

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>13 December 2022</b>
<b>Agenda reference:</b>	<b>Board Paper 2022/23/44</b>
<b>Title:</b>	<b>Quality Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

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

- Awareness

**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, remobilisation 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**

The HAI governance arrangements are underpinned by the national Standard Infection Control Precautions (SICPS).

### **2.3.7 Communication, involvement, engagement and consultation**

The Quality Scorecard was reviewed by the Clinical Governance Committee on 06/12/2022

### **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 2022

Appendix No 2 Quality Scorecard December 2022

Appendix No 3 Feedback Monitoring Report Q2 2022-23

Appendix No 4a Endoscopy Patient Feedback Report

Appendix 4b Patient Experience Survey, Medical & Surgical Units 2022

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

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

Progress continues and since October 2022 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media during the pandemic to make sure that people in our wider community and patients know how to access our services and know how services have changed in order to meet new requirements as a result of COVID 19 and requirements as we move beyond the pandemic. This has included films, radio interviews, podcasts, articles in local news media and live streaming information sessions on social media, facilitated by the Chief Executive.
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a business case for the re-provision of the Gilbert Bain Hospital. As part of the work to develop the initial agreement (IA) we intend to undertake specific engagement exercise to gather views from patients and the wider public and the specification for this is currently under development, with details for the public on how to get involved on our Facebook page. A revised engagement and communication plan was approved by the IA Programme Board in November 2022 and a number of engagement events are planned during the winter/spring of 2022-23. The plan was also presented to the Clinical Governance Committee in December 2022.
- We are in the process of reviewing our patient experience and public involvement arrangements and we will be undertaking a self-assessment in 2022, using the new Healthcare Improvement Scotland Community Engagement framework.
- We continue to support teams to gather patient stories and patient experience data. In Appendix 4a and 4b, there are examples of patient feedback from the endoscopy service and the Medical and Surgical Inpatient Units. The feedback is discussed within the multi-disciplinary teams to identify learning and improvement opportunities.
- The feedback monitoring report for Q2, 2022-23 is shown as Appendix 3.

## **DELIVERING QUALITY CARE AND SUPPORTING STAFF REMOBILISING BEYOND THE PANDEMIC**

### **Staff wellbeing and recognition**

The Staff Governance Committee (SGC) is supporting a comprehensive programme of staff health and wellbeing activities. This includes specific approaches for effective and inclusive debriefs following significant traumatic events e.g. unexpected patient death (using TRiM and Spaces for Listening). We are also encouraging teams to undertake learning reviews following all complex adverse events to share learning and opportunities for improvement. The themes and lessons learnt from this work are shown in Appendix 2.

Early work is in place to review services using a trauma informed lens, which will benefit both staff and people who are accessing our services. Executive Leads to support trauma informed service delivery have been identified to support the Shetland Children's Partnership, the IJB and NHS Shetland. The three leads for trauma informed care are meeting to look at how best to lead this agenda across health and care services in Shetland. Workshops took place in November 2022 to consider the priorities for Shetland public sector services. Considerable work has already been undertaken as part of the emotional wellbeing and resilience programme to roll out trauma informed training, but our focus now is on how we take a strategic approach in the implementation of trauma informed care across our services. A survey has been developed to explore with stakeholders what are current priorities are, so we can work with NHS Education Scotland (NES) and other national organisations to develop a common approach.

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

All teams have received matters feedback and are in the process of taking forward actions that have been agreed in 2022. Across the organisation as a whole, there was a high degree of engagement and willingness to recommend care provided by NHS Shetland teams as well as NHS Shetland as an employer. NHS Shetland Board members building their matters improvement plan how best to support actions that will improve communication and collaboration with staff across the organisation.

In December 2022, we held our Celebrating Excellence awards where 11 individuals or teams presented improvement work undertaken in the last 12 months and five projects received awards for excellence. Fifty four people joined the session over the course of the afternoon and many more have accessed the recording to listen back to the presentations. The Clinical Governance & Risk Unit will hold the presentations so that they can be accessed by teams to further share the learning. A recording of the session can be accessed via the MS Teams channel [Click here to join the meeting](#)

All of the improvement work was of a high calibre, but the five projects that received an award are as follows: Trainee Assistant Practitioner, Katherine Umphray won the Practice Education award for her work in developing new ways of working as an Assistant Practitioner in the Out Patient Department. The Innovation award went to Dawn Smith, Deputy Director of Acute Care; Gai Walls, Ophthalmology Specialist Nurse; Andrea Sherwood, Pre-operative Assessment Nurse and Joanna Orłowski, CDU Supervisor on behalf of the wider team supporting the Vanguard project. Michelle Hankin, Clinical Governance & Risk Lead received the person centred care award for the quality improvement project she led to introduce a radio frequency treatment pathway for patients with chronic pain in Shetland. The Prevention category was won by Rhona McArthur, Team Leader and Karen Tekin, Specialist Nurse with the Substance Misuse and Recovery Service. The Working in Partnership award was won by Margarita Nesbit, Consultant Sonographer; for the work that she has led with healthcare professionals based in Shetland and Aberdeen to offer specialist diagnostic tests not previously available locally.

Karen Tekin and Rhona McArthur, pictured left and Margarita Nesbit, pictured right with their Excellence in Care awards



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

We are continuing to see the longer term impact of the pandemic across the whole system, with a rise in the number of people accessing emergency care via GP Practices and the Emergency Department (ED) throughout 2022, but particularly since Summer 2022. As well as increased waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. In response to this, we have prepared the fifth iteration of the remobilisation plan (Annual Delivery Plan) which was submitted to Scottish Government (SG) in Summer 2022. It reflects the extended period of recovery needed and the ongoing impact on elective care, mental health services and urgent care. Not all elements of the plan have been fully funded and we are currently considering what this means for the pace at which we will recover services and the prioritisation exercise that we are undertaking to ensure that we can maintain safe service delivery across the whole system.

2022-23 has been challenging due to pandemic related pressures, particularly the impact on services due to the increased need for staff to self-isolate due to COVID and now as we approach winter, increased respiratory illnesses in the community. We have maintained services throughout, but in some cases we have needed to reduce the level of service provision in order to maintain safe services and safe staffing levels. Where possible we have maintained as close to 'business as usual' for services as possible to avoid creating further backlogs and/or compound the pre-existing health inequalities associated with the pandemic.

The preparation we undertook to support winter pressures has helped us to manage through a period of increased pressure over the summer months, where we have seen an increase in emergency activity, inpatient bed occupancy, the number of people medically fit who are delayed in hospital and a reduction in community care and residential care capacity. We have used the escalation plans to manage demands placed on services and they have been well utilised and tested. We are now about to refresh our resilience plans again in preparation for winter. We are also giving specific consideration to external factors such as industrial action which may affect the capacity to deliver services, but also the impact of industrial action on logistics (e.g. procurement and supplies). The draft Winter Plan will be received by the Board at the December 2022 meeting.

The Shetland Children's Partnership (SCP) has continued to move forward improvement work to redesign the neurodevelopmental pathway and two workshops have been held in October/December to develop a more seamless approach to provide assessment and family support for children who are neuro-diverse.

Multi-agency workshops have also been held to discuss the Bairns Hoose draft standards, developed by Healthcare Improvement Scotland and what implementation might mean for Shetland. We are currently undertaking a local self-assessment so we can understand how best to meet the standards in the Shetland context, recognising that a single 'place' might be right for the needs of some children and not others.

Chief Officers have been notified that there will be a Joint Inspection of Adult Support and Protection arrangements in Shetland early 2023. Pre-inspection preparation has been ongoing since 2021 where a comprehensive file reading exercise was undertaken in order to create an improvement programme that we are working through ahead of formal inspection. The role of the Lead Officer for Adult and Child Protection will be taken by Audrey Edwards following Kate Gabb's retirement in December 2022.

Work has commenced to develop the Initial Agreement (IA) which is a precursor to a business case to consider the options for the replacement of the Gilbert Bain Hospital. Six workshops will be hosted between now and the end of 2022-23 to develop the optional appraisal. The first three workshops were held between October and December and provided an opportunity for us to consider whole system planning for the future Island Rural General Hospital model, primary care services, dental and mental health.

Teams continue to implement quality improvement programme and releasing time to care approaches. This work is being reported through the excellence in care, care assurance framework and data for assurance is shown in the Quality dashboard in Appendix 2 and the complaints and feedback report is shown as Appendix 3.

## Appendix 2 Board Quality Report

Generated on: 03 November 2022



### Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HI-01 Percentage Uptake of Breastfeeding at 6-8 Weeks (exclusively breastfed plus mixed breast and formula) (Rolling annual total by quarter)	Measured quarterly			65%				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%). Q2 data will be available around mid-December.
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	12	32	43	63	7	43		63	Local ABI Improvement Plan underway, bespoke training and resources to enhance skills and confidence for staff have been developed locally and roll out is to begin in Q3 with A&E. Training also includes a focus on reporting requirements and processes. Further roll out will be progressed in Q4 with a focus on primary care and antenatal services.
PH-HI-03a Number of FAST alcohol screenings	130	184	228	637	105	228		120	

### Patient Experience Outcome Measures

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	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%	

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	80%	100%	96.88%	100%	100%	96.88%		90%	
NA-HC-14 What matters to you - % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	100%	100%	96.9%	98.2%	100%	98.8%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	100%	96.77%	100%	80%	94.74%	100%		90%	
NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	100%	99.42%	95.2%	100%	100%	95.2%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	91.67%	93.98%	92.98%	93.75%	100%	92.98%		90%	
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	81.82%	95.29%	91.94%	89.47%	100%	91.94%		90%	

## Patient Safety Programme - Maternity & Children Workstream

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,797	1,828	1,858	1,675	1,766	1,858		300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0		4	
NA-CF-16 % of women satisfied with the care they received									Patient satisfaction questionnaire in development, taking account of information already recorded via Badgernet
NA-HC-58 % compliance with the newborn screening bundle									Awaiting data from Maternity

## Service & Quality Improvement Programmes - Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
CE-IC-01 Cleaning Specification Audit Compliance	Measured quarterly			98.1%	96.3%	96.8%		90%	
HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	68.4%	73.1%	87.5%	84.7%	82.9%	77.5%		90%	The drop in FOI performance in Q2 occurred in the context of a 45% increase in the number of FOI requests received in Q2. The increase has continued into Q3 and is in keeping with a significant increase in the number of FOI requests across NHS Scotland. However, NHS Shetland responded to more requests 'on time' in Q2 than the total number of requests received in each of the two previous quarters.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests									Data has not been collected locally for a period of time. National project currently being undertaken to standardise data collection for cardiac arrests Clinical Governance Team looking to support Resus Committee in gathering of this data
NA-HC-09 All Falls rate (per 1000 occupied bed days)	6.05	2.26		11.95	2.33	2.26		7	
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	1.01	0	0	1.19	0	0		0.5	1 fall with harm in Ward 1 in July, none since in either Ward 1 or Ward 3
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x 1000)									See comment in NA-HC-08 above
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	46	11	41	32	15	41		300	Tissue Viability Nurse continues to provide educational sessions to link nurses on prevention and classification of pressure ulcers.  New risk assessments (Purpose T) has demonstrated acquired PU reduction in ward 3 with 6 months without an acquired PU, and is now being implemented in ward 1. Measure will remain on red until target of 300 days reached across both inpatient areas.
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	1.13	0	0	1.17	0		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms									Not currently possible to report on this measure until we have re-established a process for collecting cardiac arrests as this data is part of the combined specified harms
NA-HC-66 Pressure ulcer - days between pressure ulcers developed on Ward 1.	46	11	41	63	15	41		300	Tissue Viability Nurse continues to provide educational sessions to link nurses on prevention and classification of pressure ulcers.  New risk assessments (Purpose T) has demonstrated

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
									acquired PU reduction in ward 3 with 6 months without an acquired PU, and is now being implemented in ward 1. Measure will remain on red until target of 300 days reached across both inpatient areas.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-69 Pressure ulcers - days between pressure ulcers on Ward 3	154	185	215	32	123	215		300	Tissue Viability Nurse continues to provide educational sessions to link nurses on prevention and classification of pressure ulcers.  New risk assessments (Purpose T) has demonstrated acquired PU reduction in ward 3 with 6 months without an acquired PU, and is now being implemented in ward 1. Measure will remain on red until target of 300 days reached across both inpatient areas.
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	N/A	100	N/A	80	100	100		75	
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	91.89%	94.36%	94.91%	95.58%	94.03%	93.68%		95%	
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	55%	77.5%	72.5%	70.83%	60%	68.33%		75%	
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	199	230	21	77	168	21		300	Infection Control Team have provided ward based educational sessions to improve hydration and use of CAUTI Bundles to prompt interventions.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-IC-02 Catheter Usage Rate	16.95	18.98	28.92	15.83	22.14	28.92		15	Initial investigation suggests that the rise in usage has occurred through a combination of an increase in the number of surgical procedures being conducted that require catheterisation to be performed for the procedure eg gynae, orthopaedic procedures, as well as the increased frailty of the inpatient group many of whom have an indwelling catheter to manage continence issues. The Acute care assurance group are conducting further analysis into this.
NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	66.67%	94.12%	100%	100%	88.89%	100%		95%	
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	73.33%	88.89%	100%	93.33%	100%	100%		95%	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly								Patient safety walkround dates for visits to Maternity, Mental Health and Scalloway Health Centre are being confirmed before the end of 2022. An ongoing programme of visits for 2022/23/24 will be developed.
NA-IC-22 Hand Hygiene Audit Compliance	Measured quarterly			99.5%	89.1%	100%		95%	See HAIRT Report to Board
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured quarterly								Note: Surgical Site Infection Surveillance remain suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured quarterly								Note: Surgical Site Infection Surveillance remain suspended due to COVID-19.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Measured quarterly								Note: Surgical Site Infection Surveillance remain suspended due to COVID-19.
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Measured quarterly								Note: Surgical Site Infection Surveillance remain suspended due to COVID-19.

## Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	July 2022	August 2022	September 2022	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23	Q2 2022/23	
	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).
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)	Measured quarterly			85%	60%				Note: this is a local measure showing the number who take up the offer of post diagnostic support as a percentage of the total number diagnosed with dementia in the previous 12 months - 27 of 45. We do not currently have a PDS worker in post. The post has been vacant since April this year and is currently being redesigned. This measure replaced CH-MH-04 for 2022-23.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			0.96	0.97			1.0	Latest available provisional national data. Rate remains consistently well within expected levels. Next data due Nov 22.

## APPENDIX A – Overview of falls and pressure ulcer incidence between July and September 2022

Falls in Secondary Care									
WARD 1 NA-HC-60 Total number of falls					WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury	Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			90		B/Fwd			121	
Jan-22	0	1	121		Jan-22	0	5	152	
Feb-22	0	0	149		Feb-22	0	4	180	
Mar-22	0	3	180		Mar-22	1	6	9	Skin tear to left forearm
Apr-22	0	0	210		Apr-22	0	4	40	
May-22	0	0	241		May-22	2	5	20	Head injury - bruising Abrasions to R arm and leg
Jun-22	0	0	271		Jun-22	0	2	50	
Jul-22	1	2	18	Laceration to left arm.	Jul-22	0	3	81	
Aug-22	0	0	49		Aug-22	0	2	112	
Sep-22	0	0	79		Sep-22	0	8	142	
Oct-22			110		Oct-22			173	
Nov-22			140		Nov-22			203	
Dec-22			171		Dec-22			234	
<b>Total</b>	<b>1</b>	<b>6</b>			<b>Total</b>	<b>3</b>	<b>39</b>		

## Pressure Ulcers in Secondary Care

WARD 1						WARD 3					
Date	Total number of sores aquired while on ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin	Date	Total number of sores aquired while on ward (NA-HC-67)	Number present on admission (NA-HC-68)	Number of days between a new PU being identified (NA-HC-69)	Grade	Origin
B/Fwd			3			B/Fwd			197		
Jan-22	1	3	4	Grade 2 x 4	ARI Community Setting x 2 On Ward	Jan-22	0	0	228	-	-
Feb-22	0	2	32	Grade 2 x 2	In the community Ward 3	Feb-22	3	0	1	Grade 2 x 3	On Ward x 3
Mar-22	0	0	63			Mar-22	0	0	32	-	-
Apr-22	0	0	93			Apr-22	0	2	62	Grade 2 Grade 1	In the community
May-22	0	2	124	Grade 2 x 2	In the community x 2	May-22	0	0	93	-	-
Jun-22	1	0	15	Grade 2	On the Ward	Jun-22	0	1	123	Grade 2	Ward 1, initially acquired in the Community
Jul-22	0	2	46	Grade 2 x 2	In the community x 2	Jul-22	0	1	154	Grade 3	In the community
Aug-22	1	1	11	Grade 2 Grade 3	On the Ward In the community	Aug-22	0	1	185	Grade 3	In the community
Sep-22	0	1	41	Grade 2	In the Community	Sep-22	0	0	215	-	-
Oct-22			72			Oct-22			246		
Nov-22			102			Nov-22			276		
Dec-22			133			Dec-22			307		
<b>Total</b>	<b>3</b>	<b>11</b>				<b>Total</b>	<b>3</b>	<b>5</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</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 to September 2022	1	Unavoidable	Yes	No	<p>Unavoidable fall in a patient who was independently mobile and assessed as being low risk of falls. Open visiting is active on both wards.</p> <p>All falls and falls trends to be audited as part of a Scottish Improvement Foundation Skills (SIFS) project lead by ward 3 Senior Charge Nurse.</p>

<b>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 to September 2022	1	Unavoidable	Yes	Not applicable	<p>Patient non-compliant with advice and refused positional changes to alleviate pressure. Acquired PU investigated by Senior Charge Nurse and then Tissue Viability Nurse Specialist, both advised PU unavoidable.</p> <p>Noted good documentation throughout episode of care explaining risks of non-compliance.</p>

# Screenshots from the Excellence in Care Dashboard

## CAIR V2.0: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 1

Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Nov 21 - Nov 22)
EFFECTIVENESS AND SAFETY	EWS Accuracy			Sep 2022	65%	95%	
	EWS Frequency			Sep 2022	75%	95%	
	FFN MUST Score			Sep 2022	70%	95%	
	FFN Nutritional Assessment			Sep 2022	75%	95%	
	FFN Care Plan			No Data		95%	
	Inpatient Falls Rate (✓)			Sep 2022	0.0	5.1	
	Omitted Medicines(✓)			No Data		1.6%	
	Patients with Omitted Medicines(✓)			No Data		40.0%	
	Pressure Ulcers Rate (✓)			Sep 2022	0.0	0.5	
	MDRO Risk Assessment(✓)			Sep 2022	95%	95%	
WORKFORCE	Establishment Variance			Sep 2022	6.4%	5.0%	
	Predictable Absence Allowance(✓)			Sep 2022	29.5%	22.5%	
	Supplementary Staffing Use(✓)			Sep 2022	11.3%	9.0%	
PERSON CENTREDNESS	What Matters to You			Sep 2022	70.0%	95.0%	

# CAIR V2.0: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
ADULT\_INPATIENT

Directorate  
Null

Location  
GILBERT BAIN HOSPITAL

Team  
Ward 3

Domain	Measure	Latest Data		Month	Value	Reference	Line Chart (Nov 21 - Nov 22)
EFFECTIVENESS AND SAFETY	EWS Accuracy			Sep 2022	80%	95%	
	EWS Frequency			Sep 2022	65%	95%	
	FFN MUST Score			Sep 2022	60%	95%	
	FFN Nutritional Assessment			Sep 2022	75%	95%	
	FFN Care Plan			No Data		95%	
	Inpatient Falls Rate (✓)			Sep 2022	16.1	5.1	
	Omitted Medicines(✓)			No Data		1.6%	
	Patients with Omitted Medicines(✓)			No Data		40.0%	
	Pressure Ulcers Rate (✓)			Sep 2022	0.0	0.5	
	MDRO Risk Assessment(✓)			Sep 2022	85%	95%	
WORKFORCE	Establishment Variance			Sep 2022	3.8%	5.0%	
	Predictable Absence Allowance(✓)			Sep 2022	26.4%	22.5%	
	Supplementary Staffing Use(✓)			Sep 2022	16.4%	9.0%	
PERSON CENTREDNESS	What Matters to You			Sep 2022	70.0%	95.0%	

# CAIR V2.0: My Team at a Glance



Health Board  
NHS SHETLAND

Nurse Family  
DISTRICT\_NURSING

Directorate  
Null

Location  
Shetland Islands

Team  
Community Nursing

Domain	Measure	Latest Data	Month	Value	Reference	Line Chart (Nov 21 - Nov 22)
EFFECTIVENESS AND SAFETY	Preferred Place Achieved	 	Sep 2022	100%	60%	
	Preferred Place Documented		Sep 2022	100%	60%	
	Establishment Variance		No Data		5.0%	
WORKFORCE	Predictable Absence Allowance(✓)		Sep 2022	21.6%	22.5%	
	Supplementary Staffing Use(✓)		Sep 2022		9.0%	
PERSON CENTREDNESS	What Matters to You		Sep 2022	100.0%	95.0%	

## Appendix C – Thematic Learning from Debrief Discussions July - October 2022

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Jul 22	55		Extreme – 0 Major - 2 Moderate - 4	2	<p>Adverse event theme (8772) – violence and aggression to staff by patient</p> <ul style="list-style-type: none"> <li>• <b>Staff safety</b> – incident where police were called due to patient’s behaviour. Director wants a plan in place to protect staff from patient</li> </ul> <p>Adverse event theme (8749) – Transfer</p> <p><b>Patient safety</b> – unexpected transfer of neonate after elective caesarean. Transfer went as planned. Minor systems of care identified with the parents to be debriefed.</p>
Aug 22	54		Extreme – 0 Major – 2 Moderate – 3	2	<p>Adverse event theme (8790) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Evening insulin medication was missed with a new patient on list. On discovery, patient management was discussed with Senior Diabetic specialist.</li> </ul> <p>Adverse event theme (8820) – Clinical emergency in general practice</p> <ul style="list-style-type: none"> <li>• <b>Patient safety</b> – sudden cardiac arrest in GP surgery. Debrief and Significant Event Analysis undertaken. Staff had undertaken BLS recently. The team worked well together, supported and helped each other in the resuscitation, immediately after the event, and ongoing especially as some staff had feelings of guilt regarding the treatment given and the impact on the patient. Learning identified that communication between clinical and non-clinical staff can be improved. Emergency access to the surgery was impacted by inappropriately parked cars with road markings worn. The team have discussed what to do if a similar event occurs especially if the surgery is busy with other patients.</li> </ul>

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Sept 22	64	0	Extreme – 0 Major – 2 Moderate - 4	2	<p>Adverse Event theme (8846) – Medication / Vaccination</p> <ul style="list-style-type: none"> <li>• <b>Patient safety</b> – Equipment failure Leur loc disconnected from syringe and needle detached when removing syringe from patient. Patient did not get correct dose but will be recalled. Lessons learnt is to ensure security of the needle etc. before use.</li> </ul> <p>Adverse Event theme (8900) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Medicines management</b> – control drugs stock discrepancy Unused controlled drugs were returned to the Health Centre to await destruction. However the quantity did not match the CD book by the time they were to be destroyed. The practice have implemented stricter controls, monitoring and management of their controlled drugs.</li> </ul>
Oct 22	69		Extreme – 1 Major – 2 Moderate - 6	3	<p>Adverse event theme (8931) – Medication</p> <ul style="list-style-type: none"> <li>• <b>Patient Care</b> – Morning insulin medication was missed as prescription chart not read correctly. Additional support to be provided to the staff member. Patient management was discussed with Senior Diabetic specialist.</li> </ul> <p>Adverse event theme (8933) – Medication / Vaccination</p> <ul style="list-style-type: none"> <li>• Patient received incorrect age specific vaccine. No harm to patient. Lessons shared with team to check the age of the patient is appropriate for the vaccine.</li> </ul> <p>Adverse event theme (8945) – Medication / Vaccination</p> <ul style="list-style-type: none"> <li>• Patient stated they just wanted the Flu vaccine at clinic as they had the Covid vaccination the previous week. Records stated that it was the flu</li> </ul>

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
					vaccine that they had previously. Currently under investigation.
<b>Total</b>	<b>143</b>	<b>0</b>	<b>Extreme = 1 Major = 8 Moderate = 17</b>	<b>6</b>	

## Appendix 3 NHS Shetland Feedback Monitoring Report 2022\_23 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 2022 (Quarter 2).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2022 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 2021/22 is included in the Feedback and Complaints Annual Report that will be presented to the Board in June 2023.

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

### Summary

- Corporate Services recorded 44 pieces of feedback in Quarter 2 of 2022\_23 (1 July 2022 – 30 September 2022):

Feedback Type	01.07.22 – 30.09.22		01.04.22 – 30.06.22 (previous quarter)	
	Number	%	Number	%
Compliments	7	16	1	2
Concerns	21	48	25	61
Complaints	16	36	15	37
<b>Totals:</b>	<b>44</b>		<b>41</b>	

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

Service	01.07.22 – 30.09.22		01.04.22 – 30.06.22 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	6	37.5	8	53
Directorate of Community Health and Social Care	9	56.3	7	47
Acute and community	0	-	-	-
Corporate	0	-	-	-
Other	1	6.2	-	-
Withdrawn	0	-	1	-
<b>Totals:</b>	<b>16</b>		<b>15</b>	

## Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints has dipped due to two that took in excess of 20 working days to resolve. Responding to Stage 2 complaints within 20 working days remains challenging, and the improvement seen in Quarter 4 of 2021/22 has not continued into the new reporting year. Stage 2 complaints are often complex and some require input from other Boards and partner organisations which can further elongate the response time.
- We are not aware of any complaints escalated to SPSO within Quarter 2.
- Compliance with complaint returns from Family Health Service providers remains minimal and for those areas that do submit the numbers of complaints recorded are negligible. This will continue to be picked up through professional leads.
- Feedback received in relation to the complaints service provided for Stage 1 and Stage 2 complaints for 2022/23 will be included in the annual report.

## 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	01.07.22 – 30.09.22	01.04.22 – 30.06.22 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	72.8% (8 of 11)	60% (9 of 15)
Number of complaints closed at Stage Two as % of all complaints*	27.2% (3 of 11)	40% (6 of 15)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 11)	0% (0 of 15)

### 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	01.07.22 – 30.09.22	01.04.22 – 30.06.22 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	37.5% (3 of 8)	33.3% (3 of 9)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	66.7% (2 of 3)	33.3% (2 of 6)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	-

### Partially Upheld

Description	01.07.22 – 30.09.22	01.04.22 – 30.06.22 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	62.5% (5 of 8)	44.5% (4 of 9)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 3)	50% (3 of 6)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	-

### Not Upheld

Description	01.07.22 – 30.09.22	01.04.22 – 30.06.22 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	0% (0 of 8)	22.2% (2 of 9)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	33.3% (1 of 3)	16.7% (1 of 6)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	-

<b>3 The average time in working days for a full response to complaints at each stage</b>			
<b>Description</b>	<b>01.07.22 – 30.09.22</b>	<b>01.04.22 – 30.06.22 (previous quarter)</b>	<b>Target</b>
Average time in working days to respond to complaints at Stage One	9.6	4.7	5 wkg days
Average time in working days to respond to complaints at Stage Two	20.3*	37	20 wkg days
Average time in working days to respond to complaints after escalation	-	-	20 wkg days

\*Although this looks improved it only takes into account the number of Stage 2 complaints closed at the time of reporting (3 of 8). Response times for Stage 2 complaints remain significantly impacted upon in the main due to lack of capacity.

<b>4 The number and percentage of complaints at each stage which were closed (responded to) in full within the set timescales of 5 and 20 working days</b>			
<b>Description</b>	<b>01.07.22 – 30.09.22</b>	<b>01.04.22 – 30.06.22 (previous quarter)</b>	<b>Target</b>
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	40% (4 of 10)	66.7% (6 of 9)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	66.6% (2 of 3)	16.7% (1 of 6)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	-	-	80%

<b>5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.</b>			
<b>Description</b>	<b>01.07.22 – 30.09.22</b>	<b>01.04.22 – 30.06.22 (previous quarter)</b>	
% of complaints at Stage One where extension was authorised	60%	33.3%	
% of complaints at Stage Two where extension was authorised	62.5%	83.3%	
% of escalated complaints where extension was authorised	-	-	

## Learning from complaints

For Quarter 2 there are no noticeable trends in the complaints received.

## Staff Awareness and Training

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

The Complaints Officer has attended the Practice Managers' meeting to talk through Stage 1 reporting in particular.

Stage 2 complaints received 1 April 2022 to 30 September 2022

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Complainant's procedure which they had travelled away for was cancelled at very short notice for a reason they had already made staff aware of	Public Health/GJNH	Y		Upheld	<ul style="list-style-type: none"> <li>• There were missed opportunities to communicate the current guidelines and procedures with the complainant.</li> <li>• Apologies offered for the impact this had on the complainant and their family.</li> </ul>
2	Poor care and treatment	Intermediate Care Team and SIC care home	N	Complex investigation with a number of staff participating	Part upheld	<ul style="list-style-type: none"> <li>• Family had been involved in discharge discussion.</li> <li>• An internal investigation took place regarding information handling with processes changed and lessons learned.</li> <li>• Explanation provided about how medicine consumption had been supported.</li> </ul>
3	Poor cleanliness of ward and toilets during an inpatient stay and samples not removed in a timely manner	Ward and facilities staff	N	Marginally over the 20 days due to annual leave	Part upheld	<ul style="list-style-type: none"> <li>• Apology given that the experience was not optimal. There had been disturbances in the night and general higher noise levels in an open bed bay.</li> <li>• Observed cleaning standards were found to meet national standards and visitors and carers were supported to meet infection control standards.</li> <li>• New signage already in place about visitors not being permitted to use patient facilities.</li> <li>• Further discussion to occur about storing samples waiting for transport to the lab.</li> </ul>
4	Family member advised they could not stay with patient in the high dependency unit	Nursing	N	Meeting with complainant before finalising complaint response	Upheld	<ul style="list-style-type: none"> <li>• Visiting to HDU is open to next of kin at all times. Staff awareness raising to ensure this is communicated to family members and patients and their wishes are accommodated. Information and posters shared with all staff to inform them HDU is open to patient's families.</li> <li>• Apology given for the miscommunication and the impact this had.</li> </ul>

5	Unhappy with consultation and not being listened to	Medical	N	Delay in investigation completion	Part upheld	<ul style="list-style-type: none"> <li>GP felt they had spent significant time with patient to understand the history and to reach a mutually agreed management plan.</li> <li>Apology given that distress had been caused.</li> </ul>
6	Lack of treatment and care following discharge	Community health and social care	N		Not upheld	<ul style="list-style-type: none"> <li>Clear evidence of appropriate discharge planning found.</li> </ul>
7	Potential treatment error and pain caused	Medical	N	One day late	Upheld	<ul style="list-style-type: none"> <li>Apology given for mistake in preparation for treatment</li> </ul>
8	Failure to diagnose broken bone	Medical	Y		Upheld	<ul style="list-style-type: none"> <li>Apology given for missing the fracture and the way the patient had felt during the consultation</li> <li>Next day surgical review safety netting had not happened and no review appointment made. This has been reviewed by the team</li> </ul>
9	Support in place for family member	Community health and social care	N	Complex across a number of areas	Open	
10	Concerns about service over a prolonged period	Mental health	N	Capacity within team	Open	
11	Painful examination and viewpoint on Covid regulations	Medical	Y		Not upheld	<ul style="list-style-type: none"> <li>No evidence to support concerns raised</li> </ul>
12	Failure to diagnose	Medical and nursing	N	Annual leave	Open	
13	Prescribing error	Medical	N	Annual leave	Open	
14	Care provided	Mental health	N	Annual leave and capacity within team	Open	

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to 30 September 2022

Date notified with SPSO	Our complaint ref	SPSO ref	Area of complaint	Date of SPSO outcome	SPSO outcome	SPSO recommendations	Action update	Board/SPSO status
<b>Notified 2020/21</b>								
12.08.20	2018_19_18	201907983	Complication following surgical procedure	07.01.21	Will not take forward	None	Additional information submitted for consideration	Closed
02.03.21	2019_20_08	202007880	Care provided following off island procedure	26.08.21	Will not take forward	Has determined the Board's responses to be reasonable and no significant issues overlooked.	Files submitted for review	Closed
<b>Notified 2021/22</b>								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the advice received.	Files submitted for review	Closed

**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 4a Endoscopy service patient experience survey feedback results

Questions

Responses **11**

## Endoscopy Questionnaire July 2022

<b>11</b> Responses	<b>04:50</b> Average time to complete	<b>Active</b> Status
------------------------	------------------------------------------	-------------------------

[View results](#)

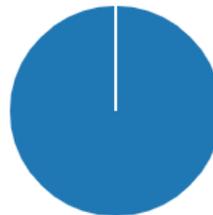
Open in Excel ...

1. Did you have a pre-operative assessment prior to your endoscopy examination?

[More Details](#)

[Insights](#)

<input checked="" type="radio"/> Yes	11
<input type="radio"/> No	0
<input type="radio"/> Don't know	0
<input type="radio"/> Not Applicable	0



2. Was this pre-operative assessment.....

[More Details](#)

<input checked="" type="radio"/> Over the telephone?	10
<input type="radio"/> In the Pre-Operative Assessment...	1
<input type="radio"/> Video call at the Health Centre (...)	0

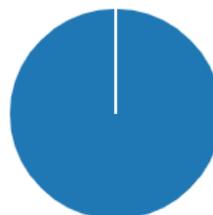


3. Did the pre-assessment nurse explain the purpose of the appointment?

[More Details](#)

[Insights](#)

<input checked="" type="radio"/> Yes	11
<input type="radio"/> No	0
<input type="radio"/> Don't Know/Can't remember	0

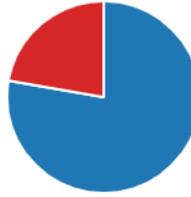


4. Did the pre-assessment nurse give advice about Bowel Preparation?

[More Details](#)

[Insights](#)

Yes	7
No	0
Don't Know?	0
Not Applicable	2

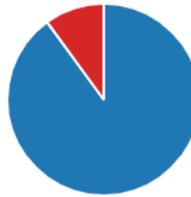


5. Did the pre-assessment nurse give advice about Dietary Requirements?

[More Details](#)

[Insights](#)

Yes	9
No	0
Don't Know	0
Not Applicable	1

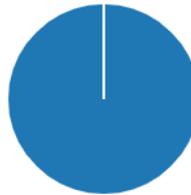


6. Did the pre-assessment nurse give advice about Your Medication?

[More Details](#)

[Insights](#)

Yes	11
No	0
Don't Know	0
Not Applicable	0



7. Did you feel your pre-assessment nurse helped you to better understand what to expect from your procedure?

[More Details](#)

Yes	11
No	0
Don't know	0



8. Do you have any suggestions about how we can improve the pre-operative assessment clinic appointment?

[More Details](#)

2 Responses

Latest Responses  
"No"

9. Including the one you had today, how many times have you had an endoscopic procedure?

[More Details](#)

[Insights](#)

9 Responses

Latest Responses  
"7"  
"4"

1 respondents (11%) answered 2 for this question.

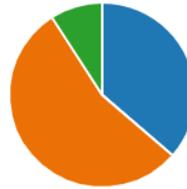
...

# Several 2 4 Two

10. Which examination(s) did you have today (see the covering letter for brief definitions)?

[More Details](#)

<span style="color: blue;">●</span> Gastroscopy	4
<span style="color: orange;">●</span> Colonoscopy	6
<span style="color: green;">●</span> Sigmoidoscopy	1
<span style="color: red;">●</span> Don't know	0



11. Did you have any sedation?

[More Details](#)

[Insights](#)

<span style="color: blue;">●</span> Yes	8
<span style="color: orange;">●</span> No	1
<span style="color: green;">●</span> Don't know	0



12. How easy or difficult was it to take the bowel preparation (Moviprep)?

[More Details](#)

<span style="color: blue;">●</span> Very easy	1
<span style="color: orange;">●</span> Easy	2
<span style="color: green;">●</span> Tolerable	1
<span style="color: red;">●</span> Difficult	2
<span style="color: purple;">●</span> Very difficult	0

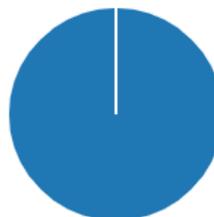


13. Did you take the whole bowel preparation as instructed?

[More Details](#)

[Insights](#)

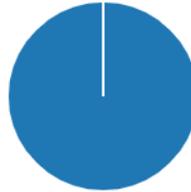
<span style="color: blue;">●</span> Yes	6
<span style="color: orange;">●</span> No	0
<span style="color: green;">●</span> Don't know	0
<span style="color: red;">●</span> Not applicable	0



14. Were the bowel preparation instructions easy to understand?

[More Details](#) [Insights](#)

Yes	6
No	0
Don't know	0
Not applicable	0



15. Do you have any other comments about the bowel preparation?

[More Details](#)

3  
Responses

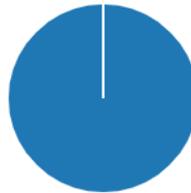
Latest Responses

*"Its the worst part - If anyone could create something more tolerable it woul..."*

16. Did you receive a pamphlet/booklet explaining what the examination involved?

[More Details](#) [Insights](#)

Yes	11
No	0
Don't know	0
Not Applicable	0



17. Was the pamphlet/booklet easy to understand?

[More Details](#) [Insights](#)

Yes	11
No	0
Don't know	0
Not Applicable	0



18. After reading the pamphlet/booklet did you have any questions? If so what were the questions?

0  
Responses

Latest Responses

19. Were you given sufficient time to ask questions?

[More Details](#) [Insights](#)

Yes	11
No	0
Don't know	0
Not applicable	0



20. Did staff answer your questions in a way you could understand?

[More Details](#)

[Insights](#)

Yes	9
No	0
Don't know	0
Not applicable	1



21. How would you rate your level of worry or concern before you had the examination?

[More Details](#)

[Insights](#)

Not at all worried	4
A little worried	3
Quite a bit worried	2
Very worried	2



22. If you had a main worry, what was it?

[More Details](#)

[Insights](#)

5 Responses

Latest Responses

"Just general anxiety - I suffer from anxiety anyway."

1 respondents (20%) answered **general anxiety** for this question.



23. Where did you sign your consent form?

[More Details](#)

[Insights](#)

At home	7
On the Day Surgery Unit/Ronas ...	4
In Theatre/Examination Room	0
Other	0

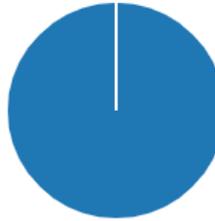


24. Did you feel that your privacy and dignity was respected?

[More Details](#)

 Insights

 Yes	10
 No	0
 Don't know	0

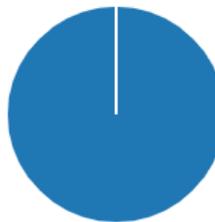


25. Did you feel informed about what was happening to you?

[More Details](#)

 Insights

 Yes	10
 No	0
 Don't know	0

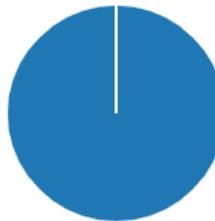


26. Were there adequate toilet facilities?

[More Details](#)

 Insights

 Yes	10
 No	0
 Don't know	0



27. Was the temperature in the Unit?

[More Details](#)

[Insights](#)

● Too warm	1
● Just right	9
● Too cold	0
● Don't know	0



28. Do you have any suggestions how we can improve the Day Surgery Unit/Ronas Ward?

[More Details](#)

1

Responses

Latest Responses

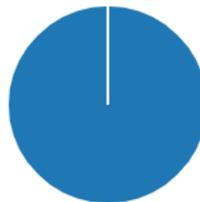
"I got myself worked up into almost having a panic attack - regular updates ..."

29. Did you feel that your privacy and dignity was respected?

[More Details](#)

[Insights](#)

● Yes	10
● No	0
● Don't know	0

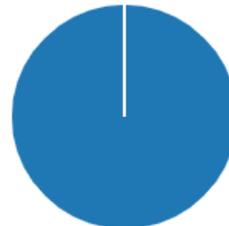


30. Did you feel adequately informed about what was happening to you?

[More Details](#)

[Insights](#)

● Yes	9
● No	0
● Don't know	0



31. Was the temperature in the Theatre/Examination Room?

[More Details](#)

[Insights](#)

● Too warm	0
● Just right	9
● Too cold	0
● Don't know	1



32. How would you describe your level of discomfort during the procedure?

[More Details](#)

[Insights](#)

None/Can't remember	7
Minimal	3
Mild	0
Moderate	0
Severe	0



33. What was the examination like?

[More Details](#)

Acceptable and I would have it ...	9
Acceptable, but uncomfortable. ...	1
Totally unacceptable. I would no...	0
I don't know	0



34. Is there anything we could do to improve your experience?

[More Details](#)

2  
Responses

Latest Responses  
"No"

*"Regular updates on progress while waiting - just checking in once in a whil..."*

35. Did you feel that it was made clear what would happen next?

[More Details](#) [Insights](#)

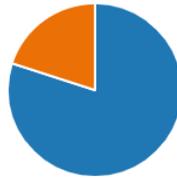
Yes	10
No	0
Don't know	0



36. Were you told the outcome of your examination before you went home?

[More Details](#) [Insights](#)

Yes	8
No	2
Don't know	0



37. Was it made clear to you how you could get your results?

[More Details](#) [Insights](#)

Yes	7
No	2
Don't know	0



38. Were you informed (verbally or in writing) of the 24 hour contact telephone number if you had questions or experienced problems?

[More Details](#) [Insights](#)

Yes	9
No	1
Don't know	0



39. Were you discharged with verbal and written information about next steps appropriate to your care?

[More Details](#)

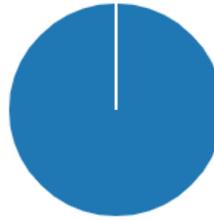
Verbal	8
Written	6
Neither verbal or written	1
Don't know	0



40. Do you think you were given a realistic expectation of discomfort or pain prior to the examination?

[More Details](#)

Yes	10
No	0
Don't know	0



41. During your stay, were you asked whether you wanted your clinical care discussed in private?

[More Details](#)

Yes	4
No	6
Don't know	0

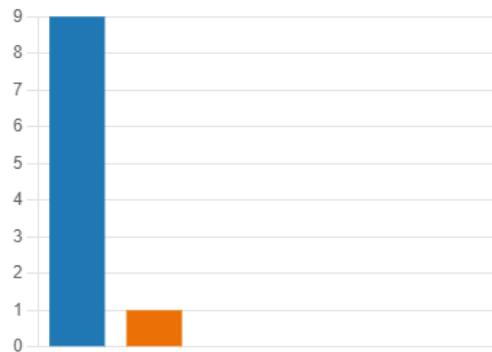


42. How would you rate the care you received?

[More Details](#)

[Insights](#)

Excellent	9
Good	1
Fair	0
Poor	0
Very poor	0
Don't know	0



43. If there was anything you didn't understand what could have been done to improve your understanding?

[More Details](#)

1  
Responses

Latest Responses  
"No"

44. Do you have any suggestions that would help to improve the service for yourself and other patients?

[More Details](#)

1  
Responses

Latest Responses  
"No"

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45. Any other comments?

[More Details](#)

**4**  
Responses

Latest Responses

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**Appendix 4b Medical and Surgical Unit, Inpatient patient experience survey feedback results**

Reporting period	CE01 - Overall, how would you rate your hospital experience? (Excellent/Good)		CE02 - You received the care/support that you expected and needed (% of those that answered 'Yes')	
	Ward 1 NA-HC-03	Ward 3 NA-HC-02	Ward 1 NA-HC-06	Ward 3 NA-HC-05
Jan-22	100%	100%	100%	100%
Feb-22	100%	100%	100%	100%
Mar-22	100%	100%	100%	100%
Apr-22	100%	100%	100%	100%
May-22	100%	No Responses	100%	No Responses
Jun-22	100%	100%	100%	100%
Jul-22	No Responses	100%	No Responses	80%
Aug-22	100%	100%	100%	100%
Sep-22	100%	100%	100%	91%
Oct-22	100%	100%	100%	100%
Nov-22	100%	100%	100%	100%
Dec-22				
<b>Average for year</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>

Person Centred Measure description	MD01	MD02	MD03	MD04	MD05	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%	
<b>Ward 1</b>						
Jan-22	100%	100%	100%	100%	100%	<b>11</b>
Feb-22	92%	100%	98%	100%	100%	<b>12</b>
Mar-22	100%	75%	100%	93%	88%	<b>9</b>
Apr-22	100%	100%	100%	100%	100%	<b>6</b>
May-22	100%	100%	94%	100%	90%	<b>5</b>
Jun-22	100%	94%	100%	100%	100%	<b>21</b>
Jul-22	100%	100%	No Response	100%	100%	<b>1</b>
Aug-22	100%	96%	100%	96%	94%	<b>35</b>
Sep-22	100%	100%	98%	97%	90%	<b>21</b>
Oct-22	100%	100%	98%	100%	100%	<b>15</b>
Nov-22	100%	100%	97%	94%	99%	<b>35</b>
Dec-22						
<b>Average for year</b>	<b>99%</b>	<b>97%</b>	<b>99%</b>	<b>98%</b>	<b>96%</b>	<b>16</b>
<b>Ward 3</b>						
Jan-22	100%	78%	87%	96%	96%	<b>13</b>
Feb-22	100%	88%	100%	95%	85%	<b>10</b>
Mar-22	100%	100%	100%	100%	100%	<b>1</b>
Apr-22	100%	100%	100%	100%	100%	<b>2</b>
May-22	N/A	N/A	N/A	N/A	N/A	<b>0</b>
Jun-22	100%	100%	100%	100%	100%	<b>2</b>
Jul-22	100%	100%	100%	90%	78%	<b>5</b>
Aug-22	100%	100%	97%	88%	100%	<b>8</b>
Sep-22	91%	100%	90%	83%	95%	<b>11</b>
Oct-22	100%	100%	100%	100%	100%	<b>2</b>
Nov-22	100%	100%	100%	100%	100%	<b>1</b>
Dec-22						
<b>Average for year</b>	<b>99%</b>	<b>97%</b>	<b>97%</b>	<b>95%</b>	<b>95%</b>	<b>5</b>

## WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – November 2022

Excellent

The Gilbert Bain is the only hospital I've visited that didn't have a shop. Could be useful!

The nurse from both day surgery & Ward 1 were excellent and always came to make sure you were comfortable.

Thank you ward 1 nurses and auxiliary nurses for looking after me and being so attentive. You all made me feel heard and not a burden. Pay rise required!! Thank You!

The staff on Ward 1 are absolutely excellent, the care I received was amazing. I did think that through the night especially there was not enough staff to help all the people in the ward. They would definitely need at least another person.

Amazing staff from Nurses & Doctors to the chefs, auxiliary staff, Paramedics. etc.

Great Help. Nothing was too much - Very pleasant. Overall made my stay as pleasant as it could be. Thank You!

Very Good Care, especially the nursing staff

## WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – November 2022

Nil Comments