

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>10 December 2024</b>
<b>Agenda reference:</b>	<b>Board Paper 2024/25/47</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**

### **2.3.8 Route to the Meeting**

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

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 Quality Report December 2024

Appendix No 2, 2a, 2b, 2c Patient Experience Survey Data January-October 2024

Appendix No 3 QMPLE Data July-September 2024

Appendix No 4 Complaints and Feedback Q2 24-25

Appendix No 5 Quality Scorecard Q2, 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 August 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, feedback from patients who are supported by the Clinical Nurse Specialists in cardiology is included, as well as QMPLE feedback from student nurses who have had learning placements in Shetland in Appendix 3.
- 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 was made to the community to develop individual tiles that will make up the mural. The mural has now been completed and will be displayed as part of our commitment to end gender based violence and the 16 days of activism which took place in November 2024.
- We continue to learn from concerns raised and compliments from patients. Appendix 4 includes the most recent data on complaint investigations and thematic learning.
- 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. 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. A significant part of the reaccreditation process is provided by new mothers. The celebration event and presentation of the accreditation awards takes place in December 2024.
- 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.

## **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.

The Area Partnership Forum (APF) in November 2024, supported the development of sleeping in arrangements for staff during adverse weather to help reduce the risk of staff getting into difficulty when travelling to and from work. An enhanced winter transportation plan has also been developed to support staff to attend work more safely during periods of adverse weather.

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 have successfully completed the facilitation programme (in October and September, respectively) 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.

A new programme of leadership “walkarounds” commenced in July 2024, which includes an improved feedback loop. This includes a rapid response to the issues that staff raised and the senior management responses following the “walkarounds” regarding opportunities to provide additional support to teams and/or take specific, direction action by senior leaders. The “walkarounds” have identified lots of positivity and collaborative working, recognising that many teams are small and this brings fragilities and pressure, particularly for those teams providing 24/7 care. The leadership “walkarounds” approach has enabled the Laboratory team to highlight the increased demand on this service and resulted in a commissioned review of Laboratory service provision, which is being supported as a planned care workstream in the Strategic Delivery Plan.

Speak Up week took place at the end of September 2024, the theme was to promote ways in which staff can access help, including visibility and awareness of confidential contacts. The Clinical Governance Team has taken learning from the feedback and shared at the Executive Management Team and through the clinical and care governance structure of the organisation. Reports on concerns raised using the whistleblowing procedures are received by the Clinical Governance Committee.

Lucy Flaws was recognised at the Scottish Health Awards as Leader of the Year for the transformational work she has led to support service improvement and strategic priority development in Shetland. Much of Lucy’s work has demonstrated excellence in leadership in multi-agency and partnership working.

Director of Pharmacy, Tony McDavitt. He has been appointed a fellow of the Royal Pharmaceutical Society in recognition of his contribution to the development of the profession in Scotland.

Prof Kathleen Carolan has been appointed a fellow of the Royal College of Physicians (Edinburgh) in recognition of her contribution to the advancement of nursing practice in Scotland.

All of these awards demonstrate distinction in attainment, but also the importance of influencing at a local, regional and national level to ensure that remote and rural issues are included in policy and decision making.



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

One of our key challenges 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. New pathways with NECU have been established with a number of clinics taking place since August 2024. Similarly, we have been working with the National Treatment Centre (NTC) in Highland to reduce waiting times for Shetland patients who require a joint replacement. At the time of writing, 90 patients had access to an outpatient appointment via the NTC and 36 have been listed for joint replacement in Inverness in early 2025.

We are developing the Winter Plan for 2024-25 and have taken lessons from adverse weather impact in 2022 and 2023. The plan for this winter includes enhanced arrangements for managing winter transportation and 'sleeping in' arrangements to support safe delivery of patient care and a focus on staff wellbeing and safety. A draft of the Winter Plan will be received by the December 2024 Board and the readiness assessment has been shared with the IJB and the Finance and Performance Committee. We are not signalling any specific additional risks (that are not already reflected in our business as usual operations) but we will be rehearsing a number of scenarios as part of winter planning, reflecting the planning arrangements needed to support the decant of the Outpatients Department in January/February 2025 and the impact this might have if we had a major incident in that timeframe.

The MRI service has been operational since July 2024, which means fewer patients need to travel to Aberdeen for scans. Turnaround times for scans are very low, for most scan types which means that we are able to reduce the time from referral to treatment for patients who need MRI as part of treatment planning. A patient information video has been made by the team so that patients know

what to expect when they are having a scan locally in the Helyer Suite. The video can be accessed here [NHS Shetland Helyer Suite - Walk Through](#)

The local Medical Imaging team helped to celebrate the fund raising successes of the MRI appeal in October 2024, where a number of fund raisers from across Shetland were invited to a celebration event to thank them for their huge contribution, which made it possible for us to purchase the MRI scanner. A celebration slideshow has been produced to bring together some of the most memorable moments in the journey we have been on, to fund raise and install the MRI scanner which can be accessed here [MRI Scanner Fundraising and Reflection](#)

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 ten international nursing graduates into post since 2023. 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. This has helped reduce our reliance on agency nursing during 2024-25.

We are also pleased to note that senior clinicians working with NHS Shetland have completed the NES Rural and Remote Health Credential (Unscheduled and Urgent Care) which has been developed by Dr Pauline Wilson, Director of Medical Education at NHS Shetland and Associate Postgraduate Dean. This means that we will be able to introduce a new post – the Rural Emergency Practitioner to support urgent and unscheduled care as a senior clinical decision maker. We hope that by developing the REP role, we will be able to reduce the fragility of the acute general medicine model and offer new opportunities for senior medical staff to work in a rural and island setting. The Board will receive a paper in February 2025 providing more details about the proposed establishment of the REP post at NHS Shetland.

The North of Scotland Advanced Practice Academy (NoSAPA) put together a successful bid to host the International Nursing Council (ICN) Conference for Nurse Practitioners and Advanced Nurse Practitioners, which took place in Aberdeen in September 2024. The global conference attendance included 811 delegates from 45 nations and showcased innovations in education, practice and research. The local organising committee (LOC), took the opportunity to highlight advancing clinical practice across the UK with a global audience, through a specific theme; which focussed on multi-professional practice including remote, rural and island practice. In November 2024, the LOC received the collaboration award from the Aberdeen Convention Bureau for excellence in partnership working in the delivery of this academic conference.

Prof Kathleen Carolan is the chair of NoSAPA and was the chair of the LOC for the conference – NoSAPA and the other regional academies are now focussing on developing future priorities for advancing practice in Scotland and working closely with the national Transforming Roles steering group and the Chief Nursing Officers Directorate to develop recommendations for inclusion in the Nursing and Midwifery Taskforce outturn report in 2025.

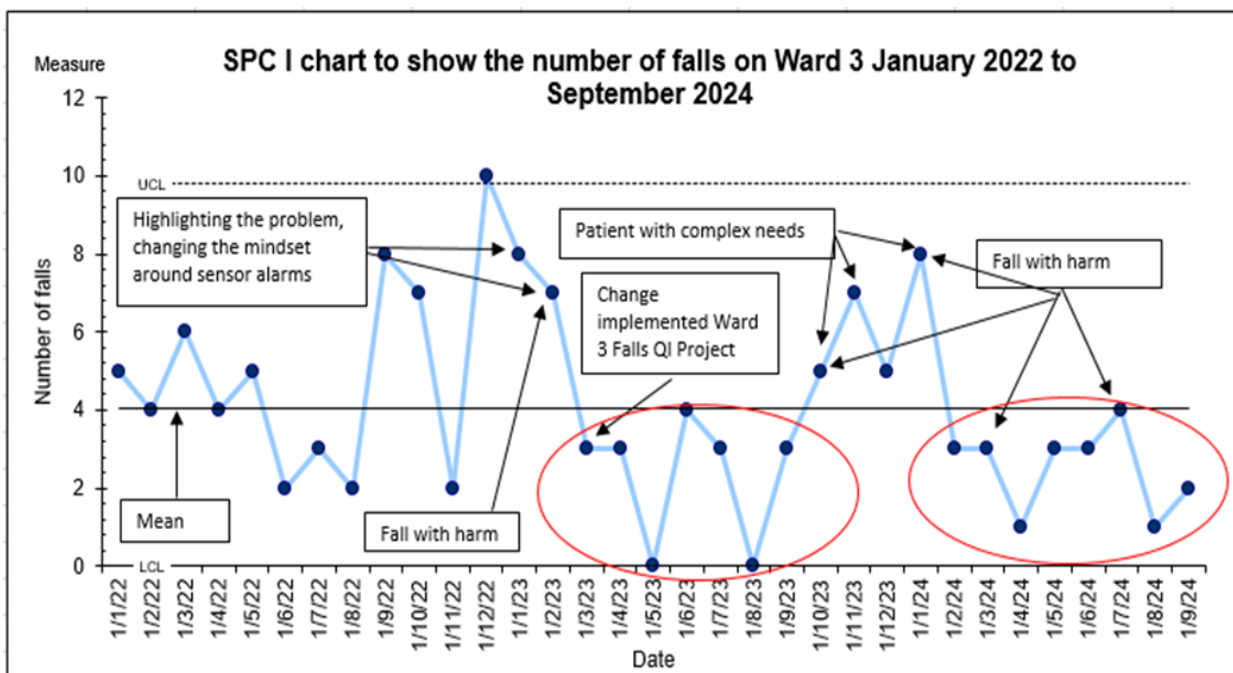
Mr Stuart Fergusson, Consultant Surgeon, chaired the LOC that hosted the Viking Conference in Shetland in September 2024. The programme of learning activities and lectures took place over three days and brought together Medical Students, Resident Doctors and Consultants from around Scotland and a number of other countries including Australia and Denmark. The programme included a focus on surgical skills for remote and rural practice as well as a symposium to discuss global health and the different ways in which NHS clinicians can support global health initiatives, but also how global health can support models of care that are sustainable in remote and rural settings such as NHS Shetland. It was an extremely successful event, which provided an opportunity to share skills/experiences/networking with over 50 delegates and highlight the vibrancy of remote and rural surgical careers to prospective future Consultant Surgeons.

In September 2024, staff were able to access a two week programme of learning via the CSMEN Skills Bus, hosted by NHS Education Scotland. The Skills Bus is a vital resource for NHS Scotland as it enables access to simulations to support the learning experience of a wide range of practitioners and is particularly important to those working in remote and rural communities. The teaching programme was supported by CSMEN faculty as well as local practice educators. Access to learning opportunities via the Skills Bus is one of the ways in which we support practitioners to keep up to date with specific skills required for safe clinical practice, as well as compulsory training such as resuscitation skills.

The clinical pathways group (CPG) continues to be an important forum for sharing ideas and changes to clinical pathway design – making improvements to support better patient outcomes. Through CPG, we have accessed sessions to raise awareness of the infected blood inquiry and the requirements for Boards in Scotland (from the learning) have been issued by the Chief Medical Officer. The Hospital Transfusion Committee in Shetland is leading on the implementation of recommendations that are applicable in our setting, with the Medical Director.

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. We have seen a number of teams in the Hospital and Community settings implement Safe Care, which helps us to record real time staffing levels and evidence our compliance with the legislation. Local work has been undertaken to benchmark our current governance arrangements against the legislation, so we have a ‘gap analysis’ which we can use to form an action plan and include in Board reporting. 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 Board will receive a separate report on the development of the governance arrangements to support the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Appendix 5 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 Q2 we continued to observe a reduction in the number of falls upon Ward 3 (medical ward).





**Carol Dade and Andy Best, teaching staff in the Skills Bus in September 2024**



**Mr Stuart Fergusson, pictured with delegates from the Viking Conference in September 2024**



## Appendix 2

### Medical and Surgical Unit, Inpatient patient experience survey feedback results January – October 2024

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	100%	100%	100%	100%
Aug-24	100%	100%	100%	100%
Sep-24	100%	100%	100%	88%
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	100%	100%	99%	100%	86%	18
Aug-24	100%	100%	97%	97%	97%	17
Sep-24	100%	100%	96%	100%	86%	7
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>134</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	100%	100%	100%	95%	92%	12
Aug-24	100%	100%	100%	100%	100%	3
Sep-24	100%	100%	91%	94%	94%	9
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>60</b>

### WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – JULY 2024

Brilliant Nurses. Very kind caring and joyful.

My time here truly was excellent. I was astonished at how good all the staff were in what they did and can only thank them for the care I received.

I thought the treatment and care I got in the hospital was excellent. All the members of staff treated me with care and respect and listened to any concerns I had.

We appreciate everything that was done for myself and family. We would like to thank you all.

All Staff friendly and Professional

Everyone was very good. Very happy with my treatment

Excellent care and attention by all staff at GBH. Thank you very much (Signed)

I feel extremely blessed to have had such great support and care from all the staff at the Gilbert Bain, from cleaners through to the top rate surgeons. This has been a traumatic time for me and I struggled to be positive until I arrived here, and received the wonderful care. Thank you all.

Very Good in Ward 1, delighted with the care \*Name\* received, Great Nurses

Staff from all disciplines have been kind and informative. They have answered all queries and requests promptly and efficiently. All ancillary staff have behaved with good humour and friendliness, making the whole stay as stress-free as possible.

It would be difficult to imagine how the service could be improved for me. All staff involved worked fantastically together as a real team. I left feeling very positive and happy.

Having been a nurse for 44 years, I have to understand due to financial reasons (looks like) lack of nurses, health workers, things have changed in the care industry - definitely not enough care workers to give care and attention that everyone deserves and the staff remain so cheerful and friendly under very difficult circumstances. I personally cannot fault the care and attention given to me, but I worry about the "burn out" "mental health" of all my fellow humans.

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

This was my first time ever as an inpatient. I thought it would be frightening. It was anything but - thanks to the staff.

Had to wait a long time for medication from pharmacy. For medication that could have been bought OTC. (Named) was brilliant.

I found it difficult when I was moved to another room very late at night without much notification

I thank Doctors, Nurses & Staff in Ward 3. Bay 1 for good treatment. My heart and body feels much better.

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

Thank you to all staff on Ward 1 during my stay for all your care, kindness and attention.

Very Satisfied with everything

Best run hospital I have seen!

Nursing Staff were excellent

I can't imagine anyone receiving better service. Thanks to all staff!

Very Good care team. Thank you (Signed)

I will not forget the way I have been treated. Fantastic experience and treatment. Congrats and thanks to all.

Lovely staff. Very kind and helpful

I would like to say a huge thank you to (Named) for showing such empathy when I was going for my operation. Also for helping to keep me calm when they were doing my epidural. Also a huge thank you to all the staff on Ward 1 for being so kind and caring.

I found being in a side room that dishes can get forgot to be cleared away after use. It was a weekend and acknowledge staff shortages.

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

Thank you all. Much appreciated. (Initialled)

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

For me having the main meal in the middle of the day doesn't work. Even when a sandwich at lunch time is plenty, with the main meal at night.

All amazing & I'm very thankful.

I am in awe of the work pressures the staff are put under & they still all have smiles on their faces. The kindness and care goes above and above and I can only you from the bottom of my heart.

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

I believe that all staff here at GBH were kind, considerate and most of all patient, displaying the highest degree of professionalism. (Signed)



# Cardiac Nurse Specialist Patient Satisfaction Survey - Cardioversion Experience May 2024

5

Responses

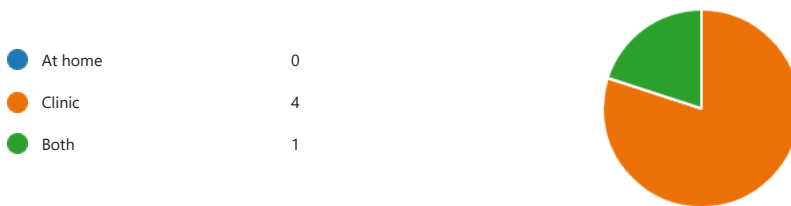
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Average time to complete

Active

Status

Where did you receive your care?



In terms of your visits/clinic appointments, did the service offered meet with your needs?



Did you find having a contact number for the Cardiac Nurse Specialist helpful?

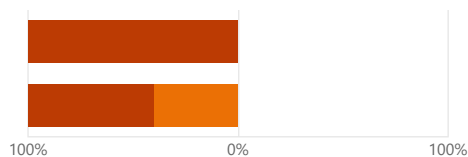


Do you understand.....

■ Yes ■ No ■ Unsure ■ Not answered

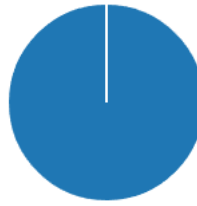
a) your diagnosis of Atrial Fibrillation?

b) the causes of Atrial Fibrillation?



Were the reasons for having a Cardioversion clearly explained to you?

● Yes	5
● No	0
● Unsure	0



Were you involved as much as you wanted to be in decisions about your treatment plans and care?

● Yes	5
● No	0
● Unsure	0



Were you given clear information and instructions before the day of the procedure?

● Yes	5
● No	0
● Unsure	0



Did a member of the clinical team explain the risks and benefits of the procedure, in a way you could understand, before you signed the consent form?

● Yes	5
● No	0
● Unsure	0



Did you have the opportunity to ask questions of the member of staff who obtained your consent, before you signed the consent form?

● Yes	5
● No	0
● Unsure	0



After the procedure, did a member of staff explain what would happen next (e.g. worsening advice/follow-up appointments)?

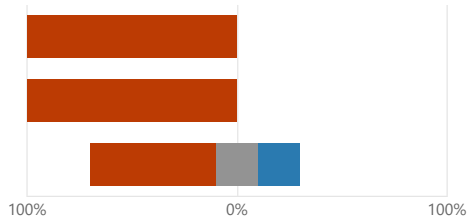
● Yes	5
● No	0
● Unsure	0



Do you understand.....

■ Yes ■ No ■ Unsure ■ Do not take ■ Not answered

- a) the role of antiarrhythmic medication (Amiodarone)?
- b) the role of anticoagulation therapy (Apixaban/Rivaroxaban/Warfarin)?
- c) the role of Beta Blocker tablets (Bisoprolol or Carvedilol)?



Did you receive a prescription from the Cardiac Nurse Specialist?

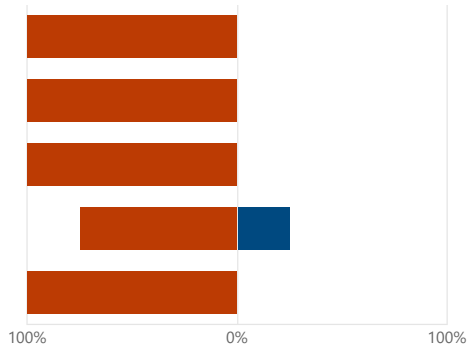
● Yes 4  
● No 1



Please answer the following:-

■ Yes ■ No ■ Unsure ■ Not answered

- a) Was the reason for prescribing this drug explained to you?
- b) Was the dosage of the drug explained?
- c) Were you told how often to take the drug?
- d) Were you advised on the possible side effects of the drug?
- e) Were you reviewed by the Cardiac Nurse Specialist following this change to your medication?



Were you given written information or a booklet about your Atrial Fibrillation and Cardioversion?

● Yes 4  
● No 0  
● Unsure 0



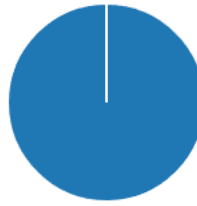
Was this information easy for you to understand?

● Yes 4  
● No 0  
● Not sure 0  
● Not applicable 0



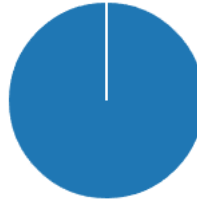
Do you find this service beneficial/reassuring to have?

Yes	5
No	0
Unsure	0



Do you find the Cardiac Nurse Specialist approachable and flexible to your needs?

Yes	5
No	0
Unsure	0



Do you feel you have sufficient access to the medical team, if the need arises?

Yes	5
No	0
Unsure	0



Do you feel sufficient time was allocated at each visit or clinic appointment?

Yes	5
No	0
Unsure	0



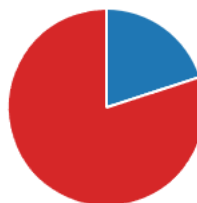
Were you seen on time for your appointments?

Always	4
Mostly	1
Never	0

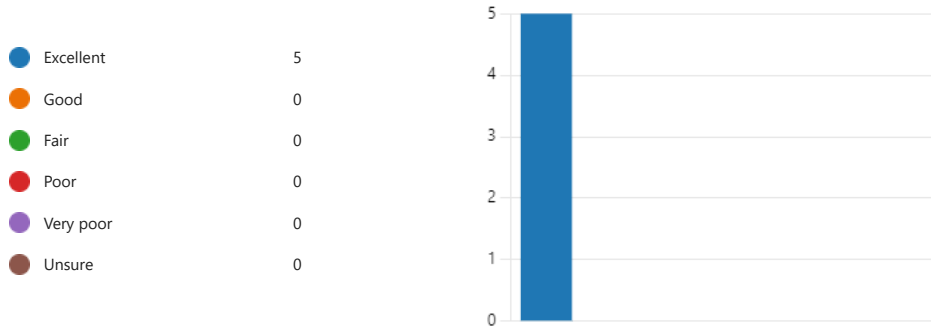


If you were not seen on time, were you given a reason for the delay?

Yes	1
No	0
Not sure	0
Not applicable	4



How do you rate the service provided by the Cardiac Nurse Specialist?



Please use the space below to provide further comments about the Cardiac Nurse Specialist Service:-

**4**  
Responses

Latest Responses  
"Everything was perfect (thank you)"  
"An excellent service - carried out by Excellent Staff. The care I received was brill..."

# Cardiac Rehabilitation Class - Patient Questionnaire 2024

2

Responses

01:32

Average time to complete

Active

Status

How many weeks did you attend the class for:

2

Responses

Latest Responses

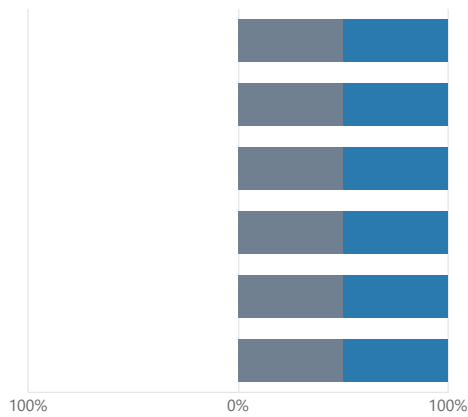
"7"

"8"

Please rate the following:

Very Poor Poor Fair Good Excellent Not Applicable

- a) The initial intake interview and induction
- b) The staff explanation of the planned class/programme
- c) Explanation of your goals and objectives
- d) Encouragement to participate in the class/programme
- e) Staff knowledge and understanding
- f) The exit interview and graduation



Please use this space for any suggestions or comments

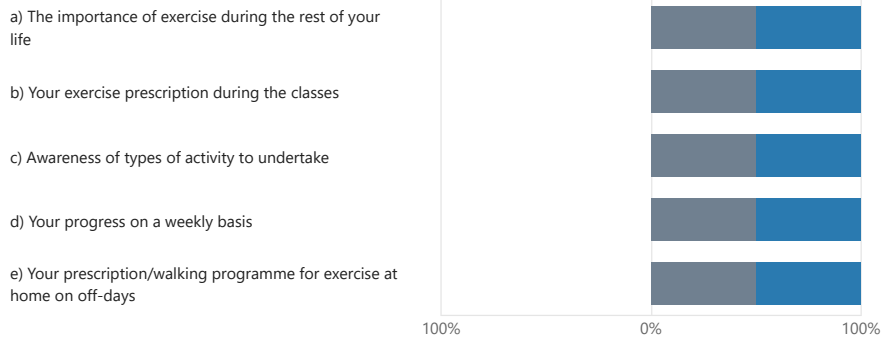
0

Responses

Latest Responses

Please rate the quality of educational and practical information provided by the staff relative to the following areas:

Very Poor Poor Fair Good Excellent Not Applicable



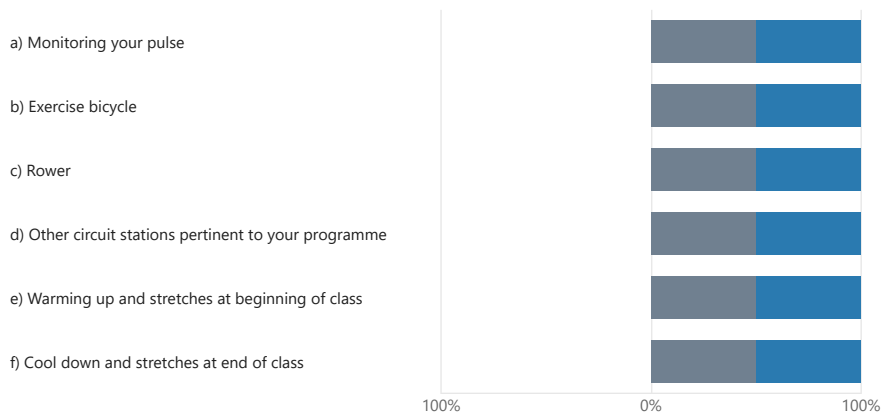
Please use this space for any suggestions or comments:

0 Responses

Latest Responses

Please rate the staff explanation and demonstration regarding the following:

Very Poor Poor Fair Good Excellent Not Applicable



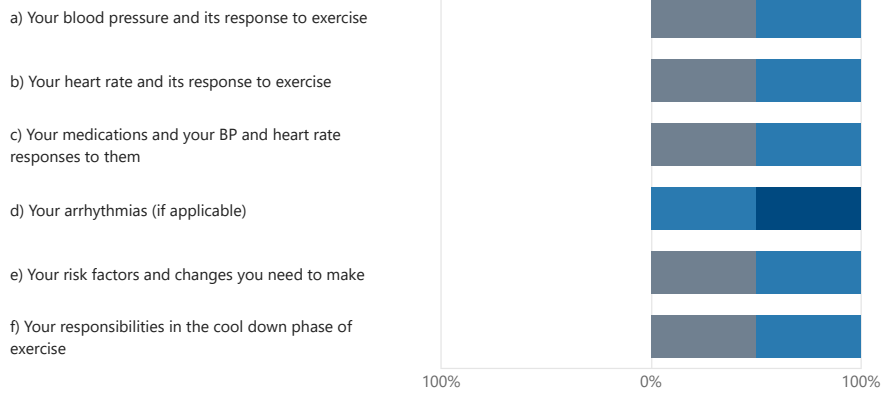
Please use this space for any suggestions or comments:

0 Responses

Latest Responses

Please rate the staff's knowledge about the following:

■ Very Poor 
 ■ Poor 
 ■ Fair 
 ■ Good 
 ■ Excellent 
 ■ Not Applicable



Please use this space for any suggestions or comments:

0 Responses

Latest Responses

Please rate the staff on the following characteristics:

■ Very Poor 
 ■ Poor 
 ■ Fair 
 ■ Good 
 ■ Excellent 
 ■ Not Applicable



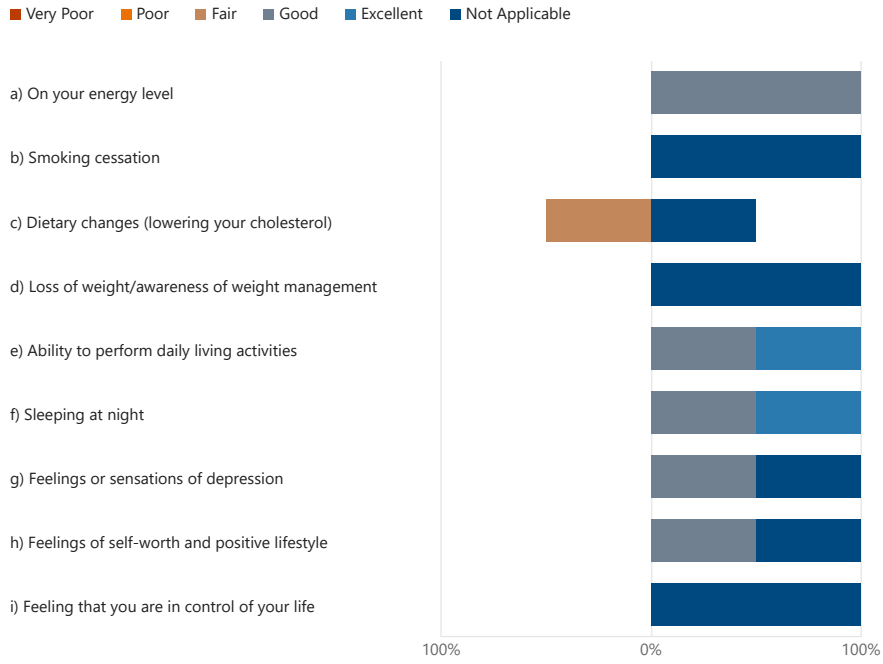
Please use this space for any suggestions or comments:

0 Responses

Latest Responses



Please comment on your progress and any changes since the commencement of the programme:



If you could change the programme in any way what would you do?

0  
Responses

Latest Responses

# Heart Failure Patient Satisfaction Survey May 2024

3

Responses

02:08

Average time to complete

Closed

Status

## Where did you receive your care?

At home	0
Clinic	3
Both	0



## In terms of your visits/clinic appointments, did the service offered meet with your needs?

Yes, fully	3
Mostly	0
Hardly	0
Not at all	0



## Did you find having a contact number for the Cardiac Nurses helpful?

Yes	3
No	0
Not used	0

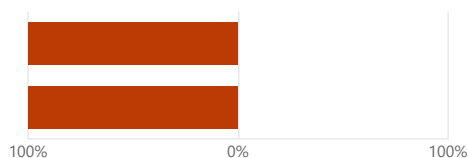


## Do you understand.....

Yes No Unsure

a) your diagnosis of heart failure

b) the causes of heart failure



**Do you recognise the symptoms of worsening heart failure?**

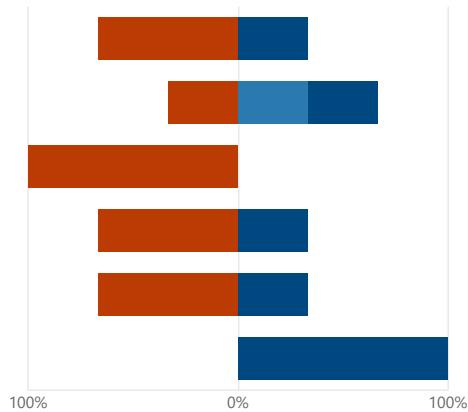
● Yes	3
● No	0
● Unsure	0
● Not applicable	0



**Do you understand.....**

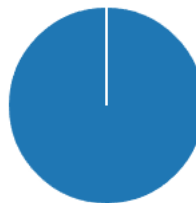
■ Yes ■ No ■ Unsure ■ Do not take

- the role of diuretics (water tablets) e.g. furosemide, bumetanide, eplerenone or spironolactone?
- the role of Ace Inhibitors (Ramipril/Lisinopril)?
- the role of Beta Blocker tablets (Bisoprolol or Carvedilol)?
- the role of Angiotensin II Receptors (Candesartan/Valsartan/Losartan)
- the role of Angiotensin Receptor Neprilysin Inhibitor (Sacubital/Valsartan)
- the role of SGLT2 inhibitor (Dapagliflozin)



**Did you receive a prescription from the Cardiac Nurse?**

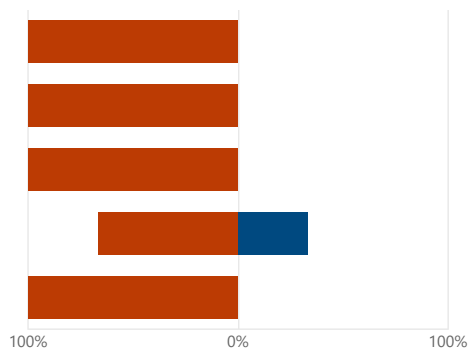
● Yes	3
● No	0



**Please answer the following:**

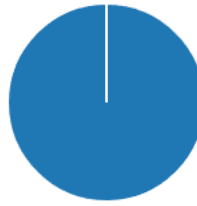
■ Yes ■ No ■ Unsure

- Was the reason for prescribing this drug explained to you?
- Was the dosage of the drug explained?
- Were you told how often to take the drug?
- Were you advised on the possible side effects of the drug?
- Were you reviewed by the Cardiac Nurse following this change to your medication?



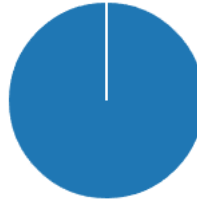
**Were you given clear advice on the importance of monitoring your weight?**

Yes	3
No	0
Unsure	0



**Are you aware of your daily intake of fluid?**

Yes	3
No	0
Unsure	0



**Are you aware of what to do, if you gain weight (more than 4lbs within 7 days) due to fluid retention?**

Yes	3
No	0
Unsure	0



**Were you provided with dietary advice?**

Yes	3
No	0
Unsure	0



**Was this advice written or verbal?**

Written	0
Verbal	1
Not applicable	0
Other	1



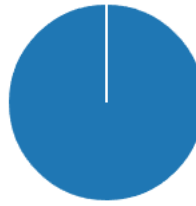
**Do you understand the need for salt reduction in your diet?**

Yes	3
No	0
Unsure	0



**Were you given adequate advice on lifestyle changes? (e.g. stop smoking/alcohol reduction/exercise)**

Yes	3
No	0
Unsure	0



**Were you given written information or a heart failure booklet on your condition?**

Yes	3
No	0
Unsure	0



**Was this information easy for you to understand?**

Yes	3
No	0
Not sure	0
Not applicable	0



**Do you find this service beneficial/reassuring to have?**

Yes	3
No	0
unsure	0



**Do you find the Cardiac Nurse approachable and flexible to your needs?**

Yes	3
No	0
Unsure	0



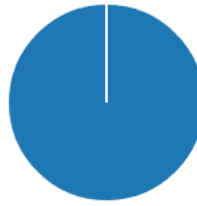
**Do you feel you have sufficient access to the medical team, if the need arises?**

Yes	3
No	0
Unsure	0



**Do you feel sufficient time was allocated at each visit or clinic appointment?**

Yes	3
No	0
Unsure	0



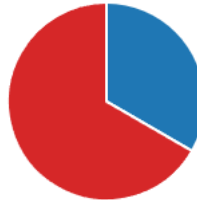
**Were you seen on time for your appointments?**

Always	2
Mostly	0
Never	0



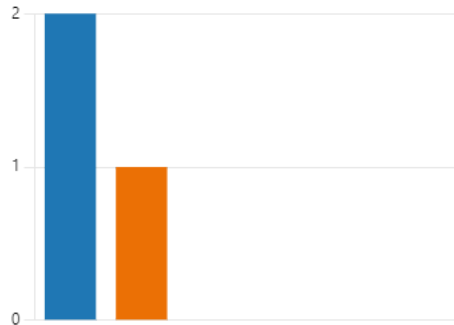
**If you were not seen on time, were you given a reason for the delay?**

Yes	1
No	0
Not sure	0
Not applicable	2



**How do you rate the service provided by the Cardiac Nurse Specialist?**

Excellent	2
Good	1
Fair	0
Poor	0
Very poor	0
Unsure	0



**Please use the space below to provide further comments about the Cardiac Nurse Service:**

1  
Responses

Latest Responses  
"The service is good, thank you very much for helping me."

**Appendix 3**  
**Quality Management of the Practice Learning Environment (QMPLE)**  
**Q2 July - September 2024**  
**Overall Satisfaction:**



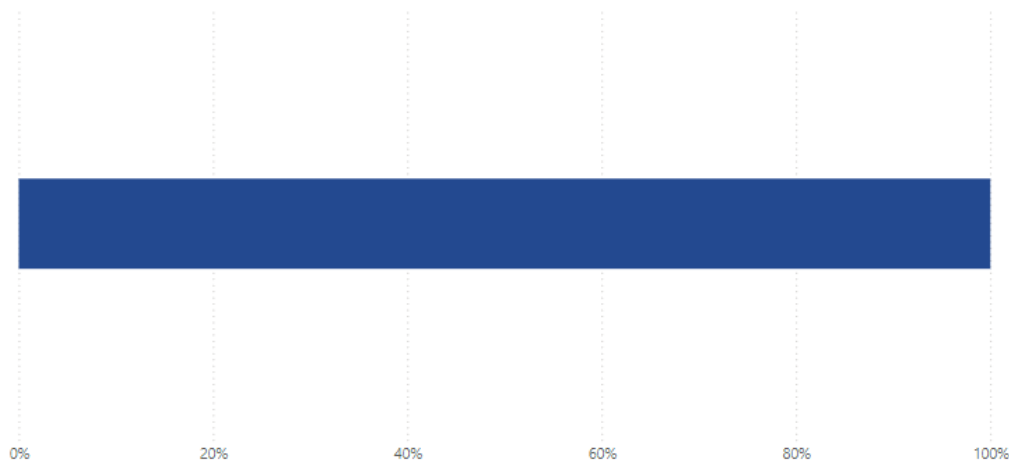
**Student Feedback Overview:**

4

Number of Respondents

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

● Very Satisfied



Education Provider

All

Health Board

NHS Shetland

Learning Centre

All

Learning Environment

All

Field of Practice

All

Year of Study

All

Submission Date

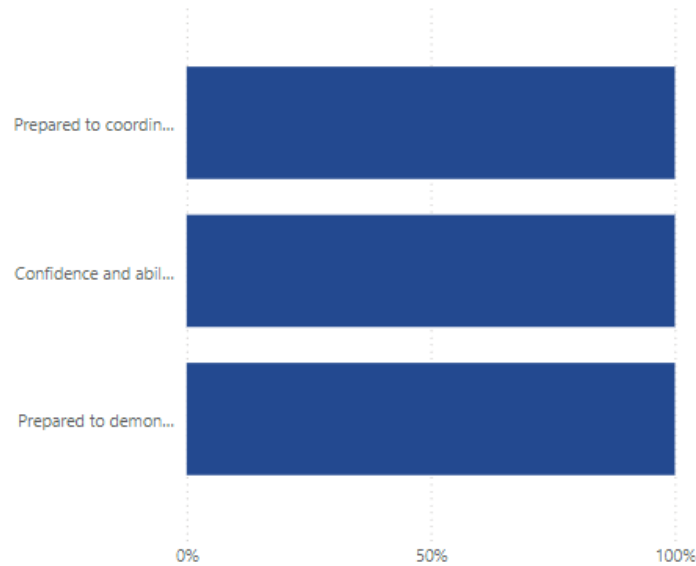
01/07/2024 30/09/2024

## Performance Management:

### Nursing

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

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



Number of Nursing Responses

1

### Midwifery

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

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



Number of Midwifery Responses

0



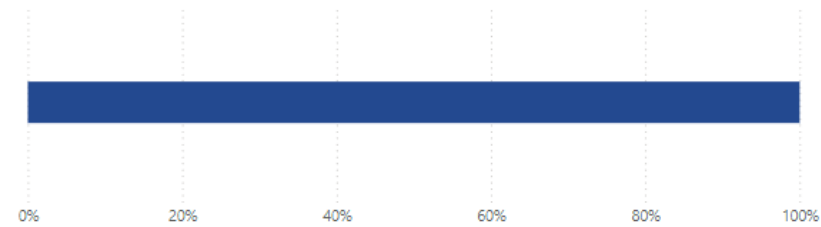
## Preparation for Practice Learning:

4

Number of Respondents

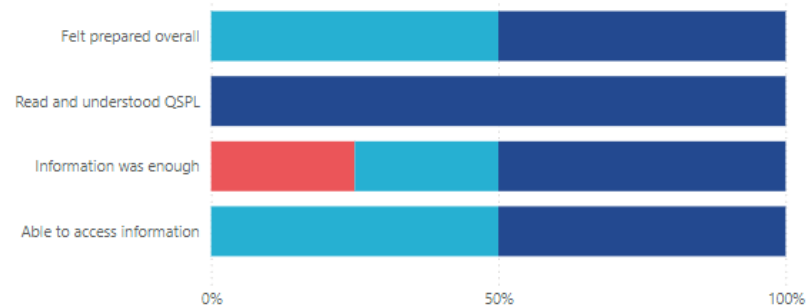
How much notice did you receive of your practice learning placement?

More than 28 days

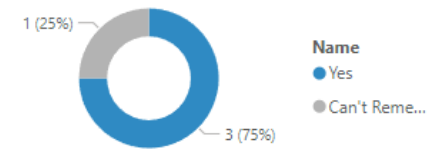


Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree:

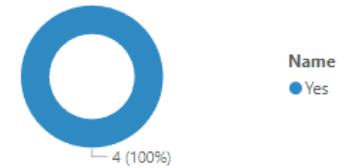
Can't Remem... Strongly Disa... Tend To Disa... Neither Agre... Tend To A... Strongly A...



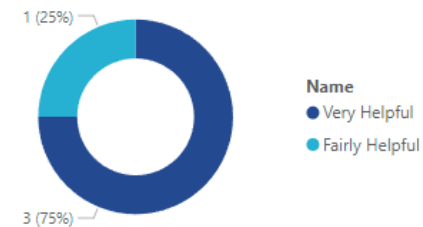
I was given a nominated contact person before commencement of the practice learning experience



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?



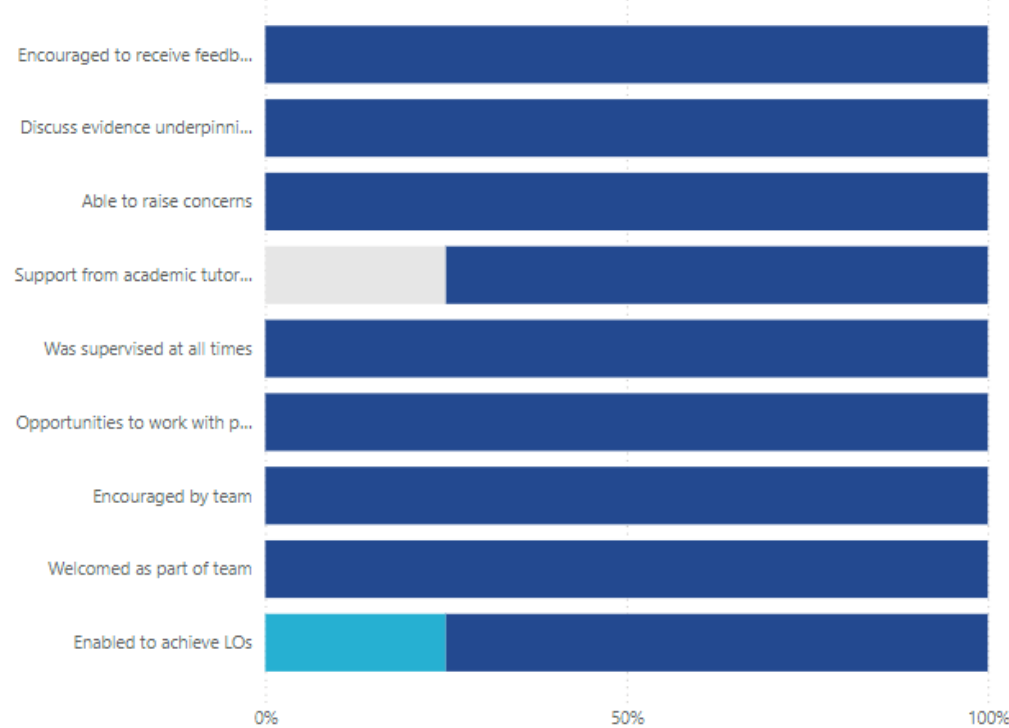
## Learning Environment:

4

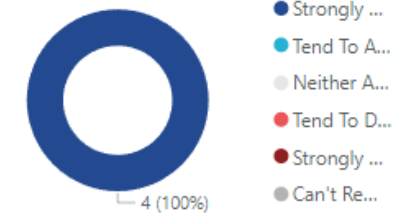
Number of Respondents

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

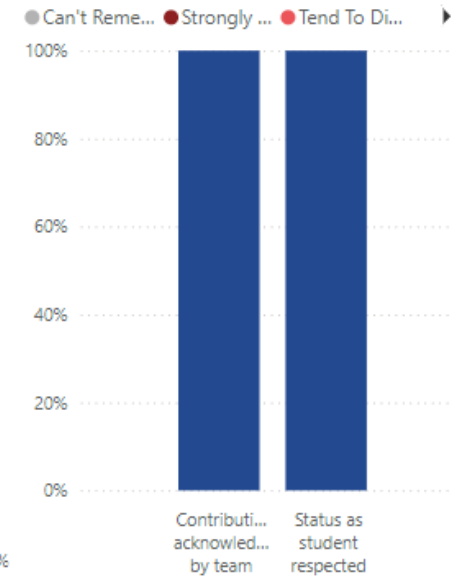
● Can't Remember/... ● Strongly Disagree ● Tend To Disagree ● Neither Agree... ● Tend To Agree ● Strongly Agree



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:

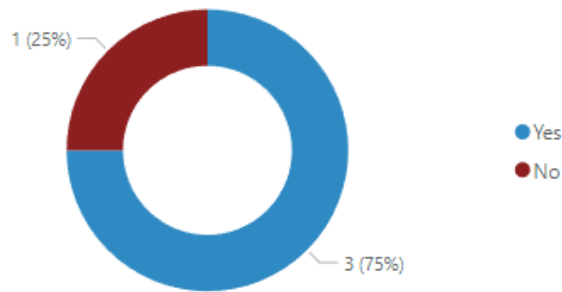


**Practice support:**

4

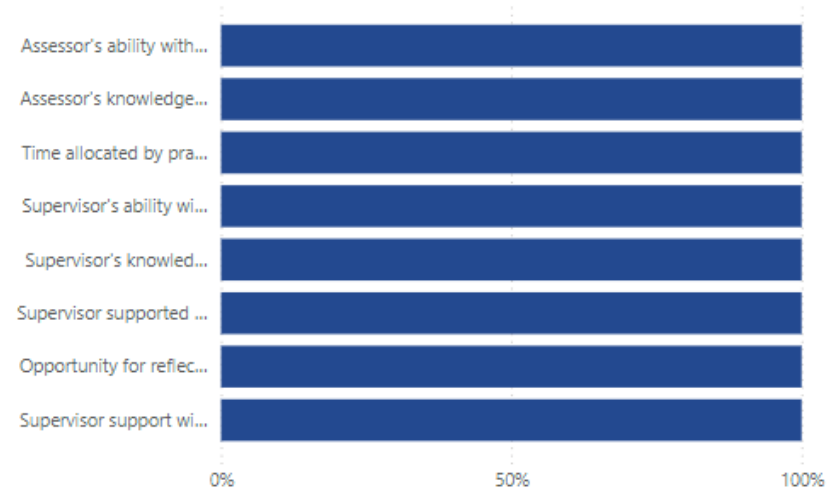
Number of Respondents

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



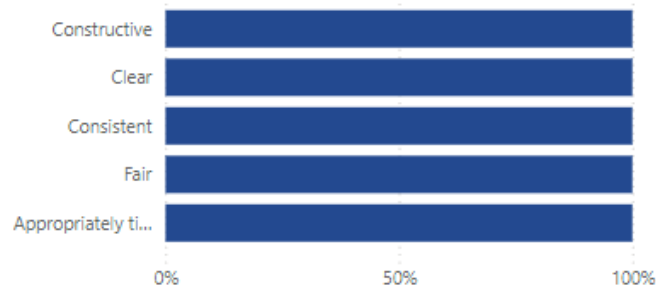
Thinking about the support provided by your practice assessor over the course of your practice learning experience, to what extent did you think each of the following were adequate or not?

● Completely Adequate

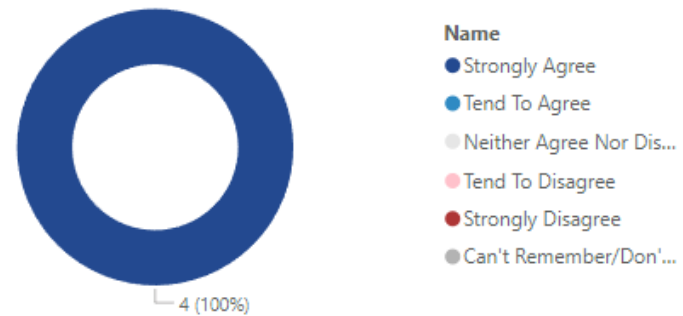


Thinking generally about the feedback you receive from your practice assessor over the course of your practice learning experience, to what extent do you agree or disagree that this was:

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



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

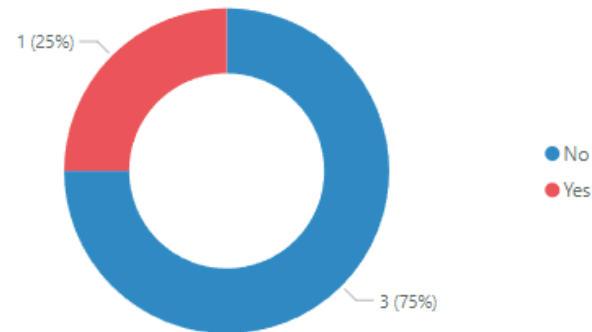


## Additional Support Needs:

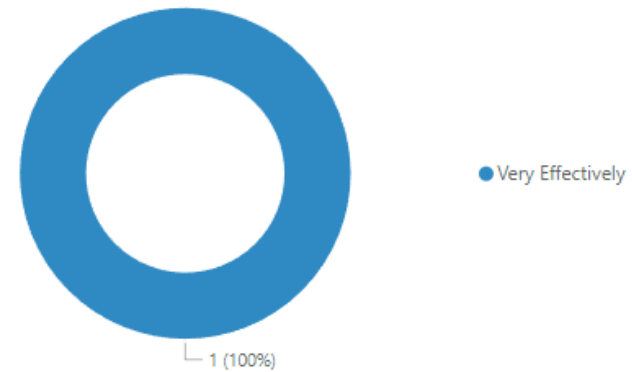
4

Number of Respondents

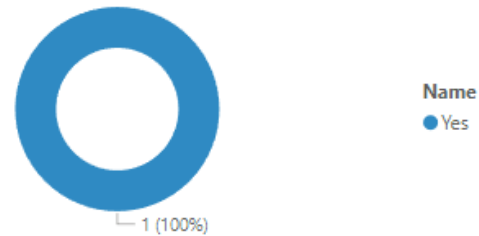
Did you require reasonable adjustments?



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?



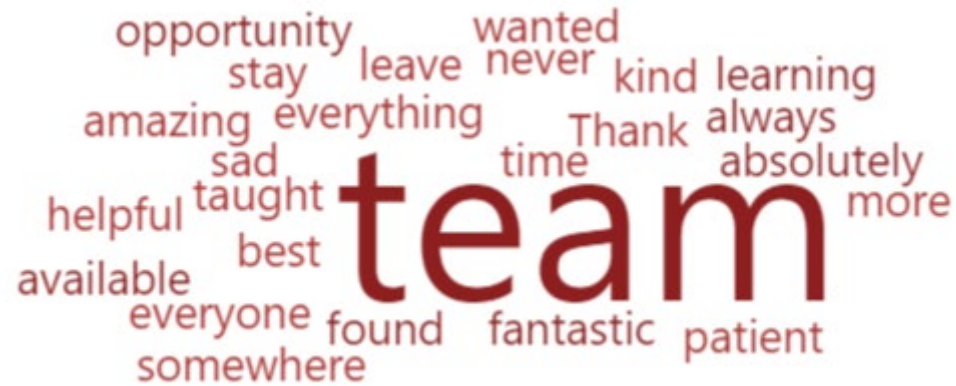


**Student feedback – improved experience:**



Response	Learning Environment	Learning Centre
I had a meeting with the PEL team and they said they would set up skills sessions for us (students up visiting) to go to every week, but we were never emailed or told about any of these sessions after the meeting. I was looking forward to getting skills sessions on things like catheterization but this never happened.	Day Surgery Unit	Gilbert Bain Hospital
This was my management placement and I feel it wasn't good for that as you cannot take on your own patients. Would be great for 2nd year students or the 1st placement of 3rd year.	Specialist Nurses	Gilbert Bain Hospital

**Additional Comments:**



Response	Learning Environment	Learning Centre
Thank you for everything you taught me, I had the best time with the team and was sad to leave. You have an amazing team, everyone was so kind, helpful and patient. I have never wanted to stay somewhere more!	Theatre	Gilbert Bain Hospital
All of the team were absolutely fantastic and always found me when there was a learning opportunity available for me.	Ward 1 and HDU	Gilbert Bain Hospital

## Appendix 4 NHS Shetland Feedback Monitoring Report 2024\_25 Quarter 2

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government. This report outlines NHS Shetland's performance against these indicators for the period July to September 2024 (Quarter 2).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2024 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 2023/24 is included in the Feedback and Complaints Annual Report: <https://www.nhsshotland.scot/downloads/file/1780/24-25-28-annual-feedback-and-complaints-report-2023-24>

A summary of cases taken to the Scottish Public Services Ombudsman from April 2021 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 meeting regarding whether actions have been concluded and the sharing of organisational learning. Less progress has been made than had been hoped but additional capacity is being added to the team in early 2025 with the appointment of an Assistant Feedback and Complaints Officer which will support moving this forward.

### Summary

- Corporate Services recorded 51 pieces of feedback in Quarter 2 of 2024/25 (1 July 2024 – 30 September 2024). For clarity these figures include all salaried GP practices (note this has become 9 of 10 practices in Shetland for the purposes of Quarter 2 reporting):

Feedback Type	01.07.24 – 30.09.24		01.04.24 – 30.06.24 (previous quarter)	
	Number	%	Number	%
Compliments	8	15.7%	7	11.6
Concerns	22	43.1%	25	41.7
Complaints	21	41.2%	28	46.7
<b>Totals:</b>	<b>51</b>		<b>60</b>	

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

Service	01.07.24 – 30.09.24		01.04.24 – 30.06.24 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	8	38.1%	11	39.3
Directorate of CH&SC	9	42.9%	11	39.3
Acute and community	1	4.7%	1	3.5
Withdrawn	3	14.3%	5	17.9
<b>Totals:</b>	<b>21</b>		<b>28</b>	



## Key highlights

- Performance regarding length of time to respond to Stage 1 complaints has decreased from the last quarter. Responding to Stage 2 complaints within 20 working days remains challenging, with no Stage 2 complaints meeting 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. There is also a capacity issue with complaint investigators.
- 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.
- No new cases were submitted to SPSO in the time period. The one litigation case previously reported regarding a delayed diagnosis remains 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	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	75% (12 of 16)	84% (21 of 25)
Number of complaints closed at Stage Two as % of all complaints	18.8% (*3 of 16)	16% (4 of 25)
Number of complaints closed at Stage Two after escalation as % of all complaints	6.2% (1 of 16)	0% (0 of 25)

\*Three complaints were withdrawn and two Stage 2 complaints remain open at the time of report writing and are therefore not included in the figures

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

#### Upheld

Description	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	66.7% (8 of 12)	38.1% (8 of 21)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	33.4% (1 of 3)	25%* (1 of 4)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 1)	0% (0 of 0)

#### Partially Upheld

Description	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	25% (3 of 12)	33.3% (7 of 21)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	33.3% (1 of 3)	75%* (3 of 4)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 1)	0% (0 of 0)

#### Not Upheld

Description	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	8.3% (1 of 12)	28.6% (6 of 21)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	33.3% (1 of 3)	0%* (0 of 4)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	100% (1 of 1)	0% (0 of 0)

<b>3 The average time in working days for a full response to complaints at each stage</b>			
Description	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	6.75	4	5 wkg days
Average time in working days to respond to complaints at Stage Two	52	40	20 wkg days
Average time in working days to respond to complaints after escalation	79	-	20 wkg 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>			
Description	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	33.3% (4 of 12)	81% (17 of 21)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	0% (0 of 3)	25% (1 of 4)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	0% (0 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>			
Description	01.07.24 – 30.09.24	01.04.24 – 30.06.24 (previous quarter)	
% of complaints at Stage One where extension was authorised	66.7%	19%	
% of complaints at Stage Two where extension was authorised	100%	75%	
% of escalated complaints where extension was authorised	100%	-	

### 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.

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 – in December this will be delivered to senior managers across two areas.

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 2024 to 30 September 2024

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Care and staff attitude	Maternity	N	Delay with investigation	Partly upheld	<ul style="list-style-type: none"> <li>• Apology given that communication could have been better</li> <li>• All clinics now in the system and reviewed weekly so absences will be identified and appointments covered</li> <li>• A commitment made to timely communication when home visits are not possible</li> <li>• Sensitive information to be on the system as an alert rather than through a long narrative in clinical notes</li> </ul>
2	Delay in diagnosis/treatment	GP	N	Delay with investigation	Upheld	<ul style="list-style-type: none"> <li>• Full apology given</li> <li>• Radiologist request for follow up missed two years prior. Duty of Candour triggered as complainant has had pain for the intervening time period which is likely associated</li> </ul>
3	Lack of support and unwanted outcome	Mental health	N	Delay with investigation	Partly upheld	<ul style="list-style-type: none"> <li>• Actions taken were found to be appropriate, however communication could have been better, for which an apology was given</li> </ul>
4	Failure to diagnose/staff attitude	A&E	Y		Partly upheld	<ul style="list-style-type: none"> <li>• Treatment found to be appropriate at the time, however apology given for perceived attitude and communication issues</li> </ul>
5	Assessment outcome	Mental health	N	Delay due to annual leave	Partly upheld	<ul style="list-style-type: none"> <li>• The assessment was found to be carried out professionally in a comprehensive and appropriate manner and in line with SIGN Guidelines. Complainant however entitled to a second opinion, which had already been considered as a viable option at the time of the assessment but not yet followed up. This will be organised with Consultant Psychiatrist in Shetland.</li> </ul>

6	Delay to diagnosis and treatment	A&E	N	Complex investigation	Partly upheld	<ul style="list-style-type: none"> <li>• Every clinician involved in care had acted appropriately and with the patient's best interests in mind. There was no evidence the patient had not received the correct treatment for each stage of their illness, as was presented to the staff examining them.</li> <li>• Apologies offered for the way the family had felt and clinicians involved asked to reflect on the experience reported.</li> </ul>
7	Staff attitude	GP	N	Delay due to annual leave	Upheld	<ul style="list-style-type: none"> <li>• Clinician has reflected on the consultations and events that took place during calls and apologised for the distress caused. Both parties realised the consultations did not go as well as would have been desired.</li> <li>• Medical record amended.</li> </ul>
8	Lack of treatment and care	Acute/medical	N	Delay due to annual leave	Not upheld	<ul style="list-style-type: none"> <li>• No evidence that the diagnosis was overlooked, that there was a misdiagnosis or a lack of investigation. However, clinicians are generalist and therefore will arrange a notes review from specialist Consultant.</li> </ul>
9	Equipment and adaptation delays	AHP	N	Complex investigation	Upheld	<ul style="list-style-type: none"> <li>• Poor communication and uncertainty about who to make contact with in the team.</li> <li>• Poor record keeping of actions and what had been reviewed.</li> <li>• Request for clear communication to explain closing an episode of care, to confirm the plan and who would be responsible.</li> </ul>
10	Unacceptable delays in treatment	Dental	N	Delay due to annual leave	Part upheld	<ul style="list-style-type: none"> <li>• Much of the delay and problems were unavoidable, given the restrictions on the service and the specific challenges of the care provided. Acknowledged the impact on the patient's health and wellbeing.</li> <li>• Apologies given that communication was not strong enough, especially in relation to the treatment provided, the referrals and the impact on the timeframe of care.</li> </ul>
11	Inappropriate sharing of information	Mental Health	N	Annual leave and capacity issues	Not upheld	<ul style="list-style-type: none"> <li>• Apologies offered for misunderstanding of the term MDT (multi-disciplinary team meeting). No evidence</li> </ul>

						found that information had been shared wider than was appropriate.
12	Not initially admitted despite acute pain	A&E	N	Annual leave and capacity issues	Open	
13	Poor communication between GP and A&E, lack of care for family member, staff attitude	A&E	N	Capacity issues of investigating manager	Open	

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2021 to November 2024

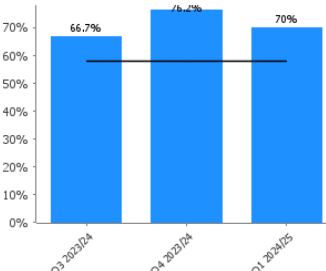
Date notified with SPSO	Our complaint ref	SPSO ref	Area of complaint	Date of SPSO outcome	SPSO outcome	SPSO recommendations	Action update	Board/SPSO status
<b>Notified 2021/22</b>								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the 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	25.03.24		Seeking early resolution by requesting a meeting takes place	Written to patient offering meeting – not heard back to date	
11.03.24	23_24_02	20230680	Dental care	01.05.24	Will not take forward	The Board's investigation found to be thorough and response supported by evidence	Sent complaint file and clinical records	Closed

**Key:**

Grey – no investigation undertaken nor recommendations requested by SPSO  
 Green – completed response and actions  
 Amber – completed response but further action to be taken at the point of update  
 No colour – open case

## Appendix 5 Quality Scorecard - Board

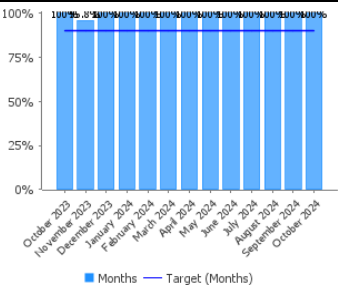
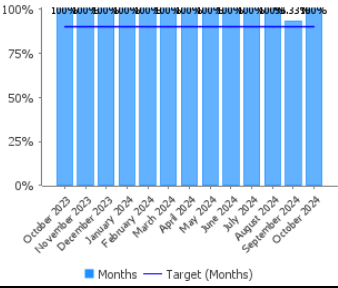
Title
Health Improvement

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	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)	Not measured for Months			76.2%	70%			58%		Exceeding national target of 50% and local target of 58%. National data for 2020-21 shows us at 59.7% - the joint best performing Board in Scotland and well above the national average (45.2%).



Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																				
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25																						
	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.				166	39				<table border="1"> <caption>PH-HI-03 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>110</td></tr> <tr><td>November 2023</td><td>121</td></tr> <tr><td>December 2023</td><td>131</td></tr> <tr><td>January 2024</td><td>137</td></tr> <tr><td>February 2024</td><td>152</td></tr> <tr><td>March 2024</td><td>166</td></tr> <tr><td>April 2024</td><td>24</td></tr> <tr><td>May 2024</td><td>24</td></tr> <tr><td>June 2024</td><td>39</td></tr> </tbody> </table>	Month	Value	October 2023	110	November 2023	121	December 2023	131	January 2024	137	February 2024	152	March 2024	166	April 2024	24	May 2024	24	June 2024	39	This figure will increase cumulatively over the year and work is progressing with the engagement work to support staff to attend training.
Month	Value																													
October 2023	110																													
November 2023	121																													
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February 2024	152																													
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May 2024	24																													
June 2024	39																													
PH-HI-03a Number of FAST alcohol screenings				552	155				<table border="1"> <caption>PH-HI-03a Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>338</td></tr> <tr><td>November 2023</td><td>380</td></tr> <tr><td>December 2023</td><td>415</td></tr> <tr><td>January 2024</td><td>444</td></tr> <tr><td>February 2024</td><td>497</td></tr> <tr><td>March 2024</td><td>552</td></tr> <tr><td>April 2024</td><td>39</td></tr> <tr><td>May 2024</td><td>90</td></tr> <tr><td>June 2024</td><td>155</td></tr> </tbody> </table>	Month	Value	October 2023	338	November 2023	380	December 2023	415	January 2024	444	February 2024	497	March 2024	552	April 2024	39	May 2024	90	June 2024	155	ABIs/screenings now being done as part of a group weight management and lifestyle change programme in Health Improvement.
Month	Value																													
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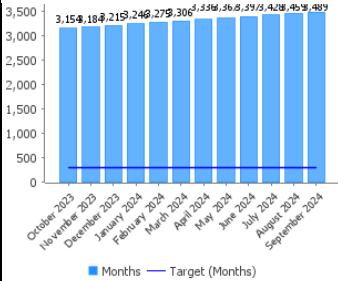

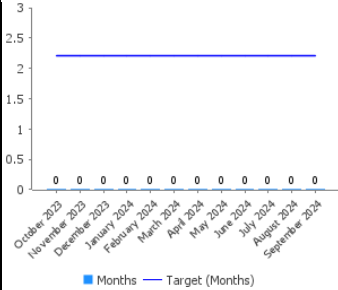
Title
<b>Patient Experience Outcome Measures</b>

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	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%		14 responses – 3 for Ward 1 and 11 for Ward 3
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	100%	93.33%	100%	100%	93.33%	✔	90%		14 responses – 3 for Ward 1 and 11 for Ward 3

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																												
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25																														
	Value	Value	Value	Value	Value	Value	Status	Target																														
NA-HC-14 What matters to you – % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	100%	100%	100%	100%	100%	100%	✓	90%	<table border="1"> <caption>NA-HC-14 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <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> <tr><td>July 2024</td><td>100%</td></tr> <tr><td>August 2024</td><td>100%</td></tr> <tr><td>September 2024</td><td>100%</td></tr> <tr><td>October 2024</td><td>100%</td></tr> </tbody> </table>	Month	Value	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%	July 2024	100%	August 2024	100%	September 2024	100%	October 2024	100%	14 responses – 3 for Ward 1 and 11 for Ward 3
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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%	100%	100%	100%	100%	✓	90%	<table border="1"> <caption>NA-HC-17 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <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> <tr><td>July 2024</td><td>100%</td></tr> <tr><td>August 2024</td><td>100%</td></tr> <tr><td>September 2024</td><td>100%</td></tr> <tr><td>October 2024</td><td>100%</td></tr> </tbody> </table>	Month	Value	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%	July 2024	100%	August 2024	100%	September 2024	100%	October 2024	100%	14 responses – 3 for Ward 1 and 11 for Ward 3
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NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	99.14%	97.47%	93.33%	99.07%	100%	93.33%	✓	90%	<table border="1"> <caption>NA-HC-20 Trend Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>93.33%</td></tr> <tr><td>November 2023</td><td>93.33%</td></tr> <tr><td>December 2023</td><td>93.33%</td></tr> <tr><td>January 2024</td><td>93.33%</td></tr> <tr><td>February 2024</td><td>93.33%</td></tr> <tr><td>March 2024</td><td>93.33%</td></tr> <tr><td>April 2024</td><td>93.33%</td></tr> <tr><td>May 2024</td><td>93.33%</td></tr> <tr><td>June 2024</td><td>93.33%</td></tr> <tr><td>July 2024</td><td>93.33%</td></tr> <tr><td>August 2024</td><td>93.33%</td></tr> <tr><td>September 2024</td><td>93.33%</td></tr> <tr><td>October 2024</td><td>93.33%</td></tr> </tbody> </table>	Month	Value	October 2023	93.33%	November 2023	93.33%	December 2023	93.33%	January 2024	93.33%	February 2024	93.33%	March 2024	93.33%	April 2024	93.33%	May 2024	93.33%	June 2024	93.33%	July 2024	93.33%	August 2024	93.33%	September 2024	93.33%	October 2024	93.33%	14 responses – 3 for Ward 1 and 11 for Ward 3
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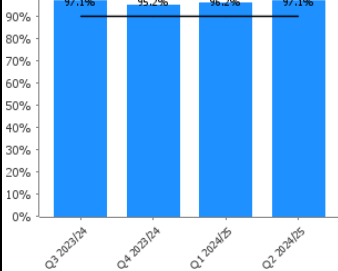
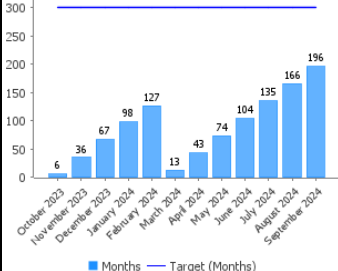
Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	98.21%	97.37%	96.88%	100%	100%	96.88%	🟢	90%		14 responses – 3 for Ward 1 and 11 for Ward 3
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	88.14%	97.37%	90.63%	98.15%	100%	90.63%	🟢	90%		14 responses – 3 for Ward 1 and 11 for Ward 3

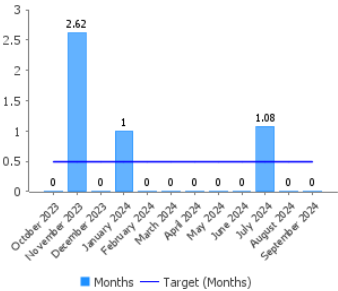
Title
<b>Patient Safety Programme – Maternity &amp; Children Workstream</b>

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																										
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25																												
	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-CF-07 Days between stillbirths	3,428	3,459	3,489	3,306	3,397	3,489		300	 <table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>NA-CF-07 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>3,154</td></tr> <tr><td>November 2023</td><td>3,187</td></tr> <tr><td>December 2023</td><td>3,219</td></tr> <tr><td>January 2024</td><td>3,246</td></tr> <tr><td>February 2024</td><td>3,279</td></tr> <tr><td>March 2024</td><td>3,306</td></tr> <tr><td>April 2024</td><td>3,336</td></tr> <tr><td>May 2024</td><td>3,375</td></tr> <tr><td>June 2024</td><td>3,428</td></tr> <tr><td>July 2024</td><td>3,459</td></tr> <tr><td>August 2024</td><td>3,489</td></tr> <tr><td>September 2024</td><td>3,489</td></tr> </tbody> </table>	Month	Value	October 2023	3,154	November 2023	3,187	December 2023	3,219	January 2024	3,246	February 2024	3,279	March 2024	3,306	April 2024	3,336	May 2024	3,375	June 2024	3,428	July 2024	3,459	August 2024	3,489	September 2024	3,489	
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NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	 <table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>NA-CF-09 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>0</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>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> <tr><td>July 2024</td><td>0</td></tr> <tr><td>August 2024</td><td>0</td></tr> <tr><td>September 2024</td><td>0</td></tr> </tbody> </table>	Month	Value	October 2023	0	November 2023	0	December 2023	0	January 2024	0	February 2024	0	March 2024	0	April 2024	0	May 2024	0	June 2024	0	July 2024	0	August 2024	0	September 2024	0	
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Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0	✅	4	<p>A line chart with the y-axis ranging from 0 to 5. The x-axis lists months from October 2023 to September 2024. A blue horizontal line at y=4 represents the target. The data points for 'Months' are all 0.</p>	
NA-CF-16 % of women satisfied with the care they received				0				95	<p>A line chart with the y-axis ranging from 0 to 100. The x-axis shows Q3 2023/24 and Q4 2023/24. A blue horizontal line at y=95 represents the target. The data points for 'Months' are 0 for both quarters.</p>	Q2 Care Opinion was used to ask patients to provide feedback regarding their care experience. The Midwives will continue to promote the use of Care Opinion as a national survey has not been developed. Recent UNICEF award included patient feedback.
NA-HC-58 % compliance with the new born screening bundle			100	100	100	100	✅	100	<p>A bar chart with the y-axis ranging from 0 to 100. The x-axis shows fiscal years from 2015/16 to 2024/25. All bars represent 100% compliance.</p>	

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

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
CE-IC-01 Cleaning Specification Audit Compliance	Not measured for Months			95.2%	96.2%	97.1%		90%		
NA-HC-08 Days between Cardiac Arrests	135	166	196	13	104	196		300		Measure will remain on red until target of 300 days reached
NA-HC-09 All Falls rate (per 1000 occupied bed days)	5.39	4.61	3.58	5.71	7.33	3.58		7		Falls reduction Quality Improvement work continues, new Risk assessments becoming embedded. Less reliance on sensor alarms for very high risk patients and move to staffing 1:1 ratio. Cohorting patients who are

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
										at high risk of falls shows excellent early results in falls reduction, QI projects continues.
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	1.08	0	0	0	0	0	🟢	0.5		Patient at high falls risk, underlying conditions contributed to elevated falls risk. 1 patient had a fall with harm – appropriate nursing assessments and interventions implemented.
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x 1000)	0	0	0	5.46	0	0	🟢	0		The feasibility of this measure locally is going to be discussed with the SPSP team in August. 2222 calls are used within the Gilbert Bain Hospital to summon help for deteriorating patients, medical emergencies and cardiac arrests.
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	435	466	16	313	404	16	🔴	300		Measure will remain on red until target of 300 days reached across both inpatient areas.



Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	0	1.19	0	0	1.19	🟢	0		<p>Tissue Viability Nurse leading educational sessions and route cause analysis using the 'Red Day' Tool which supports investigation of pressure ulcers. Tissue viability group are now exploring a new risk assessment tool entitled PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool).</p> <p>Educational sessions are now also being run by the Tissue Viability Nurse for care home and care at home teams via MS Teams.</p>
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	99.4	100	99.4	99	100	99.4	🟢	95		<p>Please note that cardiac arrests data collection has been recommended and is reported in Q2.</p> <p>Falls with harm, hospital acquired pressure ulcers, cardiac</p>

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																										
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25																												
	Value	Value	Value	Value	Value	Value	Status	Target																												
										arrests and hospital acquired CAUTIs.																										
NA-HC-66 Pressure ulcer – days between pressure ulcers developed on Ward 1.	511	542	572	389	480	572	🟢	300	<table border="1"> <caption>NA-HC-66 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>237</td></tr> <tr><td>November 2023</td><td>269</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> <tr><td>July 2024</td><td>511</td></tr> <tr><td>August 2024</td><td>542</td></tr> <tr><td>September 2024</td><td>572</td></tr> </tbody> </table>	Month	Value	October 2023	237	November 2023	269	December 2023	298	January 2024	329	February 2024	358	March 2024	389	April 2024	419	May 2024	450	June 2024	480	July 2024	511	August 2024	542	September 2024	572	<p>We have small numbers of highly complex patients with multiple co-morbidities. Ongoing training is in place to identify pressure ulcers and report these cases on admission. See Appendix A</p> <p>Pressure ulcer incidents are discussed at the senior charge nurse/team leaders meetings, individual department meetings and the tissue viability group. This is where risks are reviewed, lessons learned shared and any actions plans developed.</p>
Month	Value																																			
October 2023	237																																			
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September 2024	572																																			
NA-HC-69 Pressure ulcers – days between pressure ulcers on Ward 3	419	450	16	297	388	16	🔴	300	<table border="1"> <caption>NA-HC-69 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>161</td></tr> <tr><td>November 2023</td><td>191</td></tr> <tr><td>December 2023</td><td>206</td></tr> <tr><td>January 2024</td><td>237</td></tr> <tr><td>February 2024</td><td>266</td></tr> <tr><td>March 2024</td><td>297</td></tr> <tr><td>April 2024</td><td>327</td></tr> <tr><td>May 2024</td><td>358</td></tr> <tr><td>June 2024</td><td>388</td></tr> <tr><td>July 2024</td><td>419</td></tr> <tr><td>August 2024</td><td>450</td></tr> <tr><td>September 2024</td><td>16</td></tr> </tbody> </table>	Month	Value	October 2023	161	November 2023	191	December 2023	206	January 2024	237	February 2024	266	March 2024	297	April 2024	327	May 2024	358	June 2024	388	July 2024	419	August 2024	450	September 2024	16	<p>We have small numbers of highly complex patients with multiple co-morbidities. Ongoing training is in place to identify pressure ulcers and report these cases on admission.</p>
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Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																		
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25																				
	Value	Value	Value	Value	Value	Value	Status	Target																				
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered				60	100				<table border="1"> <caption>NA-HC-72 Trend Chart Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr> <td>October 2023</td> <td>89</td> <td>75</td> </tr> <tr> <td>December 2023</td> <td>40</td> <td>75</td> </tr> <tr> <td>February 2024</td> <td>60</td> <td>75</td> </tr> <tr> <td>April 2024</td> <td>80</td> <td>75</td> </tr> <tr> <td>June 2024</td> <td>100</td> <td>75</td> </tr> </tbody> </table>	Month	Months	Target (Months)	October 2023	89	75	December 2023	40	75	February 2024	60	75	April 2024	80	75	June 2024	100	75	<p>A decision was made at the Surgical Audit meeting to conduct the DVT audit in the months of August, December, February and April to coincide with the new doctors starting at the beginning of these months.</p>
Month	Months	Target (Months)																										
October 2023	89	75																										
December 2023	40	75																										
February 2024	60	75																										
April 2024	80	75																										
June 2024	100	75																										
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts									<table border="1"> <caption>NA-HC-79 Trend Chart Data</caption> <thead> <tr> <th>Month</th> <th>% of total observations calculated accurately on the NEWS 2 charts</th> </tr> </thead> <tbody> <tr> <td>September 2023</td> <td>97%</td> </tr> <tr> <td>October 2023</td> <td>94.5%</td> </tr> </tbody> </table>	Month	% of total observations calculated accurately on the NEWS 2 charts	September 2023	97%	October 2023	94.5%	<p>Due to Clinical Governance Team vacancies, Excellence in Care (EiC) data has not been updated since December 2023. We will review this when recruitment is completed at the beginning of 2025.</p>												
Month	% of total observations calculated accurately on the NEWS 2 charts																											
September 2023	97%																											
October 2023	94.5%																											


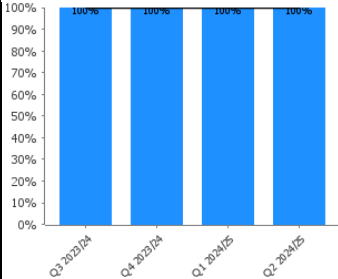
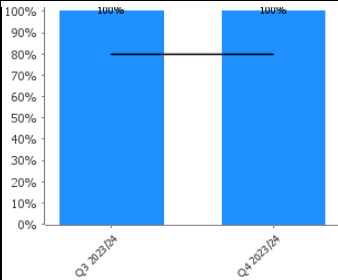
Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																										
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	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)									<p>NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)</p> <table border="1"> <tr><th>Month</th><th>Accuracy (%)</th></tr> <tr><td>September 2023</td><td>87.5%</td></tr> <tr><td>October 2023</td><td>80%</td></tr> </table>	Month	Accuracy (%)	September 2023	87.5%	October 2023	80%	MDT approach to assurance using unplanned admissions to HDU to assess if low accuracy compliance is resulting in deteriorating NEWS being missed. As above for issues with data collection.																				
Month	Accuracy (%)																																			
September 2023	87.5%																																			
October 2023	80%																																			
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	46	77	107	30	15	107		300	<p>NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care</p> <table border="1"> <tr><th>Month</th><th>Value</th></tr> <tr><td>October 2023</td><td>201</td></tr> <tr><td>November 2023</td><td>16</td></tr> <tr><td>December 2023</td><td>46</td></tr> <tr><td>January 2024</td><td>77</td></tr> <tr><td>February 2024</td><td>97</td></tr> <tr><td>March 2024</td><td>30</td></tr> <tr><td>April 2024</td><td>51</td></tr> <tr><td>May 2024</td><td>82</td></tr> <tr><td>June 2024</td><td>15</td></tr> <tr><td>July 2024</td><td>46</td></tr> <tr><td>August 2024</td><td>77</td></tr> <tr><td>September 2024</td><td>107</td></tr> </table> <p>Legend: Months (Blue bars), Target (Months) (Blue line)</p>	Month	Value	October 2023	201	November 2023	16	December 2023	46	January 2024	77	February 2024	97	March 2024	30	April 2024	51	May 2024	82	June 2024	15	July 2024	46	August 2024	77	September 2024	107	<p>Infection Control Team have provided ward based educational sessions to improve hydration and use of CAUTI Bundles to prompt interventions.</p> <p>Whilst consistent month on month progress is being made towards the target of 300 days between CAUTIs developing in hospital, this measure will remain on red until this has been reached.</p>
Month	Value																																			
October 2023	201																																			
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Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note																												
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25																														
	Value	Value	Value	Value	Value	Value	Status	Target																														
NA-IC-02 Catheter Usage Rate	25.14	15.56	21.47	27.62	19.21	21.47		15	<table border="1"> <caption>Catheter Usage Rate Data</caption> <thead> <tr><th>Month</th><th>Usage Rate</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>21.04</td></tr> <tr><td>November 2023</td><td>21.62</td></tr> <tr><td>December 2023</td><td>27.18</td></tr> <tr><td>January 2024</td><td>34.95</td></tr> <tr><td>February 2024</td><td>18.23</td></tr> <tr><td>March 2024</td><td>27.62</td></tr> <tr><td>April 2024</td><td>20.99</td></tr> <tr><td>May 2024</td><td>28.08</td></tr> <tr><td>June 2024</td><td>19.21</td></tr> <tr><td>July 2024</td><td>25.14</td></tr> <tr><td>August 2024</td><td>15.56</td></tr> <tr><td>September 2024</td><td>21.47</td></tr> </tbody> </table>	Month	Usage Rate	October 2023	21.04	November 2023	21.62	December 2023	27.18	January 2024	34.95	February 2024	18.23	March 2024	27.62	April 2024	20.99	May 2024	28.08	June 2024	19.21	July 2024	25.14	August 2024	15.56	September 2024	21.47	We are undertaking further analysis to understand why catheter usage has increased – a possible contributory factor is the number of frail people in Hospital, some who are delayed in Hospital.		
Month	Usage Rate																																					
October 2023	21.04																																					
November 2023	21.62																																					
December 2023	27.18																																					
January 2024	34.95																																					
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June 2024	19.21																																					
July 2024	25.14																																					
August 2024	15.56																																					
September 2024	21.47																																					
NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	83.33%	33.33%	75%	100%	100%	75%		95%	<table border="1"> <caption>Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle Data</caption> <thead> <tr><th>Month</th><th>Compliance (%)</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>100%</td></tr> <tr><td>November 2023</td><td>100%</td></tr> <tr><td>December 2023</td><td>84.62%</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> <tr><td>July 2024</td><td>83.33%</td></tr> <tr><td>August 2024</td><td>33.33%</td></tr> <tr><td>September 2024</td><td>75%</td></tr> <tr><td>October 2024</td><td>80%</td></tr> </tbody> </table>	Month	Compliance (%)	October 2023	100%	November 2023	100%	December 2023	84.62%	January 2024	100%	February 2024	100%	March 2024	100%	April 2024	100%	May 2024	100%	June 2024	100%	July 2024	83.33%	August 2024	33.33%	September 2024	75%	October 2024	80%	Bundles are discussed at the Link Nurse meetings and highlighted where there have been any issues. We are working with the ward teams to improve their compliance levels with documentation (see below).
Month	Compliance (%)																																					
October 2023	100%																																					
November 2023	100%																																					
December 2023	84.62%																																					
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August 2024	33.33%																																					
September 2024	75%																																					
October 2024	80%																																					
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	70.59%	76.92%	73.08%	72.73%	92.86%	73.08%		95%	<table border="1"> <caption>Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle Data</caption> <thead> <tr><th>Month</th><th>Compliance (%)</th></tr> </thead> <tbody> <tr><td>October 2023</td><td>71.43%</td></tr> <tr><td>November 2023</td><td>66.67%</td></tr> <tr><td>December 2023</td><td>92.86%</td></tr> <tr><td>January 2024</td><td>92.86%</td></tr> <tr><td>February 2024</td><td>63.64%</td></tr> <tr><td>March 2024</td><td>72.73%</td></tr> <tr><td>April 2024</td><td>80%</td></tr> <tr><td>May 2024</td><td>55%</td></tr> <tr><td>June 2024</td><td>92.86%</td></tr> <tr><td>July 2024</td><td>76.92%</td></tr> <tr><td>August 2024</td><td>70.59%</td></tr> <tr><td>September 2024</td><td>73.08%</td></tr> <tr><td>October 2024</td><td>76.47%</td></tr> </tbody> </table>	Month	Compliance (%)	October 2023	71.43%	November 2023	66.67%	December 2023	92.86%	January 2024	92.86%	February 2024	63.64%	March 2024	72.73%	April 2024	80%	May 2024	55%	June 2024	92.86%	July 2024	76.92%	August 2024	70.59%	September 2024	73.08%	October 2024	76.47%	Following discussion with the Infection Control Team, the reduction in performance was identified and escalated to the SCNs and Chief Nurse Acute. Work has been commenced around improving the documentation of the catheters insertion bundle. During audits any issues identified are communicated with the ward.
Month	Compliance (%)																																					
October 2023	71.43%																																					
November 2023	66.67%																																					
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Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured Quarterly Activity Recommencing July 2024			0	0	100	✓	100		Leadership Walk rounds recommenced with 4 Walk rounds scheduled and conducted
NA-IC-22 Hand Hygiene Audit Compliance	98.9%			100%	98.9%	98.9%	✓	95%		See HAIRT Board Report
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	National surveillance suspended									Surgical Site Infection Surveillance has been suspended since COVID. All cases of infection are reviewed by the clinical team if they arise.

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-IC-24 Percentage of cases developing an infection post hip fracture	National surveillance suspended									Surgical Site Infection Surveillance has been suspended since COVID. All cases of infection are reviewed by the clinical team if they arise.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	National surveillance suspended									Surgical Site Infection Surveillance has been suspended since COVID. All cases of infection are reviewed by the clinical team if they arise.
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	National surveillance suspended								NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Surgical Site Infection Surveillance has been suspended since COVID. All cases of infection are reviewed by the clinical team if they arise.

Title
Treatment

Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	100%	100%	100%	100%	100%	100%		100%		This is not currently being measured as a target at national level. We *offer* the link worker to everyone newly diagnosed and therefore we meet the target (understandably, not everyone wants to take up the offer). See CH-MH-04 for details of our balancing measure.
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)				100%						See above



Performance Indicators	Months			Quarters			Icon	Target	Trend Chart	Latest Note
	July 2024	August 2024	September 2024	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q2 2024/25	Q2 2024/25		
	Value	Value	Value	Value	Value	Value	Status	Target		
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	PHS most recent publication was 12/11/24. HSMR 1.09			1.18	1.09			1.09	<p>A bar chart with three blue bars representing quarterly HSMR values. The y-axis ranges from 0 to 1.0 with increments of 0.25. The x-axis labels are Q3 2023/24, Q4 2023/24, and Q1 2024/25. The values are 1.1, 1.18, and 1.09 respectively. A horizontal black line is drawn across the chart at the 1.09 level.</p>	Data for July 2023 to June 2024 – 1.09. 86 observed deaths with 79 predicted. NHS Shetland did not have a significantly higher or lower standardised mortality ratio than the national average

**APPENDIX A – Overview of falls and pressure ulcer incidence between: July – September 2024**

<b>Falls in Secondary Care</b>									
<b>WARD 1</b>					<b>WARD 3</b>				
<b>NA-HC-60 Total number of falls</b>					<b>NA-HC-61 Total number of falls</b>				
Date	Fall with injury NA-HC-62	Fall – no injury	Number Days Between (falls with injury)	Injury	Date	Fall with injury NA-HC-63	Fall – no injury	Number Days Between (falls with injury)	Injury
B/Fwd			24		B/Fwd			58	
<b>Jan 24</b>	0	2	55	2 x falls no injuries Datix 9886 & 9934	<b>Jan 24</b>	1	7	8	# hip 9908 7 x falls no injury Datix 9881, 9882, 9883, 9896, 9897, 9898, 9902,
<b>Feb 24</b>	0	3	84	3 x falls no injuries Datix 9940, 9982, 9983	<b>Feb 24</b>	0	3	37	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	68	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	98	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	129	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	159	3 x falls no injury Datix 9597,9617 & 9615
<b>July 24</b>	0	1	237	1 fall no injury Dx 10292	<b>July 24</b>	1	3	188	Fall with harm Dx 10342. 3 x falls no injury Dx 10301, 10312, 10323
<b>Aug 24</b>	0	3	268	3 x falls no harm Dx 10375, 10401, 10402	<b>Aug 24</b>	0	1	32	1 x fall no harm Dx 10400
<b>Sept 24</b>	0	0	298		<b>Sept 24</b>	0	3	62	3 x falls no harm Dx 10413, 10453,10479
<b>Total</b>	<b>0</b>	<b>16</b>			<b>Total</b>	<b>2</b>	<b>27</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	1	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	2	388		
July 24	0	0	511			July 24	0	0	419		
Aug 24	0	1	542		Datix 10426	Aug 24	0	0	450		
Sept 24	0	0	572			Sept 24	1	1	16	2	Hospital Acquired Pressure Ulcer - Datix 10452 currently being reviewed.
<b>Total</b>	<b>0</b>	<b>7</b>				<b>Total</b>	<b>1</b>	<b>7</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>
July – Sept 2024	1	Unavoidable	Yes	Discussed with Silver Command. Ward team discussed the event.	There was 1 patient who had a fall with harm identified in Q2, where the individual sustained an extensive skin injury to their arm requiring emergency treatment. The appropriate actions and assessments had been completed by the nursing teams. Adverse event reporting was completed appropriately for this advent (Datix 10342). The Health And Safety Team were involved in the review of this incident.

<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>
July - Sept 2024	1	Under Review	Under Review	Under Review	There was 1 patient with a Grade 2 Hospital Acquired Pressure Ulcer identified in Q2. This incident is currently being reviewed by the Tissue Viability Team and Senior Charge Nurse for Ward 3. Following review, the analysis will be shared in Q3 Quality Score Card Report. Adverse event reporting was completed appropriately (Dx 10452).

## Appendix C – Thematic Learning from Debrief Discussions July – September 2024

### Thematic analysis of Lessons Learnt:

Month	No. of Adverse Events Reported	Level of Review	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning from Debriefs held
Jul 2024	62	Level 3	Extreme – 0 Major – 0 Moderate - 8	3	<p><b>Adverse event theme (10285) – Clinical Event:</b> Maternity emergency requiring 2222 call due to sub-optimal CTG trace. Baby delivered and following initial resuscitation (inflation breaths and stimulation), baby returned to mother. <b>Learning identified:</b> awaiting final review outcomes</p> <p><b>Adverse event theme (10327) – Laboratory Investigations:</b> incorrect sample bottle, adult bottle, used for paediatric patient, another blood sample needed to be obtained. Baby received appropriate care and required antibiotics. <b>Learning identified:</b> Neonatal trolley has been checked and appropriate sample bottles are available. Staff have been made aware of event and required checks prior to use.</p> <p><b>Adverse event theme (10306) – Control of Infection:</b> Use of an instrument, which had exceeded it's sterilised expiry date, for patient care. The procedure was classified as non-sterile with a low infection risk. <b>Learning identified:</b> A review of processes was conducted, routine checks now in place to ensure all equipment use by dates are checked and equipment</p>
		Level 3			
		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 data-bbox="595 887 689 916">Level 3</p> <p data-bbox="595 1225 689 1254">Level 3</p>			<p data-bbox="1290 336 2029 480">Team discussion on how to prevent a re-occurrence, with the plan to allocate a midwife to ensure there is an overview and support for families at the end part of this process.</p> <p data-bbox="1290 520 1861 587"><b>Adverse event theme (10362) – Patient Documentation:</b> Documentation belonging to a patient found in another patient's notes. <b>Learning identified:</b> Correct procedures followed once identified.</p> <p data-bbox="1290 778 2029 922"><b>Adverse event theme (10363) – Equipment:</b> Franking machine did not frank an envelope resulting in patient being charged by Royal Mail. Apologised to patient and reimbursement received. <b>Learning identified:</b> Staff have been asked to check all mail has been successfully franked prior to posting.</p> <p data-bbox="1290 1074 1984 1329"><b>Adverse event theme (10349) – Confidentiality:</b> Patient notes found on trolley outside of Medical Records. Notes were traced to file room. <b>Learning identified:</b> Key card access allows the department to identify staff who have access to the file room, however it does not identify who was responsible for returning</p>





Month	No. of Adverse Events Reported	Level of Review	Moderate, Major and Extreme Events Reported	Debriefs Completed	Thematic Learning from Debriefs held
					<b>Learning identified:</b> Human factors contributed to this event. Other contributing factors included a potentially system issue, staff need to ensure they close previous patient records and check the correct patient details prior to printing labels. The staff member involved in this incident has undertaken a reflection on this event.
<b>Total</b>	<b>205</b>		<b>Extreme = 5 Major = 4 Moderate = 24</b>	<b>12</b>	