

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>27 August 2024</b>
<b>Title:</b>	<b>Quality Report</b>
<b>Agenda reference:</b>	<b>Board Paper 2024/25/27</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**

### **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 August 2024

Appendix No 2 Patient Experience Survey Data and QMPLE Data

Appendix No 3a & 3b UNICEF Accreditation Results Health Visiting & Maternity Unit

Appendix No 4 Quality Scorecard Q1, 2024-25

## **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 April 2024 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. During August 2024, there has also been a presence at some of the Agricultural shows with NHS Shetland staff attending to listen to views from the community as part of a 'what matters to you' initiative.
- We continue to support teams to gather patient stories and patient experience data. As part of Appendix 2, the hospital cleanliness survey results have been included as well as QMPLE feedback from student nurses who have had learning placements in Shetland.
- An art project was launched in August by the Compass Centre to bring together a bespoke art installation that will be included in the new forensics suite, which has been created by members of our community. The project was launched at the Women's Health event on 03/08/24 and a call has been made to the community to develop individual tiles that will make up the mural which will be presented to NHS Shetland.
- We continue to learn from concerns raised and compliments from patients. A separate annual report for 2023-24 will be represented to the Board.
- NHS Shetland has moved closer to receiving the gold accreditation award from UNICEF for ensuring there is appropriate care to support new mothers to feed their babies. Appendix 3a and 3b includes the audit results, which demonstrate that staff have a good knowledge of the standards and have incorporated them into their practice. The teams participating in the accreditation process received very positive feedback from the assessor who commended the person centred approach taken in Shetland to support baby friendly care and services.
- Work is also being undertaken to develop a partnership approach with Care Opinion to promote its use locally to increase the range of feedback we receive from people who use healthcare services locally.
- As part of our work to promote prevention and early intervention, a Women's Health event was held in August to listen to the views of local people and provide a range of resources about lifestyle, screening, specialist services available via the NHS and the third sector, benefits and grants etc. Not only was it a good opportunity to raise awareness of women's health issues and services that are there to support women, but it also created an opportunity for teams who do not usually work so closely together to network and share ideas. Plans are being developed to host future events around specific themes or topics.

Various colleagues attending the Walls Show, to share information about services at NHS Shetland and ask 'what matters to you?'



Janice and Kirsty showcasing pre-conceptual care at the Women's Health event





## **DELIVERING QUALITY CARE AND SUPPORTING STAFF DEVELOPMENT & WELLBEING**

### **Staff wellbeing and recognition**

Our staff are continuously looking for improvement opportunities and this report describes just a small selection of them.

Following two successful cohorts of the Leadership training (LEO) programme, it has been agreed that this programme will form part of the Boards ongoing leadership capacity building plan and two senior clinicians Christina McDavitt and Amanda McDermott will be undertaking the facilitation programme to enable LEO training to be hosted locally on an ongoing basis. This will offer greater flexibility for when and how the leadership training can be delivered in Shetland.

Carol Colligan, Decontamination Lead and Jacquie Whitaker, Chief Midwife are both senior clinicians who contribute to the delivery of our forensic service for people who have experienced rape or sexual assault. They were both invited to Buckingham Palace in May 2024 by the Queen, as part of a reception to recognise and thank organisations and individual practitioners from across the UK, who work with survivors of rape or sexual abuse.

Our local forensics suite has also been re-provided in its own separate suite (having previously been in a multi-purpose space) to ensure that we can provide trauma informed care in an appropriate environment.

**Carol and Jacquie are pictured speaking with Her Majesty about the work they do in Shetland**



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

The sustained system pressures in 2023-24, have continued throughout 2024. Factors driving this continue to focus on increased activity for some services, vacancies, staff sickness and our requirement to manage large scale projects e.g. pathway redesign, digital etc 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. This has led to a reduction in the number of inpatient beds, but an increase in the options available for ambulatory care, including Hospital at Home. We have coped well with the changes, but July-August have been particularly challenging due to an increase in the number of patients who require longer hospital stays and seasonal variation due to increased visitors.

One of our key challenges at present is in the delivery of some planned care services, particularly those where we rely on specialist teams from NHS Grampian and/or single handed practitioners. 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. The first visiting services provided by NECU will commence in August 2024.

The MRI service has been operational since July 2024, which means fewer patients need to travel to Aberdeen for scans. We are working closely with NHS Grampian to ensure we have pathways in place to report scan results promptly. 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. We are planning to start offering joint replacements with the NTC once the new service launches in late August 2024.

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. With input from local teams and the regional hub, we have supported seven international nursing graduates into post since 2023 and we intend to recruit three more in 2024-25 (from North America, Europe and African countries). In addition to this, we continue to see successful nurse graduates taking posts locally in a range of settings, who have completed the OU programme.

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 has developed 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 has been undertaken 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 commences in August 2024. Feedback on our implementation plans from Healthcare Improvement Scotland (which has a formal monitoring role) and Scottish Government, demonstrate we are making good progress in developing systems to monitor the safety of our staffing arrangements to support safe and effective care, in all settings.

The Practice Education Team has undertaken work in 2024-25 to promote nursing careers in partnership with the Children's Directorate at Shetland Islands Council and the Developing the Young Workforce (DYW) team. This has included roadshows for students at High School, where different nursing roles have been showcased. Other events led by Women and Children's services included sessions with young adults interested in healthcare careers to provide support to build their CV and access volunteering experience. The Practice Education team is looking at ways of working with DYW to make the roadshows sustainable and put in place a rolling programme for



future school students. This work is important in raising awareness of the options for careers in healthcare in Shetland and part of our longer term strategy to attract prospective, new employees who can access a career in nursing through a number of different routes.

Edna Peterson, Senior Charge Nurse (Theatres) and Hazel Cooper, Operating Department Practitioner with nursing students are showing school students some of the equipment they use in Theatre and are showcasing the various roles available in the Theatre setting





Work has also commenced to develop a workforce strategy for the Board, following the principles of 'plan, attract, train, retain and nurture' to bring together plan to help us understand the required shape of the workforce so we can look at where we need to invest in role development to support more sustainable models of service delivery. The indicative timescale is to publish the workforce strategy by the end of 2024-25.

As part of National Healthcare Estates & Facilities Day in June 2024, NHS Shetland shone a spotlight on the staff working in our Estates and Facilities team to help raise the profile of the different types of careers available with the NHS and showcase local job opportunities. This celebration included a wide range of staff profiles which were shared on social media.




Marie is shown below talking about her role as a Senior Domestic Supervisor and the importance she places on supporting everyone in her team



**“I find supporting staff rewarding. It’s important to treat everyone as an individual.”**

Marie has worked for NHS Shetland for nine years (initially joining as a Multi-skilled Generic Worker). She now supports approximately 80 staff across Shetland. Progression within the Domestic Support Worker role is important to Marie. New starts in the team are always paired up with a buddy, in order to gain confidence carrying out various tasks.

There are often job opportunities in this team. Scan here to find out more.



Marie, Senior Domestic Supervisor

NHS Shetland has participated in a number of annual reviews with Universities in 2024-25 including Open University, Robert Gordon University and the annual NES review, to ensure that the strategic plans for the education and preparation of the future nursing and midwifery workforce includes remote and rural considerations. It was noted as a wider risk that the number of undergraduates seeking a rural or island learning placement has dropped and work is being undertaken to understand this trend better. Known factors such as caring responsibilities, accommodation, transport and cost of living play a role in learning placement selection for students.

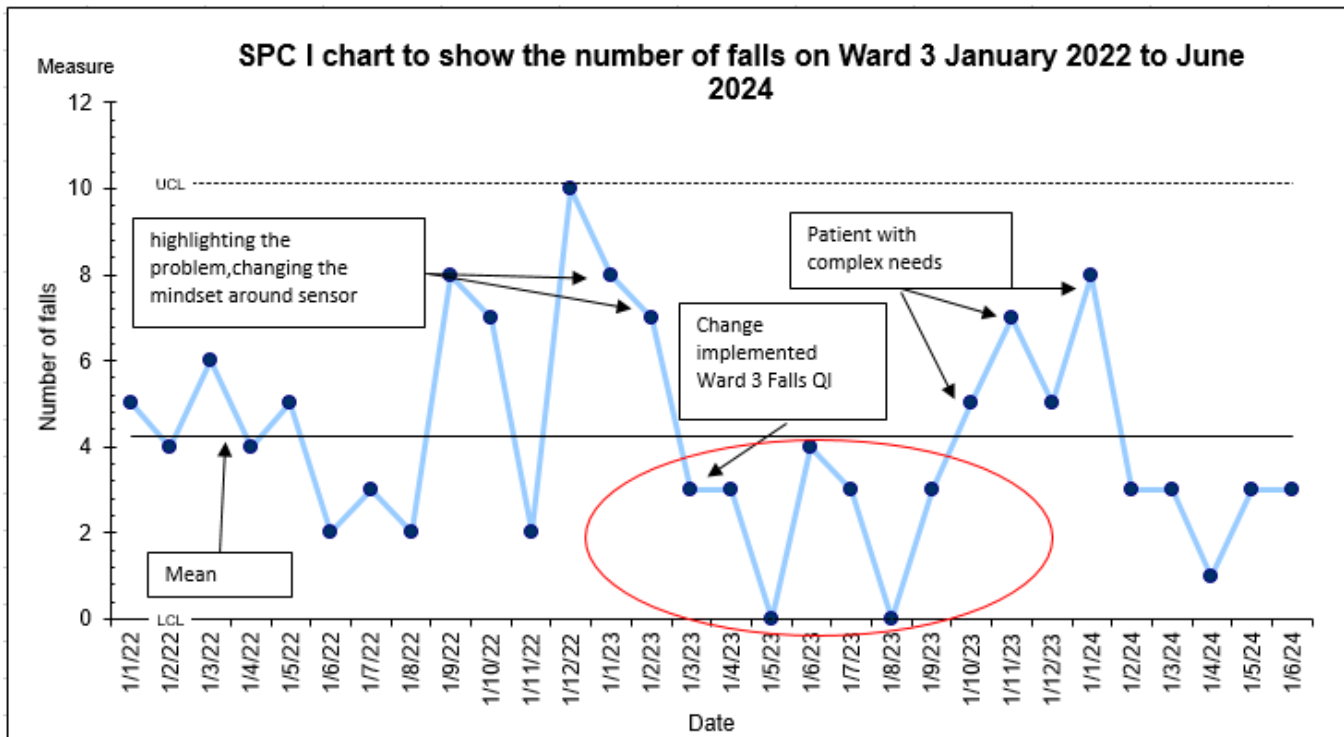
NHS Shetland established a local group as part of the work to develop the Programme Initial Agreement (PIA) to look at our current and emergent accommodation needs, factors associated with undergraduate placements and new graduates/new staff joining the organisation are being considered as part of this work.

NHS Shetland has participated in a number of service reviews in 2024-25 including: orthopaedics and trauma care, stroke care and neurological services. It is recognised by national teams that we need to ensure that standards can be adapted and delivered in our context and in many cases, services are provided as part of a shared care model with specialist teams. The feedback on our self-assessments was positive and we are working through a number of improvement action plans to address recommendations from the external reviews.

We are also developing the Joint Children’s Plan annual report for 2023-24, which will be received by the Board in October 2024. This will be the first annual report where we are reporting on the

refreshed objectives for the Shetland Children's Partnership. The aim is to show our progress in year 1 of a plan over three years.

Appendix 4 includes the quality score card which highlights the improvement work that is being undertaken in a number of settings including falls improvement work. The run chart below shows During Q1 we continued to observe a reduction in the number of falls upon Ward 3 (medical ward).



## Appendix 2

### 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-24	100%	100%	100%	100%
Feb-24	100%	100%	100%	100%
Mar-24	100%	100%	100%	100%
Apr-24	100%	No Forms	100%	No Forms
May-24	100%	100%	100%	100%
Jun-24	100%	100%	100%	100%
Jul-24				
Aug-24				
Sep-24				
Oct-24				
Nov-24				
Dec-24				
<b>Average</b>	<b>100%</b>	<b>100%</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-24	100%	88%	100%	100%	100%	9
Feb-24	100%	100%	97%	100%	91%	16
Mar-24	100%	100%	99%	100%	98%	21
Apr-24	100%	100%	100%	100%	100%	16
May-24	100%	100%	100%	100%	100%	23
Jun-24	100%	100%	100%	100%	100%	7
Jul-24						
Aug-24						
Sep-24						
Oct-24						
Nov-24						
Dec-24						
<b>Average for year</b>	<b>100%</b>	<b>98%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>	<b>15</b>



Ward 3						
Person Centred Measure description	MD01 (NA-HC-15)	MD02 (NA-HC-18)	MD03 (NA-HC-21)	MD04 (NA-HC-24)	MD05 (NA-HC-27)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences. Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them. Aim 90%	
Jan-24	100%	100%	100%	100%	90%	5
Feb-24	100%	100%	100%	100%	100%	4
Mar-24	100%	100%	100%	100%	100%	6
Apr-24						0
May-24	100%	86%	100%	93%	93%	15
Jun-24	100%	100%	100%	100%	100%	6
Jul-24						
Aug-24						
Sep-24						
Oct-24						
Nov-24						
Dec-24						
<b>Average for year</b>	<b>100%</b>	<b>97%</b>	<b>100%</b>	<b>99%</b>	<b>97%</b>	<b>6</b>

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – APRIL 2024**

Keep up the amazing work! I really got my eyes opened to Hospital work. Thank you so much!

Just a big thanks to everybody.

Thank you for letting me discuss my anxiety re needles & bloods and for taking that into consideration at all times - That meant a lot.

Best Hospital!

Fantastic care!

The care and patience of the staff have been excellent, thank you very much.

The staff was beautiful and the food tasty.

The treatment and support I received from all was excellent, my stay was unexpected but all staff supported me well

All staff were excellent (Smiley face)

Bravo! Great Crack! (Signed)

Thank you so much for making me better and all your excellent care, through all the hospital.

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – APRIL 2024**

Nil Forms for April 2024

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – MAY 2024**

Staff very helpful through the night. Cleaner was very good and took his time to make the best job. Staff amazing through the day especially the student he never stopped and was always smiling and little things like this make patient more comfortable.

The care I've received has been excellent, and I appreciate everything you've done.

Very comfortable stay and received excellent care and support. Thank You!

Excellent Care. Friendly Staff all round.

I'd like to take this opportunity to particularly thank all the staff involved in my care, from diagnosis to discharge, for their exemplary professionalism & care. The Gilbert Bain is an incredible asset to the Shetland Community.

All advice before Admittance and During Excellent

I was looked after very well by everybody. Thank You.

Excellent Care and Support. A Superb team of Nurses, Trainees and Doctors. Thanks again.

I noticed that the staff have a nice bond with all the patients.

We all had so much fun, who needs treatment when the staff are all so nice? Thank you all for a chocolate Birthday Cake and good wishes.

Compared to a big hospital I was once in, Your Care here is caring and you are not just a number. I can't say I want to come back for a stay but am confident of your wonderful care if I have to be admitted again.

Very Helpful.

Staff, room and food were all wonderful and I felt well looked after. Only a little rushed when dealing with the actual doctors who didn't seem to have a lot of time for follow up questions or concerns.

Thank You very much for the outstanding care and professionalism. Very much appreciated.

## WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – MAY 2024

All of team are the best. Everyone treated me with respect.

Thank you so much. You were all excellent (Smiley face)

Having reached 50 years without ever being in hospital and then being admitted suddenly, I did not really know what to expect. Every single member of staff I came across were polite courteous and very caring. Thank you all very much.

Everyone did everything possible to make me comfortable. This includes ambulance staff.

Everyone from the ward and emergency arrivals were very friendly and very helpful & polite.

Just want to say a huge thanks to all the staff for putting me back together again. Thanks.

Thank you for all my care

Doctors and nurses on Ward 3 were excellent, as usual - Can't fault any of them. Brilliant staff team (Signed)



**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – June 2024**

Finest care I ever received.

All Theatre staff and Ward 1 staff were very polite and very helpful every step of the way. Could not have wished for anything different. Big Thank you to you all.

It was an excellent experience. Once I was back from Aberdeen it was 48 hrs 'til discharge. Couldn't ask for better.

I am very grateful for the excellent care I received from everyone while I was in hospital. Thank you so much (Signed)

Thank you for the excellent care and treatment

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – June 2024**

Thank You

Great Staff, felt in safe hands, but too many electronic beeps and unreliable machines

# Quality Management of the Practice Learning Environment (QMPLE)

Q1 April - June 2024

Overall Satisfaction:

## Student Feedback Overview:

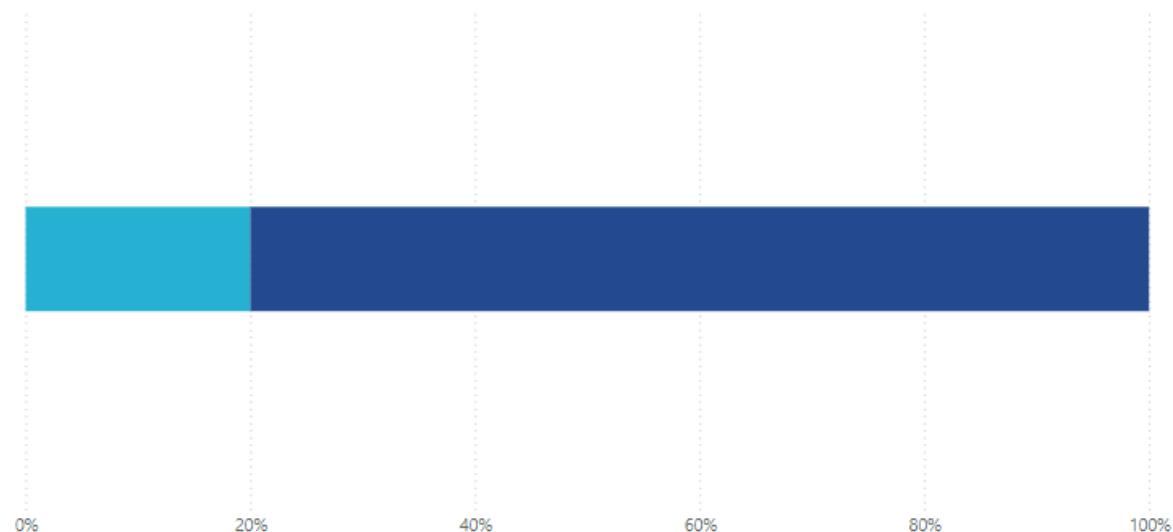


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Number of Respondents

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

Fairly Satisfied Very Satisfied

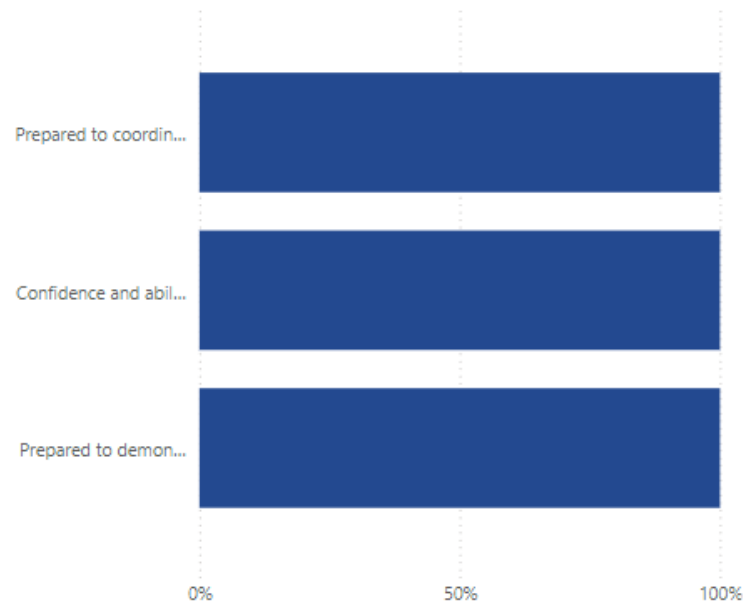


## Performance Management:

### Nursing

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

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



Number of Nursing Responses

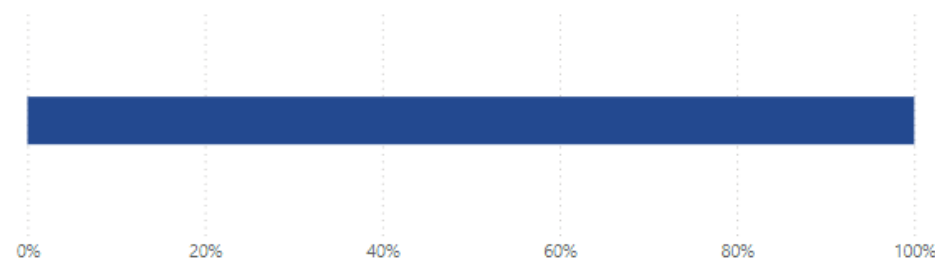
## Preparation for Practice Learning:

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Number of Respondents

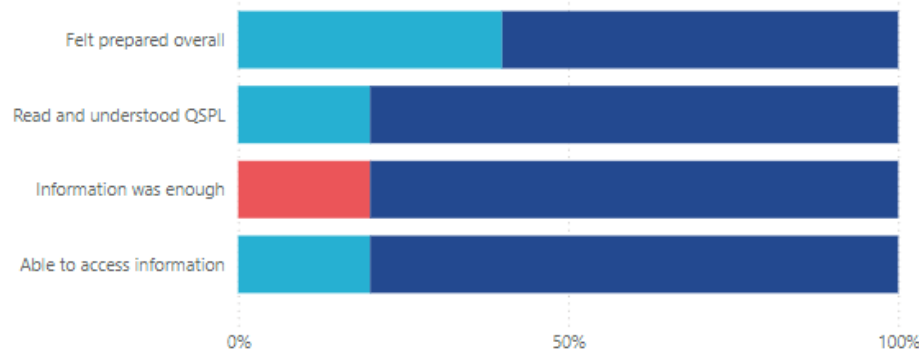
How much notice did you receive of your practice learning placement?

● More than 28 days

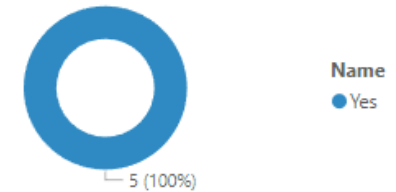


Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree:

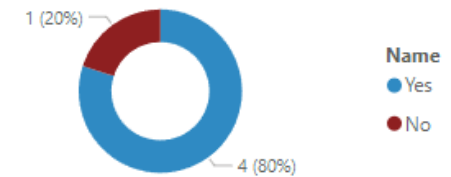
● Can't Remem... ● Strongly Disa... ● Tend To Disa... ● Neither Agre... ● Tend To A... ● Strongly A...



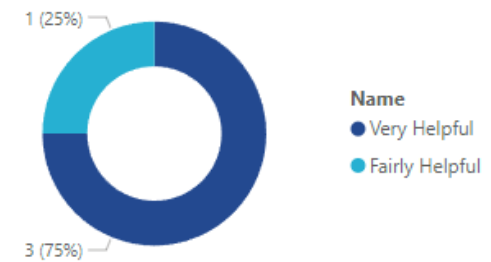
I was given a nominated contact person before commencement of the practice learning experience



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



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





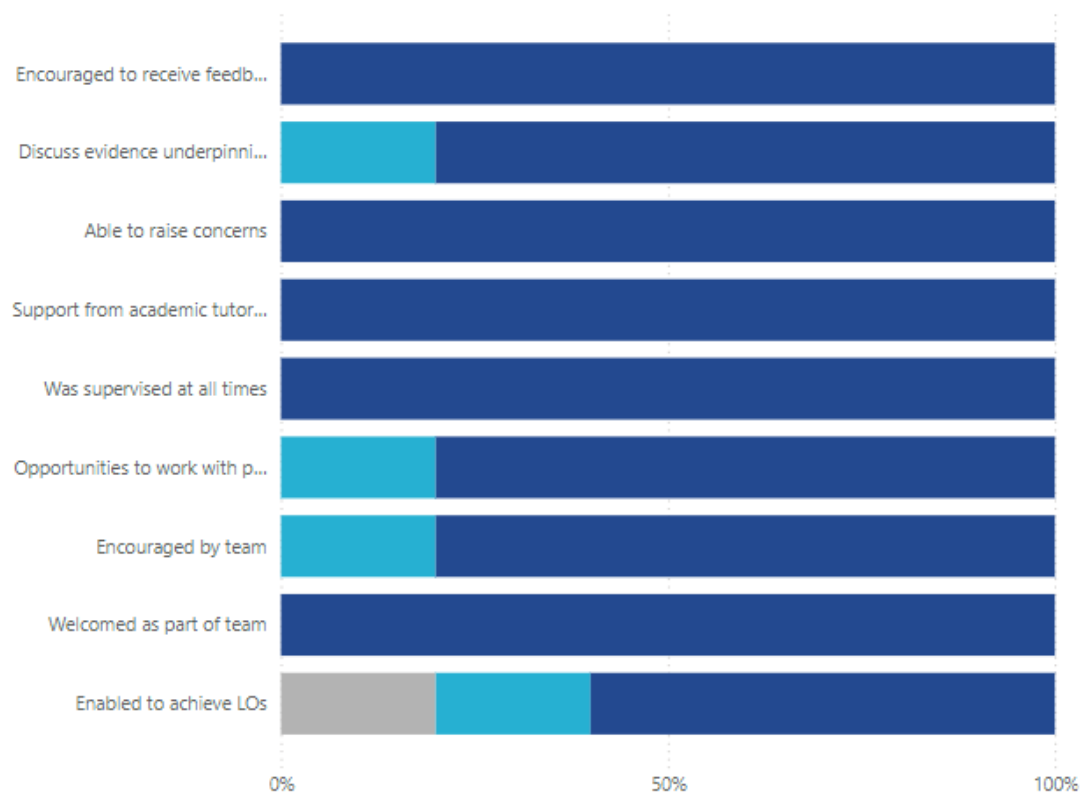
## Learning Environment:

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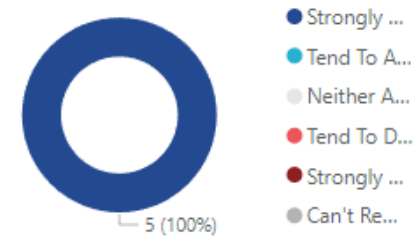
Number of Respondents

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

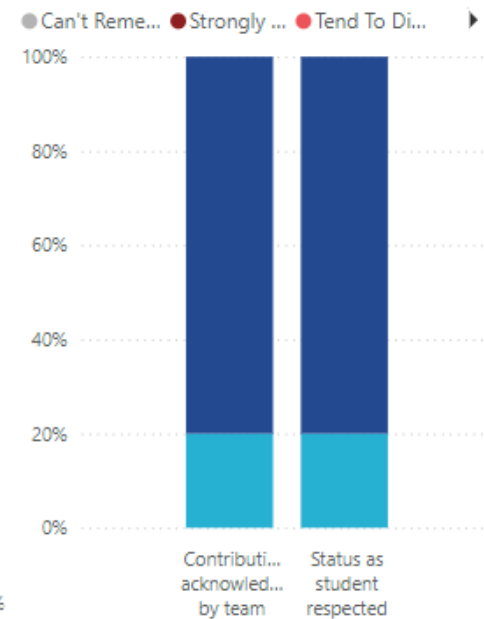
● Can't Remember/... ● Strongly Disagree ● Tend To Disagree ● Neither Agree... ● Tend To Agree ● Strongly Agree



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:

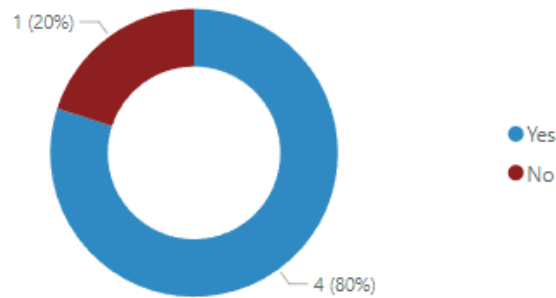


**Practice support:**

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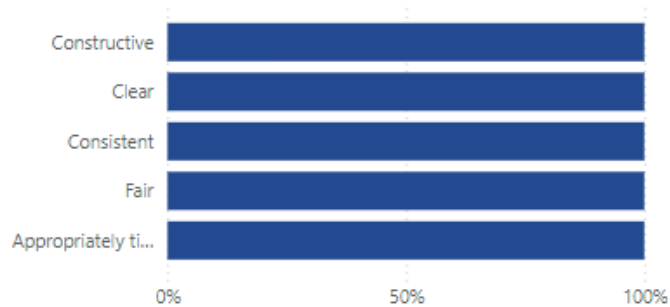
Number of Respondents

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



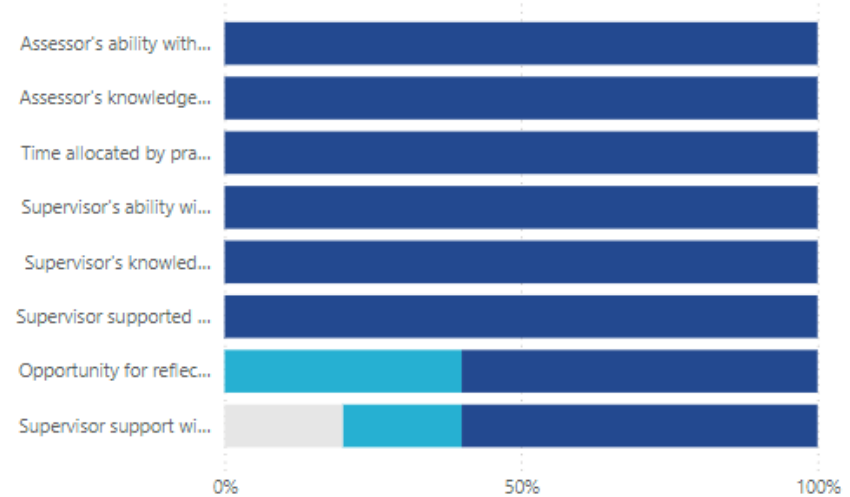
Thinking generally about the feedback you receive from your practice assessor over the course of your practice learning experience, to what extent do you agree or disagree that this was:

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

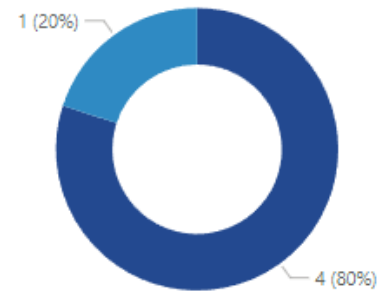


Thinking about the support provided by your practice assessor over the course of your practice learning experience, to what extent did you think each of the following were adequate or not?

● Neither Adequate Nor Inadequate ● Very Adequate ● Completely Adequate



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



**Name**  
 ● Strongly Agree  
 ● Tend To Agree  
 ● Neither Agree Nor Dis...  
 ● Tend To Disagree  
 ● Strongly Disagree  
 ● Can't Remember/Don'...

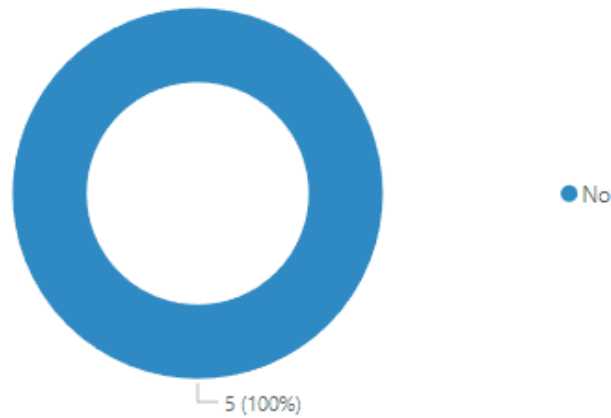
**Additional Support Needs:**

5

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?



## Student feedback – improved experience:



Response	Learning Environment	Learning Centre
there was only 1 permanant member of staff so it was quite difficult when it came to busy days and borrowed/bank staff	Day Surgery Unit	Gilbert Bain Hospital
I feel this placement would of been more beneficial when I was in stage two. As a stage three student nurse trying to practice independently it was a very specialised area where it was challenging to take leadership at times.	Specialist Nurses	Gilbert Bain Hospital
I don't feel there is anything to improve on I have really enjoyed my placement here	Ward 1 and HDU	Gilbert Bain Hospital
I didn't feel I had enough time with my practice assessor or supervisor, due to how busy the ward could and the expectations of the staff when on shift.	Ward 3	Gilbert Bain Hospital

**Additional Comments:**



Response	Learning Environment	Learning Centre
it was quite difficult I'd say for a first placement! you can't do canulisation or IV medication and a lot of day surgery is infusions so that was slight harder	Day Surgery Unit	Gilbert Bain Hospital
The specialist nurses were all very welcoming and made me feel part of their teams. Having spent time with them all and understanding their role I would recommend to other students to arrange a spoke day with them.	Specialist Nurses	Gilbert Bain Hospital
I learned so much different things, so happy I got to be involved in patients care and supporting the staff.	Ward 1 and HDU	Gilbert Bain Hospital
I would like to go back to ward 3 further down the line, now I know how things run on a daily basis.	Ward 3	Gilbert Bain Hospital

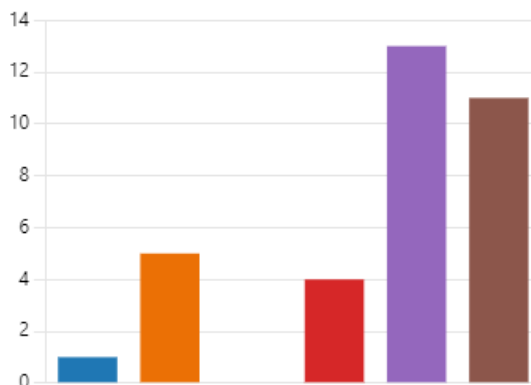


## NHS Shetland 2024 Hospital Cleanliness Survey Results

34 Responses (1 via QR code, 33 via paper form). 104 surveys were provided.

### 1. Please provide the name of the Ward or Department

Ward 1	1
Ward 3	5
Maternity	0
Renal	4
Day Surgery	13
MacMillian	11



### 2. Are you a

Patient	29
Relative	4
Visitor	1



### 3. Have you received/seen any information about preventing infections?

Yes	23
No	9
Unsure	2



### 4. If Yes, please tick all that apply

Coming to Hospital Leaflet	11
Hand Hygiene Poster	18
Patient Information Folder	4
Infection Control Notice Board	13
Other	2



### 5. If Other, please give details below:

**1 response was received:** "Advice from nursing staff"

6. Have you observed staff cleaning their hands?

Always	27
Most of the time	3
Sometimes	2
Rarely	0
Never	2



7. Please use this opportunity to provide any additional comment in relation to Question 6.

**2 responses was received:**

“curtains were closed - so I couldn't see” and “Not today I have been behind a curtain”

8. Do you have the opportunity to clean your hands?

Always	28
Most of the time	1
Sometimes	2
Rarely	0
Never	3



9. Please use this opportunity to provide any additional comment in relation to Question 8.

**0 Responses received**

10. Is the ward/department clean?

Always	31
Most of the time	2
Sometimes	0
Rarely	0
Never	1



11. Please use this opportunity to provide any additional comment in relation to Question 10.

**1 Responses received: “Actually it's spotless”**

12. Do you think equipment (e.g. furniture, monitoring devices, etc.) is clean and in good condition?

Always	27
Most of the time	4
Sometimes	1
Rarely	0
Never	1



13. Please use this opportunity to provide any additional comment in relation to Question 12.

**1 Responses received:** "The bed looks a bit dodgy"

14. If you have a concern about infection control, would you feel comfortable speaking to a member of staff about it?

Yes	27
No	7
Unsure	0



15. If no, please could you provide details of why?

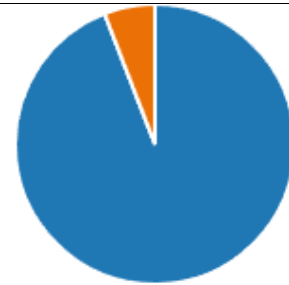
**0 Responses received**

16. Have you received guidance on how to perform good hand hygiene?

Yes	20
No	11



17. Do you feel safe in/visiting the hospital?



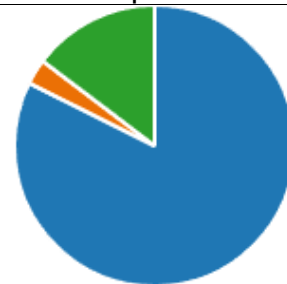
18. Please feel free to explain further

**3 Responses received:** "There is frequent cleaning throughout the day"

"From Notice board"

"I am aware of ongoing advice / information indicating caution re: hygiene"

19. Do you think the infection control measures put in place are adequate?



20. Please use this opportunity to provide any additional comment in relation to Question 19.

**2 Responses received:** "Staff use gloves"

"As above information from GP, advises caution re; hospital hygiene"

21. Please feel free to share any further comments

**11 Responses received:**

"Asked many questions on infection"

"Most Impressed"

"Thank you NHS Shetland"

"Because I was in day surgery some of the answers will differ from being on a ward"

"In my mind all first class Thank you"

"Previous experience re admission of other family member indicated specific group (older patients) at particular risk of hospital sourced infection. No issues experience personally"

"Everyone very helpful informative and friendly, Thanks"

"Couldn't ask for better"

"Macmillan unit very clean All staff observed good hand hygiene & equipment constantly cleaned"

"I had a recent stay in both wards, ward 3 and ward 1. I noticed the hygiene standards were much higher in ward 1. In the days I was in ward 3 there was minimal cleaning undertaken, bins weren't emptied often, and there was a no toilet seat on the toilet."

"Lovely staff"

3 respondents (27%) answered **Thank** for this question.

A word cloud visualization of the feedback text. The words are arranged in a roughly circular pattern. The most prominent words, shown in larger font sizes, are "Thank", "infection", "staff", "ward", "hygiene", "day", "hand hygiene", "stay in both wards", "cleaning undertaken", "seat on the toilet", "older patients", "family member", "Macmillan unit", "hygiene & equipment", "hygiene standards", "specific group", "particular risk", "constantly cleaned", "hospital sourced", "experience re admission", and "experience re admission".

## Unicef UK Baby Friendly Initiative: Summary of assessment findings

### Re-assessment: Building on good practice- health visiting/public health nursing service

*Please note that these results are preliminary only and will be confirmed in the full report.*

<b>Name of health visiting service:</b>	<b>NHS Shetland Health Visitor Service</b>	<b>Number of staff interviewed:</b>	<b>7</b>
<b>Assessment dates:</b>	<b>30 &amp; 31 July and 1 August 2024</b>	<b>Number of mothers interviewed:</b>	<b>22</b>
		Breastfeeding	<b>15</b>
		Formula feeding	<b>10</b>
		<b>Number of facilities visited:</b>	<b>3</b>

Standard	Theme	Criteria	Standard required	Result
<b>1</b>	<i>Antenatal information (If antenatal services are provided)</i>	Staff who were able to give effective information about feeding / explain the importance of close relationships	80%	100%
				100%
		Mothers who confirmed that they had the opportunity for a discussion about feeding their baby / they had the opportunity for a discussion about the importance of developing a relationship with their unborn baby and that the conversation met their needs	80%	94%
				94%
<b>2</b>	Recognising effective feeding	Staff who were able to describe how they would recognise effective feeding	80%	100%
		Mothers confirmed that they were aware of how to recognise effective feeding	80%	100%
	Positioning and attachment	Staff who were able to demonstrate/describe how they would support a mother with positioning and attachment	80%	100%
		Hand expression	80%	100%



	Responsive feeding	Staff who were able to describe baby led feeding and how to recognise feeding cues / who were able to describe responsive feeding	80%	100%
				100%
		Mothers confirmed that they understood baby led feeding and how to recognise feeding cues / they understood responsive feeding	80%	100%
				87%
	Support with breastfeeding	Mothers confirmed that breastfeeding was assessed at the new birth visit	80%	87%
		Mothers confirmed that they were aware of support available and how to access this	80%	100%
	Clinic visits	Mothers confirmed that the information was helpful and they felt able to ask questions	Yes	No clinics
	Groups/peer support	Mothers confirmed that the service/s met their needs	Yes	100% (8)
Barriers to continued breastfeeding	Mothers confirmed that they had the opportunity to discuss issues affecting ongoing breastfeeding, and that the discussion was helpful	80%	93%	
3	Maximising breastmilk	Staff who understood how to support mothers to maximise breastmilk	80%	100%
		Mothers confirmed that they had been supported to maximise breastmilk given	80%	93%
	Starting solids	Staff who understood about why waiting until around six months of age is important	80%	100%
		Mothers confirmed that they had received information about starting solid foods	80%	100%
		Staff who were able to discuss the International Code of Marketing of Breastmilk Substitutes	80%	100%
	Formula feeding mothers	Staff who demonstrated understanding of how to support formula feeding mothers with making up feeds / understanding of responsive bottle feeding	80%	86%
				100%
		Mothers confirmed that they had been supported with learning about making up feeds / responsive bottle feeding	80%	80%
			80%	

4	Support with relationships	Staff who understood the importance of close and loving relationships and how to support this	80%	100%
		Mothers confirmed that they had received information about the importance of close and loving relationships	80%	100%
	Safer sleep	They had received information about how to keep their babies safe when they are asleep/had received written information	N/A	100%
	Communication	Staff who demonstrate that they could communicate in a mother centred way	Yes	Yes 100% Partial No
	General	Mothers' overall satisfaction with the Service	Very happy with care 86% Fairly happy or neutral 14% Unhappy with care overall	

Supporting information			Achieving Sustainability standards		
Observations within the facilities	No advertising	No advertising	Leadership	Meets standards	Meets standards
Staff who have been orientated to the policy	80%	100%	Audit and evaluation	Meets standards	Meets standards
Staff who have completed the training programme	80%	100%	Collaborative working	Meets standards	Meets standards
Policies and guidelines	Meets standards	Meets standards	Mothers reported that staff were kind and considerate		All 95% Mostly 5% Sometimes Not at all
Written and other information	Meets standards	Meets standards			
Mechanisms	Meets standards	Meets standards			
The written curriculum meets the standards	Meets standards	Meets standards			

**Unicef UK Baby Friendly Initiative: Summary of assessment findings**  
**Re-assessment: Building on good practice- maternity services**

*Please note that these results are preliminary only and will be confirmed in the full report*

<b>Name of maternity unit/Trust:</b>	<b>NHS Shetland, Maternity Services</b>	<b>Number of staff interviewed:</b>	<b>10</b>
<b>Assessment dates:</b>	<b>30 &amp; 31 July and 1 August 2024</b>	<b>Number of mothers interviewed:</b>	<b>22</b>
		Breastfeeding	<b>15</b>
		Formula feeding	<b>10</b>
		With a baby in NNU	<b>NA</b>

<b>Standard</b>	<b>Theme</b>	<b>Criteria</b>	<b>Standard required</b>	<b>Result</b>
<b>1</b>	Antenatal information	Staff who were able to give effective information about feeding / explain the importance of close relationships	80%	100%
				100%
		Mothers who confirmed that they had the opportunity for a discussion about feeding their baby / they had the opportunity for a discussion about the importance of developing a relationship with their unborn baby and that the conversation met their needs	80%	100%
				100%
<b>2</b>	Care at birth	Staff who were able to explain the importance of skin contact and how long it should last and describe how they would support the mother with the first feed	80%	100%
		Mothers who confirmed that they were able to have skin contact for at least one hour and support to offer the first feed in skin contact (breastfeeding mothers)	80%	100%
		Mothers who confirmed that they were able to have skin contact for at least one hour and support to offer the first feed in skin contact (formula feeding mothers)	80%	100%
	Skin contact on the neonatal unit	Mothers who confirmed that they had been able to hold their baby in skin to skin contact	80%	NA
<b>3</b>	Supporting mothers to learn to breastfeed:	Staff who were able to demonstrate/describe how they would support a mother with positioning and attachment	80%	100%

	Positioning and attachment	Mothers who confirmed that they were supported with learning how to position and attach their baby	80%	93%
	Hand expression	Staff who were able to demonstrate/describe how they would support a mother with hand expression	80%	100%
		Mothers who confirmed that staff offered to show them how to hand express	80%	86%
	Recognising effective feeding	Staff who were able to describe how they would recognise effective feeding	80%	100%
		Mothers who confirmed that they were aware of how to recognise effective feeding	80%	100%
	Responsive feeding	Staff who were able to describe baby led feeding and how to recognise feeding cues / who were able to describe responsive feeding	80%	100%
				100%
		Mothers confirmed that they understood baby led feeding and how to recognise feeding cues / they understood responsive feeding	80%	100%
				93%
	Challenging situations	Staff who demonstrated understanding of how to manage challenging situations	80%	100%
	Ongoing support information	Mothers who confirmed that they were aware of support available and how to access this	80%	100%
	Breastfeeding assessments	Mothers who confirmed that breastfeeding assessments were carried out	80%	87%
	Initiating expressing for mothers with a baby on the neonatal unit	Mothers who confirmed that they had been encouraged to express as soon as possible after the birth	80%	NA
		Mothers who confirmed that they received effective support to express	80%	NA
4	Protecting exclusive breastfeeding	Staff who demonstrated understanding of how to support mothers to maximise breastmilk given, including why supplements should be avoided unless clinically indicated	80%	100%
		Mothers who confirmed that their baby had received a supplement Informed maternal decision or clinical indication		2
		Mothers who confirmed that their baby had received a supplement <b>Not</b> Informed maternal decision or clinical indication, or care could have been improved		1

		Staff who demonstrated understanding of how to support formula feeding mothers with making up feeds / understanding of responsive bottle feeding	80%	100%
				100%
		Mothers confirmed that they had been supported with learning about making up feeds / responsive bottle feeding	80%	80%
				80%
		Staff who were able to discuss the International Code of Marketing of Breastmilk Substitutes	80%	100%
5	Support with relationships	Staff who understood the importance of close and loving relationships and how to support this	80%	100%
		Mothers confirmed that they had received information about the importance of close and loving relationships	80%	100%
		Mothers confirmed that they were not separated from their baby	80%	94%
	Safer sleep	They had received information about how to keep their babies safe when they are asleep/had received written information	N/A	95%
				95%
	Communication	Staff who demonstrate that they could communicate in a mother centred way	Yes	Yes 100% Partial No
	General	Mothers' overall satisfaction with the Service	Very happy with care 91% Fairly happy or neutral 9% Unhappy with care overall	

Supporting information			Achieving Sustainability standards		
Observations within the facilities	No advertising	No advertising	Leadership	Meets standards	Meets standards
Staff who have been orientated to the policy	80%	100%	Audit and evaluation	Meets standards	Meets standards
Staff who have completed the training programme	80%	MW 100% HCA 87%	Collaborative working	Meets standards	Meets standards
Policies and guidelines	Meets standards	Meets standards	Mothers reported that staff were kind and considerate		All 95% Mostly 5% Sometimes Not at all
Written and other information	Meets standards	Meets standards			
Mechanisms	Meets standards	Meets standards			

The written curriculum meets the standards	Meets standards	Meets standards		
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# Board


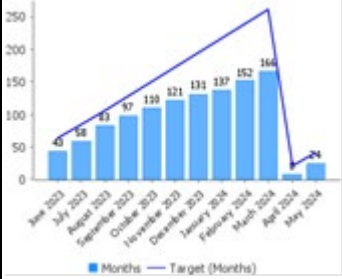


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## Quality Scorecard - Board

Title
<b>Health Improvement</b>

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HI-01 Percentage Uptake of Breastfeeding at 6-8 Weeks (exclusively breastfed plus mixed breast and formula) (Rolling annual total by quarter)	Measured Quarterly			66.7%	76.2%			58%		Q1 data will be available end August 2024

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	8	24		131	166	24		42		Data is reset every April, to enable cumulative data collection for the financial year (2024/2025). Measure will remain on red until target of 261 is achieved.
PH-HI-03a Number of FAST alcohol screenings	39	90		415	552	90		80		Data is reset every April, to enable cumulative data collection for the financial year (2024/2025).

Title
<b>Patient Experience Outcome Measures</b>

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	100%	100%	100%	100%	100%	✔	90%	<p>The chart shows a consistent 100% performance over the 12-month period, significantly exceeding the 90% target. The y-axis ranges from 0% to 100% in 25% increments. The x-axis lists months from June 2023 to June 2024. A blue bar represents 'Months' and a horizontal line represents 'Target (Months)'.</p>	
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%	<p>The chart shows a consistent 100% performance over the 12-month period, significantly exceeding the 90% target. The y-axis ranges from 0% to 100% in 25% increments. The x-axis lists months from June 2023 to June 2024. A blue bar represents 'Months' and a horizontal line represents 'Target (Months)'.</p>	
NA-HC-14 What matters to you - % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	100%	100%	100%	100%	100%	100%	✔	90%	<p>The chart shows a consistent 100% performance over the 12-month period, significantly exceeding the 90% target. The y-axis ranges from 0% to 100% in 25% increments. The x-axis lists months from June 2023 to June 2024. A blue bar represents 'Months' and a horizontal line represents 'Target (Months)'.</p>	

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
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%	96.15%	100%	95%	100%	100%	✔	90%		
NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	100%	100%	100%	98.73%	99.07%	100%	✔	90%		
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	100%	97.18%	100%	100%	100%	100%	✔	90%		


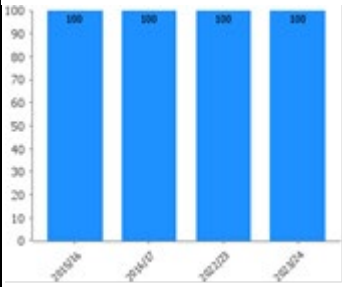
Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note																												
	Value	Value	Value	Value	Value	Value	Status	Target																														
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	100%	95.95%	100%	95%	98.15%	100%	✔	90%	<table border="1"> <caption>NA-HC-26 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>June 2023</td><td>100%</td></tr> <tr><td>July 2023</td><td>100%</td></tr> <tr><td>August 2023</td><td>100%</td></tr> <tr><td>September 2023</td><td>100%</td></tr> <tr><td>October 2023</td><td>100%</td></tr> <tr><td>November 2023</td><td>100%</td></tr> <tr><td>December 2023</td><td>100%</td></tr> <tr><td>January 2024</td><td>100%</td></tr> <tr><td>February 2024</td><td>100%</td></tr> <tr><td>March 2024</td><td>100%</td></tr> <tr><td>April 2024</td><td>100%</td></tr> <tr><td>May 2024</td><td>100%</td></tr> <tr><td>June 2024</td><td>100%</td></tr> </tbody> </table>	Month	Value	June 2023	100%	July 2023	100%	August 2023	100%	September 2023	100%	October 2023	100%	November 2023	100%	December 2023	100%	January 2024	100%	February 2024	100%	March 2024	100%	April 2024	100%	May 2024	100%	June 2024	100%	
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Title
<b>Patient Safety Programme - Maternity &amp; Children Work stream</b>


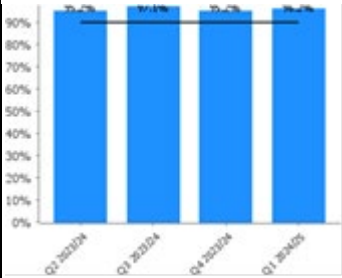
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	Value	Value	Value	Value	Value	Value	Status	Target																										
NA-CF-07 Days between stillbirths	3,275	3,306	3,336	3,215	3,306	3,336	✔	300	<table border="1"> <caption>NA-CF-07 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>June 2023</td><td>3,021</td></tr> <tr><td>July 2023</td><td>3,042</td></tr> <tr><td>August 2023</td><td>3,049</td></tr> <tr><td>September 2023</td><td>3,128</td></tr> <tr><td>October 2023</td><td>3,154</td></tr> <tr><td>November 2023</td><td>3,194</td></tr> <tr><td>December 2023</td><td>3,204</td></tr> <tr><td>January 2024</td><td>3,214</td></tr> <tr><td>February 2024</td><td>3,214</td></tr> <tr><td>March 2024</td><td>3,214</td></tr> <tr><td>April 2024</td><td>3,214</td></tr> </tbody> </table>	Month	Value	June 2023	3,021	July 2023	3,042	August 2023	3,049	September 2023	3,128	October 2023	3,154	November 2023	3,194	December 2023	3,204	January 2024	3,214	February 2024	3,214	March 2024	3,214	April 2024	3,214	
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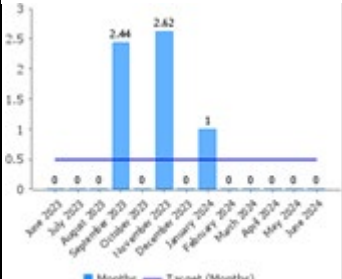
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	Value	Value	Value	Value	Value	Value	Status	Target		
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0	✔	2.21		
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0	✔	4		
NA-CF-16 % of women satisfied with the care they received	0	0	0	0	0	0	✘	95		From Q2 2023/2024 Care Opinion is used to ask patients to provide feedback regarding their care experience. All women receive Care Opinion feedback information in their discharge pack. Patient engagement and feedback was discussed at the last team meeting.



Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-58 % compliance with the newborn screening bundle	Measured Quarterly			100	90	100		100		

Title
<b>Service &amp; Quality Improvement Programmes - Measurement &amp; Performance</b>


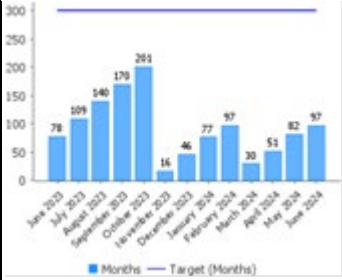
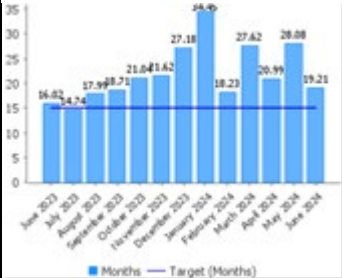
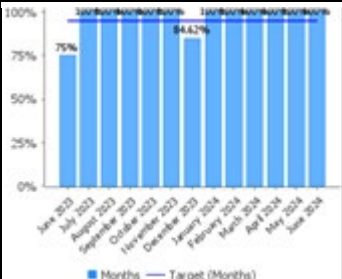
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	Value	Value	Value	Value	Value	Value	Status	Target		
CE-IC-01 Cleaning Specification Audit Compliance	Measured Quarterly			97.1%	95.2%	96.2%		90%		


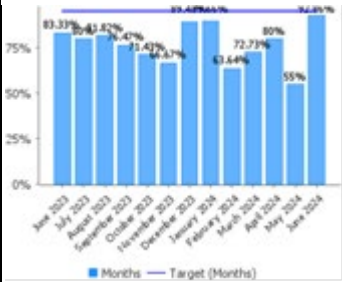

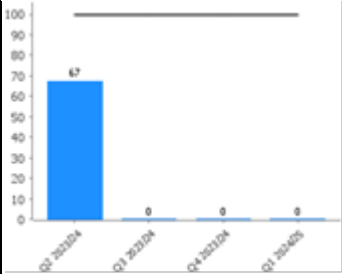

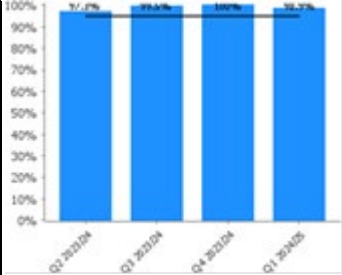
Performance Indicators	April 2024	May 2024	June 2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-08 Days between Cardiac Arrests	43	74	104	67	13	104		300		Measure will remain on red until target of 300 days reached
NA-HC-09 All Falls rate (per 1000 occupied bed days)	3.72	4.92	7.33	7.28	5.71	7.33		7		
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	0	0	0	0	0		0.5		

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note																												
	Value	Value	Value	Value	Value	Value	Status	Target																														
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x 1000)	0	0	0	0	5.46	0	✔	0	<table border="1"> <caption>NA-HC-13 Trend Chart Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>July 2023</td><td>0</td></tr> <tr><td>August 2023</td><td>0</td></tr> <tr><td>September 2023</td><td>0</td></tr> <tr><td>October 2023</td><td>5.46</td></tr> <tr><td>November 2023</td><td>0</td></tr> <tr><td>December 2023</td><td>0</td></tr> <tr><td>January 2024</td><td>0</td></tr> <tr><td>February 2024</td><td>0</td></tr> <tr><td>March 2024</td><td>5.46</td></tr> <tr><td>April 2024</td><td>0</td></tr> <tr><td>May 2024</td><td>0</td></tr> <tr><td>June 2024</td><td>0</td></tr> </tbody> </table>	Month	Value	July 2023	0	August 2023	0	September 2023	0	October 2023	5.46	November 2023	0	December 2023	0	January 2024	0	February 2024	0	March 2024	5.46	April 2024	0	May 2024	0	June 2024	0			
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NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	343	374	404	222	313	404	✔	300	<table border="1"> <caption>NA-HC-53 Trend Chart Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>June 2023</td><td>38</td></tr> <tr><td>July 2023</td><td>69</td></tr> <tr><td>August 2023</td><td>100</td></tr> <tr><td>September 2023</td><td>130</td></tr> <tr><td>October 2023</td><td>161</td></tr> <tr><td>November 2023</td><td>191</td></tr> <tr><td>December 2023</td><td>222</td></tr> <tr><td>January 2024</td><td>253</td></tr> <tr><td>February 2024</td><td>280</td></tr> <tr><td>March 2024</td><td>313</td></tr> <tr><td>April 2024</td><td>343</td></tr> <tr><td>May 2024</td><td>374</td></tr> <tr><td>June 2024</td><td>404</td></tr> </tbody> </table>	Month	Value	June 2023	38	July 2023	69	August 2023	100	September 2023	130	October 2023	161	November 2023	191	December 2023	222	January 2024	253	February 2024	280	March 2024	313	April 2024	343	May 2024	374	June 2024	404	
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NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	0	0	0	0	0	✔	0	<table border="1"> <caption>NA-HC-54 Trend Chart Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>June 2023</td><td>0</td></tr> <tr><td>July 2023</td><td>0</td></tr> <tr><td>August 2023</td><td>0</td></tr> <tr><td>September 2023</td><td>0</td></tr> <tr><td>October 2023</td><td>0</td></tr> <tr><td>November 2023</td><td>0</td></tr> <tr><td>December 2023</td><td>1.11</td></tr> <tr><td>January 2024</td><td>0</td></tr> <tr><td>February 2024</td><td>0</td></tr> <tr><td>March 2024</td><td>0</td></tr> <tr><td>April 2024</td><td>0</td></tr> <tr><td>May 2024</td><td>0</td></tr> <tr><td>June 2024</td><td>0</td></tr> </tbody> </table>	Month	Value	June 2023	0	July 2023	0	August 2023	0	September 2023	0	October 2023	0	November 2023	0	December 2023	1.11	January 2024	0	February 2024	0	March 2024	0	April 2024	0	May 2024	0	June 2024	0	
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Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note																												
	Value	Value	Value	Value	Value	Value	Status	Target																														
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	100	100	100	100	99	100	✔	95	<table border="1"> <caption>NA-HC-59 Performance Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>June 2023</td><td>100</td></tr> <tr><td>July 2023</td><td>100</td></tr> <tr><td>August 2023</td><td>100</td></tr> <tr><td>September 2023</td><td>100</td></tr> <tr><td>October 2023</td><td>100</td></tr> <tr><td>November 2023</td><td>100</td></tr> <tr><td>December 2023</td><td>100</td></tr> <tr><td>January 2024</td><td>100</td></tr> <tr><td>February 2024</td><td>100</td></tr> <tr><td>March 2024</td><td>100</td></tr> <tr><td>April 2024</td><td>100</td></tr> <tr><td>May 2024</td><td>100</td></tr> <tr><td>June 2024</td><td>100</td></tr> </tbody> </table>	Month	Value	June 2023	100	July 2023	100	August 2023	100	September 2023	100	October 2023	100	November 2023	100	December 2023	100	January 2024	100	February 2024	100	March 2024	100	April 2024	100	May 2024	100	June 2024	100	
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NA-HC-66 Pressure ulcer - days between pressure ulcers developed on Ward 1.	419	450	480	298	389	480	✔	300	<table border="1"> <caption>NA-HC-66 Performance Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>June 2023</td><td>134</td></tr> <tr><td>July 2023</td><td>146</td></tr> <tr><td>August 2023</td><td>176</td></tr> <tr><td>September 2023</td><td>206</td></tr> <tr><td>October 2023</td><td>237</td></tr> <tr><td>November 2023</td><td>267</td></tr> <tr><td>December 2023</td><td>298</td></tr> <tr><td>January 2024</td><td>329</td></tr> <tr><td>February 2024</td><td>358</td></tr> <tr><td>March 2024</td><td>389</td></tr> <tr><td>April 2024</td><td>419</td></tr> <tr><td>May 2024</td><td>450</td></tr> <tr><td>June 2024</td><td>480</td></tr> </tbody> </table>	Month	Value	June 2023	134	July 2023	146	August 2023	176	September 2023	206	October 2023	237	November 2023	267	December 2023	298	January 2024	329	February 2024	358	March 2024	389	April 2024	419	May 2024	450	June 2024	480	
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NA-HC-69 Pressure ulcers - days between pressure ulcers on Ward 3	327	358	419	206	297	419	✔	300	<table border="1"> <caption>NA-HC-69 Performance Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>June 2023</td><td>38</td></tr> <tr><td>July 2023</td><td>69</td></tr> <tr><td>August 2023</td><td>100</td></tr> <tr><td>September 2023</td><td>130</td></tr> <tr><td>October 2023</td><td>161</td></tr> <tr><td>November 2023</td><td>191</td></tr> <tr><td>December 2023</td><td>221</td></tr> <tr><td>January 2024</td><td>251</td></tr> <tr><td>February 2024</td><td>281</td></tr> <tr><td>March 2024</td><td>311</td></tr> <tr><td>April 2024</td><td>341</td></tr> <tr><td>May 2024</td><td>371</td></tr> <tr><td>June 2024</td><td>401</td></tr> </tbody> </table>	Month	Value	June 2023	38	July 2023	69	August 2023	100	September 2023	130	October 2023	161	November 2023	191	December 2023	221	January 2024	251	February 2024	281	March 2024	311	April 2024	341	May 2024	371	June 2024	401	
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Performance Indicators	April 2024	May 2024	June 2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note														
	Value	Value	Value	Value	Value	Value	Status	Target																
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	80			40	60	80	🟢	75	<table border="1"> <caption>NA-HC-72 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>August 2023</td><td>100</td></tr> <tr><td>October 2023</td><td>89</td></tr> <tr><td>December 2023</td><td>40</td></tr> <tr><td>February 2024</td><td>60</td></tr> <tr><td>April 2024</td><td>80</td></tr> <tr><td>February 2025</td><td>60</td></tr> </tbody> </table>	Month	Value	August 2023	100	October 2023	89	December 2023	40	February 2024	60	April 2024	80	February 2025	60	No audit this month Performance against this measure continues to be discussed at the Surgical Audit meeting.
Month	Value																							
August 2023	100																							
October 2023	89																							
December 2023	40																							
February 2024	60																							
April 2024	80																							
February 2025	60																							
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	Data has not been updated since December 2023			95.56%	94.5%			95%	<table border="1"> <caption>NA-HC-79 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>May 2023</td><td>95.59%</td></tr> <tr><td>June 2023</td><td>95.9%</td></tr> <tr><td>July 2023</td><td>94.4%</td></tr> <tr><td>August 2023</td><td>95.8%</td></tr> <tr><td>September 2023</td><td>97%</td></tr> <tr><td>October 2023</td><td>94.5%</td></tr> </tbody> </table>	Month	Value	May 2023	95.59%	June 2023	95.9%	July 2023	94.4%	August 2023	95.8%	September 2023	97%	October 2023	94.5%	Due to Clinical Governance Team vacancies, Excellence in Care (EiC) data has not been updated since December 2023.
Month	Value																							
May 2023	95.59%																							
June 2023	95.9%																							
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August 2023	95.8%																							
September 2023	97%																							
October 2023	94.5%																							
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	Data has not been updated since December 2023			77.59%	80%			75%	<table border="1"> <caption>NA-HC-80 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>May 2023</td><td>62.5%</td></tr> <tr><td>June 2023</td><td>75%</td></tr> <tr><td>July 2023</td><td>69.44%</td></tr> <tr><td>August 2023</td><td>75%</td></tr> <tr><td>September 2023</td><td>87.5%</td></tr> <tr><td>October 2023</td><td>80%</td></tr> </tbody> </table>	Month	Value	May 2023	62.5%	June 2023	75%	July 2023	69.44%	August 2023	75%	September 2023	87.5%	October 2023	80%	Due to Clinical Governance Team vacancies, Excellence in Care (EiC) data has not been updated since December 2023.
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Performance Indicators	April 2024	May 2024	June 2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	51	82	97	46	30	97		300		Measure will remain on red until target of 300 days reached across both inpatient areas.
NA-IC-02 Catheter Usage Rate	20.99	28.08	19.21	27.18	27.62	19.21		15		The Infection Control Team will continue to monitor this measure. There has been a reduction in catheter usage from Q4 and Q1.
NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	100%	100%	100%	84.62%	100%	100%		95%		


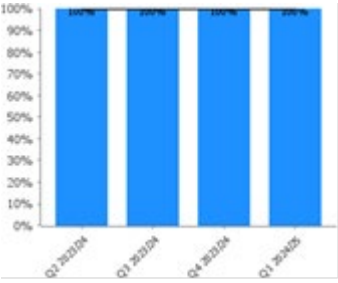
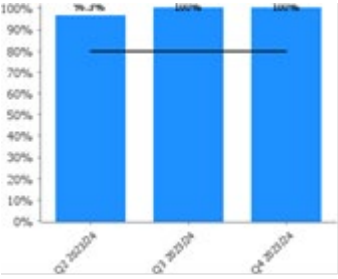
Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note																												
	Value	Value	Value	Value	Value	Value	Status	Target																														
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	80%	55%	92.86%	89.47%	72.73%	92.86%		95%	 <table border="1"> <caption>Monthly CAUTI Maintenance Bundle Compliance</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>June 2023</td><td>83.33%</td></tr> <tr><td>July 2023</td><td>83.33%</td></tr> <tr><td>August 2023</td><td>83.33%</td></tr> <tr><td>September 2023</td><td>83.33%</td></tr> <tr><td>October 2023</td><td>83.33%</td></tr> <tr><td>November 2023</td><td>83.33%</td></tr> <tr><td>December 2023</td><td>83.33%</td></tr> <tr><td>January 2024</td><td>83.33%</td></tr> <tr><td>February 2024</td><td>83.33%</td></tr> <tr><td>March 2024</td><td>83.33%</td></tr> <tr><td>April 2024</td><td>83.33%</td></tr> <tr><td>May 2024</td><td>83.33%</td></tr> <tr><td>June 2024</td><td>92.86%</td></tr> </tbody> </table>	Month	Compliance (%)	June 2023	83.33%	July 2023	83.33%	August 2023	83.33%	September 2023	83.33%	October 2023	83.33%	November 2023	83.33%	December 2023	83.33%	January 2024	83.33%	February 2024	83.33%	March 2024	83.33%	April 2024	83.33%	May 2024	83.33%	June 2024	92.86%	
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NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured Quarterly Activity Recommencing July 2024			67	0	0		100	 <table border="1"> <caption>Quarterly Patient Safety Conversations Completed</caption> <thead> <tr> <th>Quarter</th> <th>Conversations Completed</th> </tr> </thead> <tbody> <tr><td>Q3 2023Q4</td><td>67</td></tr> <tr><td>Q4 2023Q1</td><td>0</td></tr> <tr><td>Q1 2024Q2</td><td>0</td></tr> <tr><td>Q2 2024Q3</td><td>0</td></tr> </tbody> </table>	Quarter	Conversations Completed	Q3 2023Q4	67	Q4 2023Q1	0	Q1 2024Q2	0	Q2 2024Q3	0	The scheduled Leadership Walkrounds are due to recommence 30 July 2024.																		
Quarter	Conversations Completed																																					
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Q4 2023Q1	0																																					
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Q2 2024Q3	0																																					
NA-IC-22 Hand Hygiene Audit Compliance	Measured Quarterly			99.5%%	100%	98.9%		95%	 <table border="1"> <caption>Quarterly Hand Hygiene Audit Compliance</caption> <thead> <tr> <th>Quarter</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Q3 2023Q4</td><td>99.5%</td></tr> <tr><td>Q4 2023Q1</td><td>100%</td></tr> <tr><td>Q1 2024Q2</td><td>100%</td></tr> <tr><td>Q2 2024Q3</td><td>98.9%</td></tr> </tbody> </table>	Quarter	Compliance (%)	Q3 2023Q4	99.5%	Q4 2023Q1	100%	Q1 2024Q2	100%	Q2 2024Q3	98.9%																			
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Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
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.



Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
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**

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	100%	100%	100%	100%	100%	100%		100%		
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)	Measured Quarterly			100%	100%			80%		

Performance Indicators	April 2024	May 2024	June2024	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note						
	Value	Value	Value	Value	Value	Value	Status	Target								
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measures Quarterly – no national update			1.1					<table border="1"> <caption>Trend Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>HSMR Value</th> </tr> </thead> <tbody> <tr> <td>Q3 2023/24</td> <td>1.1</td> </tr> <tr> <td>Q1 2024/25</td> <td>1.1</td> </tr> </tbody> </table>	Quarter	HSMR Value	Q3 2023/24	1.1	Q1 2024/25	1.1	Calculated following national data release.
Quarter	HSMR Value															
Q3 2023/24	1.1															
Q1 2024/25	1.1															

**APPENDIX A – Overview of falls and pressure ulcer incidence between April – June 2024**

<b>Falls in Secondary Care</b>									
<b>WARD 1 NA-HC-60 Total number of falls</b>					<b>WARD 3 NA-HC-61 Total number of falls</b>				
<b>Date</b>	<b>Fall with injury NA-HC-62</b>	<b>Fall – no injury</b>	<b>Days Between</b>	<b>Injury</b>	<b>Date</b>	<b>Fall with injury NA-HC-63</b>	<b>Fall – no injury</b>	<b>Days Between</b>	<b>Injury</b>
<b>B/Fwd</b>			<b>24</b>		<b>B/Fwd</b>			<b>8</b>	
<b>Jan 24</b>	0	2	55	2 x falls no injuries Datix 9886 & 9934	<b>Jan 24</b>	0	8	37	8 x falls no injury Datix 9881, 9882, 9883, 9896, 9897, 9898, 9902, 9908
<b>Feb 24</b>	0	3	84	3 x falls no injuries Datix 9940, 9982, 9983	<b>Feb 24</b>	0	3	66	3 x falls no injury Datix 9298, 9947, 9972
<b>Mar 24</b>	0	1	115	Datix 10065 no injury	<b>Mar 24</b>	0	3	97	3 x falls no injury Datix 10052, 10063, 10080
<b>Apr 24</b>	0	2	145	2 x falls no injury Datix 10127 & 10130	<b>Apr 24</b>	0	1	127	1 x fall no injury Datix 10112
<b>May 24</b>	0	1	176	1 x fall no injury Datix 10208	<b>May 24</b>	0	3	158	3 x falls no injury Datix 10169, 9543, & 9559/10200
<b>Jun 24</b>	0	3	206	3 x falls no injuries Datix 10248, 10258, & 10266	<b>Jun 24</b>	0	3	188	3 x falls no injury Datix 9597, 9617 & 9615
<b>Total</b>	<b>0</b>	<b>12</b>			<b>Total</b>	<b>0</b>	<b>21</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			298			B/Fwd			206		
Jan 24	0	0	329			Jan 24	0	0	237		
Feb 24	0	3	358	2	Datix 9970, 9995, 10008 Care Home, ARI and patient home	Feb 24	0	3	266	3 x grade 3 Datix 9941 & 9989	
Mar 24	0	0	389			Mar 24	0	0	297		
Apr 24	0	2	419		Grade 2, both admissions from patient home Datix 10091 & 10093	Apr 24	0	0	327		
May 24	0	0	450			May 24	0	0	358		
June 24	0	1	480		Patient transferred from Ward 3 Datix completed by ward 3 Dx 10231	Jun 24	0	0	388		
<b>Total</b>	<b>0</b>	<b>3</b>				<b>Total</b>	<b>0</b>	<b>3</b>			

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

<b>FALLS WITH HARM</b>					
<b>Date</b>	<b>No. of Patients</b>	<b>Avoidable/ Unavoidable</b>	<b>Appropriate Care Given?</b>	<b>Debrief Conducted?</b>	<b>Learning Points?</b>
April – June 2024	0	n/a	Yes	n/a	All falls during this Quarter were falls with no harm. The appropriate actions and assessments had been completed by the nursing teams. Adverse event reporting was completed appropriately for all falls.

<b>HOSPITAL ACQUIRED PRESSURE ULCERS</b>					
<b>Date</b>	<b>No. of Patients</b>	<b>Avoidable/ Unavoidable</b>	<b>Appropriate Care Given?</b>	<b>Debrief Conducted?</b>	<b>Learning Points?</b>
April - June 2024	0	n/a	Yes	n/a	There was no Hospital Acquired Pressure Ulcers identified in Q1.

## Appendix C – Thematic Learning from Debrief Discussions April – June 2024

Month	No. of Adverse Events Reported	Level of Review	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning from Debriefs held
Apr 2024	45		Extreme – 1 Major – 1 Moderate - 3	0	
May 2024	73	Level 3	Extreme – 1 Major – 1 Moderate - 8	2	<p><b>Adverse event theme (10181) – Control of Infection:</b> Patient Care – Instruments previously used on a patient were reused upon another patient by a student.</p> <p><b>Learning identified:</b></p> <ul style="list-style-type: none"> <li>• Following review; a clear process for identification and separation if used and unused instruments was implemented, this has been adopted across the service.</li> <li>• Highlighted, supervisors must closely monitor all aspects of the duties undertaken by the student.</li> <li>• The patient is aware of the incident and has received an apology. No harm to the patient.</li> </ul> <p><b>Adverse event theme (10161) – Communication:</b> Patient Care – Referrals to Aberdeen ultrasound department (paediatrics) had been sent to the usual email contact (this individual had retired). NHS Shetland were not aware of the changes in the ARI</p>
		Level 3			

Month	No. of Adverse Events Reported	Level of Review	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning from Debriefs held
					<p>team and emails were not automatically forwarded onto the new person in post.</p> <p><b>Learning identified:</b></p> <ul style="list-style-type: none"> <li>• Single point of contact to ultrasound department Aberdeen to a member of staff who has left. Department was informed of the changes.</li> <li>• Quick response from local team once issue identified.</li> <li>• Confirmed appropriate contact details for future referrals.</li> <li>• All identified have received their scans and there was no harm identified from the delay in review.</li> </ul>
Jun 2024	72		Extreme – 9 Major – 2 Moderate - 10	0	
<b>Total</b>	<b>190</b>		<b>Extreme = 2 Major = 7 Moderate = 19</b>	<b>3</b>	