

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>30 April 2024</b>
<b>Agenda reference:</b>	<b>Board Paper 2024/25/01</b>
<b>Title:</b>	<b>Quality Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Prof Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Prof Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

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

- Awareness/Discussion

**This report relates to:**

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

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

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

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

The report includes:

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

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

## **2.3 Assessment**

The report provides a general overview of the person centred care improvement work that is taking place across the Board, particularly in support of managing pressures, 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 05/03/2024

### **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 April 2024

Appendix No 2 Quality Scorecard Q3, 2023-24

Appendix No 3 Complaints and Feedback Q3, 2023-24

Appendix No 4 Patient Experience Survey Data and QMPLE Data

## 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. This report also includes examples of where we have worked with individuals and groups to support or amplify awareness in our local community.

Progress continues and since December 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 adverse weather, vaccination programme etc This has included films, radio interviews, podcasts, articles in local news media.
- We continue to support teams to gather patient stories and patient experience data. As part of Appendix 4, there are a range of surveys that have been undertaken by different teams to better understand patient experience. It also includes QMPLE feedback from student nurses who have had learning placements in Shetland. To maximise awareness and understanding of remote and rural learning opportunities, Gary Docherty, Consultant Learning Disabilities Nurse recently published an article with a student nurse to promote positive experiences of learning and working in Shetland.
- 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 OPEN project presented the results of this work at the Shetland Children's Partnership (SCP) in December 2023 and since then, it has been agreed that a group will be established with OPEN researchers and partner organisations to look at other aspects of alcohol and drug culture in Shetland.
- The SCP is also supporting work on youth employability which will be a spotlight session in autumn 2024.
- In February 2024, partner organisations came together to support Care Day 2024 and sign the MEIDs pledge. The programme for the day was developed by care experienced young people and was an opportunity for Corporate Parents (Meids) to learn more about the experience of being 'looked after' from young people in Shetland and to sign the pledge to support care experienced young people to thrive.
- The #Shetland Crew also supported a number of events in February that were facilitated by the Each and Every Child Team, who provided training sessions for multi-agency teams on how framing. The #Shetland Crew provided local voices of experience, on which to base and test resources from of the toolkit which aim to help professionals to challenge stigma and shift public attitudes about the care system and care experienced young people. [Each & Every Child | Help reframe the system. \(eachandeverychild.co.uk\)](https://eachandeverychild.co.uk)
- As part of a Creative Scotland project, Gary Docherty, Consultant Learning Disabilities Nurse supported young people with learning disabilities and/or neurodiversity to share their stories in a film called Embrace. The film was shown at Mareel in March 2024 as part of neurodiversity week.

- We continue to learn from concerns raised and compliments from patients. The most recent quarterly report (Q3-4, 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.

Jennifer O'Loan, is a primary care pharmacist, who works remotely from Inverness and has recently completed the credential to be recognised as a Royal Pharmaceutical Society (RPS) Advanced Pharmacist. Jen is one of only three pharmacists to credential as an RPS Advanced Pharmacist nationally.

In March 2023, Jen also won the Excellence in Care Award 2023, for excellence in prevention. Jen received this award in recognition of the work that she has undertaken to reduce the prescribing of anticholinergic medications for patients through clinical medication reviews. Jen was commended for the way in which she involved patients in the decision making process to review medications.

Other winners of awards for excellence in care include: Lynn Ritch, Health Visitor, received the person centred care award for the quality improvement project she led to promote the importance of bonding and attachment for first time parents attending antenatal education classes. Lynn placed an emphasis on how to support both parents to attend antenatal classes, particularly considering the needs of men and their inclusion in conversations about bonding.

Claire Bisset, Dietetics Clinical Lead and Megan Hibbert won the excellence in innovation award, for the work that they have led to transform the dietetic service and develop the Assistant Practitioner role, which has led to improved access to advice and support, more appropriate prescribing of oral nutritional supplements and reduced costs.

Hannah McCluskey, Bereavement Midwife. Received the excellence in partnership award, in recognition of the work that Hannah has undertaken to develop bereavement support in Shetland which culminated in the opening of the Northern Star bereavement suite in November 2023. Hannah worked closely with a wide range of staff, patients and third sector partners to co-design the suite.

Dr Dean O'Dwyer, Clinical Development Fellow, Jane Astles, Advanced Nurse Practitioner and Daniel Mainland, Paramedic/Practice Educator (pictured below) received the award for practice education in recognition of the work they have led to create a teaching faculty to support training simulation exercises for multi-professional teams involved in providing emergency care. Staff who have participated in these teaching sessions have reported that they feel more confident working as a team and able to lead a response during an emergency as a result of the insitu training exercises that have been offered on a weekly basis.

In total, eleven teams presented and the calibre of improvement work at the Excellence in Care celebration event was high, with contributions from individuals and teams from across the organisation. Chief Officers from Scottish Government commented on how innovative and potentially scalable some of the change ideas are and encouraged teams in Shetland to share widely. Wider quality improvement work and metrics are shown in the quality scorecard which is shown in Appendix 2.

**Dean, Jane and Daniel, pictured with Dr Caroline Heggie, ED Physician; Dr Kushik Lalla, Surgical Speciality Doctor and Tracey Lavell, Resuscitation and Clinical Training Officer**



Healthcare professionals from a range of different settings and organisations completed the first cohort of LEO training in February 2024. Feedback from the leadership training has been extremely positive as the learning has been applied to redesign projects where rapid improvements can be seen. A second cohort of the LEO programme is currently underway and we are looking at how we can develop the capability to offer the programme on an ongoing basis.

**Rozanne Jamieson, Midwife and Bethany Hunter, Radiographer presenting at the LEO feedback event**



## **PROGRESS 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. Our key challenges at present are in the delivery of some planned care services, particularly those where we rely on specialist teams from NHS Grampian. We are working with the National Elective Co-ordination Unit (NECU) to identify additional NHS Boards who can provide visiting services in Shetland, this includes reviewing the current model for ophthalmology, rheumatology and dermatology to increase our capacity to provide assessments and treatments.

Despite pressures, we used our winter plan to ensure that we could deliver services safely and without requiring escalation arrangements e.g. surge capacity. Business continuity plans worked well and teams collaborated to ensure that through adverse weather in late December 2023 and mid-January 2024, that we maintained all essential services with minimal disruption.

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. Shetland, as part of the North of Scotland team supporting international graduates to secure employment with the NHS has recently won a pastoral care award which reflects the hard work of individuals and teams, in ensuring that new colleagues feel welcome and supported as they embark on roles in the NHS from overseas.

Work continues to implement an e-rostering system and safe care to support the requirements set out in the Health and Care (Staffing) (Scotland) Act 2019 which was enacted on April 1<sup>st</sup> 2024. The local team is developing resources for staff so that they understand the requirements of the new legislation and how they should apply them in order to maintain safe staffing levels and therefore high standards of safe and effective care. Local work is also being progressed to benchmark our current systems against the legislation, so we have a 'gap analysis' which we can use to form an action plan and include in Board reporting which will commence in August 2024.

A relocatable unit was delivered to Shetland in early 2024 to house the MRI scanner which will be delivered in mid May 2024. We are expecting the MRI service to be operational from late summer which will mean fewer patients need to travel to Aberdeen for scans and thus speed up how quickly results will be available. The availability of MRI locally will also help us to form new pathways for orthopaedics with National Treatment Centres (NTC) e.g. NTC Highland to reduce waiting times for Shetland patients who require a joint replacement.

In January 2024, the Board was notified that all capital projects would be paused by the Scottish Government whilst a capital projects prioritisation exercise is completed. In line with this, the Project Initial Agreement (PIA) i.e. the precursor business case that aims to create our property strategy for the next 20 years has been paused; but the majority of the data needed has been gathered in our initial phases of the business case development. In 2024-25, our focus is on developing a business continuity plan to support ongoing capital requirements in Shetland, until the national capital projects prioritisation project is completed. The data gathered is being used to inform a number of strategies including the Boards short/medium term sustainability plans.

At the beginning of April 2024, we were pleased to be able to welcome Mr Gray, Cabinet Secretary for NHS Recovery, Health and Social Care who visited Shetland. During the visit Mr

Gray met with staff in a Care Home, Health Centre and the Gilbert Bain Hospital. It also provided an opportunity to showcase the redesign work that teams have taken forward and current priorities for the Board. Mr Gray is pictured below with colleagues at Overtonlea Care Centre and in the Northern Star Bereavement Suite.

**Mr Neil Gray, pictured with Gary Robinson, NHS Shetland Chair; Ruth MacMillan, Executive Manager Adult Social Work and Interim Deputy Chief Officer of the IJB; Tony McDavitt, Director of Pharmacy and Interim Chief Officer of the IJB; Kirsty Brightwell, Medical Director and Jacquie Whitaker, Chief Midwife, Women & Children's Lead and Interim Deputy Director of Acute Services**





# Quality Report – Board April 2024








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## Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	Oct 2023	Nov 2023	Dec 2023	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24	Q3 2023/24	
	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			67.6%	67.2%			58%	Q3 Data will not be available until end March 2024
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	110	121	131	43	97	131		195	Measure will remain on red until target of 195 is achieved.
PH-HI-03a Number of FAST alcohol screenings	338	380	415	132	289	415		360	










## Patient Experience Outcome Measure

Code & Description	Months			Quarters			Icon	Target	Latest Note
	Oct 2023	Nov 2023	Dec 2023	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24	Q3 2023/24	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	95.8%	100%	100%	93.3%	100%		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%	
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%	98.5%	100%	100%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	100%	100%	95%	84.62%	100%	95%		90%	
NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	98.8%	97.87%	98.73%	99.23%	96.61%	98.73%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	100%	100%	100%	92.31%	96.43%	100%		90%	
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	97.62%	95.74%	95%	98.08%	96.67%	95%		90%	

## Patient Safety Programme – Maternity & Children Workstream



Code & Description	Months			Quarters			Icon	Target	Latest Note
	Oct 2023	Nov 2023	Dec 2023	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24	Q3 2023/24	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	3,154	3,184	3,215	3,031	3,123	3,215		300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0		4	
NA-CF-16 % of women satisfied with the care they received				95.93	No data available			95	Q2 & Q3 Care Opinion was used to ask patients to provide feedback regarding their care experience – no feedback received. National meeting to discuss maternity patient satisfaction feedback is being held the end March 2024.

## Service & Quality Improvement Programmes – Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	Oct 2023	Nov 2023	Dec 2023	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24	Q3 2023/24	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests	58	26	41		41	41		300	Measure will remain on red until target of 300 is achieved.
NA-HC-09 All Falls rate (per 1000 occupied bed days)	8.71	9.19	7.28	6.31	6.11	7.28		7	
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	2.62	0	0	2.44	0		0.5	
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	161	26	41	38	130	41		300	Measure will remain on red until target of 300 is achieved.
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	1.31	0	0	0	0		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	99	98.1	100	100	98.9	100		95	
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	89		40	90	100	40		75	Q3 data discussed at Surgical Audit in February 2024. Measures have been implemented to review Hepma functionality and DVT assessment. Process being reviewed regarding the pre-assessment of surgical patients. Updates to be presented at March 2024 Surgical Audit.
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	94.5%			95.43%	95.56%	94.5%		95%	Excellence in Care (EiC) data collection delayed in November & December 2023 due to Clinical Governance team vacancies.
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	80%			66.67%	77.59%	80%		75%	Excellence in Care (EiC) data collection delayed in November & December 2023 due to Clinical Governance team vacancies.
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured Quarterly			133	67			100	From July 2023 the walkrounds were temporarily suspended to allow the Clinical Governance team to support the Allocate eRostering project.

							Anticipated to recommence June 2024.
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured Quarterly						Surgical Site Infection Surveillance activity remains suspended, there is no national updated regarding when this will be recommenced.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured Quarterly						Surgical Site Infection Surveillance activity remains suspended, 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						Surgical Site Infection Surveillance activity remains suspended, 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						Surgical Site Infection Surveillance activity remains suspended, there is no national updated regarding when this will be recommenced.

## Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	Oct 2023	Nov 2023	Dec2023	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24	Q3 2023/24	
	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			91.9%	96.3%	100%		80%	
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured Quarterly			1.03	1.17			1	

**APPENDIX A – Overview of falls and pressure ulcer incidence between October - December 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	0	3	22		Oct-23	0	5	12	
Nov-23	0	0	52		Nov-23	2	5	42	Patient fell twice in the same night sustaining 2 injuries, laceration to head and forearm.
Dec-23	0	2	24		Dec-23	0	5	8	
<b>Total</b>	<b>1</b>	<b>12</b>			<b>Total</b>	<b>7</b>	<b>46</b>		

**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	ARI Home Home

										Grade 2	
<b>Sep-23</b>	0	1	206	Grade 2	ARI	<b>Sep-23</b>	0	1	130	Grade 2	In the community
<b>Oct-23</b>	0	0	237			<b>Oct-23</b>	0	0	161		
<b>Nov-23</b>	1	1	266	Grade 2	In the community Grade 2 during inpatient stay, patient already has a pressure ulcer from another acute hospital, deterioration of blister.	<b>Nov-23</b>	0	0	191		
<b>Dec-23</b>	0	8	31	8 x Grade 2	5 x from another NHS hospital (ARI) 3 x In the community	<b>Dec-23</b>	0	2	206	Grade 2 Grade 2	In the community
<b>Total</b>	<b>2</b>	<b>14</b>				<b>Total</b>	<b>1</b>	<b>15</b>			



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











FALLS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
October – December 2023	2	Unavoidable	Yes	No	There were 2 falls with harm during Q3 on ward 3. Both falls were unavoidable and involved the patient who has complex care needs and is at high risk of falls. The falls occurred during the same night, injuries from these falls were categorised as lacerations to head and forearm. Lessons learnt from this incident identified that the patient had been identified as being at high risk of falls and was identified for 4 hourly comfort rounds. The nursing team were assisting another patient at the time of the first fall. Following this fall, the patient placement was reviewed and the patient was moved closer to the nursing station. Post falls learning also identified the staffing challenges in providing 1:1 nursing for high risk falls patients. Both falls were reported via Datix 9718

PRESSURE ULCERS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
October - December 2023	1	Unavoidable	Yes	No	1 x grade 2 pressure ulcer developed as part of a patient's stay on ward 1 and identified as a hospital acquired inpatient pressure ulcer. This was a patient who returned from another acute hospital with an existing grade 2 pressure ulcer and other vulnerable skin areas including a blister on the other foot. This patient is a high risk patient with vulnerable skin; despite all appropriate nursing intervention a vulnerable area broke down further and was classified as a new grade 2 pressure ulcer during their inpatient stay in Shetland, it is probable that the skin damage had occurred at the same time as the previous pressure ulcer.

## Screenshots from the Excellence in Care Dashboard. Community Nursing: October 2023:

### CAIR: My Team at a Glance



Health Board	Nurse Family	Directorate	Location	Team		
NHS SHETLAND	DISTRICT_NURSING	All	Shetland Islands	Community Nursing		
Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Nov 22 - Nov 23)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Oct 2023	67%	60%	
	Preferred Place Documented		Oct 2023	100%	60%	
WORKFORCE	Predictable Absence Allowance (✓)		Oct 2023	30.4%	22.5%	
LEADERSHIP	QMPLE Score (✓)		Sep 2023	89.6%	95.0%	
	QMPLE Student Feedback		Oct 2023	100.0%	95.0%	

# Screenshots from the Excellence in Care Dashboard. Ward One: October 2023

## CAIR: Team Overview



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 (Feb 23 - Feb 24)
EFFECTIVENESS AND SAFETY	EWS Accuracy	<span style="color: orange;">●</span>	Oct 2023	85%	95%	
	EWS Frequency	<span style="color: grey;">●</span>	Oct 2023	100%	95%	
	FFN MUST Score	<span style="color: grey;">●</span>	Oct 2023	90%	95%	
	FFN Nutritional Assessment	<span style="color: orange;">●</span>	Oct 2023	75%	95%	
	Inpatient Falls Rate (✓)	<span style="color: grey;">●</span>	Oct 2023	9.1	5.1	
	Pressure Ulcers Rate (✓)	<span style="color: grey;">●</span>	Oct 2023	0.0	0.5	
	MDRO Risk Assessment (✓)	<span style="color: orange;">●</span>	Oct 2023	85%	95%	
WORKFORCE	Establishment Variance	<span style="color: grey;">●</span>	Oct 2023	5.2%	5.0%	
	Predictable Absence Allowance (✓)	<span style="color: orange;">●</span>	Jan 2024	32.2%	22.5%	
	Supplementary Staffing - Bank and Agency (✓)	<span style="color: grey;">●</span>	Oct 2023	4.4%	15.0%	
	Supplementary Staffing - Overtime and Excess (✓)	<span style="color: grey;">●</span>	Oct 2023	1.0%	1.3%	
LEADERSHIP	QMPLE Score (✓)	<span style="color: cyan;">●</span>	Jan 2024	100.0%	95.0%	
	QMPLE Student Feedback	<span style="color: orange;">●</span>	Jan 2024	33.3%	95.0%	

# Screenshots from the Excellence in Care Dashboard. Ward Three: October 2023





























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 (Nov 22 - Nov 23)
EFFECTIVENESS AND SAFETY	EWS Accuracy		Oct 2023	75%	95%	
	EWS Frequency		Oct 2023	65%	95%	
	FFN MUST Score		Oct 2023	70%	95%	
	FFN Nutritional Assessment		Oct 2023	70%	95%	
	Inpatient Falls Rate (✓)		Oct 2023	9.0	5.1	
	Pressure Ulcers Rate (✓)		Oct 2023	0.0	0.5	
	MDRO Risk Assessment (✓)		Oct 2023	80%	95%	
WORKFORCE	Establishment Variance		Oct 2023	14.7%	5.0%	
	Predictable Absence Allowance (✓)		Oct 2023	19.7%	22.5%	
	Supplementary Staffing - Bank and Agency (✓)		Oct 2023	12.8%	15.0%	
	Supplementary Staffing - Overtime and Excess (✓)		Oct 2023	1.2%	1.3%	
LEADERSHIP	QMPLE Score (✓)		Aug 2023	100.0%	95.0%	
	QMPLE Student Feedback		Oct 2023	0.0%	95.0%	

## Screenshots from the Excellence in Care Dashboard. Organisational Overview:

 **CAIR: Health Board Overview**  
An overview of the latest CAIR measure value at Health Board level.



■ Less desirable    
 ■ More desirable

Health Board NHS SHETLAND		Latest month	Total rate	National Reference	Click icon to view trend chart below
<b>EFFECTIVENESS AND SAFETY</b>	EWS Accuracy	Oct 2023	80.0%	95.0%	
	EWS Frequency	Oct 2023	82.5%	95.0%	
	FFN MUST Score	Oct 2023	80.0%	95.0%	
	FFN Nutritional Assessment	Oct 2023	72.5%	95.0%	
	Inpatient Falls Rate	Oct 2023	9.0	5.1	
	Preferred Place Achieved	Oct 2023	66.7%	60.0%	
	Preferred Place Documented	Oct 2023	100.0%	60.0%	
	Pressure Ulcers Rate	Oct 2023	0.0	0.5	
	MDRO Risk Assessment	Oct 2023	82.5%	95.0%	
<b>LEADERSHIP</b>	QMPLE Score	Jan 2024	91.2%	95.0%	
	QMPLE Student Feedback	Jan 2024	33.3%	95.0%	
<b>WORKFORCE</b>	Establishment Variance	Oct 2023	5.1%	5.0%	
	Predictable Absence Allowance	Jan 2024	30.2%	22.5%	
	Supplementary Staffing - Bank and Agency	Oct 2023	8.7%	15.0%	
	Supplementary Staffing - Overtime and Excess	Oct 2023	1.5%	1.3%	

## Appendix C – Thematic Learning from Debrief Discussions October - December 2023

Month	Number of Adverse Events Reported	Number of Cat 1 Reported	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning
Oct 2023	92		Extreme – 0 Major – 0 Moderate - 6	4	<p>Adverse event theme (9657, 9658, 9659) – Violence and Aggression</p> <ul style="list-style-type: none"> <li>• <b>Patient and Staff Care</b> – Several adverse event reports were submitted under the category of physical and verbal aggression; these were related to a patient who was detained under the Mental Health Act, admitted to the acute hospital prior to sedation and off island transfer for ongoing care. Level 2 review is underway and a clinical debrief has been held.</li> </ul> <p>Adverse event theme (9703) – Pressure Ulcer</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Avoidable grade 2 Pressure ulcer. Patient mattress set to static mode rather than ‘alternate’. Discussed at Community Nursing team meeting to raise awareness and prevent reoccurrence.</li> </ul> <p>Adverse event theme (9700) – Communication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Missed visit to the patient for care of wound which was almost healed. Visit was not entered in system. No adverse</li> </ul>

Month	Number of Adverse Events Reported	Number of Cat 1 Reported	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning
					<p>effect to patient. Discussed at Team meeting to prevent this occurring in the future.</p> <p>Adverse event theme (9639) – Delay or Failure to Monitor / communication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Community nurse was requested to assess a patient with an acute injury and transport to the health centre. Patient was subsequently transported via ambulance to the hospital. Discussion with the practice regarding responding to emergency calls.</li> </ul>
Nov 2023	66		<p>Extreme – 0 Major – 0 Moderate - 9</p>	4	<p>Adverse event theme (9725) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – medication dose increased. Patient contacted GP to query change, GP stated dose was correct. ANP conducted review, noted that medication dose was incorrect. Patient notes updated and corrected. No harm to patient. LEA to be completed.</li> </ul> <p>Adverse event theme (9768) – Transfer / Discharge</p>

Month	Number of Adverse Events Reported	Number of Cat 1 Reported	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning
					<ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Delays to the transfer of a patient due to the patient’s presentation. Debrief scheduled January 2024. Adverse event theme (9737) – Documentation</li> <li>• <b>Staff Care</b> – Email from another patient was documented in the wrong records. Error was not seen by the patient and removed. Human factor identified as part of the course. Adverse event theme (9736) – Documentation</li> <li>• <b>Patient Care</b> – Lack of clear management plans and electronic record not updated. Case review completed. Learning identified and added to risk management newsletter for department, shared with staff to use SBAR at handover and to update documentation</li> </ul>
Dec 2023	71		Extreme – 1 Major – 0 Moderate - 4	1	<p>Adverse event theme (9806) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Long acting insulin was administered at the wrong time. Error was identified involving human factors. Reflective learning for staff involved. Lessons learned shared with team</li> </ul>



<b>Month</b>	<b>Number of Adverse Events Reported</b>	<b>Number of Cat 1 Reported</b>	<b>Moderate, Major and Extreme Events Reported</b>	<b>Debriefs Completed</b>	<b>Thematic Learning</b>
<b>Total</b>	<b>229</b>		<b>Extreme = 1 Major = 0 Moderate = 19</b>	<b>9</b>	

**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	100%	100%	100%	100%
Nov-23	96%	No Response	100%	No Response
Dec-23	100%	100%	100%	100%
<b>Average</b>	<b>99%</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>

Ward 1						
Person Centred Measure description	MD01 (NA-HC-16)	MD02 (NA-HC-19)	MD03 (NA-HC-22)	MD04 (NA-HC-25)	MD05 (NA-HC-28)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-22	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	100%	100%	98%	100%	100%	14
Nov-22	100%	100%	98%	100%	96%	24
Dec-22	100%	94%	98%	100%	94%	26
<b>Average</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>	<b>98%</b>	<b>97%</b>	<b>20</b>

Ward 3						
Person Centred Measure description	MD01 (NA-HC-15)	MD02 (NA-HC-18)	MD03 (NA-HC-21)	MD04 (NA-HC-24)	MD05 (NA-HC-27)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/ transitions/ handovers about them Aim 90%	
Jan-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	100%	100%	100%	100%	93%	7
Nov-23	No feedback received					0
Dec-23	100%	100%	100%	100%	100%	4
<b>Average</b>	<b>100%</b>	<b>96%</b>	<b>97%</b>	<b>99%</b>	<b>100%</b>	<b>5</b>

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – October 2023**

Ward staff were lovely, bright, cheery.

A very good hospital for me. Thank You

From the moment I walked into A&E I was seen immediately, re-assures, made comfortable scanned and sent up to ward 1 where I was treated with kindness and empathy and introduced to Everybody who was taking care of me. They explained what they were doing and why they were doing it on both dayshift and nightshift to when I was getting discharged and given my prescription and explained how and when to take it. What a team. Thank you all so much for looking after me. I'll never forget my stay with you. I owe you all so much. P.S. - Compliments to the chef. I could eat that food every day.

All staff were so lovely, caring and re-assuring, and explained everything very well. All staff were professional and friendly.

Amazing Staff worth their weight in gold. Thank you all for your care.

All the staff are so helpful and appreciative of our Mental Feeling due to our ill health. Thank you all so much for caring for me.

All members of staff at the hospital were exceptional, compassionate, caring, kind and always happy to spent time listening to my concerns and questions regarding what was happening to me. Can't thank the Doctors, nurses and everyone else enough.

If Pharmacy could be quicker that would help, especially when going for a ferry.

I've had such a positive experience on ward 1. All staff on the ward, A&E and the surgical team have been amazing - the perfect balance of care, support and Management, Thank you.

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – November 2023**

Please keep up the good standard. The nurses were excellent.

Waiting for final medication is a long experience

Thanking everyone I met today for your kindness, care, great humour and attentiveness - You are all wonderful! Thank you all.

I cannot praise highly enough all staff which I encountered during my operation & hospital stay, and there were many. All are a credit to NHS Shetland and a considerable asset. The nursing and care staff on Ward 1 were first class. Attentive, Professional; yet engaging and responsive. Qualities which make any stay in hospital eminently a highly positive experience.

Consideration should be given to how much / little patients have had through the night. Thank you so much for everything. You are all so good at what you do. You really don't have an easy job. Me and my family really appreciate the care I have had whilst in ward 1. Thank you all.

5 Star couldn't have been better.

Staff- Both in surgery and nursing staff in the Ward after operation are splendid. They work really hard and for long hours. They are all a great asset to Shetland.

Appreciated all that was done for me by staff

All staff explained everything to me while I was in their care and were very considerate in all their dealings with me, which made me feel at ease at all times. Also checked if I had transport home.

10 out of 10, would get sick again

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – December 2023**

Best Hotel in Lerwick. Thank You

All the Doctors and Nurses were all lovely

None. All Good.

Staff were wonderful, very helpful at all times

Very long delay getting discharged waiting for Pharmacy (5 Hrs & Counting)

Very grateful for excellent care received. I consider myself very fortunate. Thank you for everything.

My stay was excellent. Nurses and Doctors were excellent in all my care, Thank you all.

Very satisfied with my short stay - felt quite at home. Thank you all.

Nurses and care staff were excellent.

The Medical Staff on Ward 1 and in the A&E area were superb. They put me at ease and dealt with me with the utmost dignity. The food was great. I have total respect for them all and if I have to go to hospital again I wouldn't want to go anywhere else.

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – October 2023**

There is a TV set on the wall, which seemed to be working, but there was no remote control so I could not switch it on. One would think in this day and age, patients should surely be entitled to TV.

Much better than I expected.

Keep doing what you are doing.

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – November 2023**

No Comments



**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – December 2023**

The care received on Ward 3 has been consistently above and beyond. The expertise of the nursing team has been allied in every effort to give me the best chance of survival in combination with (Named) expert care. I will never be able to repay the many kindnesses in my split admission. There are no words that truly describe the level of care that the nursing team on Ward 3 have provided. Every team member from domestic team who have been amazing care assistants, and Nurses, including student nurses. Thank You. You have all made such a positive change to my life. I will be forever grateful.

A&E Staff went above and beyond to stabilise and transfer me to ward 3. The kindness of nursing and medical staff was exemplary. I cannot repay them and (Named) from Radiography. Thank you all so much.

Staff ? Treated all as an active driver for my care. The nursing staff care was constantly above and beyond. I was treated as you would want your family treated. I can never repay the kindness and excellent level of expertise care received from nursing, surgical and medical consultants in particularly (Named)

## Quality Management of the Practice Learning Environment (QMPLE) Q3 October – December 2023

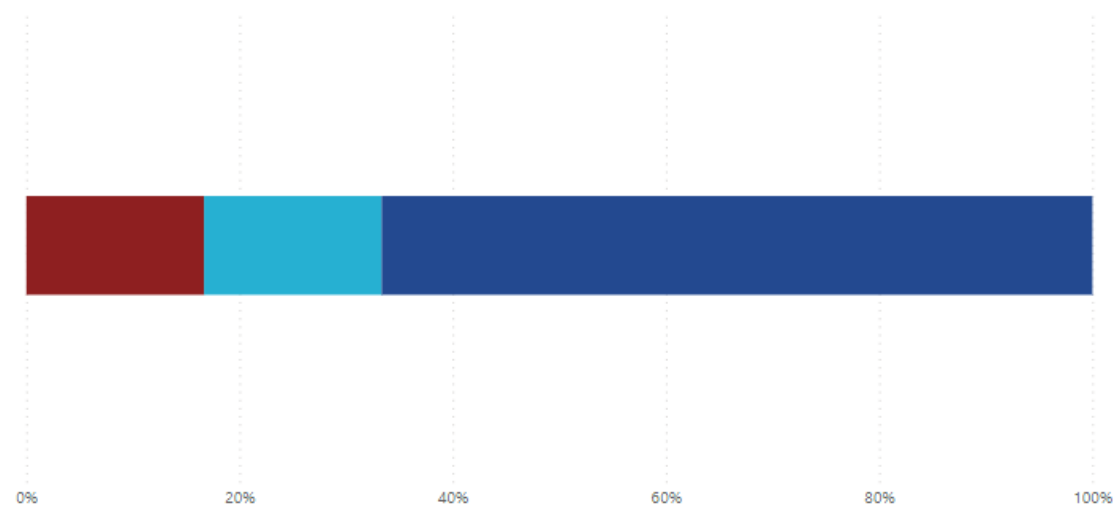
### Overall Satisfaction:

6

Number of Respondents

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

Fairly Dissatisfied Fairly Satisfied Very Satisfied

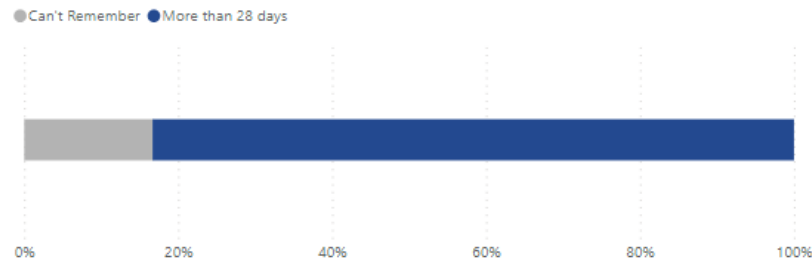


# Preparation for Practice Learning

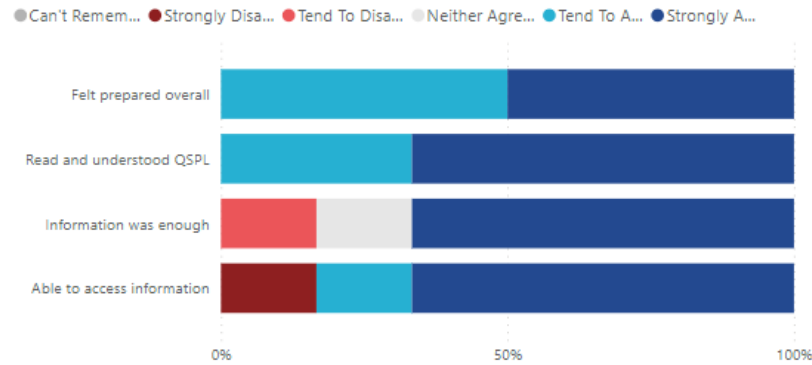
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Number of Respondents

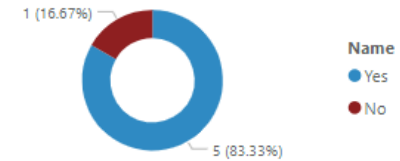
How much notice did you receive of your practice learning placement?



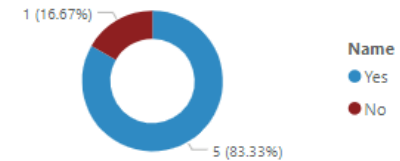
Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree:



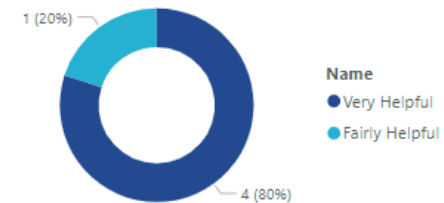
I was given a nominated contact person before commencement of the practice learning experience



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?



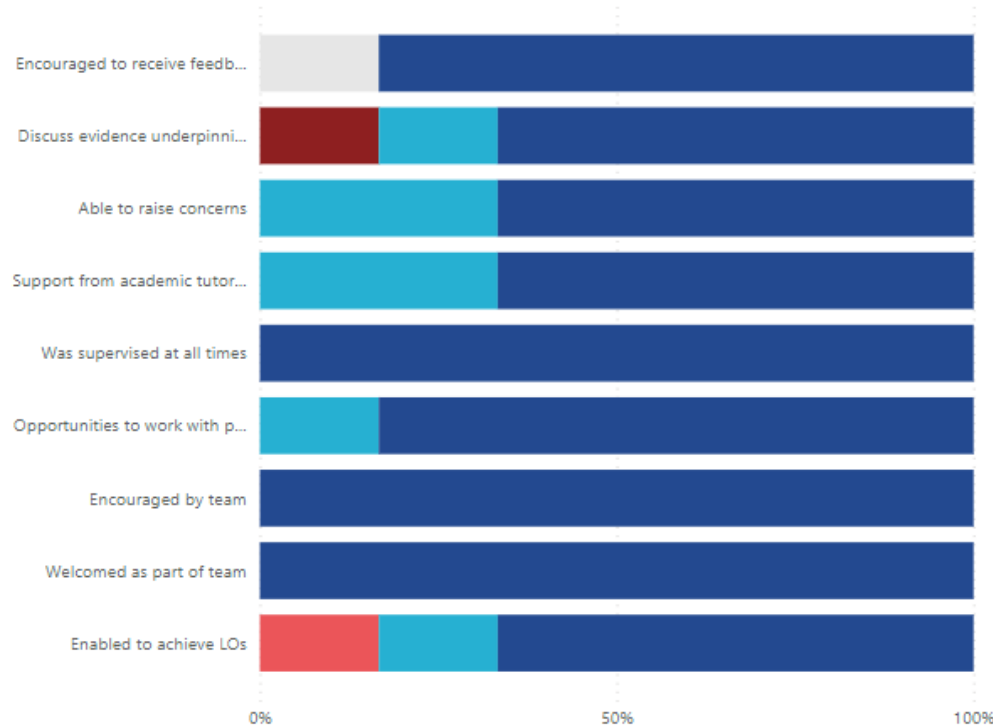
# Learning Environment

6

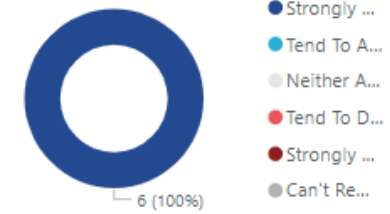
Number of Respondents

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

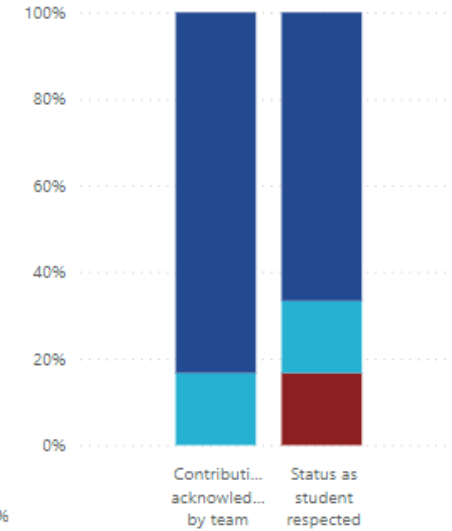


I witnessed person centred, values-based care during my practice learning experience



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

● Can't Remember/... ● Strongly ... ● Tend To Di...

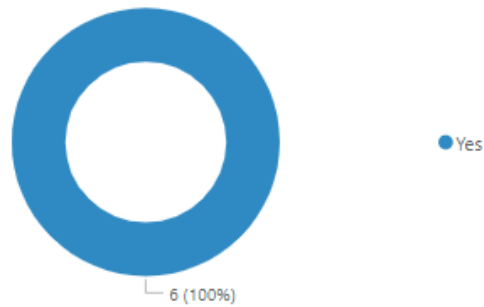


## Practice support

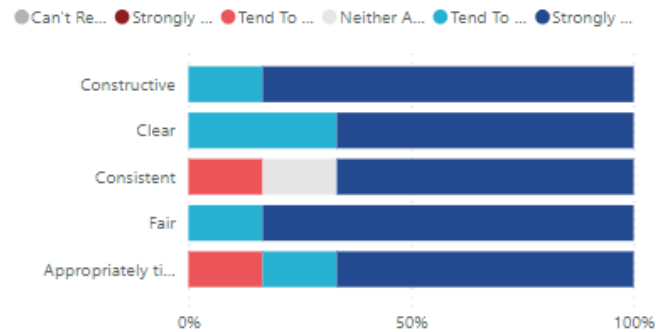
6

Number of Respondents

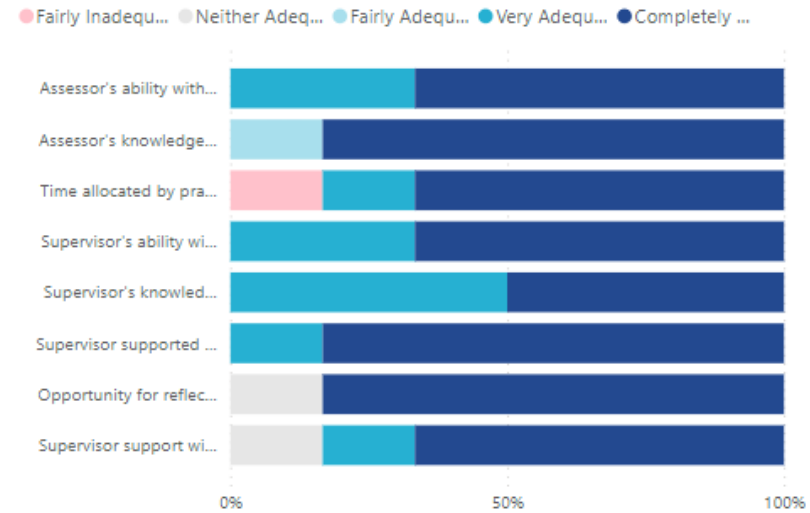
Were you allocated a practice supervisor when you arrived in the practice learning environment?



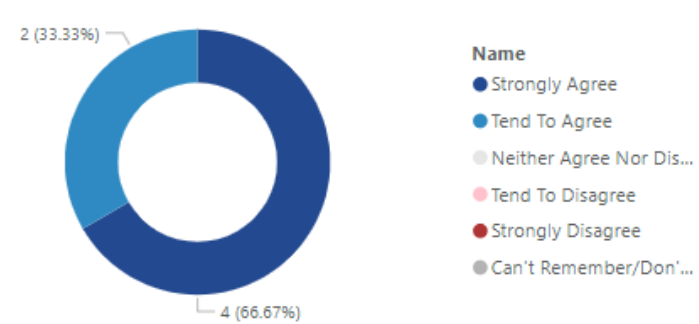
Thinking generally about the feedback you receive from your practice assessor over the course of your practice learning experience, to what extent do you agree or disagree that this was:



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?



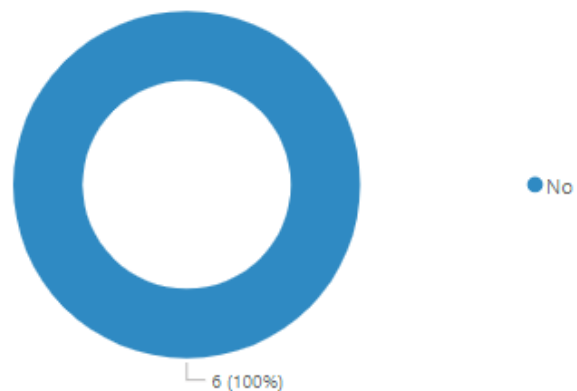
## Additional Support Needs

6

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?



Response	Learning Environment	Learning Centre
All the nurses in the department were happy to teach me and all made sure I was able to experience lots of different things. I found all the extra teaching resources, like using the teaching dummies for venepuncture etc, super helpful and it was very refreshing being around nurses that were so eager to share their knowledge. All the staff, nurses and doctors, went above and beyond to make sure I was getting the most out of every shift even if there weren't many patients in. Everyone in the department is focused on giving the best care possible to all the patients that come through the door. Patients would tell me about positive past experiences they have had when they have, unfortunately, had to attend a&e and would tell me about the amazing nurses that looked after them. This was always nice to hear and makes me want to give the same high level of care to my own patients no matter where I work. I seen lots of good examples of how to make people feel comforted and safe during a scary time in their lives.	Accident and Emergency	Gilbert Bain Hospital
Very friendly and professional team. Very encouraging and eager to teach and explain.	Brae Community	Shetland Community
I found that my PLE was very beneficial in terms of my learning. Being part of the peri-operative pathway from consultation to discharge gave me a real insight into surgical conditions. It strengthened my knowledge on the epidemiology and aetiology of medical conditions and my knowledge on pharmacology is widened.	Pre Op Assessment, Outpatients, Gilbert Bain Hospital	Gilbert Bain Hospital
Having the opportunity to see different departments of the hospital and the different OPD clinics and work alongside various members of staff was amazing and kept me interested and I feel that having a baseline knowledge on all the different areas will be beneficial in the future.		
Most of the staff within all departments were very friendly and approachable and they were willing to teach which I wholeheartedly feel was so beneficial to my learning.		
I enjoyed all aspects of my placement.	Ward 1 and HDU	Gilbert Bain Hospital
Everyone was so good with me and gave me regular feedback. Allowed me to shadow and gave me many opportunities to learn and work on the new skills I have had the opportunity to learn.	Ward 3	Gilbert Bain Hospital
The team made me feel welcome and included.	Ward 3	Gilbert Bain Hospital



## Student feedback – improved experience



Response	Learning Environment	Learning Centre
Nothing. Best placement yet.	Accident and Emergency	Gilbert Bain Hospital
I feel what would improve the PLE was to have a mentor in POA and a mentor in OPD. I feel that there was at times lack of communication so therefore meaning that some days going in without a plan of what to do that day. Otherwise I have no concerns.	Pre Op Assessment, Outpatients, Gilbert Bain Hospital	Gilbert Bain Hospital
Nothing it was a excellent placement.	Ward 1 and HDU	Gilbert Bain Hospital
More opportunities to learn new skills rather than doing what I already knew.	Ward 3	Gilbert Bain Hospital

**Additional Comments:**



Response	Learning Environment	Learning Centre
I am so thankful that everyone in the department was nice and friendly and made me feel welcome when I was on shift. Knowing I was coming in to such a positive and happy environment really helped with being away from home for so long.	Accident and Emergency	Gilbert Bain Hospital
I've really enjoyed my experience, I've felt like one of the team and felt fully supported and encouraged in everything. I've learned so much and gained so many positive experiences.	Brae Community	Shetland Community
I have felt very comfortable on the ward in my new role of a student nurse. Huge thanks to everyone.	Ward 3	Gilbert Bain Hospital
It would have been much better if there had been someone with protected time to teach me new skills, ask me questions, go through my practice competencies with me from time to time, rather than leaving that until the end of placement.	Ward 3	Gilbert Bain Hospital

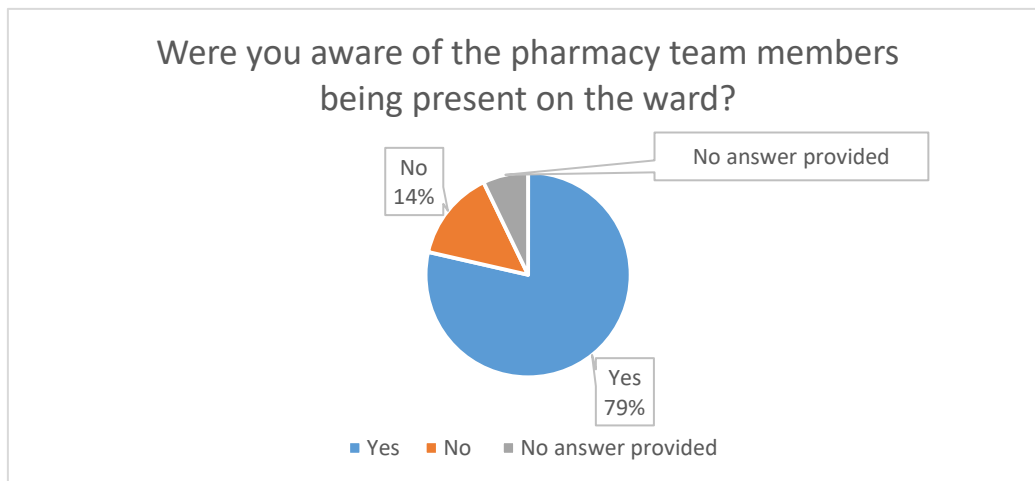
# Pharmacy Inpatient Feedback Survey Results 2023 - Ward 3



15 Responses received

## Q1. Were you aware of pharmacy team members being present on the ward?

Yes	No	Answer not provided
11	3	1



### Insights:

Out of the 79% people who answered yes to this question, all provided a high score when indicating how helpful their interaction with a member of the pharmacy team was (question 4).

## Q2. Did any pharmacy staff speak to you during your stay on the ward?

Yes	No	Answer not provided
12	2	1



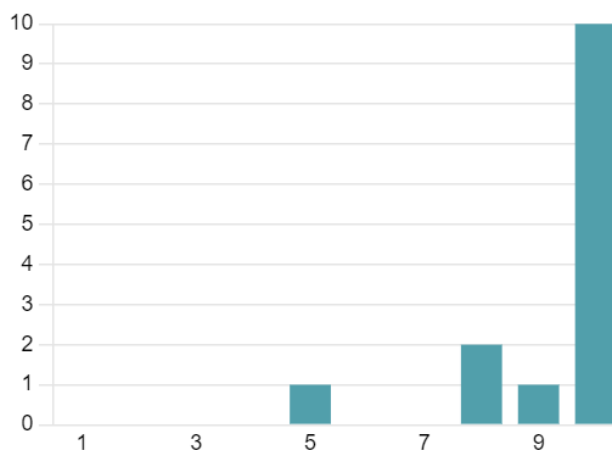
**Q3. Did the pharmacy staff introduce themselves and explain what they were there to do?**  
 (Out of the 12 people who identified pharmacy staff did speak to them during their inpatient stay)

Yes	No
11	1



**Q4. Please indicate using the score below, how helpful your interaction with the member of pharmacy staff was?**

1 Poor	2	3	4	5	6	7	8	9	10	No answer provided
				1			2	1	10	1

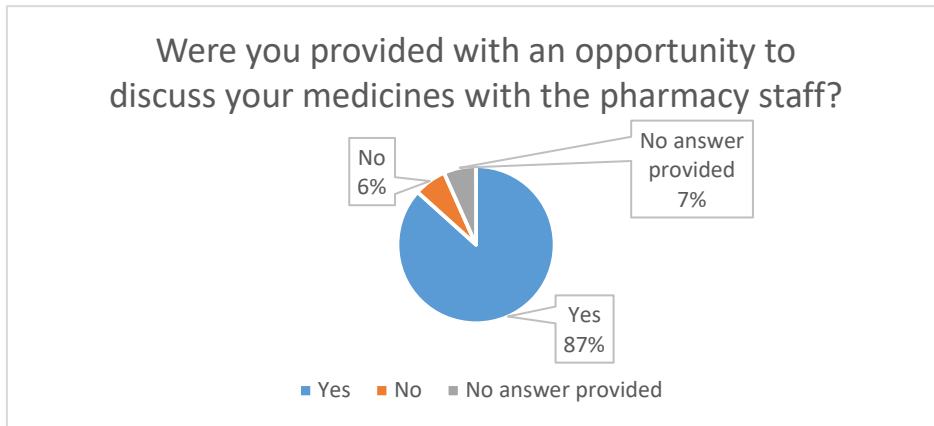


**Insight:**

The average rating was 9.29

**Q5. Were you provided with an opportunity to discuss your medicines with the pharmacy staff?**

Yes	No	No answer provided
13	1	1



**Q6. If answered No, would you have liked the opportunity to discuss your medicines with the pharmacy staff?**

Yes	No
2	1

**Please use the space below to add any additional comments:**

"Very polite, friendly approach. Clear instructions given thank you"

**Insights:**

Two individuals answered this question which were not required to do provide an answer. One individual did not wish to discuss their medications and another used this as an opportunity to express thanks. The individual who expressed that they were not provided with the opportunity to discuss their medicines with the pharmacy team (question 5), would have liked this opportunity.

**Q7. Did you ask the pharmacy staff any questions about your medicines?**

(Please circle your answer)

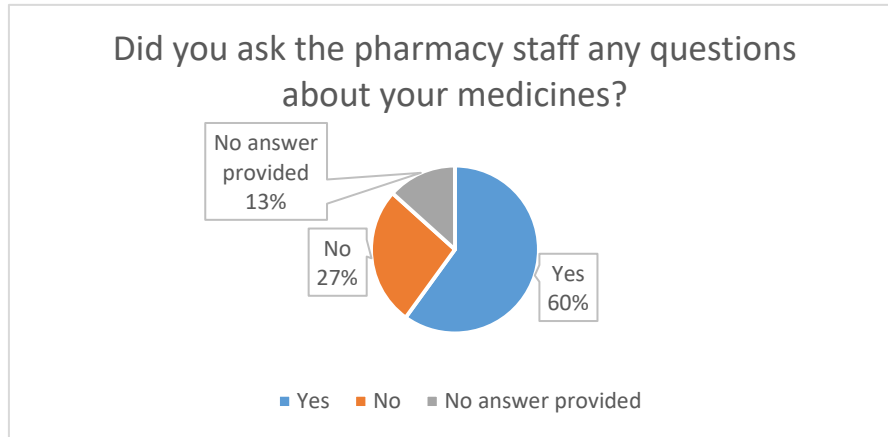
Yes	No	No answer provided
9	4	2

**Please use the space below to add any additional comments:**

"She was very helpful"

"I asked about medication I use at home"

"They told me when to take and what times, also not to mix some of them"

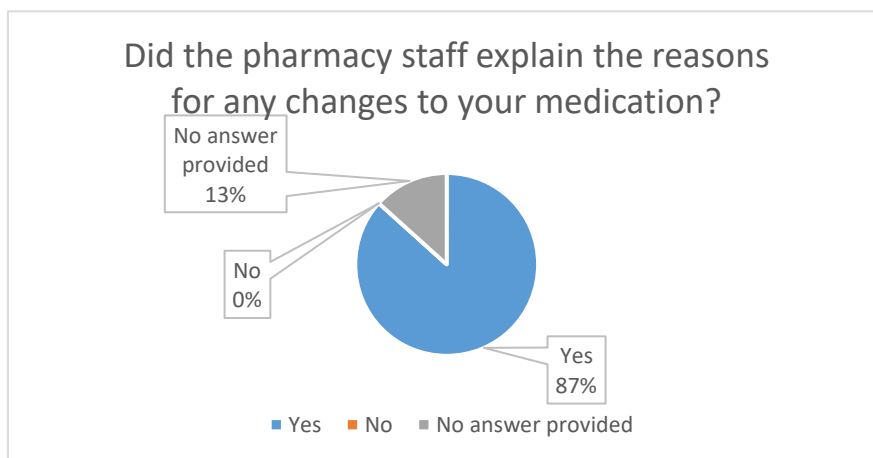


**Insights:**

Out of the 60% people who answered yes to this question, all provided a high score when indicating how helpful their interaction with a member of the pharmacy team was (question 4).

**Q8. Did the pharmacy staff explain the reasons for any changes to your medicines?**

Yes	No	No answer provided
13		2



**Insights:**

Out of the 87% people who answered yes to this question, all understood the information received and thought this was clear and useful (question 9).

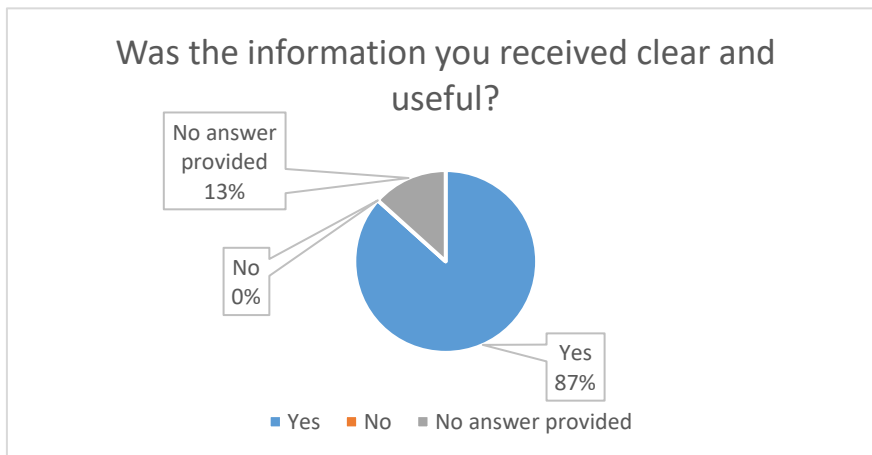
**Q9. Was the information you received clear and useful?**

(Please circle your answer)

Yes	No	No answer provided
13		2

**Please use the space below to add any additional comments:**

“Very thank you”  
“They were very helpful”



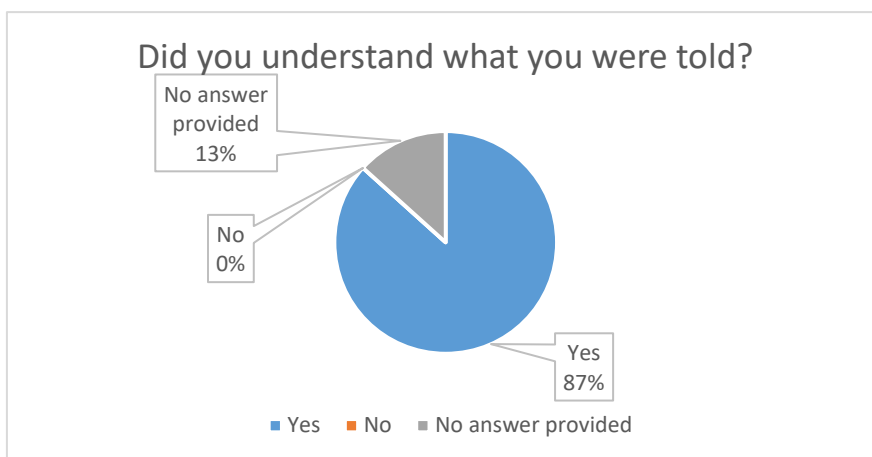
**Q10. Did you understand what you were told?**

(Please circle your answer)

Yes	No	No answer provided
13		2

**Please use the space below to add any additional comments:**

“well within reason”



**Q11. Is there anything else you would like to share with use about the pharmacy service you received on the ward?**

(Please use the space below to add any additional comments)

3 respondents (38%) answered **thank** for this question.

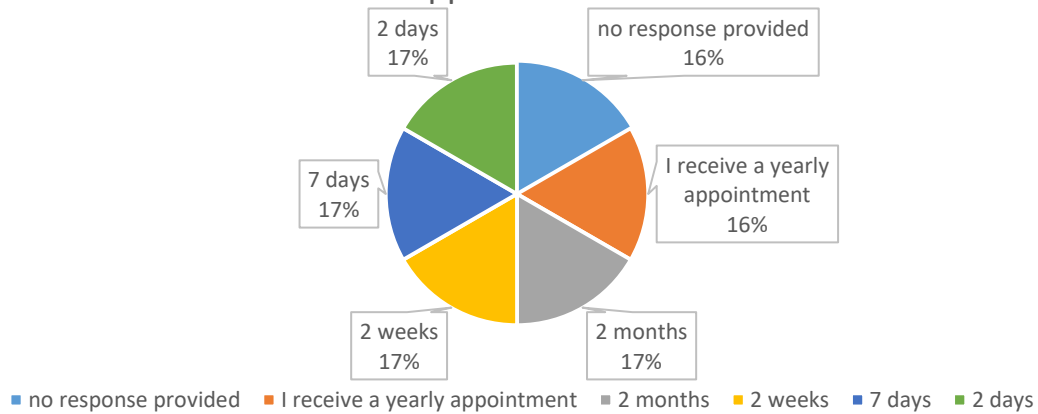




# Spirometry Service Patient Feedback Results: November 2023 - 6 Responses received

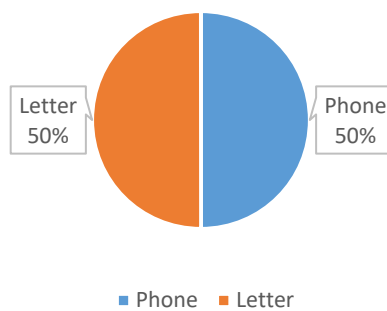
Question 1: How long did you have to wait for an appointment?					
2 Days	7 days	2 weeks	2 Months	Annual appointment	No Response provided
1	1	1	1	1	1

Question 1: How long did you have to wait for an appointment?



Question 2: When contacted about your spirometry appointment – were you contacted via	
Phone	Letter
3 Responses	3 Responses

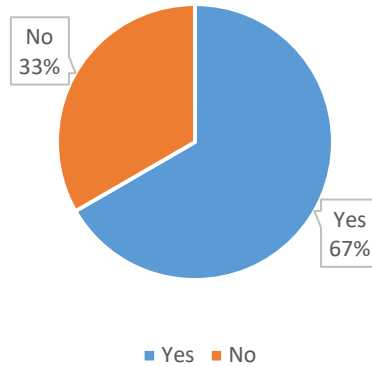
Question 2: Spirometry appointment contact method



**Question 3:** When contacted about your spirometry appointment – were you provided with enough information about the appointment?

Yes	No
4 Responses	2 Responses

Question 3: Were you provided with enough information when you were contacted about your appointment



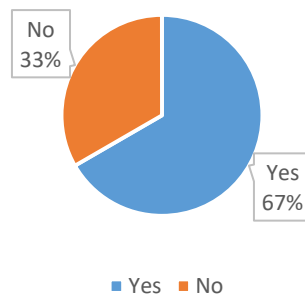
If no, what information do you feel needed to be provided?

- Not really told anything but had spirometry test done in Aberdeen before.
- No information given. Duration of visit would be helpful if getting a lift.

**Question 4:** When contacted about your spirometry appointment – were you informed where to contact if you needed to cancel or reschedule your appointment?

Yes	No
4 Responses	2 Responses

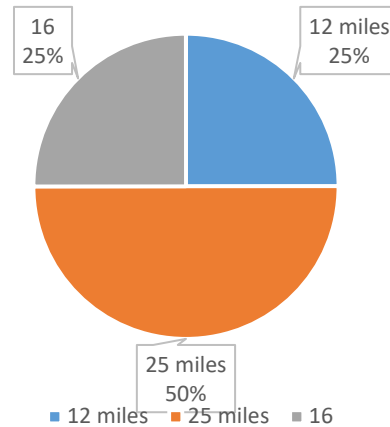
Question 4: Were you provided with contact details for your appointment



## Travel experience

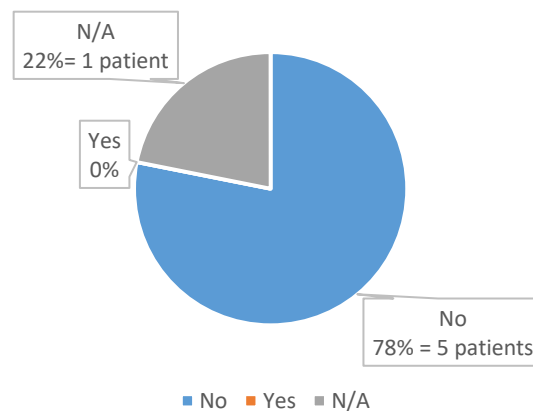
Question 5: How far do you travel to a spirometry appointment?			
15 minutes	12 miles	16 miles	25 miles
2 responses	1 response	1 response	2 responses

Question 5: Miles Travelled to a spirometry appointment

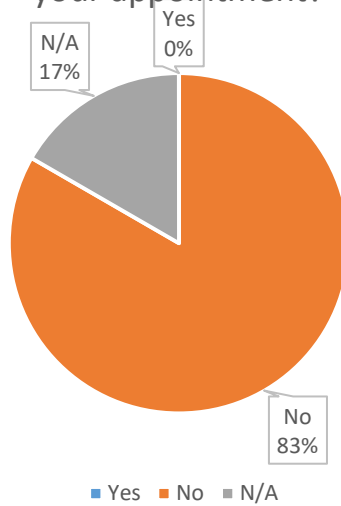


Question 6: If you travelled out of Lerwick, did you mind travelling to your appointment?		
Yes	No	N/A
0	5	1

Question 6: If you travelled out of Lerwick, did you mind travelling to your appointment?



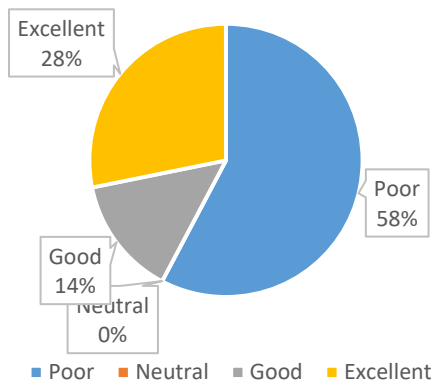
Question 6: Did you mind travelling to Lerwick for your appointment?



Spirometry experience

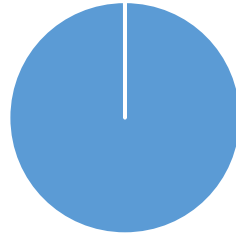
Question 7: How was your overall spirometry testing experience?			
Poor	Neutral	Good	Excellent
0 responses	0 responses	2 responses	4 responses

Question 7: How was your overall spirometry testing experience?



Question 8: Were you provided with clear instructions during testing?	
Yes	No
6	0

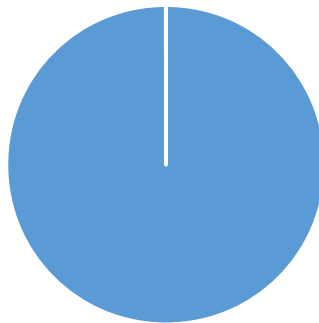
Question 8: Were you provided with clear instruction during testing?



■ Yes ■ No

Question 9: Were you informed about your results or how you would receive your results after testing?	
Yes	No
6 Responses	0 Responses

Question 9: Were you informed about your results and how you would receive these after testing?



■ Yes ■ No

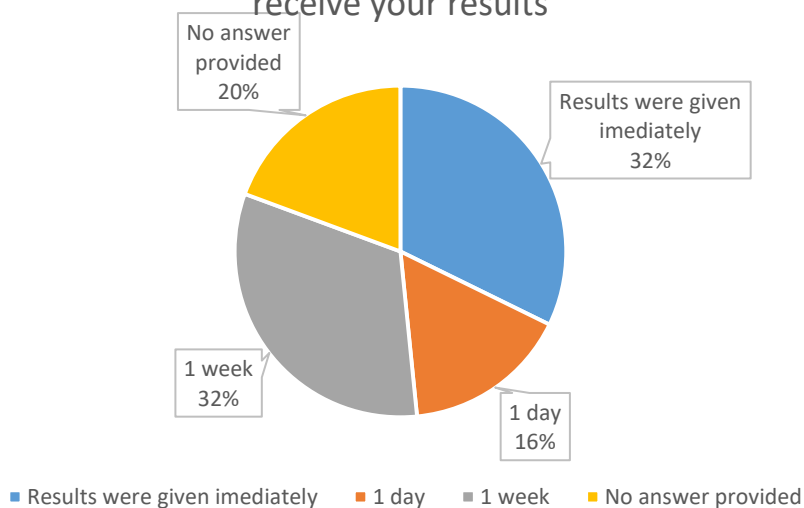
Please use the additional comment box below to add any comments or suggestions you feel would be useful in regards to the spirometry testing experience:

- 1 Response received: [My GP feedback to me \(via receptionist\) that my test was "normal". However ANP said "most of it" was normal but part was slightly less.](#)

## Follow up experience

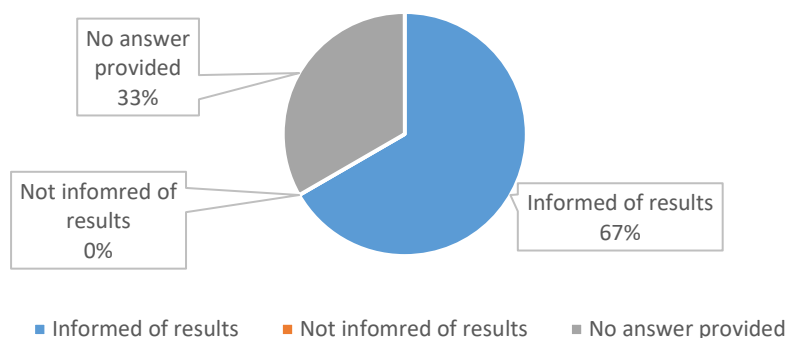
Question 10: How long did you have to wait for your results?			
Results given straight away	1 day	1 week	Answer not provided
2 Responses	1 Response	2 Responses	1 Response

Question 10: How long did you have to wait to receive your results



Question 11: Were you contacted by your own practice or consultant regarding your spirometry results?		
Informed of results	Not informed of results	No answer provided
4	0	2

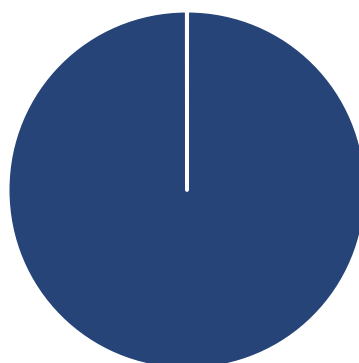
Question 11: Were you contacted by your own practice or consultant regarding your spirometry results?



## Expectations of the service

Question 12: Did the Spirometry Service meet your expectations?										
0 Very Poor	1	2	3	4	5	6	7	8	9	10 Excellent
										6 Responses Received

Did the Spirometry service meet your expectations?  
100% rated Excellent



■ 0 ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ 8 ■ 9 ■ 10

## Please tell us what you value in a Spirometry Service

- It's a nice service to have
- Having a test reassures me that my lung capacity is ok.
- Instant feedback. Accessible.
- Expertise and professional
- Gave insight to my breathing problem

## Any additional comments

Please use the space below to provide any additional comments you would like to share with us.

- I was told of my appointment from my GP practise and the results were passed to me by letter from the Consultant. The Spirometry experience I had was excellent, only slowed down by the NHS in general but overall very good. Sorry for the vague(ish) answers - I feel some questions not relevant.
- As the GP says its normal I am left feeling confused as my symptoms are still there and have been for 3 years. I will need to make another appointment with the GP to follow up.

## NHS Shetland Feedback Monitoring Report 2023\_24 Quarter 3

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government. This report outlines NHS Shetland's performance against these indicators for the period October to December 2023 (Quarter 3).

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.nhsshotland.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.

In liaison with the clinical directors who handle the investigation of the majority of complaints received, the Feedback and Complaints team is considering ways in which assurance can be provided to the committee regarding whether actions have been concluded and the sharing of organisational learning. For this committee cycle a flashcard summary of a complaint where there was express permission to share the learning has been included at Appendix 1.

### Summary

- Corporate Services recorded 47 pieces of feedback in Quarter 3 of 2023/24 (1 October 2023 – 31 December 2023). For clarity these figures include all salaried GP practices (note this has become 9 of 10 practices in Shetland for the purposes of Quarter 3 reporting):

Feedback Type	01.10.23 – 31.12.23		01.07.23 – 30.09.23 (previous quarter)	
	Number	%	Number	%
Compliments	5	10.6	6	14.6
Concerns	21	44.7	12	29.3
Complaints	21	44.7	23	56.1
<b>Totals:</b>	<b>47</b>		<b>41</b>	

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

Service	01.10.23 – 31.12.23		01.07.23 – 30.09.23 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	7	33.3	9	39.1
Directorate of CH&SC	11	52.4	11	47.8
Acute and community	1	4.8	1	4.4
Corporate	-	-	2	8.7
Other	2	9.5	-	-
Withdrawn	-	-	-	-
<b>Totals:</b>	<b>21</b>		<b>23</b>	



## Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints is improved from the last quarter. Responding to Stage 2 complaints within 20 working days remains challenging, and in quarter 3, no Stage 2 complaints met the target. 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. The festive break and individuals taking some additional leave round the public holidays has also impacted on performance times.
- Complaint returns from Family Health Service providers are being sought on an annual basis and for those areas that do submit returns the numbers of complaints recorded are low. This will continue to be picked up as a reporting requirement through professional leads.
- We are aware of two cases submitted to SPSO in the time period – additional information has been provided and we are waiting to hear if further action is required. We have one new litigation case regarding a delayed diagnosis which is in an early stage of information gathering.

## Complaints Performance

### Definitions:

**Stage One** – complaints closed at Stage One Frontline Resolution;

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

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

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

Description	01.10.23 – 31.12.23	01.07.23 – 30.09.23 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	57% (12 of 21)	70% (14 of 20)
Number of complaints closed at Stage Two as % of all complaints	43% (9 of 21)	25% (5 of 20)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 21)	5% (1 of 20)

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

#### Upheld

Description	01.10.23 – 31.12.23	01.07.23 – 30.09.23 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	50% (6 of 12)	42.9% (6 of 14)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	33.33% (3 of 9)	20% (1 of 5)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	-	100% (1 of 1)

#### Partially Upheld

Description	01.10.23 – 31.12.23	01.07.23 – 30.09.23 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	16.67% (2 of 12)	21.4% (3 of 14)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	55.56% (5 of 9)	80% (4 of 5)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	-	0% (0 of 1)

#### Not Upheld

Description	01.10.23 – 31.12.23	01.07.23 – 30.09.23 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	33.33% (4 of 12)	35.7% (5 of 14)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	11.11% (1 of 9)	0% (0 of 5)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	-	0% (0 of 1)

<b>3 The average time in working days for a full response to complaints at each stage</b>			
<b>Description</b>	<b>01.10.23 – 31.12.23</b>	<b>01.07.23 – 30.09.23 (previous quarter)</b>	<b>Target</b>
Average time in working days to respond to complaints at Stage One	4	6.8*	5 wkg days
Average time in working days to respond to complaints at Stage Two	36.4	27.4	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.

<b>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</b>			
<b>Description</b>	<b>01.10.23 – 31.12.23</b>	<b>01.07.23 – 30.09.23 (previous quarter)</b>	<b>Target</b>
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	83% (10 of 12)	60% (9 of 15)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	0% (0 of 9)	71% (5 of 7)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	-	100% (1 of 1)	80%

<b>5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.</b>		
<b>Description</b>	<b>01.10.23 – 31.12.23</b>	<b>01.07.23 – 30.09.23 (previous quarter)</b>
% of complaints at Stage One where extension was authorised	17%	40%
% of complaints at Stage Two where extension was authorised	100%	29%
% of escalated complaints where extension was authorised	-	-

## Staff Awareness and Training

The Feedback and Complaints Officer is available to speak to individuals or 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 as required. 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 31 December 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"> <li>Full review previously conducted that did not identify negligent practice, however learning was identified which was disseminated within the team.</li> </ul>
2	Holistic care concerns	Dental	N	Complex and requiring input from a number of clinicians	Part upheld	<ul style="list-style-type: none"> <li>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.</li> </ul>
3	Lack of access to appropriate disabled changing facilities	Acute/Estates	Y		Upheld	<ul style="list-style-type: none"> <li>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.</li> </ul>
4	Lack of treatment at A&E	Nursing	N	Complexity and availability of staff	Upheld	<ul style="list-style-type: none"> <li>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&amp;E.</li> </ul>
5	Poor communication and access to treatment	Dental	Y		Upheld	<ul style="list-style-type: none"> <li>Explanation given about dental services and additional fixed term funding received which may alleviate the pressure on a short term basis.</li> </ul>
6	Consent to share information	A&E	Y		Part upheld	<ul style="list-style-type: none"> <li>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.</li> </ul>

7	Breach of confidentiality	Corporate	N	Slightly delayed getting response out	Upheld	<ul style="list-style-type: none"> <li>Apology given as small numbers in FOI response had the potential to be patient identifiable</li> </ul>
8	Staff attitude	A&E	N	Slightly delayed getting response out	Part upheld	<ul style="list-style-type: none"> <li>No evidence of deliberate assumptions being made regarding patient but in future staff asked to take a more sensitive approach</li> </ul>
9	Diagnosis and treatment	A&E/GP	N	Complexity and availability of staff	Part upheld	<ul style="list-style-type: none"> <li>Doctor acted appropriately, and worsening advice given regarding returning to A&amp;E but test results not shared with senior. Medication tweaked by GP.</li> </ul>
10	Staff attitude	GP	N	Slightly delayed getting response out	Part upheld	<ul style="list-style-type: none"> <li>Both patient and GP felt it had been a difficult consultation. Explanation provided about what had been said, and options for future care outlined</li> </ul>
11	Care provided	AHP	N	Delay at start of process due to request for a change in investigator	Upheld	<ul style="list-style-type: none"> <li>Apology given about issues to date and explanation about capacity and fragility of service</li> <li>Meeting arranged to discuss investigation findings and plans for service improvement moving forwards</li> </ul>
12	Missed diagnosis and treatment	A&E	N	Staff availability	Part upheld	<ul style="list-style-type: none"> <li>Explanation given about decision not to perform scan which was found to be understandable at the time due to the clinical picture.</li> <li>Greater oversight and holistic treatment would have benefitted the patient, given how busy the department had been. Apology given for long wait and prolonged delay in offering refreshments. Review of how patient comfort is assessed is being completed by the SCN.</li> </ul>
13	Treatment and care in hospital	Acute	N	Staff availability	Part upheld	<ul style="list-style-type: none"> <li>Care felt to be appropriate but evidence of poor communication which had led to expectations not being met.</li> <li>Gap in third sector/volunteering noted and fed into partner discussions</li> </ul>
14	False information in discharge summary	Acute	N	Staff availability	Upheld	<ul style="list-style-type: none"> <li>Checks should have been done first before further medication offered.</li> </ul>

						<ul style="list-style-type: none"> <li>Unreserved apology offered for the distress caused by some of the content in the discharge letter.</li> </ul>
15	Lack of diagnostic test	A&E/GP	N	Marginally delayed (2 days)	Not upheld	<ul style="list-style-type: none"> <li>Outcome would not have changed had the x-ray been completed sooner</li> <li>No obligation for the NHS to provide a fit note to an employer for the first seven days of absence</li> </ul>
16	No clear route for assessment for child ASN pathway and sense of lack of accountability between departments	Acute and community	N	Verification of findings process delayed	Upheld	<ul style="list-style-type: none"> <li>Issues described already recognised across departments and progress to implement improvements to the service are underway</li> <li>Recruitment to two new posts key to this</li> </ul>
17	Various issues including a proposed move in GP, lack of progress regarding a new issue and deterioration of underlying health concern	Medical/Primary Care	N	Verification of findings process delayed	Part upheld	<ul style="list-style-type: none"> <li>Condition found to be being managed in a timely manner, but apology given for experience of being passed between primary and secondary care</li> <li>Referral for separate issue had not been made due to mild discomfort and surgical risk, but this had now been actioned</li> <li>Apology given for perceived staff rudeness in A&amp;E</li> <li>Apology given for ambiguity in reasons given for needing to move health centre</li> </ul>
18	Lack of examination and felt to be wasting clinical time	GP	N	Verification of findings process delayed	Part upheld	<ul style="list-style-type: none"> <li>Issues were found to be dental in nature</li> <li>Apology offered that complainant had felt the consultation had not gone well, with recognition that a better explanation could have been offered about the decisions taken</li> </ul>
19	Delay in treatment, which complainant had previously been advised would not be effective for the particular health issue	Medical	N	Verification of findings process delayed	Part upheld	<ul style="list-style-type: none"> <li>NICE guidelines referred to and followed</li> <li>AHP input appropriate but medication prescribed did not follow a fully informed conversation</li> </ul>
20	Treatment of child after accident	GBH	N	Delay with a statement and then verification process	Part upheld	<ul style="list-style-type: none"> <li>The RACH Multi-Disciplinary Team's (MDT) initiative for a more comprehensive plan for patient will help improve the team's response if there are further admissions to the Gilbert Bain Hospital.</li> </ul>

						<ul style="list-style-type: none"> <li>• Apology offered for response on the ward round.</li> <li>• Found that the team escalated, reviewed and managed worsening in condition in a timely way.</li> <li>• Although possible a fracture was missed, further imaging was not indicated. Explanation given that the risk of harm from a CT needs to be balanced in each presentation.</li> </ul>
21	Staff attitude regarding diagnostic test/consultation	Consultant	N	Staff leave during holiday period	Upheld	<ul style="list-style-type: none"> <li>• Further explanation about clinical findings offered and apology given that offence had been caused. Reflection on case and discussion at medical appraisal regarding the findings</li> </ul>

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to April 2024

Date notified with SPSO	Our complaint ref	SPSO ref	Area of complaint	Date of SPSO outcome	SPSO outcome	SPSO recommendations	Action update	Board/SPSO status
<b>Notified 2020/21</b>								
12.08.20	2018_19_18	201907983	Complication following surgical procedure	07.01.21	Will not take forward	None	Additional information submitted for consideration	Closed
02.03.21	2019_20_08	202007880	Care provided following off island procedure	26.08.21	Will not take forward	Has determined the Board's responses to be reasonable and no significant issues overlooked.	Files submitted for review	Closed
<b>Notified 2021/22</b>								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the advice received.	Files submitted for review	Closed
<b>Notified 2022/23</b>								
30.11.22	2021_22_24	202111117	Potential long Covid treatment	30.11.22	Will not take forward	None		Closed
<b>Notified 2023/24</b>								
05.04.23	2021_22_08	202200363	Provision of physiotherapy	05.04.23	Will not take forward	None – advised timed out		Closed
22.02.24	2022_23_18	202302219	Cancer care waits and communication			Seeking early resolution by requesting a meeting takes place	Written to patient offering meeting	
11.03.24	23_24_02	20230680	Dental care			Considering investigation	Sent complaint file and clinical records	

**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



## Appendix X Feedback from patients and students

### 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	100%	100%	100%	100%
Nov-23	96%	No Response	100%	No Response
Dec-23	100%	100%	100%	100%
<b>Average</b>	<b>99%</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>

Ward 1						
Person Centred Measure description	MD01 (NA-HC-16)	MD02 (NA-HC-19)	MD03 (NA-HC-22)	MD04 (NA-HC-25)	MD05 (NA-HC-28)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-22	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	100%	100%	98%	100%	100%	14
Nov-22	100%	100%	98%	100%	96%	24
Dec-22	100%	94%	98%	100%	94%	26
<b>Average</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>	<b>98%</b>	<b>97%</b>	<b>20</b>

Ward 3						
Person Centred Measure description	MD01 (NA-HC-15)	MD02 (NA-HC-18)	MD03 (NA-HC-21)	MD04 (NA-HC-24)	MD05 (NA-HC-27)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences. Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them. Aim 90%	
Jan-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	100%	100%	100%	100%	93%	7
Nov-23	No feedback received					0
Dec-23	100%	100%	100%	100%	100%	4
<b>Average</b>	<b>100%</b>	<b>96%</b>	<b>97%</b>	<b>99%</b>	<b>100%</b>	<b>5</b>

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – October 2023**

Ward staff were lovely, bright, cheery.

A very good hospital for me. Thank You

From the moment I walked into A&E I was seen immediately, re-assures, made comfortable scanned and sent up to ward 1 where I was treated with kindness and empathy and introduced to Everybody who was taking care of me. They explained what they were doing and why they were doing it on both dayshift and nightshift to when I was getting discharged and given my prescription and explained how and when to take it. What a team. Thank you all so much for looking after me. I'll never forget my stay with you. I owe you all so much. P.S. - Compliments to the chef. I could eat that food every day.

All staff were so lovely, caring and re-assuring, and explained everything very well. All staff were professional and friendly.

Amazing Staff worth their weight in gold. Thank you all for your care.

All the staff are so helpful and appreciative of our Mental Feeling due to our ill health. Thank you all so much for caring for me.

All members of staff at the hospital were exceptional, compassionate, caring, kind and always happy to spent time listening to my concerns and questions regarding what was happening to me. Can't thank the Doctors, nurses and everyone else enough.

If Pharmacy could be quicker that would help, especially when going for a ferry.

I've had such a positive experience on ward 1. All staff on the ward, A&E and the surgical team have been amazing - the perfect balance of care, support and Management, Thank you.

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – November 2023**

Please keep up the good standard. The nurses were excellent.

Waiting for final medication is a long experience

Thanking everyone I met today for your kindness, care, great humour and attentiveness - You are all wonderful! Thank you all.

I cannot praise highly enough all staff which I encountered during my operation & hospital stay, and there were many. All are a credit to NHS Shetland and a considerable asset. The nursing and care staff on Ward 1 were first class. Attentive, Professional; yet engaging and responsive. Qualities which make any stay in hospital eminently a highly positive experience.

Consideration should be given to how much / little patients have had through the night. Thank you so much for everything. You are all so good at what you do. You really don't have an easy job. Me and my family really appreciate the care I have had whilst in ward 1. Thank you all.

5 Star couldn't have been better.

Staff- Both in surgery and nursing staff in the Ward after operation are splendid. They work really hard and for long hours. They are all a great asset to Shetland.

Appreciated all that was done for me by staff

All staff explained everything to me while I was in their care and were very considerate in all their dealings with me, which made me feel at ease at all times. Also checked if I had transport home.

10 out of 10, would get sick again

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – December 2023**

Best Hotel in Lerwick. Thank You

All the Doctors and Nurses were all lovely

None. All Good.

Staff were wonderful, very helpful at all times

Very long delay getting discharged waiting for Pharmacy (5 Hrs & Counting)

Very grateful for excellent care received. I consider myself very fortunate. Thank you for everything.

My stay was excellent. Nurses and Doctors were excellent in all my care, Thank you all.

Very satisfied with my short stay - felt quite at home. Thank you all.

Nurses and care staff were excellent.

The Medical Staff on Ward 1 and in the A&E area were superb. They put me at ease and dealt with me with the utmost dignity. The food was great. I have total respect for them all and if I have to go to hospital again I wouldn't want to go anywhere else.

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – October 2023**

There is a TV set on the wall, which seemed to be working, but there was no remote control so I could not switch it on. One would think in this day and age, patients should surely be entitled to TV.

Much better than I expected.

Keep doing what you are doing.

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – November 2023**

No Comments

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – December 2023**

The care received on Ward 3 has been consistently above and beyond. The expertise of the nursing team has been allied in every effort to give me the best chance of survival in combination with (Named) expert care. I will never be able to repay the many kindnesses in my split admission. There are no words that truly describe the level of care that the nursing team on Ward 3 have provided. Every team member from domestic team who have been amazing care assistants, and Nurses, including student nurses. Thank You. You have all made such a positive change to my life. I will be forever grateful.

A&E Staff went above and beyond to stabilise and transfer me to ward 3. The kindness of nursing and medical staff was exemplary. I cannot repay them and (Named) from Radiography. Thank you all so much.

Staff ? Treated all as an active driver for my care. The nursing staff care was constantly above and beyond. I was treated as you would want your family treated. I can never repay the kindness and excellent level of expertise care received from nursing, surgical and medical consultants in particularly (Named)



## Quality Management of the Practice Learning Environment (QMPLE) Feedback from undergraduate nursing students Q3 October – December 2023

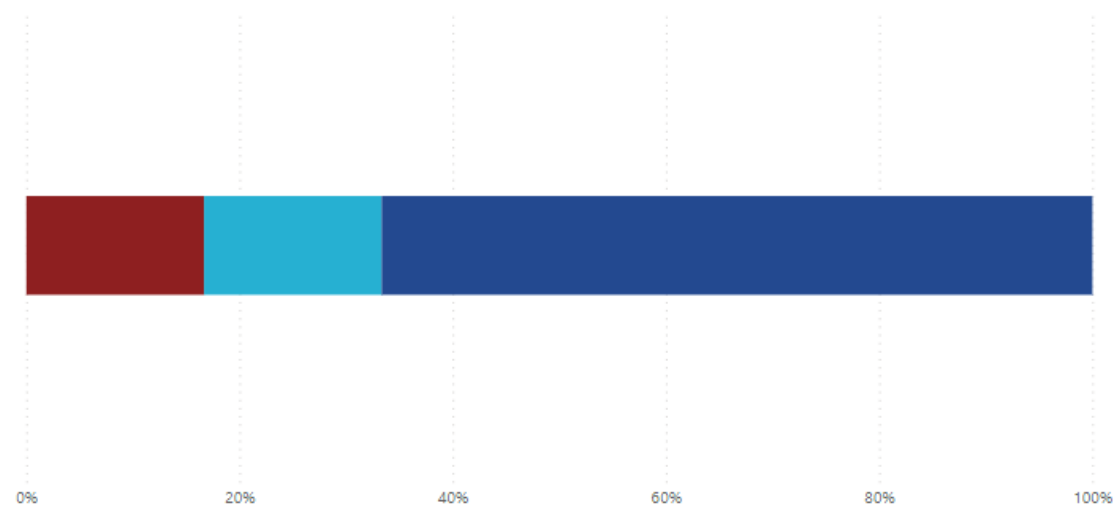
### Overall Satisfaction:

6

Number of Respondents

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

Fairly Dissatisfied Fairly Satisfied Very Satisfied

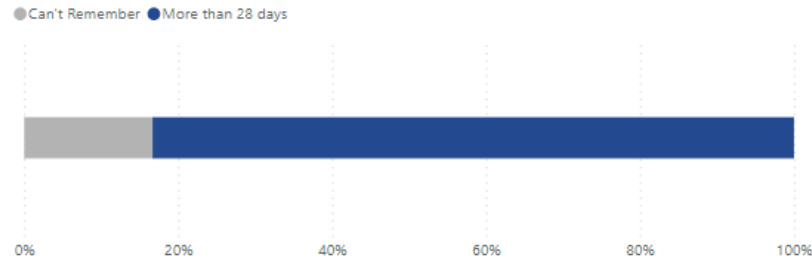


# Preparation for Practice Learning

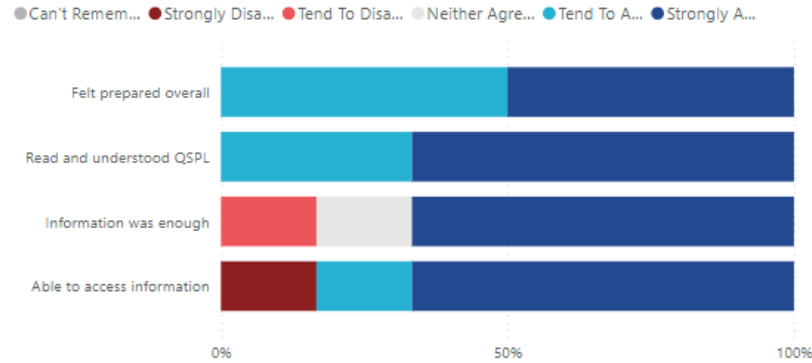
6

Number of Respondents

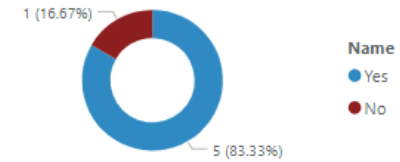
How much notice did you receive of your practice learning placement?



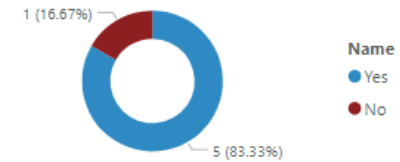
Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree:



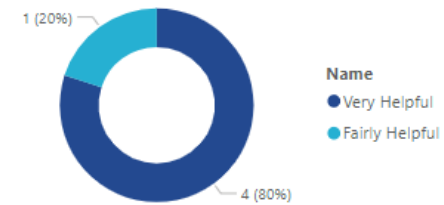
I was given a nominated contact person before commencement of the practice learning experience



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?



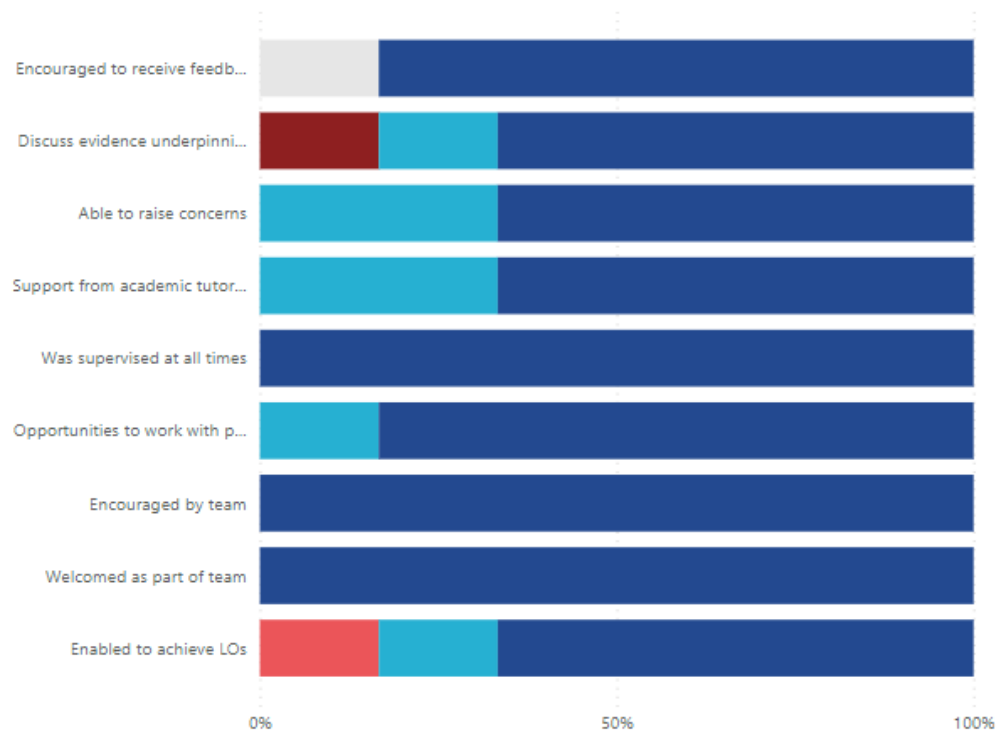
## Learning Environment

6

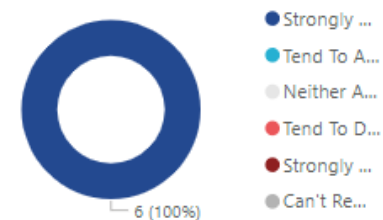
Number of Respondents

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

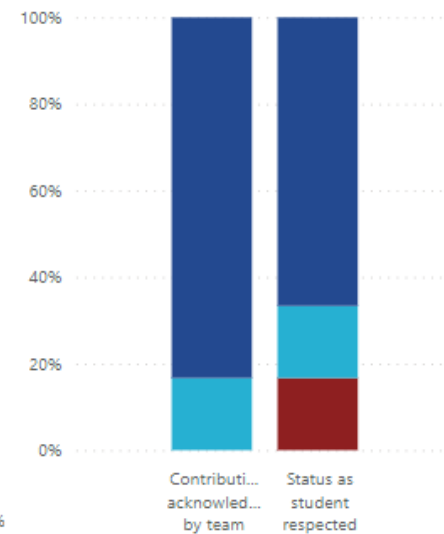


I witnessed person centred, values-based care during my practice learning experience



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

● Can't Remember/... ● Strongly ... ● Tend To Di...

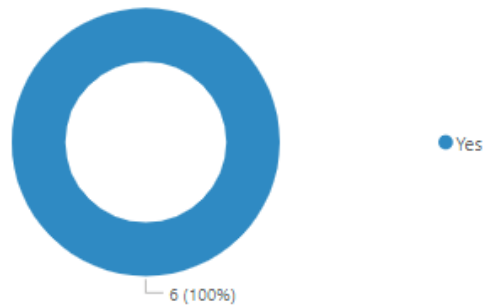


## Practice support

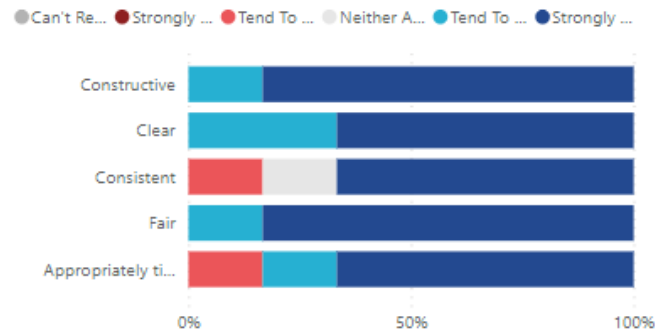
6

Number of Respondents

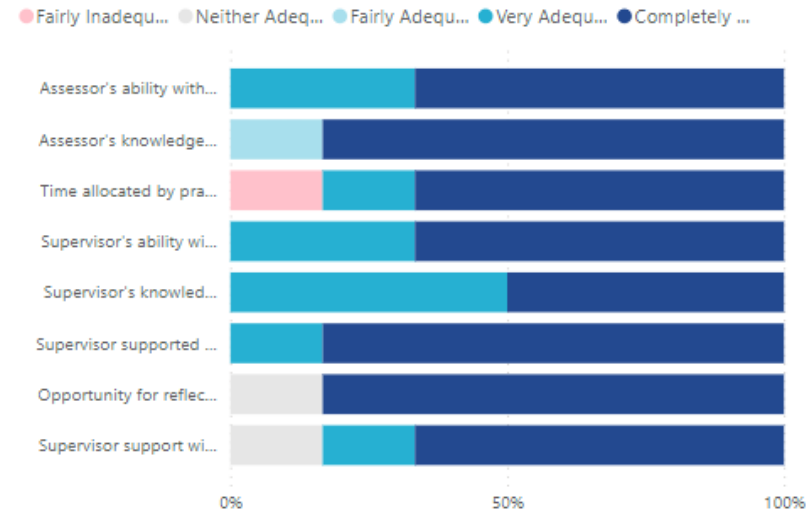
Were you allocated a practice supervisor when you arrived in the practice learning environment?



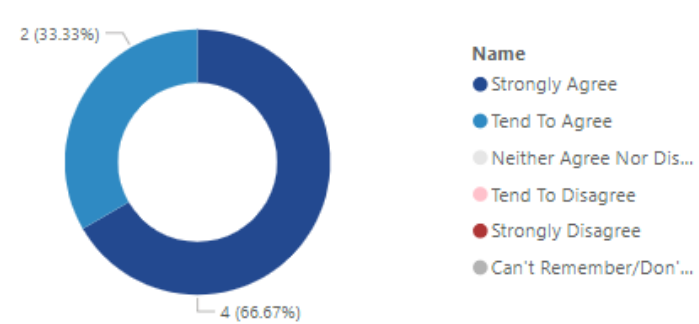
Thinking generally about the feedback you receive from your practice assessor over the course of your practice learning experience, to what extent do you agree or disagree that this was:



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?



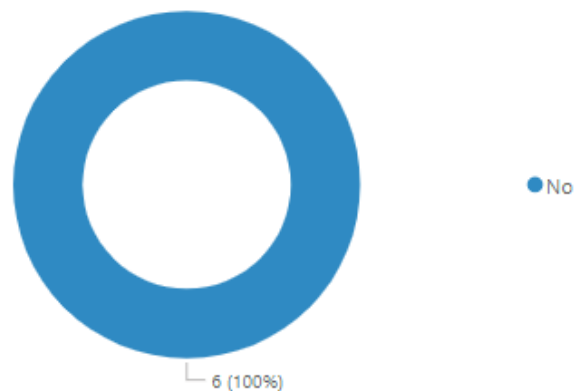
## Additional Support Needs

6

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?



Response	Learning Environment	Learning Centre
All the nurses in the department were happy to teach me and all made sure I was able to experience lots of different things. I found all the extra teaching resources, like using the teaching dummies for venepuncture etc, super helpful and it was very refreshing being around nurses that were so eager to share their knowledge. All the staff, nurses and doctors, went above and beyond to make sure I was getting the most out of every shift even if there weren't many patients in. Everyone in the department is focused on giving the best care possible to all the patients that come through the door. Patients would tell me about positive past experiences they have had when they have, unfortunately, had to attend a&e and would tell me about the amazing nurses that looked after them. This was always nice to hear and makes me want to give the same high level of care to my own patients no matter where I work. I seen lots of good examples of how to make people feel comforted and safe during a scary time in their lives.	Accident and Emergency	Gilbert Bain Hospital
Very friendly and professional team. Very encouraging and eager to teach and explain.	Brae Community	Shetland Community
I found that my PLE was very beneficial in terms of my learning. Being part of the peri-operative pathway from consultation to discharge gave me a real insight into surgical conditions. It strengthened my knowledge on the epidemiology and aetiology of medical conditions and my knowledge on pharmacology is widened.	Pre Op Assessment, Outpatients, Gilbert Bain Hospital	Gilbert Bain Hospital
Having the opportunity to see different departments of the hospital and the different OPD clinics and work alongside various members of staff was amazing and kept me interested and I feel that having a baseline knowledge on all the different areas will be beneficial in the future.		
Most of the staff within all departments were very friendly and approachable and they were willing to teach which I wholeheartedly feel was so beneficial to my learning.		
I enjoyed all aspects of my placement.	Ward 1 and HDU	Gilbert Bain Hospital
Everyone was so good with me and gave me regular feedback. Allowed me to shadow and gave me many opportunities to learn and work on the new skills I have had the opportunity to learn.	Ward 3	Gilbert Bain Hospital
The team made me feel welcome and included.	Ward 3	Gilbert Bain Hospital

## Student feedback – improved experience



Response	Learning Environment	Learning Centre
Nothing. Best placement yet.	Accident and Emergency	Gilbert Bain Hospital
I feel what would improve the PLE was to have a mentor in POA and a mentor in OPD. I feel that there was at times lack of communication so therefore meaning that some days going in without a plan of what to do that day. Otherwise I have no concerns.	Pre Op Assessment, Outpatients, Gilbert Bain Hospital	Gilbert Bain Hospital
Nothing it was a excellent placement.	Ward 1 and HDU	Gilbert Bain Hospital
More opportunities to learn new skills rather than doing what I already knew.	Ward 3	Gilbert Bain Hospital





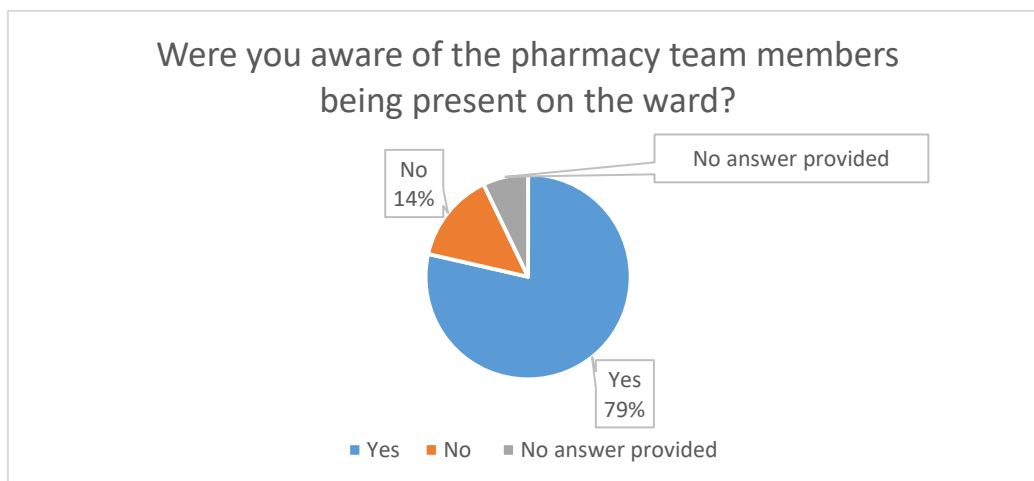
# Pharmacy Inpatient Feedback Survey Results 2023 - Ward 3



15 Responses received

## Q1. Were you aware of pharmacy team members being present on the ward?

Yes	No	Answer not provided
11	3	1



### Insights:

Out of the 79% people who answered yes to this question, all provided a high score when indicating how helpful their interaction with a member of the pharmacy team was (question 4).

## Q2. Did any pharmacy staff speak to you during your stay on the ward?

Yes	No	Answer not provided
12	2	1



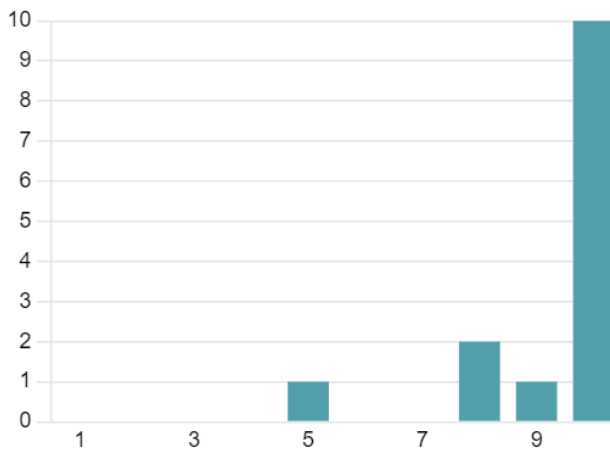
**Q3. Did the pharmacy staff introduce themselves and explain what they were there to do?**  
 (Out of the 12 people who identified pharmacy staff did speak to them during their inpatient stay)

Yes	No
11	1



**Q4. Please indicate using the score below, how helpful your interaction with the member of pharmacy staff was?**

1 Poor	2	3	4	5	6	7	8	9	10	No answer provided
				1			2	1	10	1

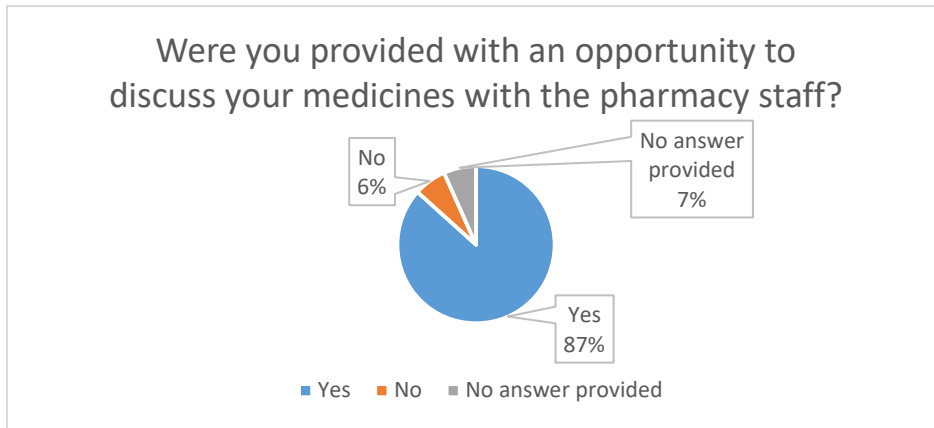


**Insight:**

The average rating was 9.29

**Q5. Were you provided with an opportunity to discuss your medicines with the pharmacy staff?**

Yes	No	No answer provided
13	1	1



**Q6. If answered No, would you have liked the opportunity to discuss your medicines with the pharmacy staff?**

Yes	No
2	1

**Please use the space below to add any additional comments:**

"Very polite, friendly approach. Clear instructions given thank you"

**Insights:**

Two individuals answered this question which were not required to do provide an answer. One individual did not wish to discuss their medications and another used this as an opportunity to express thanks. The individual who expressed that they were not provided with the opportunity to discuss their medicines with the pharmacy team (question 5), would have liked this opportunity.

**Q7. Did you ask the pharmacy staff any questions about your medicines?**

(Please circle your answer)

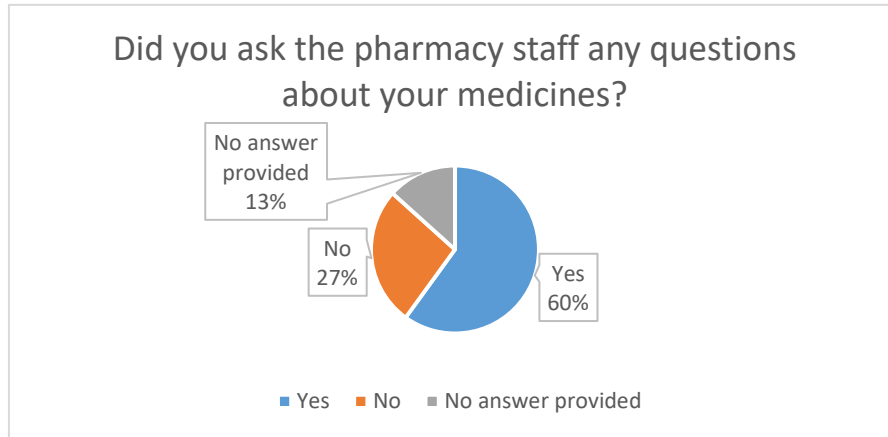
Yes	No	No answer provided
9	4	2

**Please use the space below to add any additional comments:**

"She was very helpful"

"I asked about medication I use at home"

"They told me when to take and what times, also not to mix some of them"

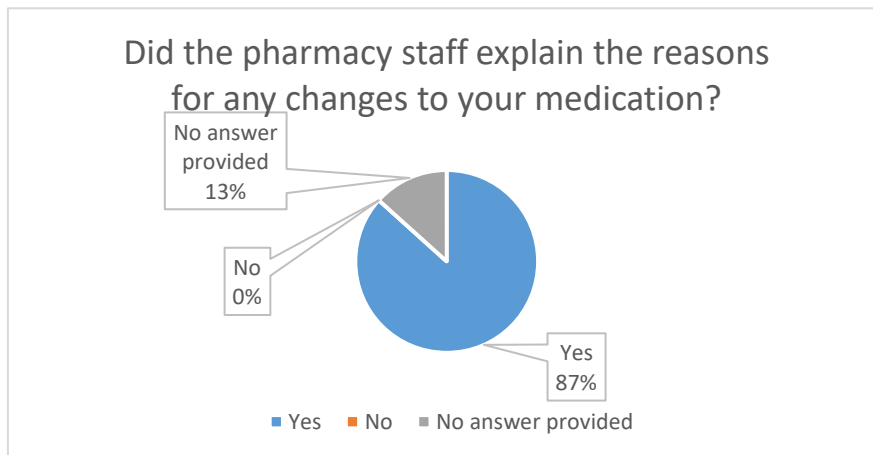


**Insights:**

Out of the 60% people who answered yes to this question, all provided a high score when indicating how helpful their interaction with a member of the pharmacy team was (question 4).

**Q8. Did the pharmacy staff explain the reasons for any changes to your medicines?**

Yes	No	No answer provided
13		2



**Insights:**

Out of the 87% people who answered yes to this question, all understood the information received and thought this was clear and useful (question 9).

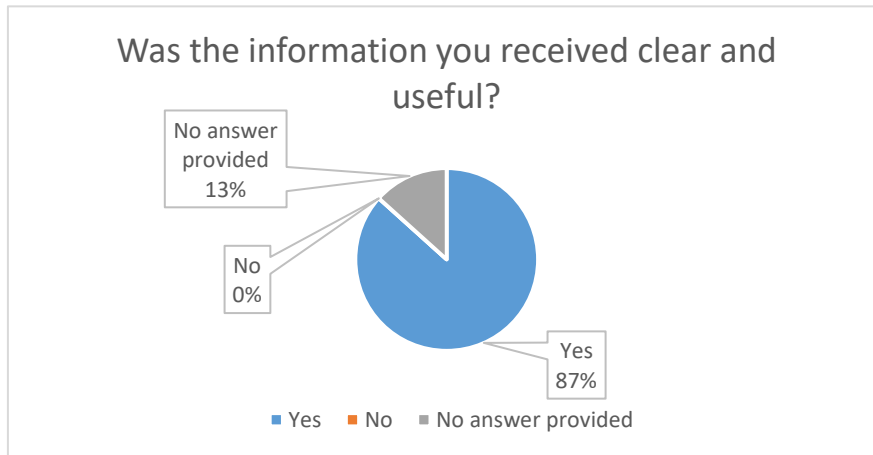
**Q9. Was the information you received clear and useful?**

(Please circle your answer)

Yes	No	No answer provided
13		2

**Please use the space below to add any additional comments:**

“Very thank you”  
“They were very helpful”



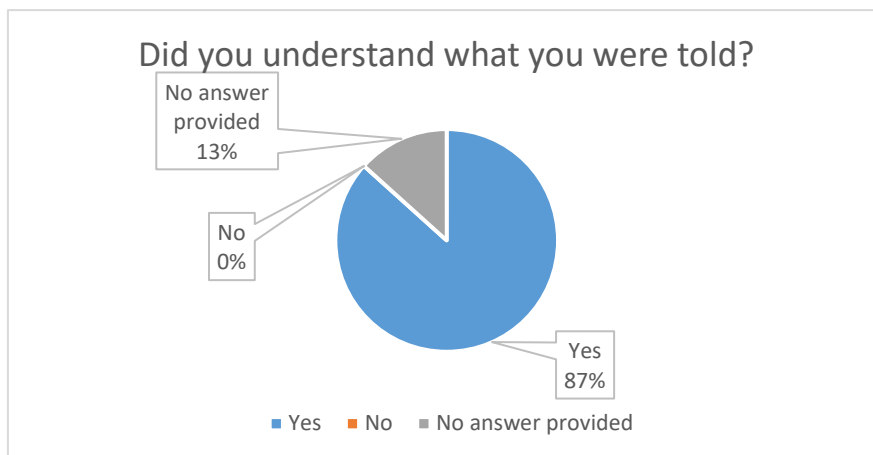
**Q10. Did you understand what you were told?**

(Please circle your answer)

Yes	No	No answer provided
13		2

**Please use the space below to add any additional comments:**

“well within reason”



**Q11. Is there anything else you would like to share with use about the pharmacy service you received on the ward?**

(Please use the space below to add any additional comments)

3 respondents (38%) answered **thank** for this question.

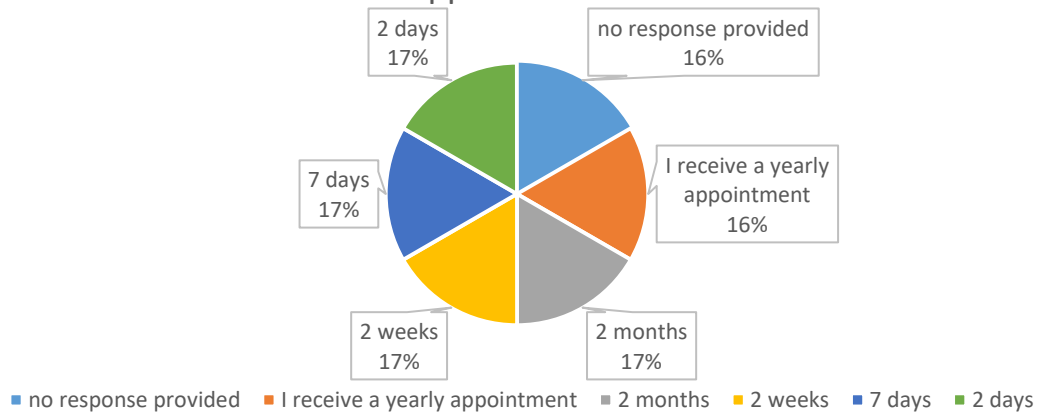


A word cloud of feedback comments in teal text. The most prominent words are 'thank' and 'service'. Other visible words include 'service was very impressive', 'meds', 'pharmacist', 'friendly service', 'way', 'Relaxing', 'service willing', 'not sure', 'Excellent', 'useful meeting', 'nurses were good', 'great service', and 'questions'.

# Spirometry Service Patient Feedback Results: November 2023 - 6 Responses received

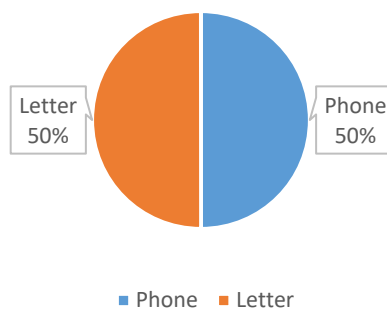
Question 1: How long did you have to wait for an appointment?					
2 Days	7 days	2 weeks	2 Months	Annual appointment	No Response provided
1	1	1	1	1	1

Question 1: How long did you have to wait for an appointment?



Question 2: When contacted about your spirometry appointment – were you contacted via	
Phone	Letter
3 Responses	3 Responses

Question 2: Spirometry appointment contact method

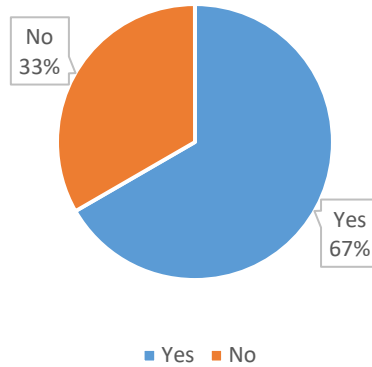




**Question 3:** When contacted about your spirometry appointment – were you provided with enough information about the appointment?

Yes	No
4 Responses	2 Responses

Question 3: Were you provided with enough information when you were contacted about your appointment



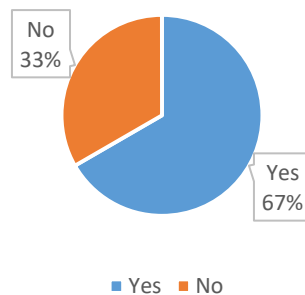
If no, what information do you feel needed to be provided?

- Not really told anything but had spirometry test done in Aberdeen before.
- No information given. Duration of visit would be helpful if getting a lift.

**Question 4:** When contacted about your spirometry appointment – were you informed where to contact if you needed to cancel or reschedule your appointment?

Yes	No
4 Responses	2 Responses

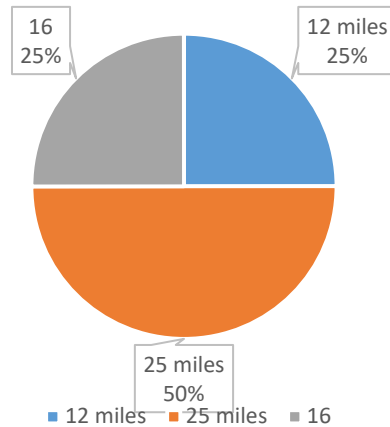
Question 4: Were you provided with contact details for your appointment



## Travel experience

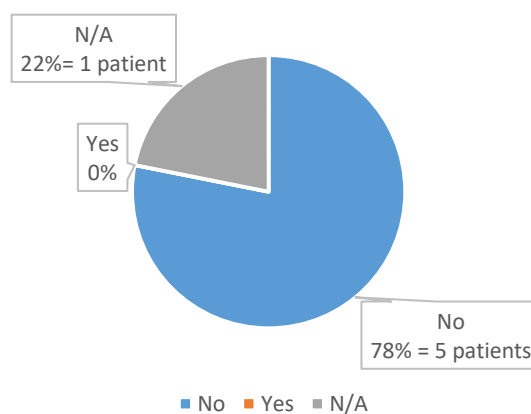
Question 5: How far do you travel to a spirometry appointment?			
15 minutes	12 miles	16 miles	25 miles
2 responses	1 response	1 response	2 responses

Question 5: Miles Travelled to a spirometry appointment

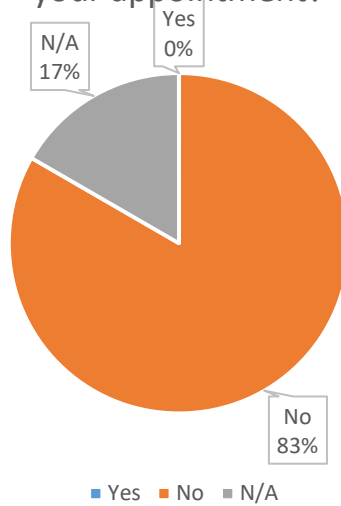


Question 6: If you travelled out of Lerwick, did you mind travelling to your appointment?		
Yes	No	N/A
0	5	1

Question 6: If you travelled out of Lerwick, did you mind travelling to your appointment?



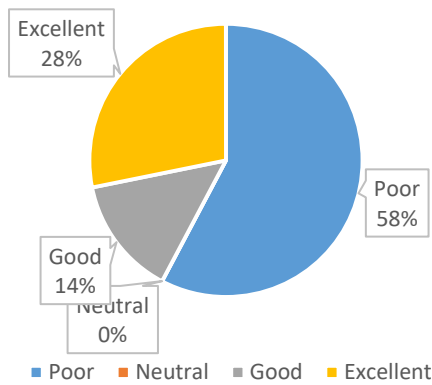
Question 6: Did you mind travelling to Lerwick for your appointment?



Spirometry experience

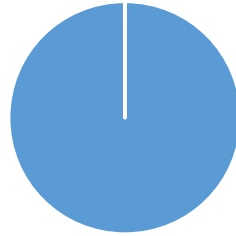
Question 7: How was your overall spirometry testing experience?			
Poor	Neutral	Good	Excellent
0 responses	0 responses	2 responses	4 responses

Question 7: How was your overall spirometry testing experience?



Question 8: Were you provided with clear instructions during testing?	
Yes	No
6	0

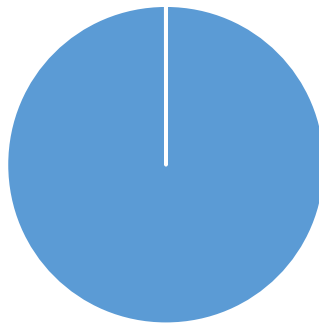
Question 8: Were you provided with clear instruction during testing?



■ Yes ■ No

Question 9: Were you informed about your results or how you would receive your results after testing?	
Yes	No
6 Responses	0 Responses

Question 9: Were you informed about your results and how you would receive these after testing?



■ Yes ■ No

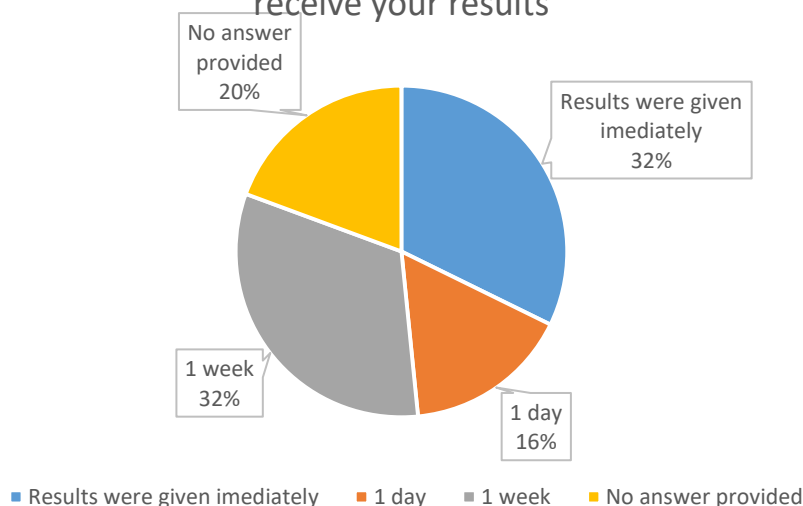
Please use the additional comment box below to add any comments or suggestions you feel would be useful in regards to the spirometry testing experience:

- 1 Response received: [My GP feedback to me \(via receptionist\) that my test was "normal". However ANP said "most of it" was normal but part was slightly less.](#)

## Follow up experience

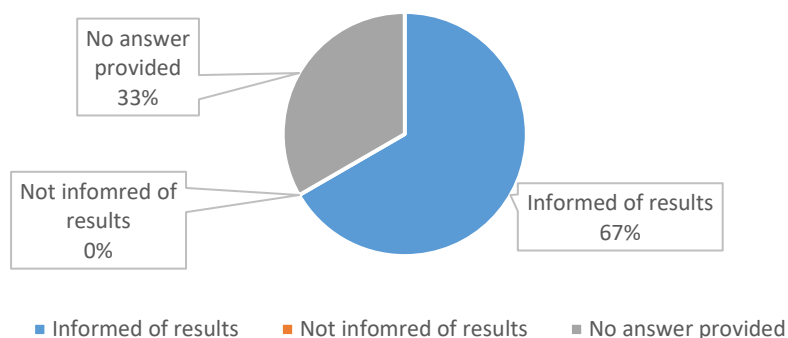
Question 10: How long did you have to wait for your results?			
Results given straight away	1 day	1 week	Answer not provided
2 Responses	1 Response	2 Responses	1 Response

Question 10: How long did you have to wait to receive your results



Question 11: Were you contacted by your own practice or consultant regarding your spirometry results?		
Informed of results	Not informed of results	No answer provided
4	0	2

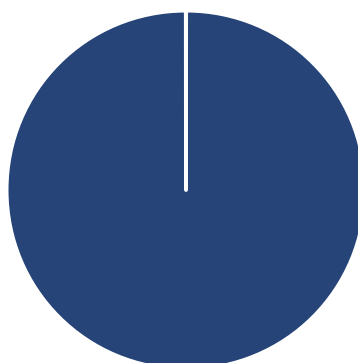
Question 11: Were you contacted by your own practice or consultant regarding your spirometry results?



## Expectations of the service

Question 12: Did the Spirometry Service meet your expectations?										
0 Very Poor	1	2	3	4	5	6	7	8	9	10 Excellent
										6 Responses Received

Did the Spirometry service meet your expectations?  
100% rated Excellent



■ 0 ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ 8 ■ 9 ■ 10

## Please tell us what you value in a Spirometry Service

- It's a nice service to have
- Having a test reassures me that my lung capacity is ok.
- Instant feedback. Accessible.
- Expertise and professional
- Gave insight to my breathing problem

## Any additional comments

Please use the space below to provide any additional comments you would like to share with us.

- I was told of my appointment from my GP practise and the results were passed to me by letter from the Consultant. The Spirometry experience I had was excellent, only slowed down by the NHS in general but overall very good. Sorry for the vague(ish) answers - I feel some questions not relevant.
- As the GP says its normal I am left feeling confused as my symptoms are still there and have been for 3 years. I will need to make another appointment with the GP to follow up.