

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>15 February 2022</b>
<b>Agenda reference:</b>	<b>Board Paper 21/22/58</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/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 winter 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**

Same report will be received by the Joint Governance Group on 17 February 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).

Clinical Governance Committee, 7 December 2021

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 Quality Report 2022

Appendix No 2 Feedback Monitoring Report Q3 2021-22

Appendix No 3 Quality Scorecard February 2022

Appendix No 4 Patient Feedback (Out Patient Department) 2021

## **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 December 2021 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. 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 strategic assessment (SA) for the re-provision of the Gilbert Bain Hospital which will be undertaken during 2021-22. The clinical and care models have been used to help build a 'case for change' that supports the need to look at our built environment as well as our clinical and care pathways. The SA has been completed and submitted to the Capital Investment Group (CIG) for consideration. Three workshops have been held to date, to explore the views of professionals. As part of this work we will be undertaking a 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.
- Following the review of the Shetland Children's Partnership approach, we are now considering how we will meaningfully involve young people in the decision making process across the Partnership; particularly young adults aged 18-25 years who may be transitioning into adult services but have less opportunity to influence how services are developed that impact on them/their needs. In order to support this work, we have moved to a new programme format which includes and seeks young people views on improvement work and their contribution to it through the Youth Forum and third sector supported groups.
- We have completed three initial workshops to review the way in which we provide neuro-developmental care as a joint service improvement programme, sponsored by the Shetland Childrens Partnership. Using funding to support the CAMHS and neuro-developmental service specification standards, we are undertaking a process mapping exercise to review the

current pathway and help to design a more integrated approach with young people and families. We have also bid for additional funding to support clinical/professional backfill and a project officer to work with families to better understand the gaps in our services/align resources that are available to meet people's needs better. This programme of service improvement work will continue through 2022-23 and will align with work to review the transitions of care into adult services for young people with a neuro-developmental profile.

- We have put in place a patient information film to support awareness and understanding of the surgical pathway for people accessing orthopaedic and cataract surgery via the mobile theatre. This information has been positively received by patients and sits alongside a formal evaluation of patient experience which will be shared with the Board in June 2022 once the enhanced elective programme has been completed.
- 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 4 the results of a survey undertaken by the Out Patients Department in the form of a slide set.

## **DELIVERING QUALITY CARE AND SUPPORTING STAFF DURING 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 Schwartz rounds and TRiM). 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 3.

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. There will be a showcase of the work undertaken by the criminal justice team at the next Joint Governance Group in February 2022.

To help create some consistency in our approach for undertaking learning reviews, we are in the process of developing a set of principles that can be applied to an adverse event to determine if a learning review would be beneficial.

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. 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 recognition of the work that staff have undertaken to support service delivery through the pandemic, APF is considering how best to recognise individual staff contributions through a COVID award and has asked the Wellbeing Group to lead on this on behalf of NHS Shetland. There is a video link attached which tells you about Harry Gray's story and how the COVID Star is made.

<https://www.youtube.com/watch?v=Fa-FzI6iuVQ&feature=youtu.be>

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

Our focus in 2021 has been to ensure that we maintain safe and effective care in all settings during the initial phase of the pandemic and through into more recent months where we have remobilised services. We remain on an emergency footing given the significant pressures that Health Boards and Health and Social Care Partnerships (H&SCPs) are experiencing, particularly the increase in urgent care due to the emergence of the omicron variant at the end of November 2021.

As we start to remobilise, we are aware of the 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) as well as waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. In response to this, we are now preparing the fifth iteration of the remobilisation plan which will be submitted to Scottish Government in July 2022, this reflects the extended period of recovery needed and the ongoing impact on elective care, mental health services and urgent care. In conjunction with the development of this operational plan, we have also set out our winter planning arrangements. Taking into account the challenges of managing pandemic related pressures alongside the expected winter pressures, we have put in place escalation plans to reflect anticipated issues with the demands placed on teams e.g. service continuity plans for staff self-isolation due to COVID etc. A SWOT analysis to review the winter plan and its effectiveness will be presented to the Joint Governance Group in February 2022.

Whilst we have adopted an agile approach to decision making and governance, we are trying to maintain as close to 'business as usual' for services as possible, to

avoid creating further backlogs and/or compound the existing health inequalities which are a consequence of the pandemic and other factors. In order to continue to remobilise planned care services an enhanced elective care programme has been commissioned which commenced in January 2022 and will run until March 2022. This programme has been put in place to reduce the number of people waiting for surgery who have had delays in treatment due to the impact of the pandemic in 2020 and 2021. The programme focusses on creating additional capacity to support visiting services e.g. orthopaedics and ophthalmology with a dedicated, multi-disciplinary team and an additional laminar flow mobile theatre. As part of winter planning, NHS Shetland worked with Public Health Scotland, Health Intelligence Team to forecast demand for emergency care, local planned care and the proposed additional programme – the modelling demonstrated that by opening an additional ward and reinstating the Day Surgical Unit (DSU) we would have enough capacity overall to support this work. On that basis we have proceeded to deliver the enhanced elective programme and will step down if needed as per our winter planning escalation arrangements. At the time of writing, 20 patients had received joint replacement surgery and 68 patients had received lens replacement, cataract surgery. By the end of the programme we will have completed the equivalent of 12 months planned activity in 12 weeks, which will support over 300 people in Shetland with early recovery, improved mobility and improved vision.

The mobile theatre will remain insitu until the end of autumn 2022, to support the build phases of the ambulatory care unit refurbishment which is impact on access to the DSU and our main theatres. Once completed in October 2022, we will have doubled our day surgery, planned ambulatory care capacity which is part of our plan to maximise the opportunity to provide services locally, with a minimal hospital stay and in many cases complete the episode of care in less than 8 hours.

In line with our aim to increase local diagnostic services in Shetland, the MRI specification and technical specifications have been completed for the procurement of a permanent MRI scanner in Shetland. National Services Scotland (NSS) is managing the tender process and we will set a timeline for installation once we have a preferred vendor. In the interim, we are working with Scottish Government on a quality improvement project, developing a visiting MRI service until our local service is in place. This will provide more limited access to MRI provision than the permanent service, but will provide a level of access to MRI diagnostics over the next 12 months where patients would have previously had to travel to Aberdeen. We are also in the early stages of a scoping exercise to offer a local DEXA scanning service to improve access

As part of the Shetland Early Action Programme (SEAP), a test of change develop more community led support has resulted in the establishment of a Living Well Hub in Brae. Options include linking individuals with local community organisations or voluntary groups, as well as referral to other support services including Shetland Islands Council and NHS Shetland. Work is ongoing to extend the range of services that can be offered through this hub approach.

The programme of care assurance to support care services in the community in Shetland is ongoing and has helped us to reduce risks associated with care delivery. The emergency arrangements for Health Board oversight of the infection control and

clinical care of residents will remain in place until the end of 2021-22 and are likely to continue into 2022-23 with the development of the Healthcare Outcomes Framework and the Essentials of Safe Care, for all care settings. A second phase of assurance visits took place at the end of 2021. As restrictions have begun to lift in general, the focus of the care assurance work is starting to become less reactive and focus on longer term improvement goals. We are currently reviewing our care home assurance and oversight arrangements to reflect the current challenges in respect of winter planning and the increased demand for community care (which is reflected in H&SCPs across Scotland); as well as the introduction of the Essentials of Safe Care framework.

We have continued to work on the restructuring of the clinical and care governance framework for NHS Shetland and the Integration Joint Board (IJB). The new Clinical Governance Committee met in December 2021. To support this assurance role an operational clinical governance group has been established, which is made up of the chairs of all of the NHS governance groups. The IJB is developing the assurance arrangements for local authority services via existing governance structures.

Similarly, we are in the latter stages of reviewing the governance structure and agreeing the partnership priorities for the Shetland Children's Partnership (SCP). The SCP met at the end of November 2021 to consider a proposed structure, incorporating the senior officers case review group into the governance arrangements. We are now moving to the implementation phase with the chairs of the programme boards that will form part of the assurance arrangements for the SCP and the Shetland Planning Partnership.

In order to support the development of an integrated workforce plan, a workshop was held at the end of November 2021, to bring together senior managers and clinicians across the whole system to consider short term and medium term solutions to improve recruitment, retention and role development. The action plan arising from the workshop will inform the business planning cycle for 2022-23 as well as the wider workforce plan refresh which is planned for March 2022. There was a strong emphasis on widening access to all health and care related careers in Shetland, including role development and enablers such as using technology to share expertise and services with other organisations.

The Control of Infection Committee (CoIC) received an updated action plan in November 2021, following the unannounced HAI inspection in September 2021. All actions are either complete or significantly progressed since the inspection and we have recently published an updated plan, 18 weeks post inspection.

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 3. Appendix 2 includes the themes and management of feedback and complaints between July and September 2021.



## NHS Shetland Feedback Monitoring Report 2021\_22 Quarter 3

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). This report outlines NHS Shetland's performance against these indicators for the period October to December 2021 (Quarter 3).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2021 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 2020/21 was included in the Feedback and Complaints Annual Report presented to the Board in August 2021:

[https://www.shb.scot.nhs.uk/board/meetings/2021/0817/20210817-21\\_22\\_29.pdf](https://www.shb.scot.nhs.uk/board/meetings/2021/0817/20210817-21_22_29.pdf)

A summary of cases taken to the Scottish Public Services Ombudsman from April 2019 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 43 pieces of feedback in Quarter 3 of 2021\_22 (1 October 2021 – 31 December 2021):

Feedback Type	01.10.21 – 31.12.21		01.07.21 – 30.09.21 (previous quarter)	
	Number	%	Number	%
Compliments	3	7	4	10.5
Concerns	18	42	17	44.75
Complaints	22	51	17	44.75
<b>Totals:</b>	<b>43</b>		<b>38</b>	

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

Service	01.10.21 – 31.12.21		01.07.21 – 30.09.21 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	9	41	7	41
Directorate of Community Health and Social Care	10	45.5	7	41
Acute and community	2	9	2	12
Corporate	-	-	1	6
Other	1	4.5	-	-
Withdrawn	0		-	-
<b>Totals:</b>	<b>22</b>		<b>17</b>	

## Key highlights

- Complaint numbers have steadied at more typical levels.
- We are not aware of any complaints escalated to SPSO within Quarter 3.
- Performance regarding length of time to respond to Stage 1 complaints remains on target, however no Stage 2 complaints were concluded within the 20 working day target. The Stage 2 complaint number is low, and of the five, each had a level of complexity that made the target very challenging. The timescale for response for some also fell over the festive period where staff involved had various leave periods.
- One Stage 2 complaint is on hold at the request of the complainants. For reporting purposes this will be considered as closed until it is requested to be reopened, however it does not feature in the following breakdown as there is no outcome data that supports inclusion in the KPI reporting.
- ISD no longer collates complaint performance data on a quarterly basis. As NHS Bodies already publish annual reports covering complaints, we are asked instead to include complaints information covering nine Key Performance Indicators (KPIs).

A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government.

- 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.
- Complainant experience in relation to the complaints service provided for Stage 1 and Stage 2 complaints will be included on an annual basis given the low numbers involved.

## Complaints Performance

**Definitions:**  
**Stage One** – complaints closed at Stage One Frontline Resolution;  
**Stage Two (direct)** – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);  
**Stage Two Escalated** – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

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

Description	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	76% (16 of 21)	41% (7 of 17)
Number of complaints closed at Stage Two as % of all complaints*	24% (5 of 21)	47% (8 of 17)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 21)	12% (2 of 17)

\*One Stage 2 complaint is currently on hold at the request of the complainants, awaiting a meeting

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

Upheld		
Description	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	62% (10 of 16)	57% (4 of 7)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 5)	0% (0 of 8)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 5)	50% (1 of 2)

### Partially Upheld

Description	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	19% (3 of 16)	29% (2 of 7)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	60% (3 of 5)	62.5% (5 of 8)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 5)	0% (0 of 2)

### Not Upheld

Description	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	19% (3 of 16)	14% (1 of 7)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	40% (2 of 5)	37.5% (3 of 8)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 6)	50% (1 of 2)

<b>3 The average time in working days for a full response to complaints at each stage</b>			
Description	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	4.4	3.4	5 wkg days
Average time in working days to respond to complaints at Stage Two	39	25	20 wkg days
Average time in working days to respond to complaints after escalation	-	27	20 wkg days

\*Response times for Stage 2 complaints remain significantly impacted upon by capacity due to the Covid-19 Pandemic.

<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	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	87.5% (14 of 16)	86% (6 of 7)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	0% (0 of 5)	50% (4 of 8)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	-	50% (1 of 2)	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	01.10.21 – 31.12.21	01.07.21 – 30.09.21 (previous quarter)
% of complaints at Stage One where extension was authorised	12.5%	14% (1 of 7)
% of complaints at Stage Two where extension was authorised	100%	50% (4 of 8)
% of escalated complaints where extension was authorised	-	50% (1 of 2)

## Learning from complaints

For Quarter 3 there are no noticeable trends, however in one instance where a patient received a relatively rare diagnosis, the pathway for patients to NHS Grampian has since been communicated to primary care and hospital based staff for future reference.

## Staff Awareness and Training

Staff are provided with key information on feedback and complaint handling at each induction session. Staff attending mandatory refresher training are given an update sheet on feedback and complaints. The Feedback and Complaints Officer is continuing to speak with 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.

Stage 2 complaints received 1 April 2021 to 31 December 2021

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Treatment and care in the hospital	Medical and nursing	N	Availability of key personnel	Part upheld	<ul style="list-style-type: none"> <li>• Diagnosis and treatment considered reasonable given the medical background the patient presented with.</li> <li>• Learning points identified with aspects of the nursing care.</li> </ul>
2	Lack of care following injury, and concerns about treatment thereafter	Medical	N	Delay in final statement	Part upheld	<ul style="list-style-type: none"> <li>• No evidence found to support that the clinical team had acted inappropriately in terms of treatment, however it was recognised the complainant had found certain aspects of their hospital stay unprofessional and an apology was provided for this.</li> </ul>
3	Repeated failure to listen to patient and family about diagnosis	Medical	Y		Part upheld	<ul style="list-style-type: none"> <li>• No evidence to suggest the miscommunication had any influence on the treatment plan, however the medical team recognised they could have resolved the patient's concerns earlier and apologised for the frustration this had caused.</li> <li>• Meeting with patient and family about this matter and ongoing health concerns.</li> </ul>
4	Concerns about treatment over a number of years and failure to listen to patient about pain levels	Medical and AHP	N	Delay in a statement and capacity to conclude investigation	Part upheld	<ul style="list-style-type: none"> <li>• Concluded that the medical team had made an effort to listen and all recognised the pain experienced was causing disability, however despite best intentions they had not managed to effectively manage pain.</li> <li>• Primary Care team to reflect on learning where there are multiple teams and clinicians involved as to how to create the best person-centred approach and consistency of messaging.</li> </ul>
5	Care provided following falls	Medical and Social Care	N	Broad investigation across two organisations	Upheld	<ul style="list-style-type: none"> <li>• Communication failures identified, which had they been avoided may have resulted in a better outcome for the patient.</li> <li>• Review of medical status of patients within health and care services to ensure the information provided is</li> </ul>

						sufficient to enable the most appropriate care for the needs of the individual.
6	Staff attitude (escalated from Stage 1)	Admin	Y		Part upheld	<ul style="list-style-type: none"> <li>Recognised interaction was not positive for either party.</li> <li>Apologies offered for the delay in getting answers about family member care resulting from the pandemic, and explanation provided about next steps.</li> <li>Consideration of recording calls if and when the functionality becomes available to the department.</li> </ul>
7	Concern prescription is incorrect and patient is not being listened to due to racial prejudice	Medical	Y		Part upheld	<ul style="list-style-type: none"> <li>Medication was correct but the patient's wish for two lower doses had not been explained.</li> <li>No evidence found to support patient's view of racial prejudice.</li> <li>As a newly registered patient a telephone consultation would have been beneficial given the medication required.</li> <li>Medication review to be carried out.</li> </ul>
8	Lack of treatment following injury	AHP	N	Complexity of response including input from a number of external clinicians	Not upheld	<ul style="list-style-type: none"> <li>Wording of discharge letter clarified with author and further explained to family.</li> <li>Professionals meeting to be held to enable a holistic discussion of ongoing care needs.</li> <li>Recommendation to adopt a case specific professional group for patients discharged to NHS Shetland in order to provide an early opportunity for all those involved in an individual's care to fully discuss discharge advice and ongoing care requirements.</li> </ul>
9	Complainant not satisfied with level of care for family member compared to in another country	Medical	N	Response needed from a number of individuals and also annual leave	Part upheld	<ul style="list-style-type: none"> <li>Investigation found the perceived level of urgency and diagnostic significance attached to a procedure was at odds with previous reported findings.</li> <li>Apology offered for miscommunication regarding a cancelled x-ray.</li> </ul>

10	Care and attitude of GP and care in GBH	Primary and secondary care	Y		Part upheld	<ul style="list-style-type: none"> <li>No medical neglect found but appeared to have been some miscommunication and a perceived lack of care for which an apology was offered.</li> </ul>
11	Centralised service and travel difficulties for family planning services	Primary care	Y		Part upheld	<ul style="list-style-type: none"> <li>Agreed there had been a reduction in service in part due to the pandemic and in part due to loss of skills within primary care.</li> <li>Explained it was not possible to expect smaller, rural practices to provide all services, and that it is proposed to run a service from two health centres and recruit a new sexual health lead nurse to redesign the provision.</li> </ul>
12	Unhappy that options given for place of treatment had not happened in reality	Nursing	Y		Part upheld	<ul style="list-style-type: none"> <li>Despite best efforts it had not been possible to deliver all treatment in Shetland, but this had been met wherever possible.</li> </ul>
13	Felt clinical outcome could have been avoided had they received the right treatment. Also felt not being listened to	Medical	N		Not upheld	<ul style="list-style-type: none"> <li>Actions of the team were appropriate and timely, but the patient had severe disease that did not respond to treatment.</li> </ul>
14	Concerned symptoms had been missed over the years before a sudden death	Medical	Y		Not upheld	<ul style="list-style-type: none"> <li>Individual had been appropriately investigated and treated for the symptoms presented with.</li> <li>Explained the sudden death could not have been predicted.</li> </ul>
15	Lack of assessment for condition	CMHT	N		Part upheld	<ul style="list-style-type: none"> <li>Administrative error apologised for, however the individual did not meet the criteria for assessment.</li> </ul>
16	Lack of support from local health centre	Health centre - various	Y		Not upheld	<ul style="list-style-type: none"> <li>No evidence found that the patient was not receiving appropriate care and support, however communication difficulties were evident for all parties.</li> </ul>
17	Release of information delayed and incomplete	Corporate	N		Upheld	<ul style="list-style-type: none"> <li>Agreed failure to meet statutory obligations. Review of process and procedures and to ensure all staff are clear about their obligations in this regard.</li> </ul>

18	Treatment and attitude of consultant	Medical	N	Unexpected leave	Part upheld	<ul style="list-style-type: none"> <li>• Treatment appropriate but pain scores not regularly recorded, and difference in treatment decisions noted.</li> <li>• Some discussions not appropriate on an open ward.</li> </ul>
19	Delay in diagnosis	Medical			On hold	
20	Concern about place of treatment	Dental	N	Meeting delayed response	Part upheld	<ul style="list-style-type: none"> <li>• Complex needs of patient recognised, however some treatments are not possible in all locations.</li> <li>• Communication felt at times to be confused between the dental team and the patient.</li> </ul>
21	Perceived lack of continuity of care and diagnostic test not carried out	Medical	N	Annual leave of key individuals	Part upheld	<ul style="list-style-type: none"> <li>• No evidence to suggest a lack of continuity of care but there were communication and information issues to be addressed, flagging a need to improve digital communication for results.</li> </ul>
22	Delay in appropriate pain relief and treatment for condition	Medical / nursing	N	Annual leave of key individual	Part upheld	<ul style="list-style-type: none"> <li>• Level of diagnostic assessment and monitoring appeared reasonable, however it became clear the condition was relatively rare and the pathway not well understood. This learning has now been communicated to primary care and hospital based staff.</li> </ul>
23	Delay in diagnosis and adequate pain relief	Medical	N	Special leave of key individual	Not upheld	<ul style="list-style-type: none"> <li>• It was considered the patient did receive the correct medication within an appropriate timescales but had then gone on to develop a complication.</li> </ul>
24	Inaccurate referral which led to a declined referral	Medical	N	Annual leave of key individuals	Not upheld	<ul style="list-style-type: none"> <li>• Explanation provided about the medical rationale for declining the referral which was not due to the way it had been completed.</li> </ul>



Cases escalated to the Scottish Public Services Ombudsman from 1 April 2019 to 8 February 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 2019/20</b>								
21.10.19	2018_19_24	201902265	Unreasonable attempt to continue procedure and should have been stopped sooner	09.06.20	Upheld	1. Letter of apology for the failings identified by 10.08.20 2. Evidence that this matter has been fed back to relevant medical staff in a supportive manner that encourages learning by 09.10.20 3. Evidence that the junior doctor included this case in their appraisal by 10.08.20	File submitted 07.11.19 Letter of apology sent to family Evidence sent to SPSO for all three actions 10.08.20	Considered closed by SPSO
09.01.20	2019_20_16	201908764	GP attitude during consultation	09.01.20	Will not take forward	None		Closed
<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

# Quality Report - Board








Generated on: 04 February 2022






## Health Improvement

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2021	November 2021	December 2021	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	
	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			61.9%					Exceeding national target of 50% and local target of 58%. National data for 2019-20 shows us at 64.6% - the best performing Board in Scotland and well above the national average (43.9%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	7			7	7	7		151	The population health survey will be reporting later than anticipated - between now and Christmas. The Health Improvement Team have commenced an improvement project based around two primary care practices, to increase activity and improve recording, and the Sexual Health clinic have a new lead nurse which means that numbers will be increasing from there.
PH-HI-03a Number of FAST alcohol screenings	343			138	297	343		280	The population health survey will be reporting later than anticipated - between now and Christmas. The Health Improvement Team have commenced an improvement project. based around two primary care practices, to increase activity and improve recording, and the Sexual Health clinic have a new lead nurse which means that numbers will be increasing from there.




## Patient Experience Outcome Measures





Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2021	November 2021	December 2021	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	95.2%	96.3%	100%	100%	100%	100%		90%	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	100%	96.43%	95%	95.83%	100%	95%		90%	
NA-HC-14 What matters to you - % of people who say we took account of the things that were important to them whilst they were in hospital (aggregated)	100%	100%	100%	100%	98.8%	100%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	100%	87.5%	100%	100%	100%	100%		90%	
NA-HC-20 What matters to you % of people who say that they have all the information they needed to help them make decisions about their care/treatment (aggregated)	98.81%	95.41%	97.5%	97.92%	96.88%	97.5%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	97.14%	92.31%	97.3%	97.87%	89.66%	97.3%		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)	95.24%	92.86%	97.56%	97.92%	96.67%	97.56%		90%	

## Patient Safety Programme - Maternity & Children Workstream



Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2021	November 2021	December 2021	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,524	1,554	1,585	1,401	1,493	1,585		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									Currently reviewing the questionnaire and collation process.

## Service & Quality Improvement Programmes - Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2021	November 2021	December 2021	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests				23				300	
NA-HC-09 All Falls rate (per 1000 occupied bed days)	4.73	7.3	8.6	1.82	15.12	8.6		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.
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	1.18	0	0	0	2.33	0		0.5	
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	33	63	3	8	2	3		300	Tissue Viability Nurse continuing to provide educational sessions across the board on prevention and classification which are demonstrating PU reduction over the last year. All acquired PUs are investigated with Tissue Viability Nurse and clinical team, lessons learnt are then shared and discussed widely.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2021	November 2021	December 2021	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	0	1.23	5.45	1.16	1.23		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms				97.1					
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered		100	100	100	90	100		75	Due to consistently good performance over the last year, 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.
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	96.21%	92.22%	96.54%	95.51%	95.15%	95.02%		95%	
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	72.5%	52.5%	70%	66.67%	66.67%	65%		75%	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured Quarterly							100	Due to the agile governance arrangements that were put in place in December, it was agreed with the Medical Director to postpone setting up any further walk rounds.
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured Quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured Quarterly								Note: Surgical Site Infection Surveillance 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 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 suspended due to COVID-19.

## Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	October 2021	November 2021	December 2021	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q3 2021/22	Q3 2021/22	
	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-04 People with diagnosed dementia who take up the offer of post diagnostic support (i.e. have an active Post Diagnosis Support status)	Measured Quarterly			28.3%	39.5%	33.1%		50%	Note: this is a local measure showing the number of people with an active PDS Status as a percentage of those diagnosed with dementia who take up the offer of post diagnostic support - 47 of 119 cases. This measure was revised for year 2019-20.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured Quarterly			0.97					Latest available provisional national data. Rate remains consistently well within expected levels. Next data due Feb 22.

## APPENDIX A – Overview of falls and pressure ulcer incidence up to December 2021

### Falls in Secondary Care

WARD 1 NA-HC-60 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury
B/Fwd			22	
Jan-21	1	1	5	2 minor lacerations on leg
Feb-21	0	2	33	
Mar-21	0	0	64	
Apr-21	0	1	94	
May-21	0	1	125	
Jun-21	0	0	155	
Jul-21	0	2	186	
Aug-21	0	2	217	
Sep-21	1	4	19	Bruising to amputation site
Oct-21	1	1	29	Bruising to left side of head
Nov-21	0	2	59	
Dec-21	0	1	90	
<b>Total</b>	<b>3</b>	<b>17</b>		

WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			143	
Jan-21	0	0	174	
Feb-21	2	2	8	1 - graze to head 1 - broken hip
Mar-21	0	2	39	
Apr-21	1	4	20	Minor cut to elbow
May-21	1	5	24	Minor injury - small bump to head with slight bruise
Jun-21	0	1	54	
Jul-21	1	3	6	Black eye
Aug-21	0	7	37	
Sep-21	1	7	29	Cut to head
Oct-21	0	2	60	
Nov-21	0	3	90	
Dec-21	0	6	121	
<b>Total</b>	<b>6</b>	<b>42</b>		

**Pressure Ulcers in Secondary Care**

WARD 1						
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	Comments
B/Fwd			200			
Jan-21	0	0	231	-	-	-
Feb-21	2	2	9	Grade 2 Grade 2 Grade 3 Grade 3	On Ward On Ward Home - on admission Ward 3 - on admission	Ward 3 - on admission was originally admitted to Ward 3 from the community with the PU
Mar-21	0	1	40	Grade 2	Community	On Admission to the ward
Apr-21	0	1	70	Grade 2	Outwith Shetland	On Admission to the ward
May-21	0	3	101	Grade 2 Grade 2 Deep tissue injury	Community Outwith Shetland Outwith Shetland	All on admission to the ward
Jun-21	2	0	8	Grade 2 Grade 2	On Ward On Ward	Same patient
Jul-21	0	2	39	Grade 3 Grade 2	Community x 2	On Admission to the ward
Aug-21	0	2	70	Ungradeable Grade 2	Community Outwith Shetland	Comments
Sep-21	1	0	2	Grade 2	On the Ward	Grade 2 - developed on Ward
Oct-21	0	1	33	Grade 3	On Admission	On Admission to the ward
Nov-21	0	0	63	-	-	-
Dec-21	1	2	3	Grade 3 Grade 2 Grade 2	Community Community On Ward	On Admission to the ward On Admission to the Ward Developed on Ward
<b>Total</b>	<b>6</b>	<b>14</b>				

WARD 3						
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	Comments
B/Fwd			2			
Jan-21	1	1	29	Grade 2 Grade 3	On the ward Outwith Shetland	
Feb-21	0	1	57	Grade 3	In the community	
Mar-21	0	6	88	Grade 4 x 2 Grade 3 Grade 2 x 2 Grade 2	All in the community	All on admission to ward
Apr-21	0	3	118	Grade 2 Ungradeable Grade 2	All in the community	All on admission to ward
May-21	2	0	17	Grade 2 x 2	On the Ward	
Jun-21	1	0	13	Grade 2	On the Ward	
Jul-21	0	1	44	Grade 3	In the community	On admission to ward
Aug-21	0	0	75			
Sep-21	0	1	105	Grade 2	In the community	
Oct-21	0	0	136			
Nov-21	0	1	166	Grade 4	In the community	On admission to ward
Dec-21	0	2	197	Grade 2 x 2	Ward 1 In the Community	On admission to ward
<b>Total</b>	<b>4</b>	<b>16</b>				

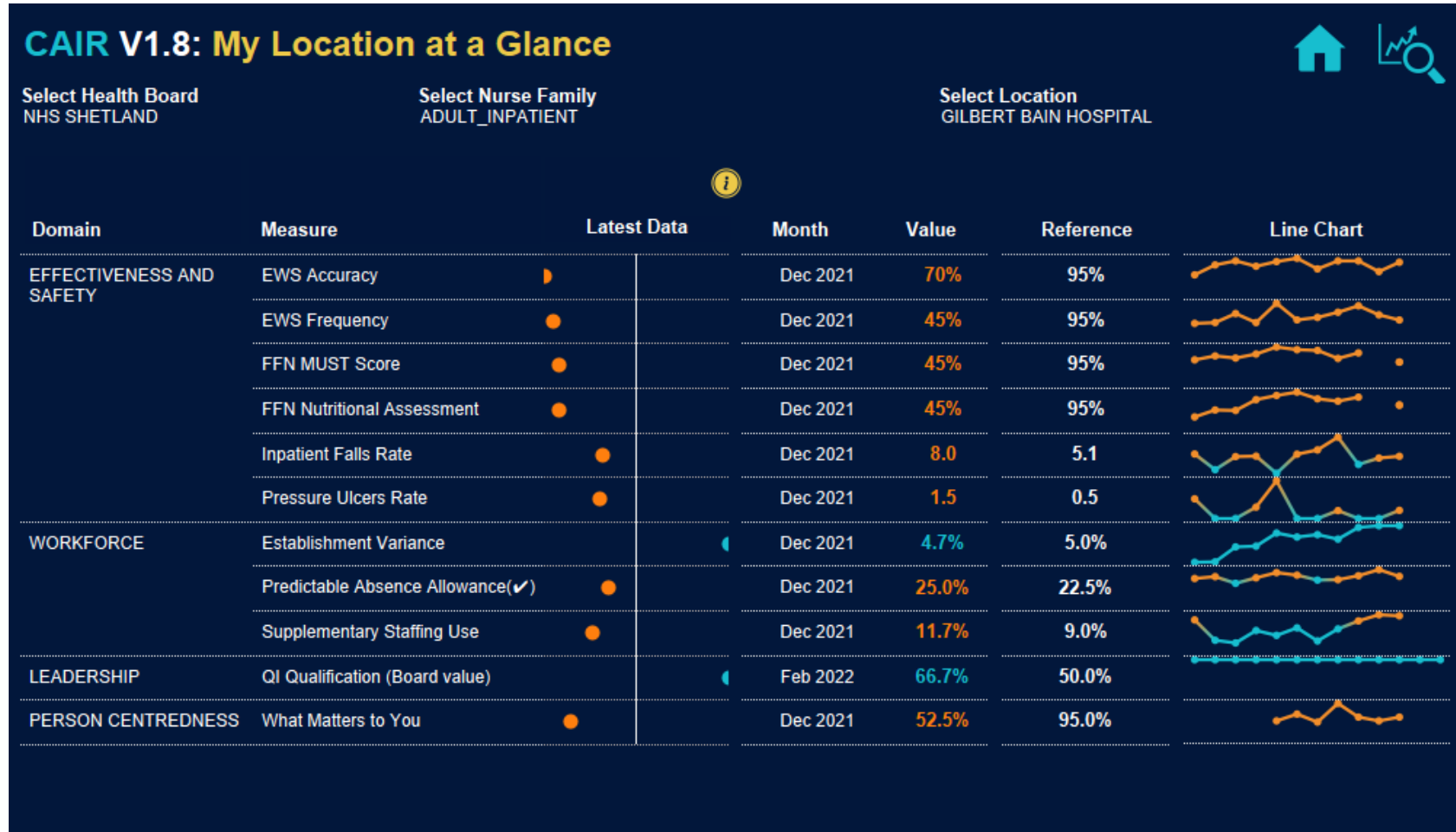


**APPENDIX B – Learning points from the investigation of patients that have had a fall with harm and patients who developed pressures ulcers in Hospital in Appendix A**

<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>
October to December 2021	1	Unavoidable	Yes	N/A	Patient had the correct footwear on, had their mobility aid and was appropriately supported by a member of staff. An unavoidable fall, higher risk appetite for mobilising this patient as it was an integral part of their rehabilitation/reconditioning to enable discharge home in the future.

<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>
October to December 2021	1	Unavoidable	Yes	N/A	The patient lives with constant involuntary movements of the legs as a result of co-morbidities. Vulnerable skin had been noted and protection applied overnight (patient up in chair during the day) but due to constant movement blisters had formed and then deteriorated. In depth investigation with Tissue Viability lead, protection required that could not be removed/misplaced through movement, new form of protection identified and used. Shared at tissue viability link meeting, ward meetings, care assurance meeting and SCN meeting.

# Screenshots from the Excellence in Care Dashboard



# CAIR V1.8: My Location at a Glance



Select Health Board  
NHS SHETLAND

Select Nurse Family  
DISTRICT\_NURSING

Select Location  
Shetland Islands



Domain	Measure	Latest Data	Month	Value	Reference	Line Chart
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Dec 2021	100%	60%	
	Preferred Place Documented		Dec 2021	100%	60%	
WORKFORCE	Predictable Absence Allowance(✓)		Dec 2021	21.9%	22.5%	
	Supplementary Staffing Use		No Data		9.0%	
LEADERSHIP	QI Qualification (Board value)		Feb 2022	66.7%	50.0%	
PERSON CENTREDNESS	What Matters to You		Dec 2021	100.0%	95.0%	

## Appendix C – Thematic Learning from Debrief Discussions October – December 2021

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
Nov 21	58	0	Extreme – 0 Major - 0 Moderate - 8	2	<p>Adverse event theme (8349) – error in labelling samples</p> <ul style="list-style-type: none"> <li><b>Patient safety</b> – laboratory staff picked up on error and reported immediately taking corrective action. Team leader informed and put out message to all staff in safety brief. A solution to the error has been identified for staff to set up the printer with instructions and this has been communicated to all staff via lessons learned and safety brief</li> </ul> <p>Adverse event theme (8374) – missing and incorrect information, not informing the service a sample had been sent</p> <ul style="list-style-type: none"> <li><b>Communication</b> – laboratory informed the health centre as soon as sample was received allowing another stool sample to be obtained with the right information. Support given to care home staff and process explained highlighting the need that any samples sent to the laboratory need to have clear clinical details and investigations requested by a clinician and cannot be sent without informing the relevant clinician. Lessons learned shared with care home manager</li> </ul>
Dec 21	57	0	Extreme – 0 Major – 0 Moderate – 7	0	
<b>Total</b>	<b>115</b>	<b>0</b>	<b>Extreme = 0 Major = 0 Moderate = 15</b>	<b>2</b>	

# Outpatients Department Patient Satisfaction Survey 2021

Total Number of Responses = 94

## Aims and objectives

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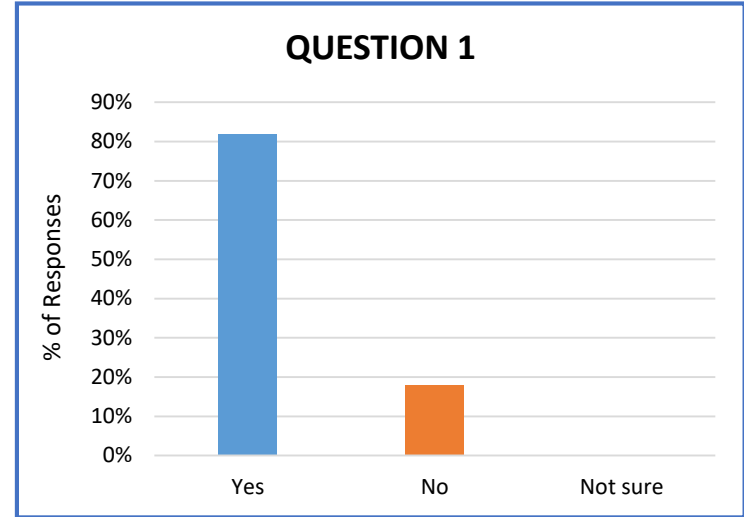
# Methodology and Sample Size

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# Q1: Was parking available on your arrival to the hospital?

Answered: 94 Skipped: 0

ANSWER CHOICES	NUMBER OF RESPONSES
Yes	64
No	14
Not sure	0
Not applicable	16
Not answered	0
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>78</b>
<b>% of Positive Responses</b>	<b>82%</b>

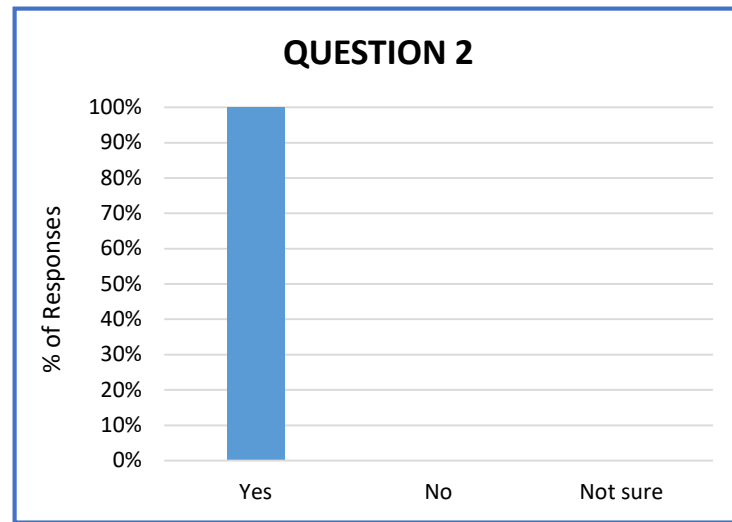




## Q2: On arrival at the department, were face masks and hand gel available?

Answered: 93 Skipped: 1

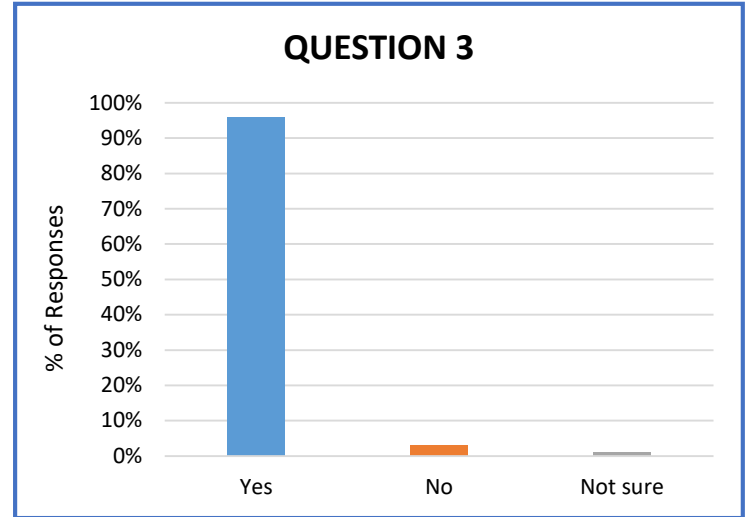
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	93
No	0
Not sure	0
Not applicable	0
Not answered	1
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>93</b>
<b>% of Positive Responses</b>	<b>100%</b>



### Q3: Were you checked in at reception in a timely manner?

Answered: 94 Skipped: 0

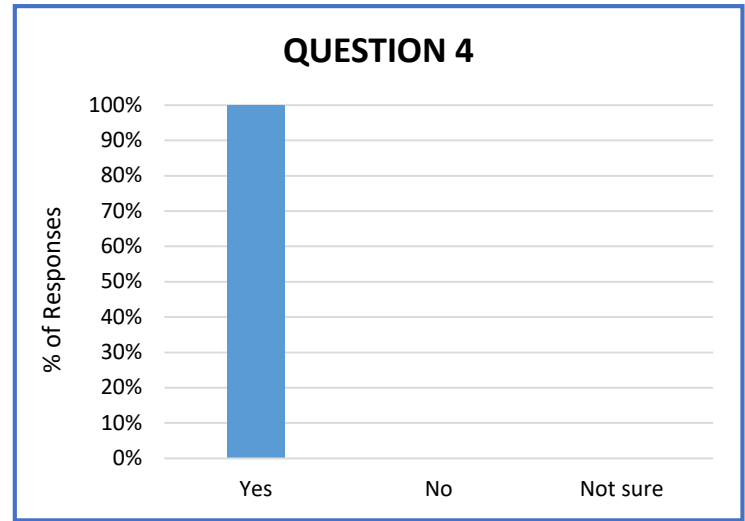
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	90
No	3
Not sure	1
Not applicable	0
Not answered	0
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>94</b>
<b>% of Positive Responses</b>	<b>96%</b>



# Q4: Were you able to maintain social distancing in the waiting room?

Answered: 94 Skipped: 0

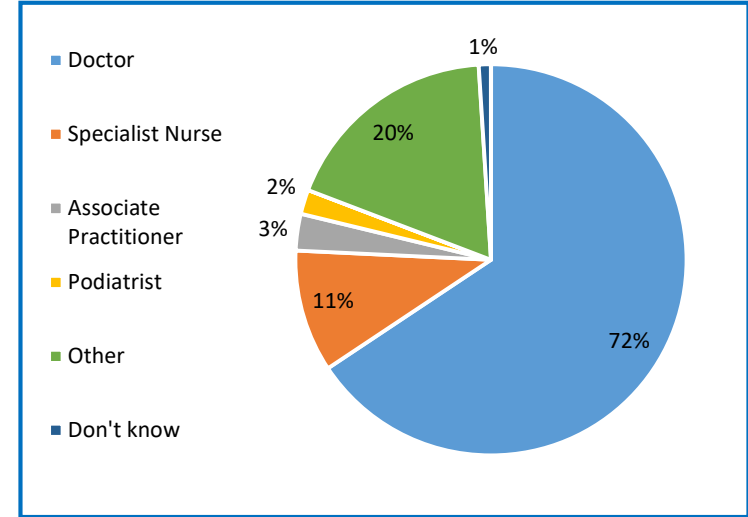
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	94
No	0
Not sure	0
Not applicable	0
Not answered	0
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>94</b>
<b>% of Positive Responses</b>	<b>100%</b>



## Q5: Who was your appointment with? *(please tick all that apply)*

Answered: 90 Skipped: 4

ANSWER CHOICES	NUMBER OF RESPONSES
Doctor	65
Specialist Nurse	10
Associate Practitioner	3
Podiatrist	2
Midwife	0
Other <i>(breakdown on next slide)</i>	18
Don't know	1
<b>TOTAL RESPONSES</b>	<b>90</b>



## Q5: Who was your appointment with? (breakdown of 'Others')

Answered: 90 Skipped: 4

OTHERS	NUMBER OF RESPONSES
Pain clinic	1
Ophthalmology	1
Gynaecology	3
Diabetic eye & feet check	2
Eye Consultant	1
Heart Scan	1
Surgeon	5
Dentist	1
Sleepologist	1
Physio	1
Radiographer	1
<b>TOTAL OF 'OTHER' RESPONSES</b>	<b>18</b>

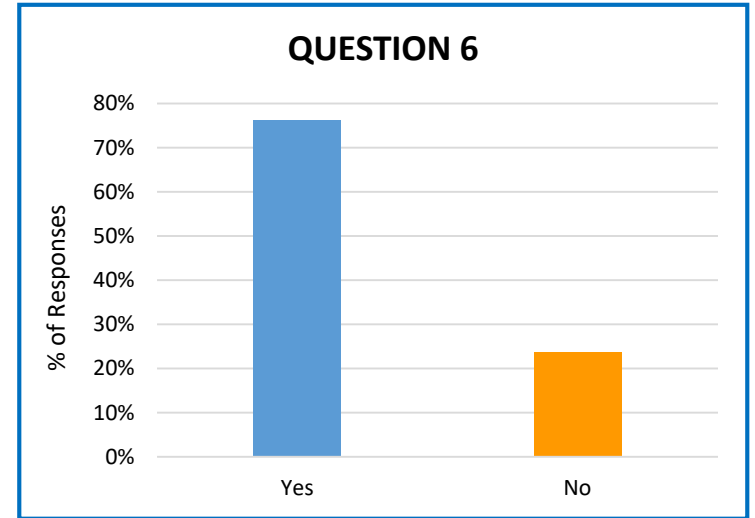
### Comments Received

Radiographer – best attention and advice provided

## Q6: Did your appointment go ahead on time?

Answered: 84 Skipped: 10

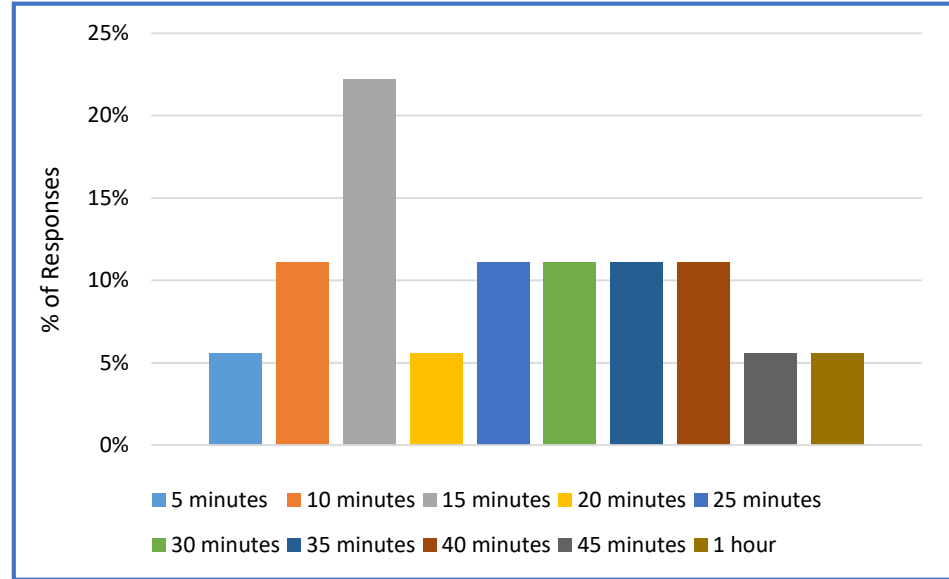
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	64
No	20
Not sure	0
Not applicable	0
Not answered	10
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>84</b>
<b>% of Positive Responses</b>	<b>76%</b>



## Q7: If you answered 'No' to Question 6, how long did you wait before being seen?

Answered: 18 Skipped: 2

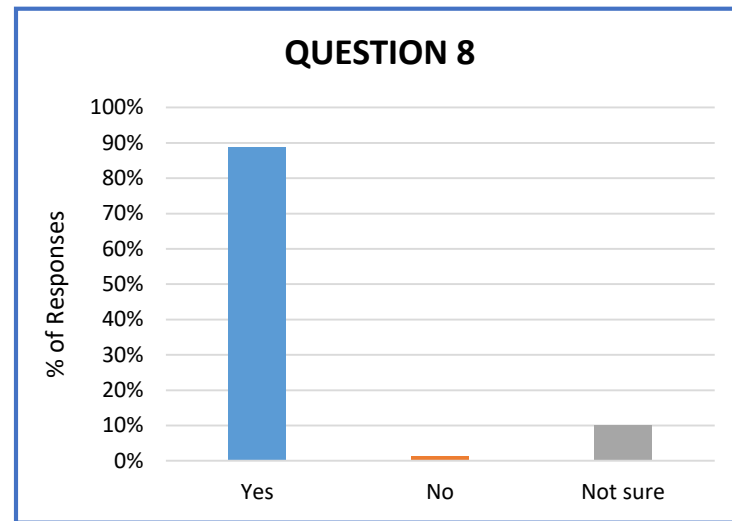
LENGTH OF WAIT	NUMBER OF RESPONSES
5 minutes	1
10 minutes	2
15 minutes	4
20 minutes	1
25 minutes	2
30 minutes	2
35 minutes	2
40 minutes	2
45 minutes	1
1 hour	1
Not answered	2
<b>TOTAL</b>	<b>20</b>



## Q8: Did staff wash/clean their hands before commencing your treatment/tests?

Answered: 85 Skipped: 9

ANSWER CHOICES	NUMBER OF RESPONSES
Yes	71
No	1
Not sure	8
Not applicable	5
Not answered	9
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>80</b>
<b>% of Positive Responses</b>	<b>89%</b>

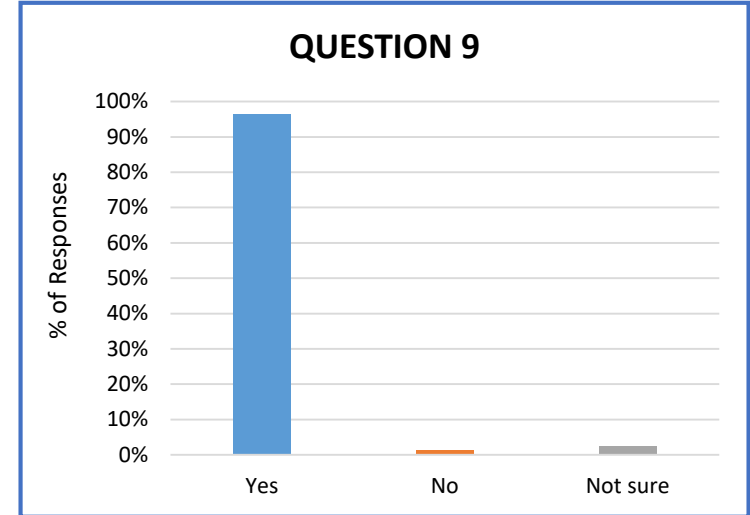




## Q9: Did you feel the clinician knew enough about your condition and treatments?

Answered: 85 Skipped: 9

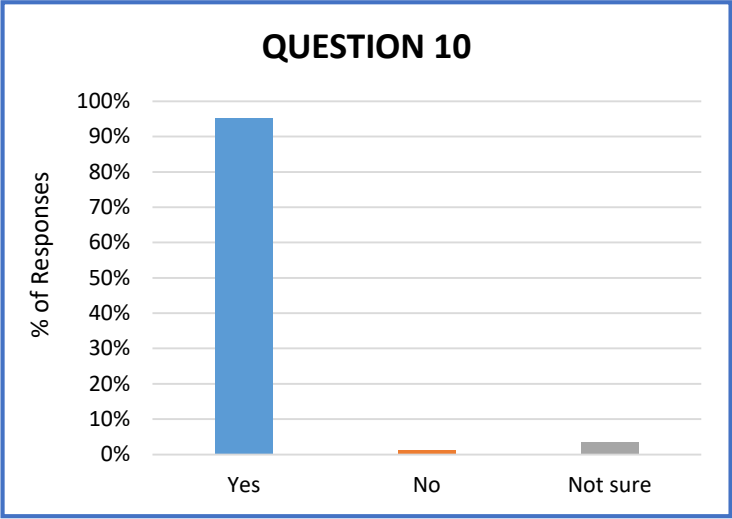
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	82
No	1
Not sure	2
Not applicable	0
Not answered	9
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>85</b>
<b>% of Positive Responses</b>	<b>96%</b>



# Q10: Did you feel listened to?

Answered: 85 Skipped: 9

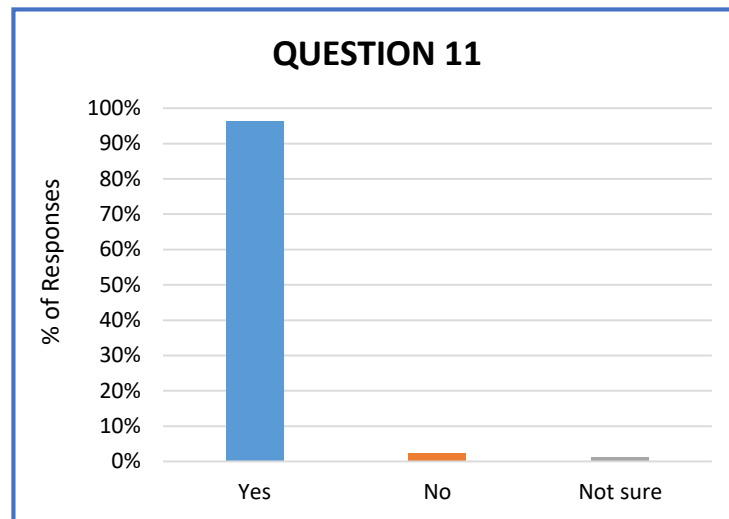
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	81
No	1
Not sure	3
Not applicable	0
Not answered	9
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>85</b>
<b>% of Positive Responses</b>	<b>95%</b>



## Q11: Were the next steps in your treatment/care made clear?

Answered: 85 Skipped: 9

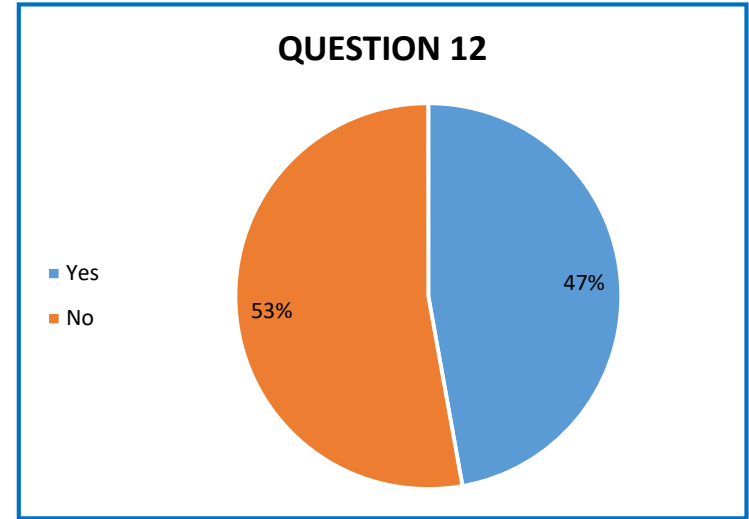
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	79
No	2
Not sure	1
Not applicable	3
Not answered	9
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>82</b>
<b>% of Positive Responses</b>	<b>96%</b>



## Q12: Were you given information to read at home regarding your diagnosis?

Answered: 84 Skipped: 10

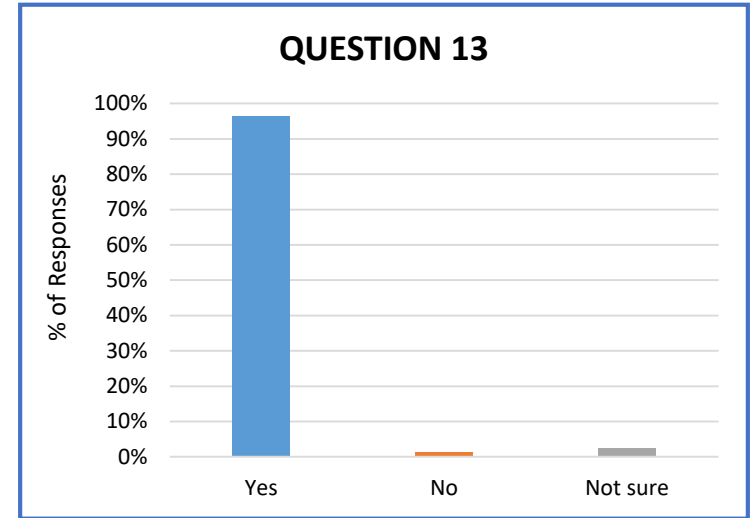
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	25
No	28
Not sure	0
Not applicable	31
Not answered	10
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>53</b>
<b>% of Positive Responses</b>	<b>47%</b>



## Q13: Did you feel that staff were approachable; so that you could voice any worries or concerns that you had?

Answered: 84 Skipped: 10

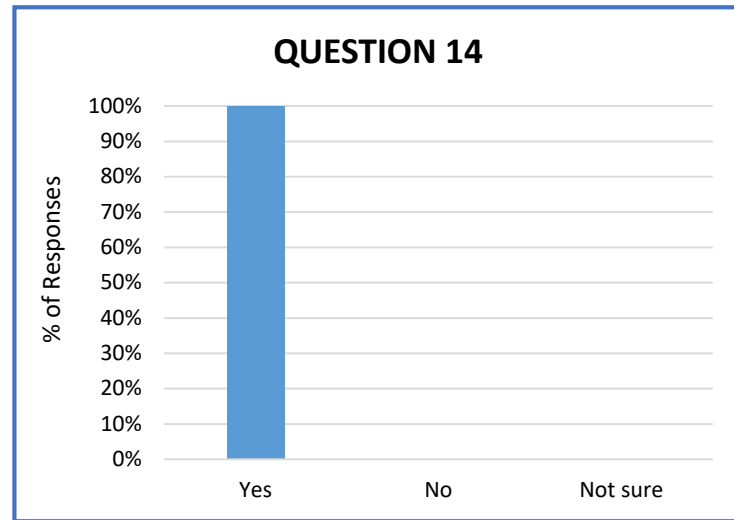
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	81
No	1
Not sure	2
Not applicable	0
Not answered	10
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>84</b>
<b>% of Positive Responses</b>	<b>96%</b>



## Q14: Did you feel you were given enough privacy when being examined or treated?

Answered: 87 Skipped: 7

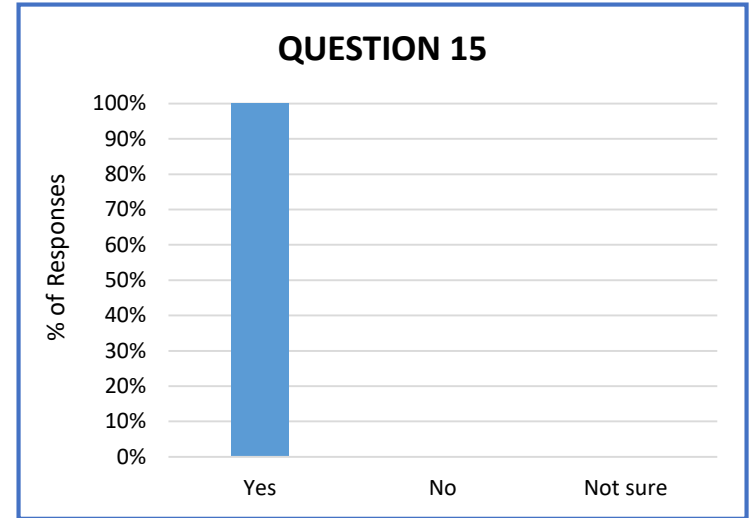
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	83
No	0
Not sure	0
Not applicable	4
Not answered	7
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>83</b>
<b>% of Positive Responses</b>	<b>100%</b>



## Q15: Was the department clean?

Answered: 86 Skipped: 8

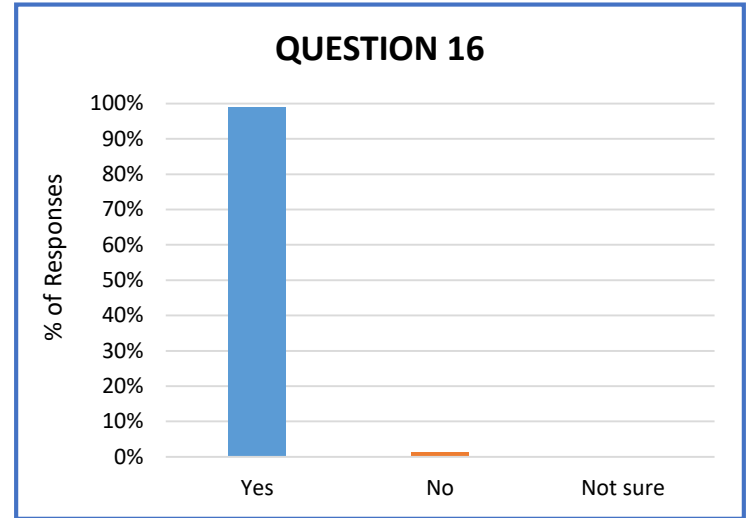
ANSWER CHOICES	NUMBER OF RESPONSES
Yes	86
No	0
Not sure	0
Not applicable	0
Not answered	8
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>86</b>
<b>% of Positive Responses</b>	<b>100%</b>



# Q16: Did you find the noise levels acceptable?

Answered: 88 Skipped: 6

ANSWER CHOICES	NUMBER OF RESPONSES
Yes	87
No	1
Not sure	0
Not applicable	0
Not answered	6
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>88</b>
<b>% of Positive Responses</b>	<b>99%</b>

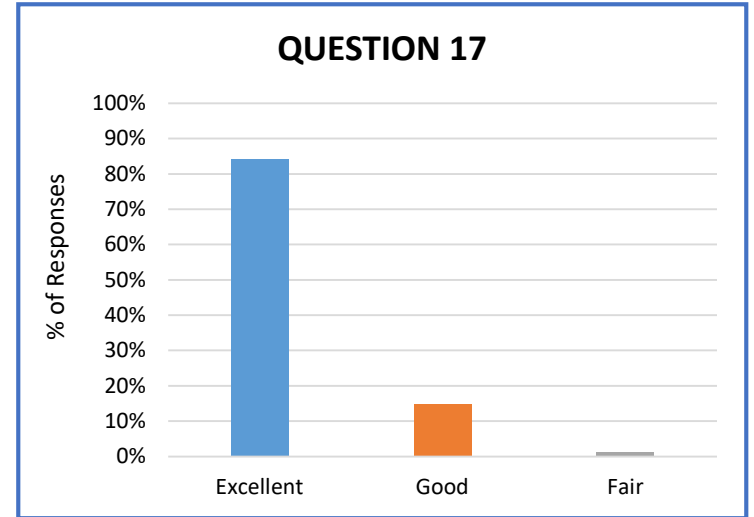




# Q17: Overall how would you rate your experience of the Outpatients Department?

Answered: 88 Skipped: 6

ANSWER CHOICES	NUMBER OF RESPONSES
Excellent	74
Good	13
Fair	1
Not applicable	0
Not answered	6
<b>TOTAL</b>	<b>94</b>
Adjusted denominator (removing Not applicable/Not answered)	<b>88</b>
<b>% of Excellent &amp; Good Responses</b>	<b>99%</b>



## Patient Comments

If it had not been for the recent organisational difficulties due to unusual conditions in managing the virus, it might have been economical to send me to Gilbert Bain Outpatients Department immediately for an initial X-ray and the same diagnosis and treatment. Thanks are due to GP and Hospital services provided.

Q13 - The nurse [named] was brilliant, knowledgeable, kind and friendly.

[Name] the nurse made a difficult procedure no problem for you. I felt safe and reassured thanks to [them].

Q1 - My appointment was late afternoon, carpark was empty. You can't park during the day, it is awful.

Q4 - Yes, but I was alone

The trouble is that it is hard to get into the hospital because the GP has a hard time letting go and they are not a specialist only basic doctors. I got my appointment after 7 months!!! During 7 months I told 3X my problem. It is not normal.....

I had to see 3 different departments, the last being the Physio, waiting in out patients. Would have thought it better if Physio called out names, instead of asking who was next as you were not paying attention or knew that other people were waiting on Physio. Poor system, especially for someone with taxi waiting, apart from that it was ok.

I felt Gynaecologist had respect, empathy and a lovely friendly manner, which is much appreciated.

## Patient Comments

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Dr [name] an excellent consultant - extremely clear and helpful

Q12 - No, but told about online information

As with past appointments, I was very well looked after. Thank you

Q1 - On yellow lines only

A pleasant experience, no waiting which is important to me!

Staff all very helpful [Signed]

Very good service indeed

Outpatients department & staff were good BUT consultant surgeon was off hand & quite rude. [They] were running late and kept saying to me that [they] didn't have time for this and I would have to go. [They] asked me "why are you here?" in an impatient way. [They] hadn't read my notes because he didn't have time. [They] didn't know why I'd been referred and seemed to blame me for that. [They] couldn't get me out of there fast enough & I learned nothing about my condition & how to sort it. I found the whole experience very upsetting.

All the staff I've come into contact with over the past 3 months have been competent, helpful and friendly. They go out of their way to allay any worries or concerns - a very rewarding experience.

## Patient Comments

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There needs to be more parking spaces. this is ridiculous I have experience this problem for 40 years. In the 20 minutes I looked for parking another 6 cars were having the same problem. I had to park elsewhere. A breathless person wouldn't manage.

PLEASE FIX IT

Perfect, excellent staff. Look after them

Very knowledgeable & patient with me. Put me at ease straight away.

Thanks

Although my appointment was late this was due to an emergency and a nurse made sure this was acceptable for me and showed me where to locate the toilets and water if I required them. She returned after 10 minutes to make sure I was still ok with the wait. The doctor also explained the reason for the delay.

Q3 - Very!

Q16 - Very!

Excellent service by all! Even dental receptionist who advised filling out form as receptionist was at toilet.

Thank you very very much!!

## Patient Comments

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Dr [name] is an excellent surgeon. [They] made me very comfortable and is very professional in [their] manner. Very happy to have [them] as my surgeon. [Name] is excellent at what [they] do. One in a million.

Q8 - had on gloves

Really friendly and helpful staff. I felt I had the best attention and advice.  
Thank you!

There never seems to be a receptionist, nurses seem to be doing it all - well done to them :0)

Q16 - Turn TV down to silent/subtitles

The TV bothered me a little because I was trying to read my book. But not a big problem, it was quite quiet & with subtitles - so why the sound?

I have never had any issues when visiting Outpatients Dept. or any other. Staff always professional and caring.

Q15 - Spotless

Q16 - What noise

## Patient Comments

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Made to feel relaxed. Very nice manner.

Took very good care of me - thank you

Forgot to give info on condition - can it be posted out to myself

Great service from the staff and Dr, can't fault anything, well done NHS

As my hearing is not too good, I have difficulty hearing the nurse call my name in the waiting area.


# Interpretation of Results and Conclusions

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# Recommendations and Actions

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Click to add text

ACTION PLAN			
Action	Person responsible	Target date	Completion date

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