	●	Sep 2023	13.2%	5.0%	
	Predictable Absence Allowance (✓)	●	Sep 2023	21.3%	22.5%	
	Supplementary Staffing - Bank and Agency (✓)	●	Sep 2023	12.3%	15.0%	
	Supplementary Staffing - Overtime and Excess (✓)	●	Sep 2023	3.7%	1.3%	
LEADERSHIP	QMPLE Score (✓)	●	Aug 2023	100.0%	95.0%	
	QMPLE Student Feedback	●	Sep 2023	0.0%	95.0%	

Appendix C – Thematic Learning from Debrief Discussions July - September 2023

Month	Number of Adverse Events Reported	Number of Cat 1 Reported	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning
July 2023	48		Extreme – 0 Major – 0 Moderate - 4	0	
Aug 2023	61		Extreme – 0 Major – 0 Moderate - 10	4	<p>Adverse event theme (9530 & 9503) – Violence and Aggression</p> <ul style="list-style-type: none"> • Staff Care – Verbal aggression and disruptive behaviour from patient to staff member and members of the public. Police and social work involved. Patient has a number of issues and is involved with multi-discipline teams. Escalation plans are in place and reasons for behaviour are being managed. <p>Adverse event theme (9492) – Clinical Assessment</p> <ul style="list-style-type: none"> • Patient Care – Patient had a troponin test taken in the community several days after an Out of Hours assessment for a possible myocardial infarction. It was agreed a Learning Event Analysis be conducted and

Month	Number of Adverse Events Reported	Number of Cat 1 Reported	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning
					<p>discuss the need for a standardised process created for urgent bloods. No harm came to the patient.</p> <p>Adverse event theme (9493) – Communication</p> <ul style="list-style-type: none"> • Patient Care – Non doctor island Helimed transfer. Learning identified regarding communication with Scottish Ambulance Service and the type of transfer required for islands .Will be discussed at the Ambulance Operational Group.
Sept 2023	72	0	<p>Extreme – 0</p> <p>Major – 0</p> <p>Moderate - 7</p>	1	<p>Adverse event theme (9611) – Equipment Access</p> <ul style="list-style-type: none"> • Patient Care – Restrictive access to equipment in the store. Space is a shared store with other agencies. A wider review is to take place to enable better management of the space.
Total	181		<p>Extreme = 0</p> <p>Major = 0</p> <p>Moderate = 21</p>	5	

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

Reporting period	CE01 - Overall, how would you rate your hospital experience? (Excellent/Good)		CE02 - You received the care/support that you expected and needed (% of those that answered 'Yes')	
	Ward 1 NA-HC-03	Ward 3 NA-HC-02	Ward 1 NA-HC-06	Ward 3 NA-HC-05
Jan-23	100%	100%	100%	100%
Feb-23	100%	100%	100%	100%
Mar-23	100%	100%	100%	100%
Apr-23	100%	100%	100%	100%
May-23	100%	No Response	100%	No Response
Jun-23	100%	100%	100%	100%
Jul-23	94%	100%	100%	100%
Aug-23	100%	100%	100%	100%
Sep-23	100%	88%	100%	100%
Oct-23				
Nov-23				
Dec-23				
Average	100%	100%	100%	100%

Ward 1						
Person Centred Measure description	MD01 (NA-HC-16)	MD02 (NA-HC-19)	MD03 (NA-HC-22)	MD04 (NA-HC-25)	MD05 (NA-HC-28)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-22	96%	100%	97%	100%	91%	24
Feb-22	100%	95%	99%	100%	98%	24
Mar-22	100%	93%	98%	100%	96%	15
Apr-22	100%	100%	100%	97%	100%	17
May-22	100%	100%	100%	100%	100%	20
Jun-22	100%	87%	99%	92%	97%	20
Jul-22	100%	93%	100%	100%	97%	36
Aug-22	100%	95%	100%	100%	97%	23
Sep-22	100%	100%	96%	92%	93%	7
Oct-22						
Nov-22						
Dec-22						
Average	100%	96%	99%	98%	97%	21

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-23	100%	100%	100%	100%	100%	5
Feb-23	100%	100%	100%	100%	100%	2
Mar-23	100%	100%	100%	100%	100%	3
Apr-23	100%	100%	80%	100%	100%	5
May-23	No feedback received					0
Jun-23	100%	83%	100%	100%	100%	6
Jul-23	100%	83%	100%	88%	100%	8
Aug-23	100%	100%	100%	100%	100%	10
Sep-23	100%	100%	97%	100%	100%	8
Oct-23						
Nov-23						
Dec-23						
Average	100%	96%	97%	99%	100%	5

WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – July 2023

Thank you very much for the excellent care
Well cared by excellent staff, every need met. FOOD - Outstanding. Overall as enjoyable as it could be. Heartfelt thanks to all involved in my care.
The staff were wonderful and made all the difference at a difficult time. Thank You.
No Complaints - Excellent Staff - Thank You. Much appreciated.
Pleasant staff who are always willing & able to assist. Chefs are to be complimented on magnificent meals.
Not a place I planned to visit but thank you for being here.
I am very pleased with the way I have been treated. Care Excellent. Food excellent - eaten everything.
Thank you all so much for your excellent care.
Ward Nurses explained / discussed discharge medications fully. Physio discussion - Full and re-assuring. Discussions / input from Ward doctors appeared minimal. Did not appreciate the suggestion from female doctor to "use a bag of frozen peas" to manage my severe neurological pain. I would have expected GBH to have contacted surgeon at CNH Glasgow - If they did it certainly was not communicated to me.
All staff were very friendly and helped when I needed it.
Great Staff, care and food. Couldn't have asked for a better care. Thank You (Signed)
I have experienced the highest level of care from all staff whilst a patient here. Thank you all sincerely (signed)
They have treated me brilliantly. Thanks very much.
Thank You
Thank You (Smiley face)

WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – August 2023

The Staff were very kind and helpful and also very cheerful.

I highly want to say THANK YOU ALL to the staff et the GBH. I have a wonderful experience here. I will always remember how nurses have taken care of me in a way so gentle and lovely. I don't know if I will come back to Shetland but if so surely I will come back and see you all (Signed).

Thank you for helping me, especially (named) and (named) who were great!

Everyone has been very kind.

Thank you for the care and attention I was given. (signed).

Staff were great with me. Thank You.

I was very anxious before operation. (Named) in particular took time to re-assure me. All staff - A&E. theatre, ward, everyone- were super. Even the food is good at this hospital!

You've sent me home far stronger and more able to cope - thank you for all your care.

Could not have been better. Please give them all a pay rise! Thank you all very much! (Signed).

Bedtime drug round could've been a bit earlier as I was settled for the evening when my drugs came. But all round excellent care.

WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – September 2023

Staff on Ward 1 were extremely friendly (All) and welcoming. Nothing seemed too much trouble. Always came with a smile and had a laugh whilst performing duties. And the lovely (Named) was so nice with her cuppas. Def an asset. Thank You.

All the staff on Ward 1 were absolutely fantastic. They made my stay in Hospital so much easier.

WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – July 2023

I am very grateful for the care I received from everyone involved in my treatment. I was especially pleased with the way the different members of staff interacted in my care, each one understanding what to do. Even the meals were good.

Having been much more ill than I could have possibly imagined, I cannot commend staff here highly enough. A&E doctor explained very clearly what had happened + the treatments he was to implement. He monitored throughout my stay. All staff, bar none, went out of their way to ensure I made as quick a recovery as possible. They made sure I knew how much I was and wasn't allowed to do. Everybody made me feel "at home" during what has been a very traumatic time for me - and with smiles on their faces and a sense of humour! The food choices are incredible and the quality is fantastic - I have been well fed! Thank you does not seem adequate but Thank You!

The staff were marvellous. All deserve a pay rise and a medal (signed) P.S. and the food was very good.

Care & food was excellent. I was however disappointed that my N.O.K. was not notified despite my asking. I had to call myself the following day.

I had to go and ask for an afternoon cup of tea and I didn't get a hot drink at lunch.

The staff were all very caring, cheerful and professional, Thank You (signed)

WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – August 2023

Could not get nicer or more polite Nurses and Doctors Anywhere.

Thank you all looking after (Patient's name) while in Hospital. Much appreciated (Signed)

Everyone were very helpful with everything

(Patient name) says (and has often said during her stay) that this is the best "Hotel" in town. As her carer I have deeply appreciated the way staff have spoken to 'individual' and cared for her (Signed)

All da nurses and doctors are exceptional folk. Thank you for everything. You're worth your weight in gold.

I was very happy with everything all of you done for me during my stay. I appreciate everything. I'm sorry I was such a cry baby. Thank you. Love to all. XXX

WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – September 2023

Good All Round Service & Care

Very pleased to be here, Lovely Staff, Food Excellent, just a bit too hot in room at night

Fantastic team in Ward 3

100% for all the care I have received.

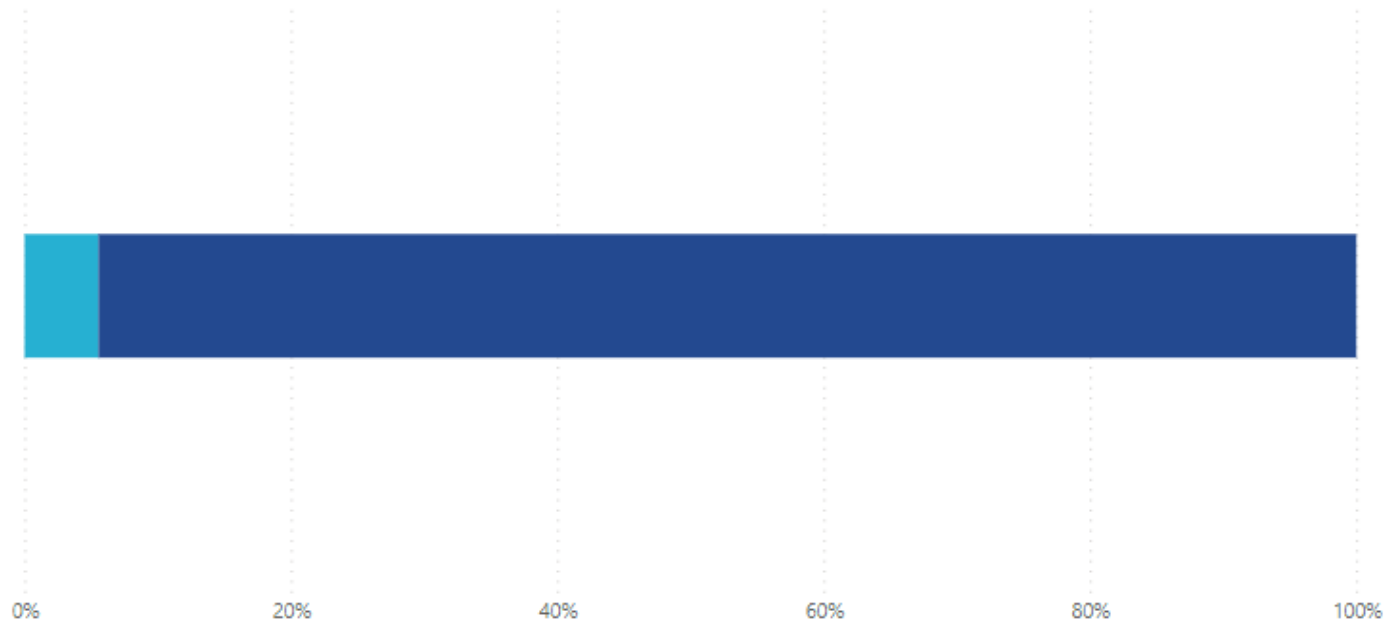
All the nurses & Doctors were brilliant do were the back-up teams too.

New Hospital badly needed

Quality Management of the Practice Learning Environment (QMPLE)
Q2 July – September 2023

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

Fairly Satisfied Very Satisfied

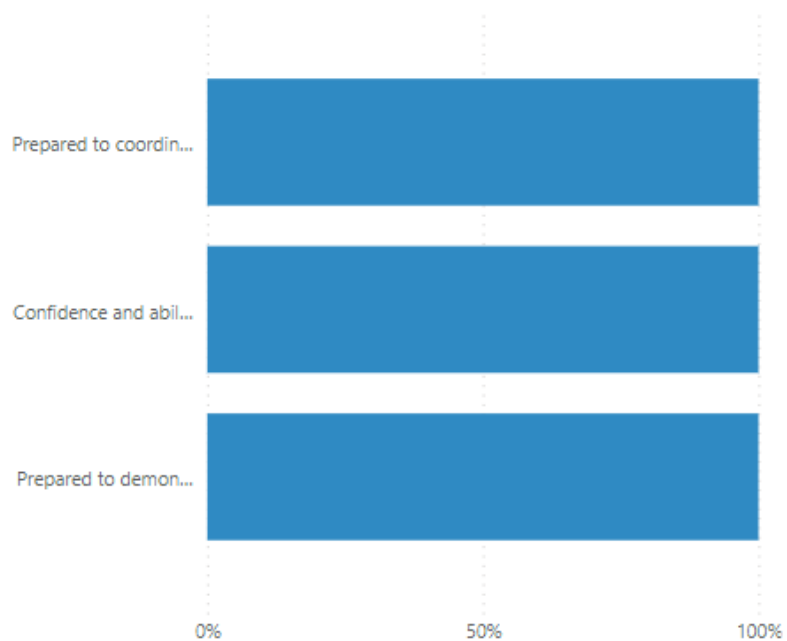


Performance Management

Nursing

In line with your field of practice, to what extent do you agree or disagree with the following statements:

● Can't Re... ● Strongly ... ● Tend To ... ● Neither ... ● Tend To ... ● Strongly ...



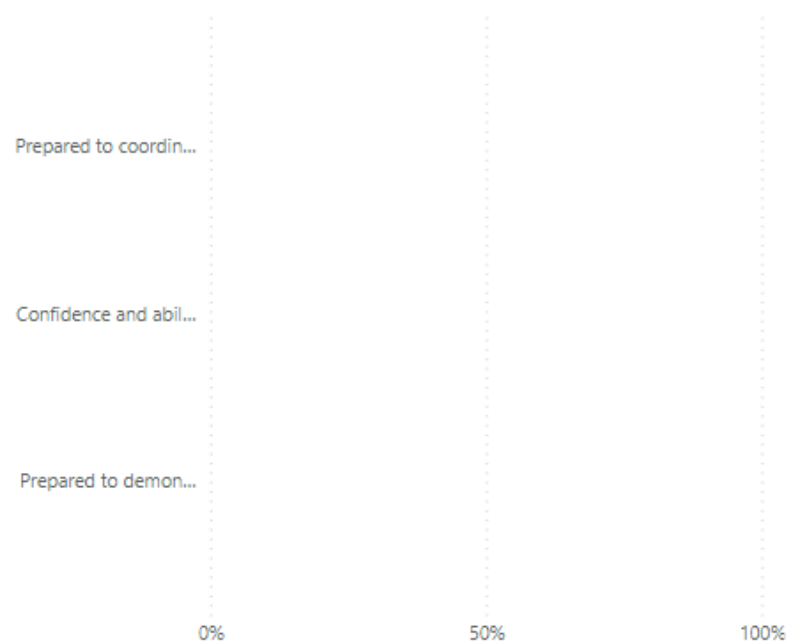
Number of Nursing Responses

1

Midwifery

To what extent do you agree or disagree with the following statements:

● Can't Re... ● Strongly ... ● Tend To ... ● Neither ... ● Tend To ... ● Strongly ...



Number of Midwifery Responses

0

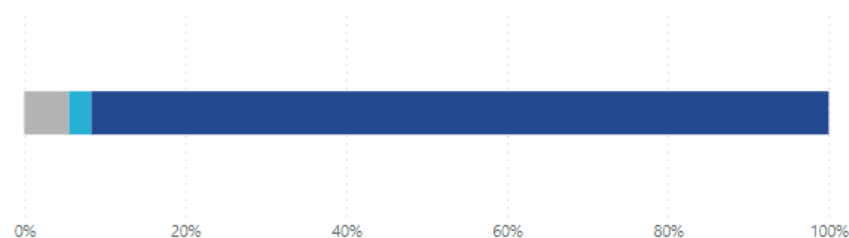
Preparation for Practice Learning

36

Number of Respondents

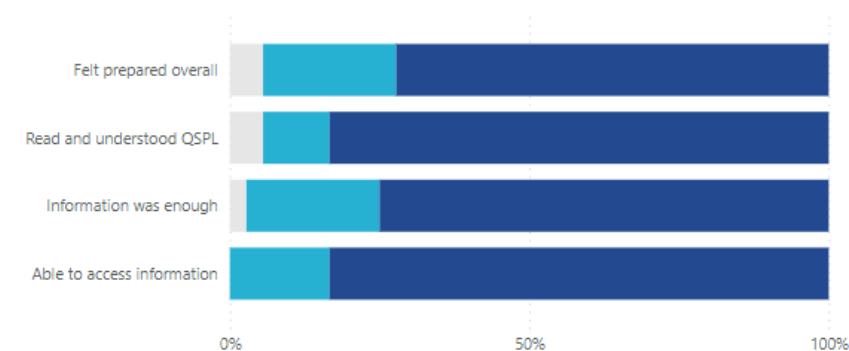
How much notice did you receive of your practice learning placement?

● Can't Remember ● Between 27 and 21 days ● More than 28 days

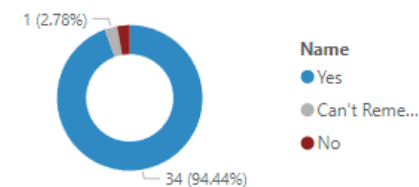


Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree:

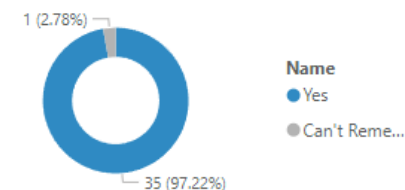
● Can't Remem... ● Strongly Disa... ● Tend To Disa... ● Neither Agre... ● Tend To A... ● Strongly A...



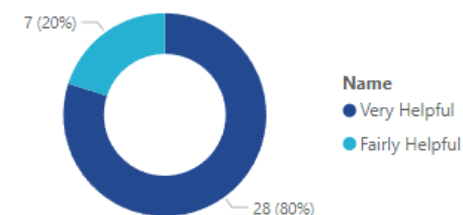
I was given a nominated contact person before commencement of the practice learning experience



Did you receive a planned orientation and induction consistent with the list in your practice assessment document?



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



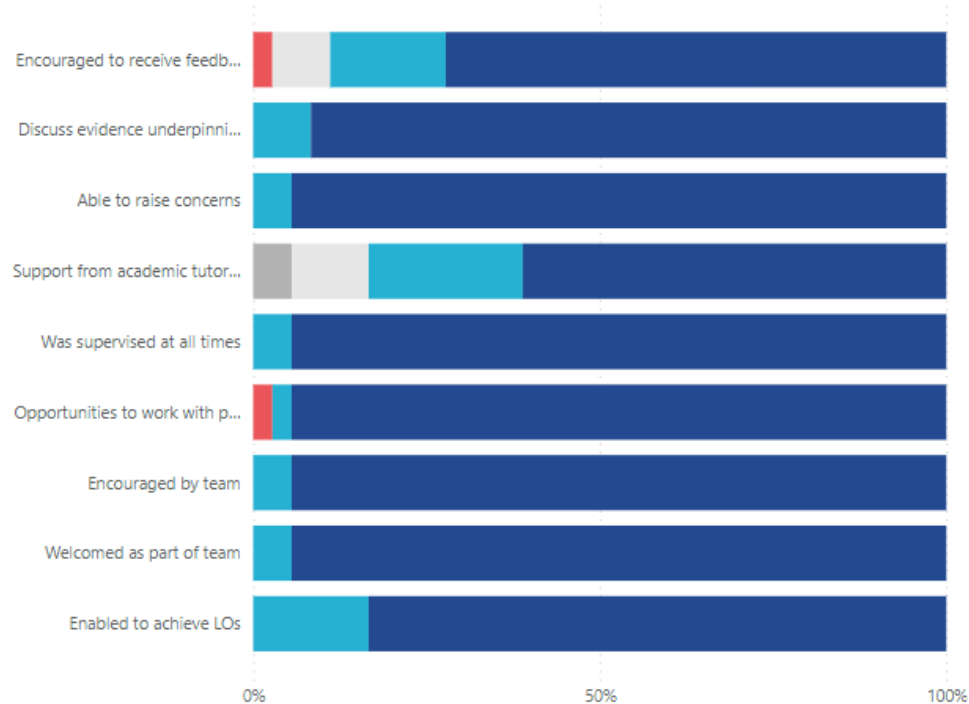
Learning Environment

36

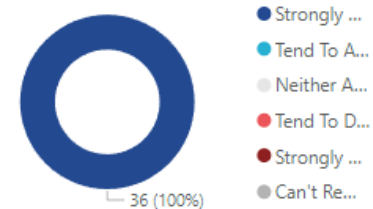
Number of Respondents

Thinking overall about your practice learning experience, to what extent do you agree or disagree with the following statements:

● Can't Remember/... ● Strongly Disagree ● Tend To Disagree ● Neither Agree... ● Tend To Agree ● Strongly Agree

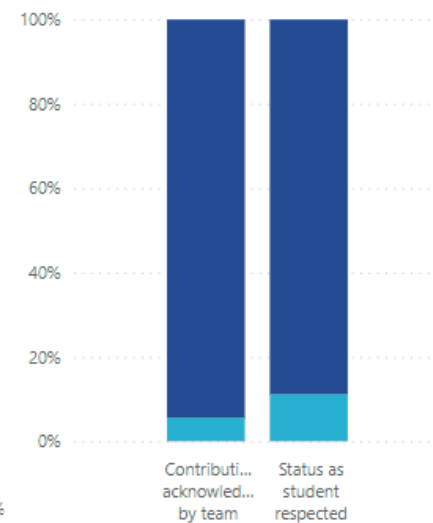


I witnessed person centred, values-based care during my practice learning experience



Still thinking about your overall practice learning experience, what extent do you agree or disagree that:

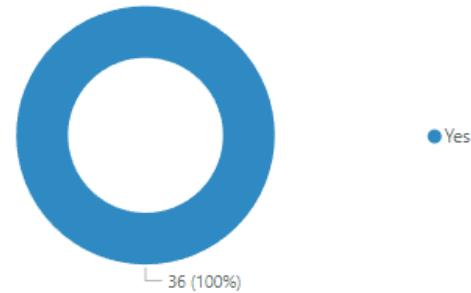
● Can't Remember/... ● Strongly Agree ● Tend To Disagree



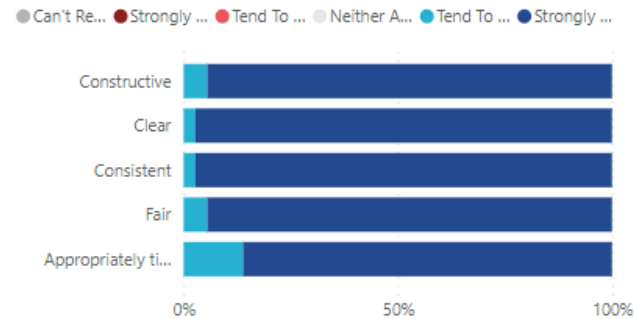
Practice support

36
Number of Respondents

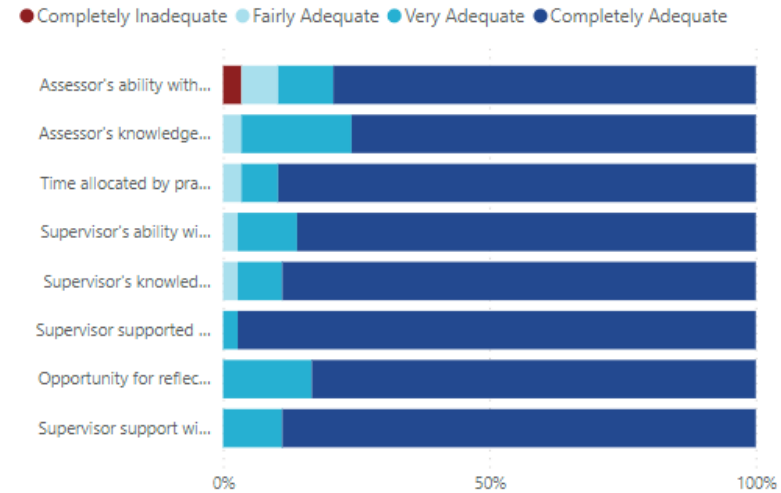
Were you allocated a practice supervisor when you arrived in the practice learning environment?



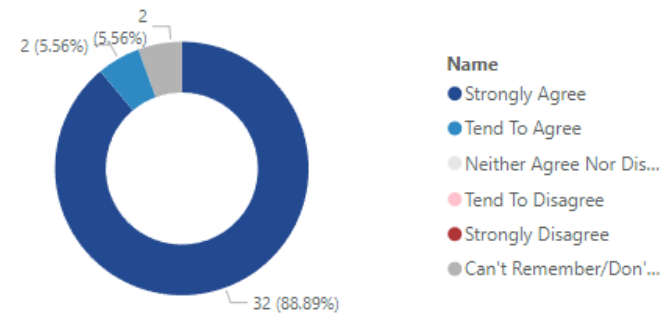
Thinking generally about the feedback you receive from your practice assessor over the course of your practice learning experience, to what extent do you agree or disagree that this was:



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



To what extent do you agree your final assessment reflected your performance?

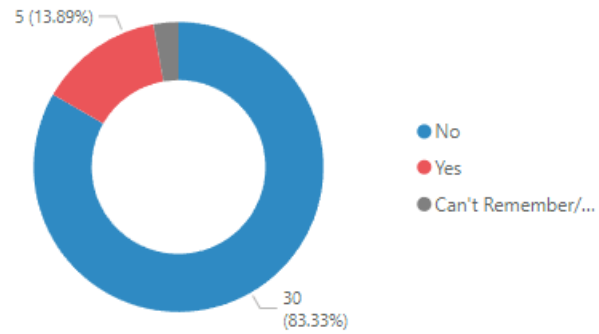


Additional Support Needs

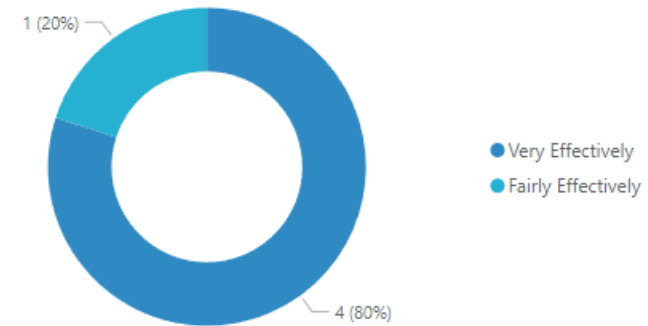
36

Number of Respondents

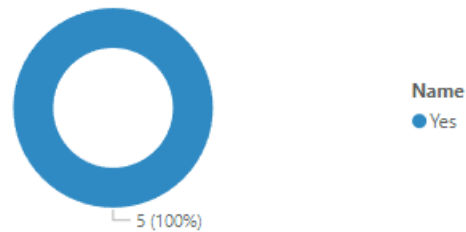
Did you require reasonable adjustments?



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



Did you discuss your reasonable adjustment needs with your practice assessor/supervisor?



Comments:

Response	Learning Environment	Learning Centre
A very lovely and friendly team to work with.	Shetland Health Visiting Team	Shetland Community
all the staff were lovely and welcoming which means a lot on a placement which is out of my comfort zone.	Day Surgery Unit	Gilbert Bain Hospital
I absolutely loved this experience and really learnt a lot about myself and routes my career might lead me.	Community Mental Health Team	Shetland Community
I also want to mention that despite being on placement in POA I have also worked in outpatients numerous times - the whole department have been great and so accommodating to my learning. I had the opportunity to sit in on a huge variety of specialist clinics which has been extremely useful. Thanks everyone!	Pre Op Assessment, Outpatients, Gilbert Bain Hospital	Gilbert Bain Hospital
I am so happy that I was offered this placement as it's the area of nursing I knew least about and the one I knew I would feel least confident in because I do struggle to learn new technical skills quickly. The team has, however, been patient with me and encouraged me to believe in myself more, they praised me when I did something well and looked for opportunities to get me involved. I have felt so good about myself when I learnt a new skill, particularly when I could get on with it with them in the background. I know I smiled more than I usually do, looked forward to everyday and I feel sad it's over. But I am taking so much away that will help me develop in future placements.	Theatre	Gilbert Bain Hospital
I enjoyed my placement here. I would definitely come back if I get the chance to. Everyone was really nice and helpful	Ward 1 and HDU	Gilbert Bain Hospital

I really enjoyed my placement on ward 3 and feel I have learned most during this placement.	Ward 3	Gilbert Bain Hospital
The staff were very accommodating and proactive in finding opportunities for learning.		
It is such a busy and varied ward with a great team of experienced nurses and newly qualified nurses, this really makes for a good mixture of teaching styles.		
I really enjoyed seeing the continuity of care that my PLE provided. During placement we visited individuals regularly, which made it easy to get to know them. The regular visits allowed the care and support being provided, to be continuously monitored and amended when necessary, depending on the current needs of the individual. It was lovely to see holistic care in action and how this affected the individuals and their families for the better. I also got to witness multi-disciplinary team meetings and see how each team contributed and worked together to reach decisions that were in the best interests of those in their care.	Bixter Community	Shetland Community
I really just want to thank the whole team again for the dedication and patience they had to teach me throughout my placement.	Accident and Emergency	Gilbert Bain Hospital
I was impressed by the team work in the theatres. It's very rare to see such a supportive environment within healthcare.	Theatre	Gilbert Bain Hospital

I would like to add how welcomed I have felt by both teams and the staff that have supported some of my learning in the Gilbert Bain. I have wanted to visit Shetland for years and I have felt incredibly lucky to have this experience and I feel the staff that have supported me have greatly contributed to this. This has been an amazing experience to have in my final year and I am sad to leave!	Community Mental Health Team	Shetland Community
I would recommend this placement to anyone as it truly has been the best 8 weeks and i have learnt so much. Thank you child health :)	Child Health	Gilbert Bain Hospital
It has been a great experience and would be very keen and interested in returning during my training.	Ward 3	Gilbert Bain Hospital
It was awesome, I felt very supported the whole time, being given the opportunity to do things, and, by the end of the placement do them independently, within the scope of skills and within being overwhelmed (so I would solely focus on one child while the nurses would do the rest, so I could get the opportunity to do the skills while not being overwhelmed with several patients) while being allowed to ask any questions or check anything I was unsure of.	Child Health	Gilbert Bain Hospital
My placement reinforced the principle of working in a person-centred way i.e. working with families and children must always be at the centre of the practice. Also, it reinforced my understanding of the importance of early and thorough assessments to identify needs as early as possible so they can be addressed quickly. Furthermore, I learnt that good care planning, being organised and good communication are key to achieving good results. The skills I developed with the HV team are transferable skills and will be very useful in my future career as an adult nurse.	Shetland Health Visiting Team	Shetland Community
My practice supervisor was really encouraging and helpful. She really boosted my confidence and I feel she really helped me with my learning experience- she never made me feel that any question I had was a silly one	Shetland Health Visiting Team	Shetland Community
My time spent on the ward has been my favourite placement of my training so far. At no point was I made to feel as if there was no time for me or that I was an inconvenience. After qualifying, I can only hope to work with a team as good as the one in ward one.	Ward 1 and HDU	Gilbert Bain Hospital
Nurses had varied experience and even though they were extremely busy they took time to teach you what they were doing which was very helpful.	Ward 1 and HDU	Gilbert Bain Hospital
taking my car was very helpful, however only having a pod on the ferry was very uncomfortable for a 14 hour ferry journey - this is no reflection on the PLE, however it is a reflection on the university and what they stipulate as 'comfort'	Shetland Health Visiting Team	Shetland Community
Thank you for having me. I have seen only what I would describe as excellent practice, upholding NHS values, forming trusting therapeutic relationships with families and care givers and the offering of informed, evidenced based advice.	Shetland Health Visiting Team	Shetland Community
The team were all so lovely and made me feel very welcome. They have made my Shetland experience amazing.	Brae Community	Shetland Community

<p>This placement helped me a lot to reflect about my carrier prospective. There are so many fields that students should explore during their time at university, and I believe this is a great place to do so. I found this placement very educational thanks to the support and professionalism of my PS/PA which pushed me to gain experience in every single clinic. Prior my arrival, they made a plan for myself aimed to experience every single service they provide. They asked what my expectations were and what I wanted to gain from this PLE. Today, I can say with certainty that I have achieved my expectations and I am pleased with the learning experiences I have come across during my time at Gilbert Bain Hospital.</p>	<p>Out Patients Department</p>	<p>Gilbert Bain Hospital</p>
<p>This was a very busy ward however even though staff were extremely busy they still managed to take time to teach and I feel I had valuable learning experiences.</p>	<p>Ward 3</p>	<p>Gilbert Bain Hospital</p>
<p>Within the practice learning experience I had the opportunity to do training in basic life support and adult support and protection. Having the opportunity to be able to do this has increased my confidence in these areas. The training sessions also allowed me to interact with the team and it was interesting hearing everybody's say. During my 5 weeks I felt like I was really part of the team and each member of the MDT made me feel very valued and respected. I will remember my very positive experience!</p>	<p>Whalsay Community Nursing</p>	<p>Shetland Community</p>

Maternity Feedback form Q1 data, from Q2 Care Opinion is being utilised:

NHS Shetland Maternity feedback form

28 Responses 09:52 Average time to complete Active Status

1. What month was your baby born in?

24
Responses




Latest Responses

"April"

"June"

"June "

2. Where did you have your baby?

 Gilbert Bain Hospital	18
 Aberdeen Maternity Hospital	9
 Other	1



3. How many weeks pregnant were you when your baby was born?

 Before I was 37 weeks	2
 When I was 37 weeks or more	26



4. Who was the first health professional you saw when you thought you were pregnant

● GP	2
● Midwife	26
● Other: please state	0



5. Were you told who your named Midwife would be?

● Yes	28
● No	0



6. How many weeks pregnant were you when you had your first appointment with your Midwife?

● When I was less than 6 weeks	2
● When I was 7 - 12 weeks	24
● When I was 13 weeks or more	1
● I can't remember	1



7. During your pregnancy, were you given time to ask questions or discuss your pregnancy?

● Yes, always	28
● Yes, sometimes	0
● No	0



8. During your ante natal check ups, were you listened to?

● Yes, always	27
● Yes, sometimes	1
● No	0



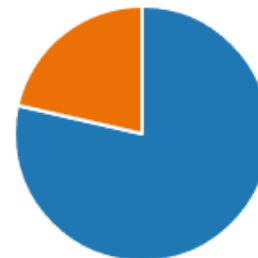
9. Did your Midwife ask you about your mental health during your ante natal check up?

● Yes	28
● No	0



10. Were you given support with your mental health during your pregnancy?

● Yes	22
● No	6



11. Thinking about your ante natal care, were you spoken to in a way you could understand?

● Yes, always	26
● Yes, sometimes	2
● No	0



12. During your pregnancy, did your midwife provide relevant information about feeding your baby?

● Yes	26
● No	2



13. Were you given information about accessing your maternity notes 'Badgernet' via the maternal portal?

● Yes	28
● No	0



14. Did you access your maternity records via the portal?



15. Did you find them helpful?



16. If you answered no, how can they be improved?

3
Responses

Latest Responses

"They were sometimes helpful, but not everything was included, after ..."

17. Did your Midwife discuss making a birth plan with you?



18. Overall, how would you rate your ante natal care?

28
Responses

★★★★★
4.82 Average Rating

19. Did you think you were given enough information during your pregnancy to prepare you for labour?

● Yes 24
● No 4



20. If you answered no, are you able to tell us more?

27
Responses

Latest Responses
"Na"
"N/A"
"NA"

21. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted the hospital?

● Yes 27
● No 1



22. Did the staff caring for you introduce themselves?

- Yes, all the staff introduced th... 24
- Some of the staff introduced t... 3
- Very few of the staff introduce... 1



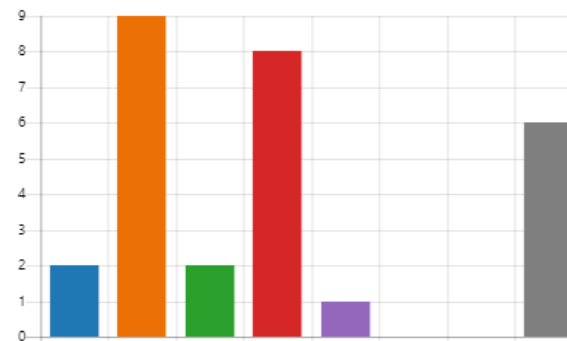
23. During labour, were you able to move around and choose a position that you were comfortable in>

- Most of the time 21
- Some of the time 6
- Not at all 0
- No, but it was not possible to ... 1

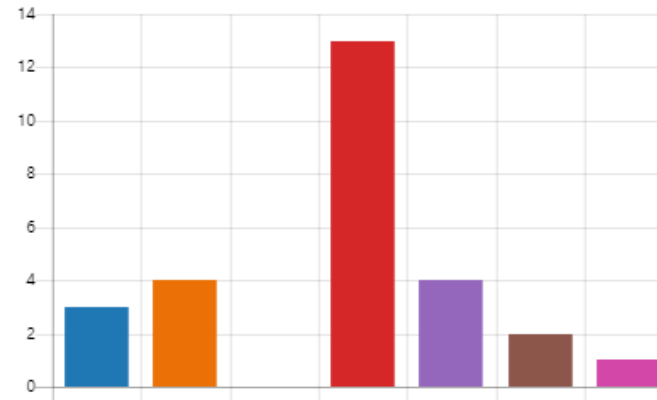
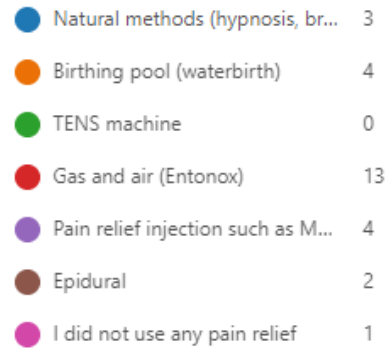


24. What type of pain relief did you plan to use during your labour?

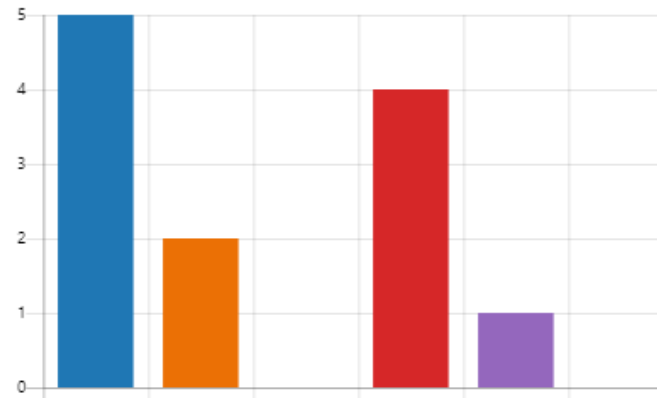
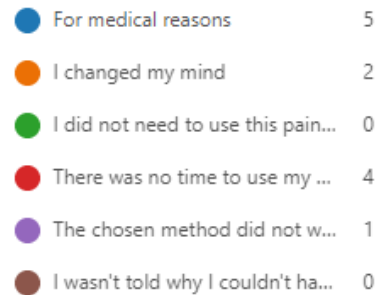
- Natural methods (hypnosis, br... 2
- Birthing pool (waterbirth) 9
- TENS machine 2
- Gas and air (Entonox) 8
- Pain relief injection such as M... 1
- Epidural 0
- Did not want pain relief 0
- I had not decided 6



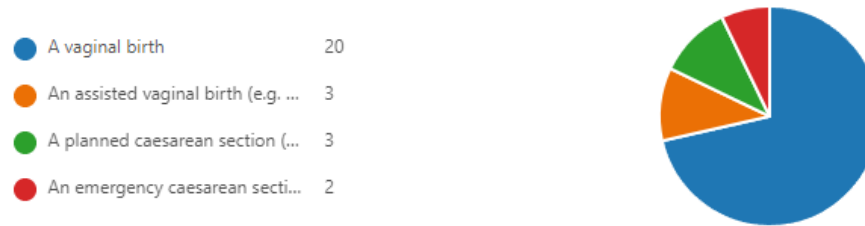
25. What pain relief did you use?



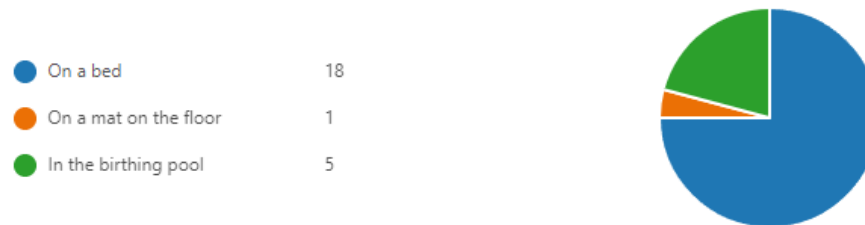
26. If this was different from what you planned, why did you not use the choice of pain relief the you had originally planned?



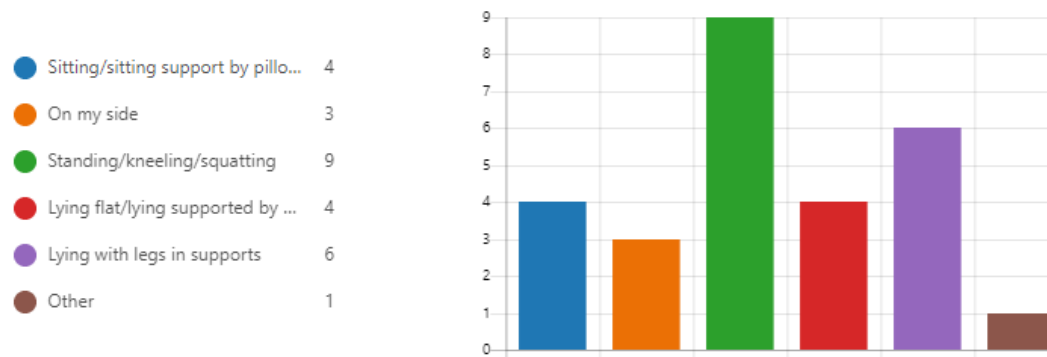
27. Thinking about the birth of your baby, what type of birth did you have?



28. Where did you give birth?



29. What position were you in when you gave birth?



30. If you made a birth plan, was this followed?

Yes	17
No	0
Plan changed during labour	7
Other	4



31. If you had a caesarean section, were you told why you needed to go to theatre?

Yes	6
No	2



32. Were you given enough information to help you make the decision to sign the consent form?

Yes	11
No	0



33. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby?

Yes	26
Yes, but I did not want this	0
No	0
No, but this was not possible f...	1
No, I did not want skin to skin	1



34. If your partner or companion was involved in your care during labour and birth, were they able to be involved as much as they wanted?

Yes	27
No	1
They did not want to be involv...	0
I did not have a partner or co...	0



35. Were you (and your partner or companion) left alone by the Midwives at a time when it worried you?

Yes, during early labour	0
Yes, during the later stages of ...	1
Yes, shortly after birth	0
No, not at all	27



36. When you called for help, did you receive assistance within a reasonable time?

Yes, always	26
Yes, sometimes	2
No	0

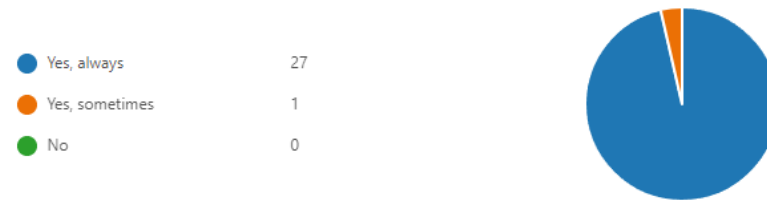


37. Thinking about your care during labour and the birth, were you spoken to in a way that you could understand?

Yes, always	28
Yes, sometimes	0
No	0

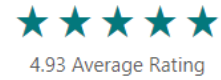


38. Thinking of your care during birth, were you involved in decisions about your care?

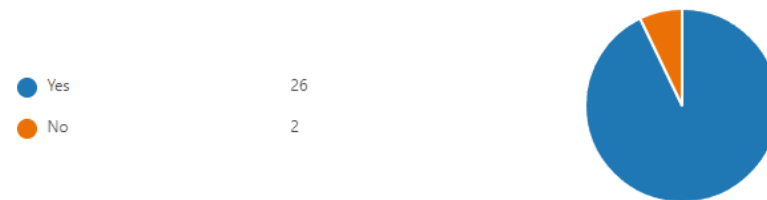


39. Overall, how would you rate the care you received during your labour and birth?

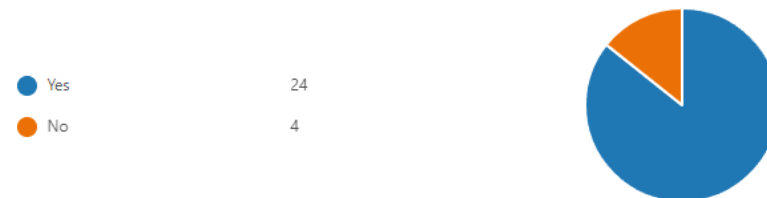
28
Responses



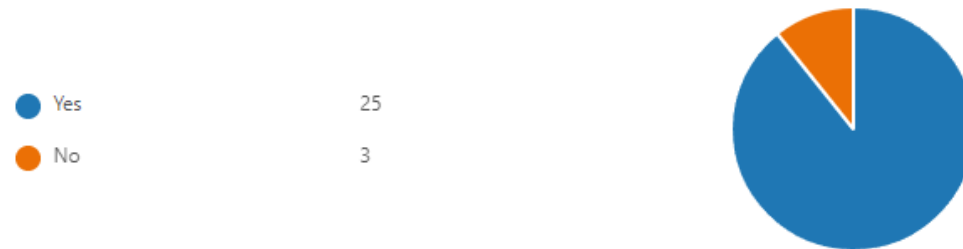
40. Were you given information about what to expect when you went home (i.e when to expect a visit from your midwife, registering the birth)



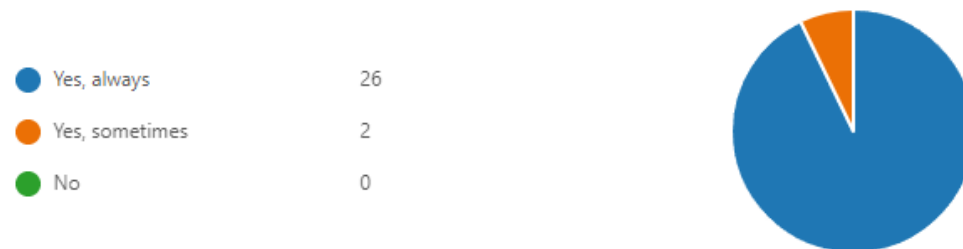
41. Did you know the Midwife who visited you at home (was she a Midwife you had met either during your pregnancy or when you in the maternity unit)?



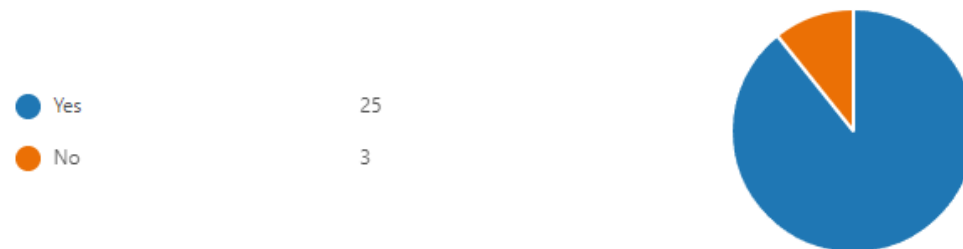
42. Were you given information or advice about contraception before you were discharged?



43. Did you feel that the midwife you saw at home always listened to you?



44. Were you given information about any changes you might experience to your mental health after having your baby?



45. Were you told who you could contact if you needed advice about any changes to your mental health that you might experience?

● Yes	23
● No	5



46. Were you given information about your own physical recovery after the birth (i.e. bleeding after birth, resumption of periods, swelling, breast tenderness)

● Yes	26
● No	2



47. Did you receive enough support with your chosen method of feeding for your baby?

● Yes, always	23
● Yes, sometimes	4
● No	1



48. Overall, how would you rate the care you received in the post natal period, (the time after delivery until you were discharged to the care of your Health Visitor)

28
Responses



4.64 Average Rating

NHS Shetland Feedback Monitoring Report 2023_24 Quarter 2

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government. This report outlines NHS Shetland's performance against these indicators for the period July to September 2023 (Quarter 2).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2023 is provided (this allows an overview of types of complaints in year and also for any open complaints at the point of reporting to be completed in a subsequent iteration of the report). All Stage 2 complaint learning from 2022/23 is included in the Feedback and Complaints Annual Report: <https://www.nhssheland.scot/downloads/file/1417/feedback-and-complaints-annual-report-2022-23>.

A summary of cases taken to the Scottish Public Services Ombudsman from April 2020 onwards is included at the end of this report, allowing oversight of the number and progress of these and also the compliance with any learning outcomes that are recommended following SPSO investigation.

Summary

- Corporate Services recorded 41 pieces of feedback in Quarter 2 of 2023/24 (1 July 2023 – 30 September 2023). For clarity these figures include all salaried GP practices (8 of 10 in Shetland for the purposes of Quarter 2 reporting):

Feedback Type	01.07.23 – 30.09.23		01.04.23 – 30.06.23 (previous quarter)	
	Number	%	Number	%
Compliments	6	14.6	2	5.7
Concerns	12	29.3	17	48.6
Complaints	23	56.1	16	45.7
Totals:	41		35	

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

Service	01.07.23 – 30.09.23		01.04.23 – 30.06.23 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	9	39.1	5	31.25
Directorate of Community Health and Social Care	11	47.8	9	56.25
Acute and community	1	4.4	-	-
Corporate	2	8.7	2	12.5
Other	-	-	-	
Withdrawn	-	-	-	
Totals:	23		16	

Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints is lower than the last quarter. Only one complaint went significantly over the timescale at 31 working days. Responding to Stage 2 complaints within 20 working days remains challenging. This is not unique to NHS Shetland. Stage 2 complaints are often complex and some require input from other Boards and partner organisations which can further elongate the response time.
- We have seen an increase in concerns and complaints about access to dental treatment, including orthodontic care.
- Compliance with complaint returns from Family Health Service providers remains minimal and for those areas that do submit the numbers of complaints recorded are low. This will continue to be picked up through professional leads.
- We are not aware of any new cases submitted to SPSO, nor any new litigation cases in the time period.

Complaints Performance

Definitions:

Stage One – complaints closed at Stage One Frontline Resolution;

Stage Two (direct) – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);

Stage Two Escalated – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

1 Complaints closed (*responded to*) at Stage One and Stage Two as a percentage of all complaints closed.

Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	70% (14 of 20)	75% (12 of 16)
Number of complaints closed at Stage Two as % of all complaints	25% (5 of 20)	25% (4 of 16)
Number of complaints closed at Stage Two after escalation as % of all complaints	5% (1 of 20)	0% (0 of 16)

2 The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed (*responded to*) in full at each stage.

Upheld

Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	42.9% (6 of 14)	50% (6 of 12)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	20% (1 of 5)	50% (2 of 4)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	100% (1 of 1)	0% (0 of 0)

Partially Upheld

Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	21.4% (3 of 14)	33.33 (4 of 12)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	80% (4 of 5)	50% (2 of 4)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 1)	0% (0 of 0)

Not Upheld

Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	35.7% (5 of 14)	16.67 (2 of 12)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 5)	0% (0 of 4)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 1)	0% (0 of 0)

3 The average time in working days for a full response to complaints at each stage			
Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	6.8*	4.91	5 wkg days
Average time in working days to respond to complaints at Stage Two	27.4	28.75	20 wkg days
Average time in working days to respond to complaints after escalation	18	-	20 wkg days

*all bar one were responded to within 10 working days, and 9 within 5 working days.

4 The number and percentage of complaints at each stage which were closed (responded to) in full within the set timescales of 5 and 20 working days			
Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	60% (9 of 15)	66.67% (8 of 12)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	71% (5 of 7)	50% (2 of 4)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	100% (1 of 1)	-	80%

5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.			
Description	01.07.23 – 30.09.23	01.04.23 – 30.06.23 (previous quarter)	
% of complaints at Stage One where extension was authorised	40%	33.33%	
% of complaints at Stage Two where extension was authorised	29%	50%	
% of escalated complaints where extension was authorised	-	-	

Staff Awareness and Training

The Feedback and Complaints Officer is available to speak to departments to try and empower more people to feel confident to handle a Stage 1 complaint or signpost effectively to the appropriate support. Reminders have been put in staff briefings and there is a renewed organisational push on mandatory training (for which there is a Feedback and Complaints eLearning module). A more detailed management bundle on feedback and complaints has been developed for delivery by the Feedback and Complaints Officer. Staff are able to access excellent national e-learning resources regarding feedback and complaint handling, including investigation skills, through TURAS Learn.

Stage 2 complaints received 1 April 2023 to 30 September 2023

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

7	Breach of confidentiality	Corporate	N	Slightly delayed getting response out	Upheld	<ul style="list-style-type: none"> Apology given as small numbers in FOI response had the potential to be patient identifiable
8	Staff attitude	A&E	N	Slightly delayed getting response out	Part upheld	<ul style="list-style-type: none"> No evidence of deliberate assumptions being made regarding patient but in future staff asked to take a more sensitive approach
9	Diagnosis and treatment	A&E/GP	N	Complexity and availability of staff	Part upheld	<ul style="list-style-type: none"> Doctor acted appropriately, and worsening advice given regarding returning to A&E but test results not shared with senior. Medication tweaked by GP.
10	Staff attitude	GP	N	Slightly delayed getting response out	Part upheld	<ul style="list-style-type: none"> Both patient and GP felt it had been a difficult consultation. Explanation provided about what had been said, and options for future care outlined
11	Care provided	AHP			Open	
12	Missed diagnosis and treatment	A&E			Open	

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

Date notified with SPSO	Our complaint ref	SPSO ref	Area of complaint	Date of SPSO outcome	SPSO outcome	SPSO recommendations	Action update	Board/SPSO status
Notified 2020/21								
12.08.20	2018_19_18	201907983	Complication following surgical procedure	07.01.21	Will not take forward	None	Additional information submitted for consideration	Closed
02.03.21	2019_20_08	202007880	Care provided following off island procedure	26.08.21	Will not take forward	Has determined the Board's responses to be reasonable and no significant issues overlooked.	Files submitted for review	Closed
Notified 2021/22								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the advice received.	Files submitted for review	Closed
Notified 2022/23								
30.11.22	2021_22_24	202111117	Potential long Covid treatment	30.11.22	Will not take forward	None		Closed
Notified 2023/24								
05.04.23	2021_22_08	202200363	Provision of physiotherapy	05.04.23	Will not take forward	None – advised timed out		Closed

Key:

Grey – no investigation undertaken nor recommendations requested by SPSO

Green – completed response and actions

Amber – completed response but further action to be taken at the point of update

No colour – open case