

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>11 February 2025</b>
<b>Agenda reference:</b>	<b>Board Paper 2024/25/61</b>
<b>Title:</b>	<b>Quality Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Prof Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Prof Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

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

- Awareness/Discussion

**This report relates to:**

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

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

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

## 2 Report summary

### 2.1 Situation

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

## **2.2 Background**

The report includes:

- A summary of the work undertaken to date in response to the 'quality ambitions' described in the Strategy;
- Our performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures)
- When available, feedback gathered from patients and carers – along with improvement plans. This report has a specific focus on feedback.

## **2.3 Assessment**

The report provides a general overview of the person centred care improvement work that is taking place across the Board, particularly in support of managing pressures, recovery and embedding new ways of working as described in the clinical and care strategy. It includes data measures, set out in a quality score card format with a more detailed analysis where there have been exceptions or deviation from the agreed national standards. When available, a written report summarising patient feedback and actions arising from those comments will be included. A patient story will also be included in the context of the quality report, when speakers are available to share their experiences. Feedback monitoring quarterly updates are also a standard component of the quality report content.

The Quality Report does not include any specific exceptions or deviations from the agreed national standards that need to be highlighted to the Board, that do not already have risk assessments and mitigations in place to support them.

### **2.3.1 Quality/ Patient Care**

The focus of the quality scorecard is on evidencing safe practice and providing assurance to service users, patients and communities that services are safe and effective.

### **2.3.2 Workforce**

The focus of this report is on evidencing effective training and role development to deliver care, professionalism and behaviours which support person centred care.

### **2.3.3 Financial**

Quality standards and the delivery of them is part of the standard budgeting process and are funded via our general financial allocation.

### **2.3.4 Risk Assessment/Management**

The quality agenda focuses on reducing risks associated with the delivery of health and care services. The adverse event policy also applies to HAI related events.

### **2.3.5 Equality and Diversity, including health inequalities**

EQIA is not required.

### **2.3.6 Other impacts**

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

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

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

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 Quality Report February 2025 – focus on feedback

Appendix No 2a Student Nurse Feedback – Quality Management of the Practice Learning Environment (QMPLE) Q3 2024-25

Appendix No 2b NHS Shetland HCSW Learning Survey Report from NES

Appendix No 2c HCSW Role Development - B12 injection therapy

Appendix No 3a Appendix 3a and 3b Patient Experience Feedback W1 & W3 and Care Opinion

Appendix 3c, 3d and 3e Patient Feedback from Maternity, Intermediate Care Team & HDU

Appendix No 4a OPEN Research Findings FASD

Appendix No 4b OPEN Research Findings Go Your Own Way

Appendix No 5 Appendix 5 Quality Scorecard February 2025

## APPENDIX 1 PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION

### GATHERING FEEDBACK & STORIES

In this report, there is a focus on various types of feedback, from patients, members of our community e.g. young people and feedback from staff peers and colleagues.

The Board supported a formal proposal to develop an approach (or framework) that would enable us to bring together the various systems that are in place to gather patient experiences and feedback so that we can demonstrate clearly how feedback is being used to improve patient care. This report also includes examples of where we have worked with individuals and groups to support or amplify awareness in our local community.

Progress continues and since December 2024 the following actions have been taken:

- There continues to be regular interactions via social media and with the local media to make sure that people in our wider community and patients know how to access our services and key messaging e.g. keeping safe during adverse weather, vaccination programme etc This has included films, radio interviews, podcasts, articles in local news media. Following the NHS attendance at the Agricultural shows over Summer 2024, a feedback report has been published reflecting comments made by members of the community who spoke to staff at these events. This publication is known as the 'strategic delivery plan community brochure' and is available in limited hard copy, pdf and QR code versions. <https://www.nhssheland.scot/downloads/file/1903/nhs-shetland-strategic-delivery-plan-2024-2029>
- QMPLE feedback from student nurses who have had learning placements in Shetland is shown in Appendix 2a. Findings from a recent survey undertaken by NES to explore the views of HCSWs about role preparation, learning and support is shown in Appendix 2b. HCSWs in the community nursing team have been undertaking role development to support the administration of B12 injections using the NES HCSW competency framework to develop skills to provide a range of injection therapies. Feedback and details of the current evaluation are shown in Appendix 2c.
- We continue to support teams to gather patient stories and patient experience data. Feedback from patients who have been admitted to hospital (either W1 or W3) is shown in Appendix 3a. Work is also being undertaken to develop a partnership approach with Care Opinion to promote its use locally to increase the range of feedback we receive from people who use healthcare services locally. Feedback received in the last quarter is shown in Appendix 3b, along with the responses/improvement actions. In addition to this, three patient surveys from a range of different settings are shown as Appendix, 3c-3e, providing feedback for the Maternity Unit, Intermediate Care Team and the High Dependency Unit, to validate patients care experiences and identify areas for improvement.
- Feedback reports that have been published as a result of the work undertaken by OPEN Peer Researchers in 2024 have also been included for information/awareness. The findings have been derived from engagement work surrounding Foetal Alcohol Spectrum Disorder (FASD) which has been conducted with young people within Shetland. And the final report from the 14 month drug and alcohol research project – "Go your own way", which sets out the views of young people on the culture of drugs and alcohol in Shetland. Both reports will be discussed in more detail at the Shetland Children's Partnership (SCP) workshop which be held in mid-February 2025. The reports are shown as Appendices 4a and 4b

- The Physiotherapy team supporting children and young people (CYP) have recently completed 360 degree feedback with colleagues in Children’s Services, in particular Schools to gain learning and insight into areas they may be able to improve the quality of the service, communication and relationships. The feedback demonstrates the CYP Physiotherapy team is highly regarded by teachers and peers and the team provide valued and valuable input to young people who have had an acute problem e.g. fracture as well as children with long term, complex health conditions. The feedback can be viewed at the following link:  
<https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=eHuGe7JDdQRYpUA0sTgL677InFrUDZpT&id=veDvEDCgykuAnLXmdF5JmglnVRGjezxOvRZevGK9D6FUQUFKTUwyVUs4RUo3N0IWOFQ2WINRQ0hORC4u>
- Appendix 5 includes the quality score card which highlights the improvement work that is being undertaken across the organisation. The summary below provides an ‘at a glance’ overview of where we are on track and need more focused improvement work.

<b>Summary of Performance Indicator Activity (41 KPIs): Q3</b>			
No target set/ Suspended activity			
8	7	0	26
<p>4 KPIs national activity suspended (NA-IC-23, NA-IC-24, NA-IC-25, NA-IC-30)</p> <p>NA-HC-79 &amp; NA-HC-80 EIC data collection issue</p> <p>1 KPI (MD-HC-01) awaiting national update</p> <p>NA-CF-16 women satisfied with the care they receive – Care Opinion is now being used</p>	<p>NA-IC-01, NA-IC-02, Catheter Usage Rate, CAUTI</p> <p>PH-HI-03, NA-HC-09, NA-HC-10, NA-HC-53, NA-HC-69,</p> <p>Measures will remain on red until the target has been met</p>		Detailed in the Quality Score Card (Appendix 1)

## Appendix 2a: Quality Management of the Practice Learning Environment (QMPLE)

Q3 October - December 2024

Overall Satisfaction:

Student Feedback Overview:

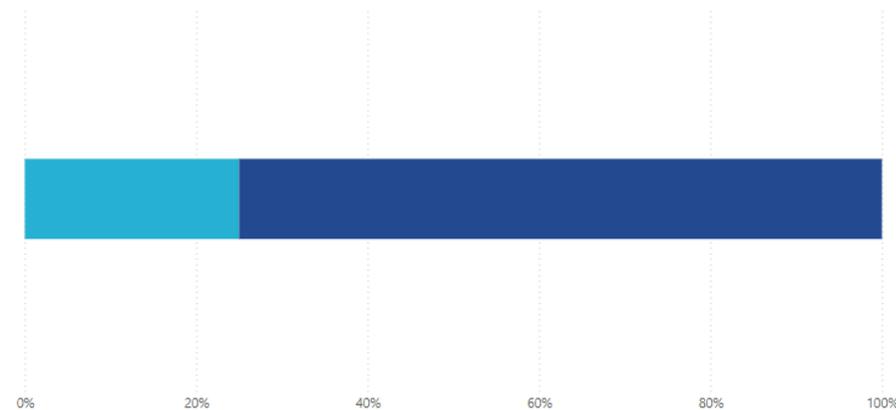
### Student Feedback Overview

4

Number of Respondents

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

Fairly Satisfied Very Satisfied



Performance Management:

# Student Feedback Overview

## Nursing

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

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

Prepared to coordin...

Confidence and abil...

Prepared to demon...

0%

50%

100%

Number of Nursing Responses

0

## Midwifery

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

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

Prepared to coordin...

Confidence and abil...

Prepared to demon...

0%

50%

100%

Number of Midwifery Responses

0

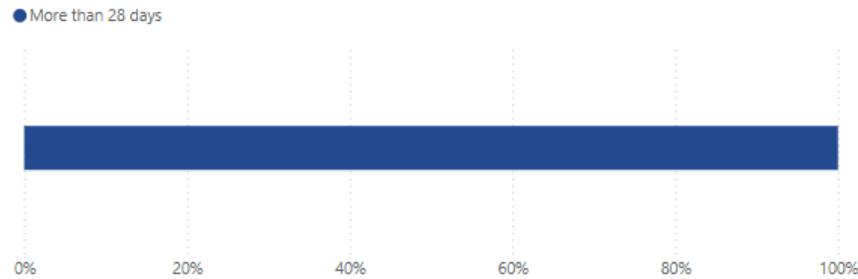
Preparation for Practice Learning:

# Student Feedback Overview

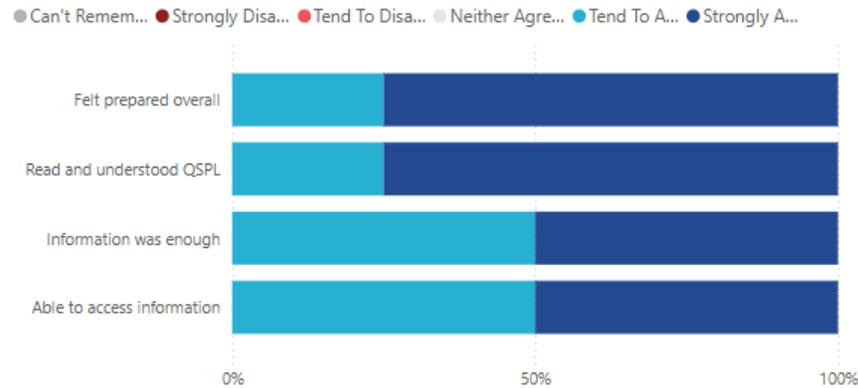
4

Number of Respondents

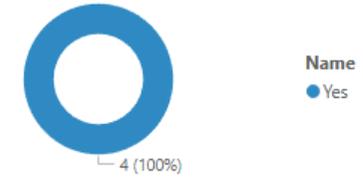
How much notice did you receive of your practice learning placement?



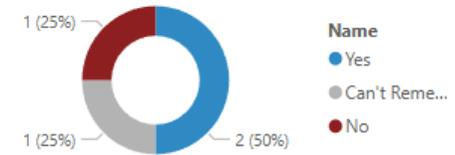
Thinking about the period leading up to your practice learning experience, to what extent do you agree or disagree:



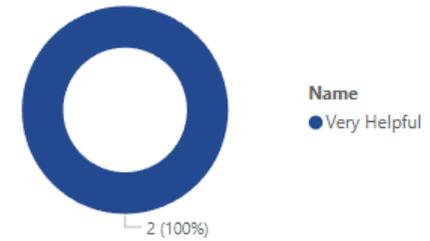
I was given a nominated contact person before commencement of the practice learning experience



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



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



## Learning Environment:

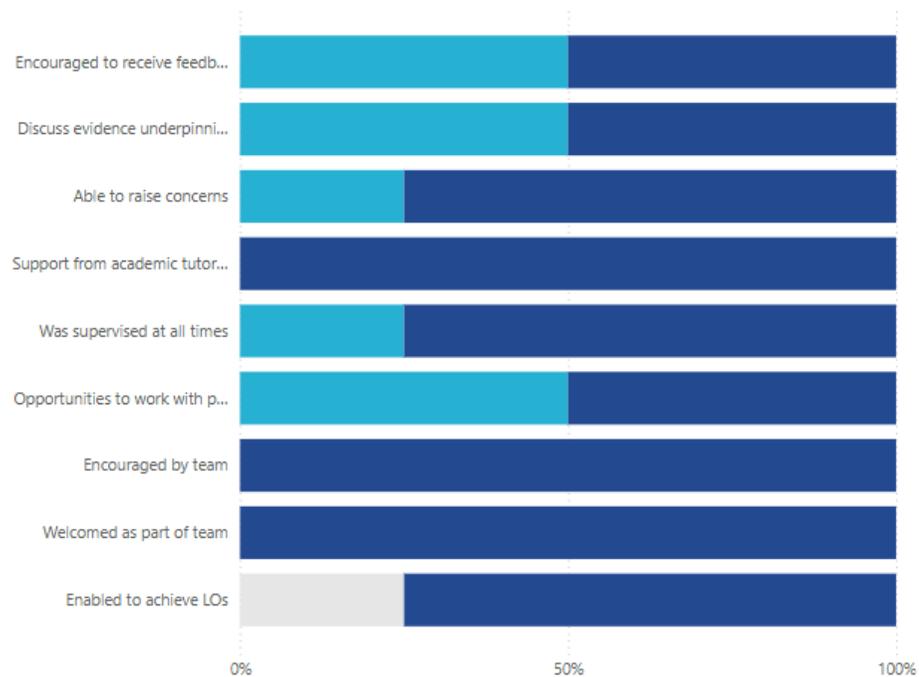
### Student Feedback Overview

4

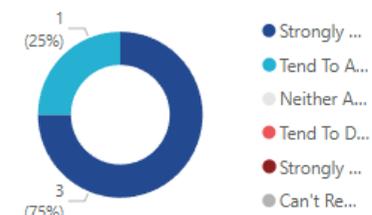
Number of Respondents

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

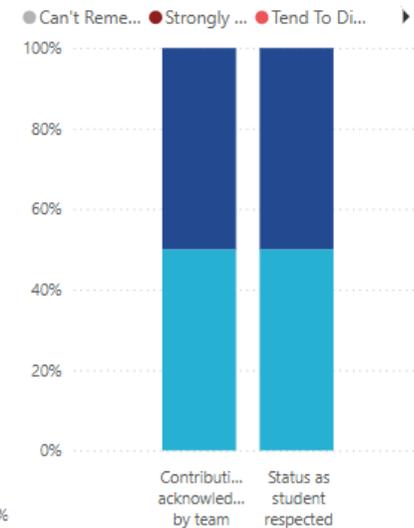
● Can't Remember/... ● Strongly Disagree ● Tend To Disagree ● Neither Agree... ● Tend To Agree ● Strongly Agree



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



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

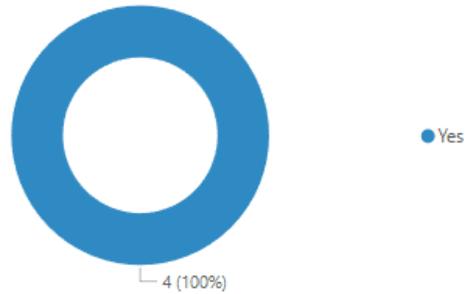


## Practice support:

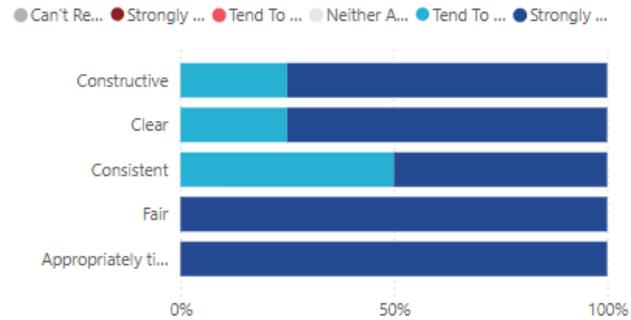
4

Number of Respondents

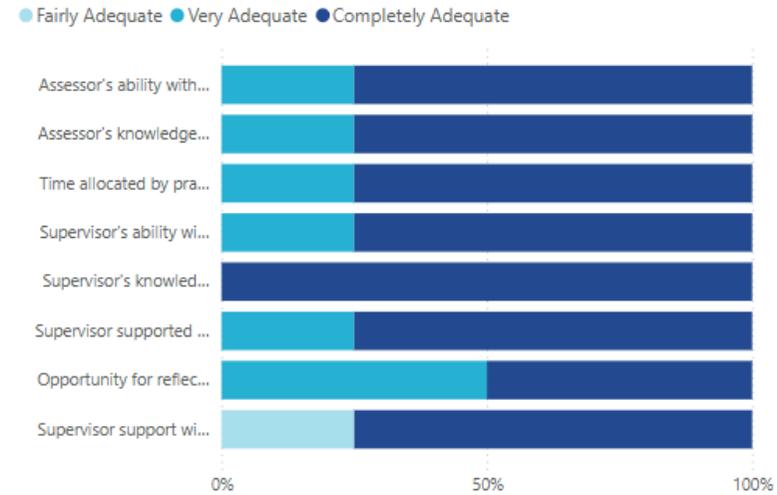
Were you allocated a practice supervisor when you arrived in the practice learning environment?



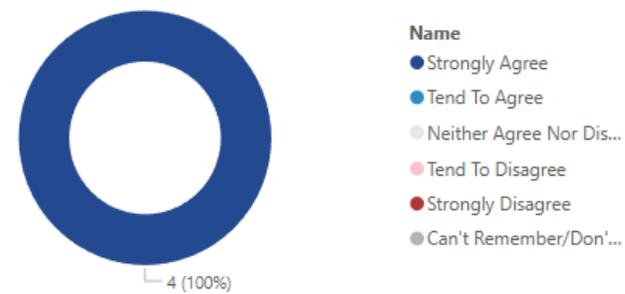
Thinking generally about the feedback you receive from your practice assessor over the course of your practice learning experience, to what extent do you agree or disagree that this was:



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



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

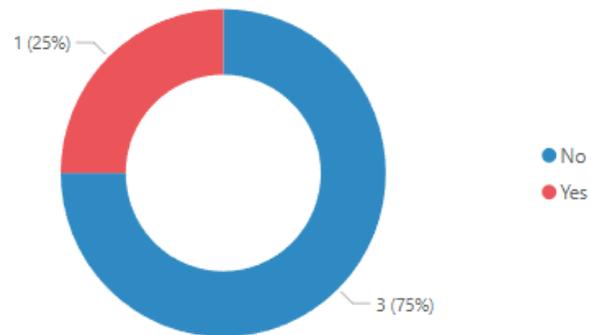


**Additional Support Needs:**

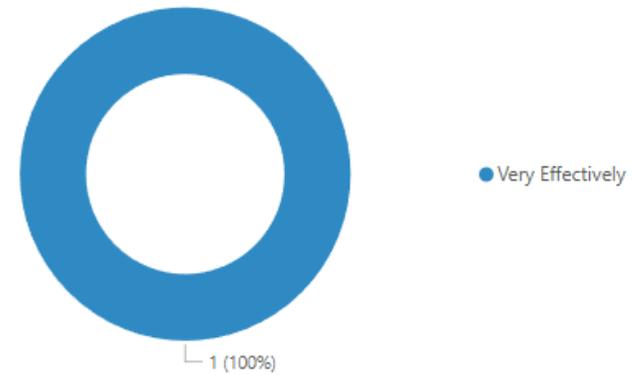
**4**

Number of Respondents

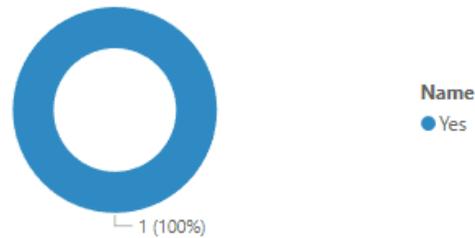
Did you require reasonable adjustments?



How effectively, if at all, did you think your reasonable adjustment needs were met?



Did you discuss your reasonable adjustment needs with your practice assessor/supervisor?

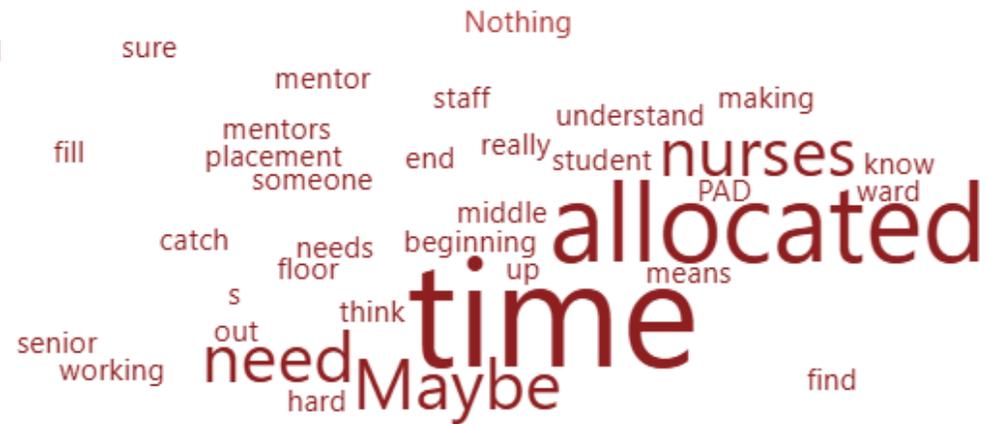




**Student feedback – improved experience:**

4

Number of Respondents



Search all responses...

Response	Learning Environment	Learning Centre
Nothing, everything was good.	Accident and Emergency	Gilbert Bain Hospital
Maybe making sure that senior nurses understand that mentors need allocated time to catch up with student. If someone is a mentor they need to have time to fill out the PAD and maybe this time needs to be allocated at beginning middle and end of placement. It's really hard to find time on the ward if its allocated I think. This means the nurses and staff working will know they will be off the floor	Ward 3	Gilbert Bain Hospital

## Additional Comments:

4

Number of Respondents



Search all responses...

Response	Learning Environment	Learning Centre
After I moved to Scalloway community nursing team I managed to learn a lot in the 5 weeks I had left. I would really liked to have had 7 weeks in Scalloway to maximise my learning opportunities.	Brae Community	Shetland Community
amazing experience, all the staff have been lovely and so supportive.	Ward 3	Gilbert Bain Hospital



## **NHS Shetland: HCSW Healthcare Support Worker National Learning Survey 2024**

### **Background**

The Healthcare Support Worker (HCSW) national learning survey sought to understand Nursing, Midwifery and Allied Health Professions (NMAHP) HCSWs experience of learning and developing at work in NHS Scotland. The survey followed those previously conducted in 2011 and 2018.

In the last three years, NES in partnership with our stakeholders has taken forward the Scottish Government commission to enhance and develop HCSW roles to maximise both their impact in practice and their support for registered health care professionals. Repeating the national HCSW learning survey in 2024 has given us results that will inform how we can best continue to support our HCSW workforce effectively and efficiently.

This report outlines the response (quantitative and qualitative data) from your health board. It is a local report to support planning and further conversations which in due course will be supplemented by a national report of the overall results of the 2024 HCSW learning survey. The HCSW “voice” is a central strand of our work, and we are committed to sharing the outcomes widely with all stakeholders.

### **Method**

The online survey went live in July 2024 and was open for 14 weeks to allow for maximum participation for a group who may not be able to engage through traditional channels.

NES expanded the reach of the survey to not only gauge views directly from NMAHP HCSWs but also seek to understand the views of managers and educators who are involved in supporting and facilitating HCSW’s learning and development.

A comprehensive multi-faceted communication plan was developed, and the survey invite, and link was disseminated through the Scottish Executive Nurse Directors, Scottish Directors of AHP, Midwifery Leads, the HCSW Advisory Group, Associate Practice Educator Network, HCSW Education Network, HCSW Commission Steering Group and NES practice education network.

The survey utilized a combination of quantitative and qualitative questions comprising five sections:

1. About your work (5 questions)
2. Your qualifications (12 questions)
3. Your learning and development (10 questions)
4. Awareness and use of NES resources and events (20 questions)
5. Managers, educators and those supporting the learning and development of HCSWs (17 questions)

## Results

At closure of the survey, we received a total of 2,360 responses, spanning all territorial health boards, four national boards and several GP practices. The response rate was lower than the previous survey conducted in 2018 and may be indicative of service pressures. Results will be published as a national report in May 2025. The report will allow local boards to compare and contrast their results with the national picture. The following tables are being shared to support local decision-making, action planning and further sharing with all local stakeholders

### Key points for NHS Shetland

- 17 HCSWs responded to the survey, 25.0% of the NHS Shetland HCSW workforce. This compares with 6 responses to the 2018 NES HCSW survey.
- Of the 17 HCSWs who responded, four line manage a HCSW colleague.
- In addition, one response was received from a HCSW line manager and one response from an individual who line manages and facilitates HCSW learning.
- 35.3% (6) respondents work full-time, 64.7% (11) are part-time or temporary employees and 5.9% (1) are bank staff
- 5.9% (1) of the NHS Shetland HCSWs who responded are currently studying for a degree level qualification
- 58.8% (10) of NHS Shetland HCSWs said they have had a current Personal Development Plan/ KSF discussion (in past 12 months)

## SECTION 1. About your work

### 1. Please tell us about your terms of employment: (all that apply)

Name	Count	Percent
Permanent, full time (37 hours or more per week)	6	35.3%
Permanent, part time (less than 37 hours per week)	10	58.8%
Temporary or fixed term contract including secondment	1	5.9%
NHS Bank	1	5.9%
Other, please specify	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

### 2. Which of the following most closely describes the area you work in?

Name	Count	Percent
Nursing (Adult)	12	70.6%
Midwifery	2	11.8%
Physiotherapy	1	5.9%
Other, please specify	2	11.8%
<b>N</b>	<b>17</b>	<b>17</b>

Primary Care/GP Practice  
HCSW GP Practice

**3. Which of the following job titles is most like yours? (select one only)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Healthcare Support Worker	6	35.3%
Senior Healthcare Support Worker	9	52.9%
Assistant Practitioner	1	5.9%
Maternity Care Support Worker	1	5.9%
<b>N</b>	<b>17</b>	<b>17</b>

**4. For your current job, is the place where you mainly work: (select one only)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
In a general hospital setting	9	52.9%
In an out-patients setting	1	5.9%
In a 2C GP practice run by an NHS Board (NHS employed)	7	41.2%
<b>N</b>	<b>17</b>	<b>17</b>

**5. Which Agenda for Change pay band are you in?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Band 2	0	0.0%
Band 3	15	88.2%
Band 4	1	5.9%
Band 5	0	0.0%
Not sure which band	1	5.9%
Employed by other	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

**SECTION 2: Your Qualifications****6. Please indicate which qualifications you currently hold (select all that apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
National 1 - 4	2	11.8%
National 5, Standard Grades or O Grade (or equivalent)	10	58.8%
Higher Grades (or equivalent)	8	47.1%
Advanced Higher, CSYS (or equivalent)	0	0.0%
SVQ Level 2 - SCQF 6	3	17.6%
SVQ Level 3- SCQF 7	1	5.9%
SVQ Level 4 - SCQF 9/10	0	0.0%
Higher National Certificate (HNC)	2	11.8%
Higher National Diploma (HND)	2	11.8%
National Progression Award (NPA)	0	0.0%
National Certificate (NC)	1	5.9%
Professional Development Award (PDA)	1	5.9%
Certificate of Higher Education (CertHE)	1	5.9%
Diploma of Higher Education (DipHE)	4	23.5%
Undergraduate Degree	2	11.8%
Postgraduate Degree	1	5.9%
Other, please specify	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

**7. What training or educational qualification(s) did you undertake in preparation for your role as a HCSW?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
In-house training or development programme	9	52.9%
None	3	17.6%
National 5 (or equivalent)	1	5.9%
Foundation apprenticeship	0	0.0%
Higher Grades (or equivalent)	1	5.9%
Advanced Higher, CSYS (or equivalent)	0	0.0%
SVQ Level 2- SCQF 6	2	11.8%
SVQ Level 3- SCQF 7	1	5.9%
SVQ Level 4- SCQF 9/10	0	0.0%
Higher National Certificate (HNC)	1	5.9%
Higher National Diploma (HND)	0	0.0%
National Progression Award (NPA)	0	0.0%
National Certificate (NC)	0	0.0%
Professional Development Award (PDA)	0	0.0%
Certificate of Higher Education (CertHE)	0	0.0%
Diploma of Higher Education (DipHE)	0	0.0%
Undergraduate Degree	0	0.0%

Other, please specify	3	17.6%
<b>N</b>	<b>17</b>	<b>17</b>

Access to nursing  
 Turas hand on training  
 Turas & hands on training

### 8. Are you currently studying for qualifications while working as a HCSW?

Name	Count	Percent
Yes	1	5.9%
No	16	94.1%
<b>N</b>	<b>17</b>	<b>17</b>

### 9. Which qualifications are you currently studying for? (select all that apply)

Name	Count	Percent
Higher Grades (or equivalent)	0	0.0%
Advanced Higher, CSYS (or equivalent)	0	0.0%
SVQ Level 2- SCQF 6	0	0.0%
SVQ Level 3- SCQF 7	0	0.0%
SVQ Level 4- SCQF 9 /10	0	0.0%
Higher National Certificate (HNC)	0	0.0%
Higher National Diploma (HND)	0	0.0%
National Progression Award (NPA)	0	0.0%
National Certificate (NC)	0	0.0%
Professional Development Award (PDA)	0	0.0%
Certificate of Higher Education (CertHE)	0	0.0%
Diploma of Higher Education (DipHE)	0	0.0%
Undergraduate Degree	1	100.0%
Postgraduate degree	0	0.0%
Other qualification	0	0.0%
<b>N</b>	<b>1</b>	<b>1</b>

### 10. How are you studying for work related qualifications?

Name	Count	Percent
In my own time	0	0.0%
In work time	0	0.0%
A combination of work time and my own time	1	100.0%
<b>N</b>	<b>1</b>	<b>1</b>

**11. Who is paying for your work-related studies? (please select all that apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Myself	0	0.0%
My employer	1	100.0%
A combination of myself and my employer	0	0.0%
I received funding through ITA Scotland (Individual Training Account)	0	0.0%
Student Awards Agency Scotland (SAAS) Funding	0	0.0%
Endowment fund	0	0.0%
AHP Career Fellowship Scheme	0	0.0%
Charity funding	0	0.0%
Not applicable / no fee required	0	0.0%
Other, please specify	0	0.0%
<b>N</b>	<b>1</b>	<b>1</b>

**12. Were you previously registered with the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) or other regulatory body?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
No	16	94.1%
Yes, Nursing and Midwifery Council (NMC)	0	0.0%
Yes, Health and Care Professions Council (HCPC)	1	5.9%
Other, please specify	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

**13. Which profession were you registered as (e.g. nurse, midwife, physiotherapist)**

Healthcare Support Worker

**14. Where were you registered?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
UK	0	0.0%
Overseas	0	0.0%
<b>N</b>	<b>0</b>	<b>0</b>

**15. Would you consider returning to the register?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	0	0.0%
No	1	100.0%
Unsure	0	0.0%
<b>N</b>	<b>1</b>	<b>1</b>

**16. What is preventing you from returning to the register?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Satisfied with the role I am currently in	0	0.0%
Funding for return to practice course	0	0.0%
Unaware of opportunities for returning	0	0.0%
Other, please specify	0	0.0%
<b>N</b>	<b>0</b>	<b>0</b>

**17. If you returned to the workforce as a registered practitioner, please state the role/clinical area that you would be interested working in**

No response

**SECTION 3. Your learning and development****18. In the last twelve months, have you had a discussion about your Personal Development Plan (PDP) with your line manager?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	10	58.8%
No	6	35.3%
Unsure	1	5.9%
<b>N</b>	<b>17</b>	<b>17</b>

**19. What are your thoughts about career progression?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
I'm happy to stay in my current role	4	23.5%
I'd like to prepare for a level 3 Senior HCSW role	1	5.9%
I'd like to prepare for a level 4 Assistant Practitioner role	5	29.4%
I'd like to prepare for a level 4 Associate/Assistant Practice Educator role (focuses on supporting learning and development of HCSWs)	0	0.0%
I'd like to progress to become a registered nurse	7	41.2%
I'd like to progress to become a registered midwife	0	0.0%
I'd like to progress to become a registered AHP	0	0.0%
Other, please specify	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

**20. Are there any potential barriers that you feel may prevent you from progressing in your career? (select all that apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Availability of posts	8	50.0%
Lack of relevant part-time courses	2	12.5%
Financial costs associated with studying for qualifications	6	37.5%
Availability of extended learning support needs	4	25.0%
Not supported by line manager to progress	3	18.8%
Juggling the demands of work, home and studying at the same time	10	62.5%
Other, please specify	2	12.5%
<b>N</b>	<b>16</b>	<b>16</b>

Retirement

No funding for study available through work, and no band 4 post available.

**21. Do any of the following prevent you from participating in learning? (select all the apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Training not on offer during my work time	3	20.0%
Lack of support from my manager	2	13.3%
Lack of support from department/service	4	26.7%
The cost of the training course	1	6.7%
Doing training doesn't lead to higher pay or career progression	5	33.3%
The qualification I want to do is not available for me at this time	1	6.7%
Travel to college/training centre	2	13.3%
Support not available for my learning needs	0	0.0%
Juggling the demands of work, home and studying at the same time	9	60.0%
Lack of study time	4	26.7%
Childcare and/or caring responsibilities	3	20.0%
Other, please specify	1	6.7%
<b>N</b>	<b>15</b>	<b>15</b>

Retirement

**22. Do you get protected learning time in your role?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	4	23.5%
No	6	35.3%
Sometimes	2	11.8%
Unsure	5	29.4%
<b>N</b>	<b>17</b>	<b>17</b>

**23. How do you like to learn? (select all that apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Online	7	41.2%
Face-to-Face	6	35.3%
Hybrid (mix of online and face-to-face)	13	76.5%
College attendance	4	23.5%
Shadowing colleagues	9	52.9%
Other, please specify	1	5.9%
<b>N</b>	<b>17</b>	<b>17</b>

Reading textbooks

**24. Do you have regular discussions or clinical supervision sessions with your line manager that focus on your personal development?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	5	29.4%
No	7	41.2%
Sometimes	5	29.4%
Unsure	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

**25. What prevents you from recording evidence of your learning and development? (select all that apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Time	0	0.0%
Access to tools to record learning	0	0.0%
Didn't know Turas Portfolio was available for support workers	0	0.0%
Don't know how to use Turas Portfolio	0	0.0%
I wasn't aware I should be recording evidence of learning (never been advised to do this)	1	100.0%
Other, please specify	0	0.0%
<b>N</b>	<b>1</b>	<b>1</b>

#### **SECTION 4: Awareness of NES resources and events**

**26. Are you aware of the following NES education resources? (select all that apply).**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Support Worker Central	2	11.8%
Development and Education Framework for Level 2-4 NMAHP HCSWs	2	11.8%
Framework for the Administration of Medicines by Level 3 and 4 HCSWs	2	11.8%
Promoting Effective Medicines Administration Practice (PEMAP)	2	11.8%
My Learning My Way	0	0.0%
Support Workforce Learning Week	0	0.0%
Support Workforce Learning on the Go event series	0	0.0%
NES HCSW newsletter	1	5.9%
HCSW induction standards workbook	5	29.4%
Learning modules/activities to support the four pillars of practice	1	5.9%
Turas Portfolio	12	70.6%
Making delegation safe and effective	0	0.0%
Clinical supervision	3	17.6%
Facilitation of learning programme	0	0.0%
AHP Careers Fellowship Scheme	0	0.0%
I'm not aware of any NES resources	4	23.5%
<b>N</b>	<b>17</b>	<b>17</b>

**27. In what format do you prefer to engage with learning material? (Select all that apply)**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Instructional videos	10	58.8%
Animations	4	23.5%
Workbooks	11	64.7%
E-learning modules	12	70.6%
Sway (online interactive document)	4	23.5%
Social media platforms	1	5.9%
Other, please specify	2	11.8%
<b>N</b>	<b>17</b>	<b>17</b>

Quiz after reading information

Not sure

**28. Are you aware of the Development & Education Framework for Level 2-4 NMAHP HCSWs?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	2	11.8%
No	11	64.7%
Unsure	4	23.5%
<b>N</b>	<b>17</b>	<b>17</b>

**29. Is the framework discussed during your personal development plan or appraisal discussions with your manager/supervisor?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	1	5.9%
No	11	64.7%
Sometimes	5	29.4%
<b>N</b>	<b>17</b>	<b>17</b>

**30. If you are a new HCSW (started in post from Feb 2023 onwards) was the Development & Education Framework included as part of your induction to your role?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	0	0.0%
No	3	17.6%
Unsure	3	17.6%
Not applicable	11	64.7%
<b>N</b>	<b>17</b>	<b>17</b>

**31. If you joined the organisation from 2009 onwards did you complete the HCSW induction standards workbook?**

<b>Name</b>	<b>Count</b>	<b>Percent</b>
Yes	9	52.9%
No	5	29.4%
Unsure	3	17.6%
Not applicable	0	0.0%
<b>N</b>	<b>17</b>	<b>17</b>

**3 HCSWs selected to complete training.  
All 3 have completed online workbook  
Finishing Aug/Sept 2024.**

---

**HCSW 1 – 6 injections given no issues**

**HCSW 2 – 8 injections given – 1px not fully accurate**

(worth noting that reception have booked people in for B12 incorrectly,  
and this has not been given)

**HCSW 3 – 4 injections given – 2 px not fully accurate**

Review of all B12 injections given by same  
HCSW in October, November & December 2024.

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**HCSW 1 – 12 injections given no issues**

**HCSW 2 – 8 injections given - no issues**

**HCSW 10 injections given – 1 px not fully accurate (as  
directed)**

# Outcome

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- HCSW are correctly identifying patients who they can deliver B12 injections to
- A further piece of work has been completed by the pharmacy team to update prescriptions so that they are accurate (deletion of “as directed”)
- Qualified nurses are still delivering a large proportion of B12 injections.

# Next Steps Proposed

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- Roll out of training to all HCSW working in primary care to deliver 12 weekly B12 injections
- Re-allocation of patients requiring B12 injections on community nurse caseload to community HCSW on completion of training
- Further review of delivery of B12 injections to 12 weekly prescriptions, for consideration of 8 weekly delivery also.

# Staff Feedback Questions

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- Did the training prepare you for the delivery of medications by injection?
- Did you receive adequate support in training from your GPN?
- Is there any way we could make the training better?
- Would you be interested in giving more medications to patients? If so, which ones?
- Anything else you would like to tell me?

# HCSW1 - replies

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- Yes the training did prepare me for it
- Absolutely received plenty of support from GPN
- I found alot of the online training to be focused around what I would've said to be for HCSW in hospitals/wards rather as primary care. Understand it is probably a standard training for all of us with those title, but some of it wasn't relevant to my job in primary care. Not sure if that is something that could be changed, but thought worth passing on too you.
- I'd be happy to administer more medications - which I am unsure, but keen for anything thrown my way!
- I don't think so but if I can think of anything I will let you know!

# HCSW2 - replies

---

- I definitely felt the training was sufficient. I found out things that I did not expect, such as the yellow card system.
- The GPN in Brae (LK), as always, was brilliant within the training and preparing me for the work. As well as the CNs. And for the ongoing care.
- Personally, I had no real issues with training other than what I assume the other HCSW has issues with too - at the time the lack of people to administer the injection to. Obviously, you do not want to rush the training and have it signed off within a week, but if the time in between doing the injections is too spaced out there may be room for errors and forgetting steps when the time came, etc. Would there be possibility for future HCSW to have more practice using the likes of fake skin? Unless there are other practice procedures like that that you can think of (if it is needed).
- I would definitely be interested in giving more injections so long as there could be more consideration into the appropriate bands of all HCSW, i.e. the roles they do within their band compared to others in the same band/pay grade.
- Thank you again for allowing me to branch out, I have really enjoyed the ongoing experiences, and getting to see more patients for different things. I have definitely found my path!

# HCSW 3 - replies

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- Not especially, although the training content was both in depth and wide ranging, there was little to no focus on actually administering an injection to a patients arm! Thankfully, Donna, Elizabeth and Dave were on hand to demonstrate, discuss, observe and then provide feedback. This was probably the most invaluable aspect of the training.
- Yes, see above.
- Yes, see above.
- Yes - vaccines, insulin.
- Think we covered things on the phone last week.

**Appendix 3a Medical and Surgical Unit, Inpatient patient experience survey feedback results:**

Reporting period	CE01 - Overall, how would you rate your hospital experience? (Excellent/Good)		CE02 - You received the care/support that you expected and needed (% of those that answered 'Yes')	
	Ward 1 NA-HC-03	Ward 3 NA-HC-02	Ward 1 NA-HC-06	Ward 3 NA-HC-05
Jan-24	100%	100%	100%	100%
Feb-24	100%	100%	100%	100%
Mar-24	100%	100%	100%	100%
Apr-24	100%	No Forms	100%	No Forms
May-24	100%	100%	100%	100%
Jun-24	100%	100%	100%	100%
Jul-24	100%	100%	100%	100%
Aug-24	100%	100%	100%	100%
Sep-24	100%	100%	100%	88%
Oct-24	100%	100%	100%	100%
Nov-24	100%	88%	91%	100%
Dec-24	100%	88%	91%	100%
<b>Average</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Ward 1						
Person Centred Measure description	MD01 (NA-HC-16)	MD02 (NA-HC-19)	MD03 (NA-HC-22)	MD04 (NA-HC-25)	MD05 (NA-HC-28)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-24	100%	88%	100%	100%	100%	9
Feb-24	100%	100%	97%	100%	91%	16
Mar-24	100%	100%	99%	100%	98%	21
Apr-24	100%	100%	100%	100%	100%	16
May-24	100%	100%	100%	100%	100%	23
Jun-24	100%	100%	100%	100%	100%	7
Jul-24	100%	100%	99%	100%	86%	18
Aug-24	100%	100%	97%	97%	97%	17
Sep-24	100%	100%	96%	100%	86%	7
Oct-24	100%	100%	100%	100%	100%	3
Nov-24	100%	100%	96%	98%	98%	24
Dec-24	96%	100%	95%	98%	98%	24
<b>Average for year</b>	<b>100%</b>	<b>98%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>	

Ward 3						
Person Centred Measure description	MD01 (NA-HC-15)	MD02 (NA-HC-18)	MD03 (NA-HC-21)	MD04 (NA-HC-24)	MD05 (NA-HC-27)	Number of responses
	% of people who say that we took account of the things that were important to them. Aim 90%	% of people who say that we took account of the people who were important to them and how much they wanted to be involved in care/treatment. Aim 90%	% of people who say that they have all the information they needed to help them make decisions about their care/treatment. Aim 90%	% of people who say that staff took account of their personal needs and preferences Aim 90%	% of people who say they were involved as much as they wanted to be in communication/transitions/handovers about them Aim 90%	
Jan-24	100%	100%	100%	100%	90%	5
Feb-24	100%	100%	100%	100%	100%	4
Mar-24	100%	100%	100%	100%	100%	6
Apr-24						0
May-24	100%	86%	100%	93%	93%	15
Jun-24	100%	100%	100%	100%	100%	6
Jul-24	100%	100%	100%	95%	92%	12
Aug-24	100%	100%	100%	100%	100%	3
Sep-24	100%	100%	91%	94%	94%	9
Oct-24	100%	67%	100%	80%	100%	3
Nov-24	100%	88%	94%	94%	73%	9
Dec-24	100%	88%	100%	94%	75%	9
<b>Average for year</b>	<b>100%</b>	<b>97%</b>	<b>100%</b>	<b>99%</b>	<b>97%</b>	

**WARD 1 INPATIENT SURVEY – PATIENT COMMENTS – October 2024 / 2024**

Although not a great experience to be hospital bound all the staff were extremely professional and caring for my needs. If there was ever a choice of preference if I had to be admitted to hospital it would definitely be the Gilbert Gain. Many Thanks (Signed)

**WARD 3 INPATIENT SURVEY - PATIENT COMMENTS – October / 2024**

The staff fantastic angels, every one of them.

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

The staff were really friendly & helpful. I felt well cared for in hospital. Thank You

Thank you to all the staff in Ward 1 for all the care and support for (Name)

I think you have a great team here - well done and Thank You (Signed)

I think you have a great team here - well done and Thank You (Signed)

I cannot express to you how much we appreciate everything you have done for our mam & she has constantly said how lovely you all are. Thanks you all so, so, much from all (Family name)

The staff are always pleasant to speak to and answer any questions when I ask. They do their jobs to a high standard, always explain what is going on and make you comfortable, not awkward.

This form concerns my treatment prior to and on my discharge. I thought I lacked information on the past op period, what to expect, "There will be swelling, there will be pain, there will be an emotional impact. After Op I was returned to a different room, which completely threw me given my "brain fog" post op and given my past experience of key-hole surgery. Once I pointed this out, everyone, - particularly (Named individuals) - supported me by really reaching out to me. I know you are all busy so thank you all (signed) Nice job (Consultant) and team.

Thank you to the Ward 1 team. You are a lovely bunch of folk who work very hard. I appreciate the care and skill offered during my time here very much.

I would like to thank all the staff for the care and attention given to me during my stay in hospital.

Person has additional needs & staff worked alongside carers to support and make this as stress free as possible.

Thank you to everyone at the GBH involved in my care, hopefully now onwards & upwards.

When patients have a medical reason for their diet, it was disgraceful that a hospital cannot provide appropriate food. The bought in microwaved offerings are ghastly. The kitchen staff co-operated as they could e.g. poaching fish for me.

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

Exceptional care from all involved. Many thanks from all the family.

Good all the way. Thanks for everything.

It was also very cold.

Because of Dementia, Patient can't remember "Nurses have been very nice" Family have been kept informed and communicated to, (Named) settled, well cared for.

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

Excellent care, well looked after and very much appreciated. Big thank you and happy New Year to all staff for 2025.

All staff were amazing.

Thank you so much for all the care I have received since I have been here. A difficult time of year made easier by caring staff. Thanks.

Did not listen to pain I was in.

This is a true reflection and how I perceived care in ward 1 and theatre. Thank you to all staff.

The nurses were lovely, I couldn't ask for better. I would like to meet them again but not in hospital. I would also like to add, my Consultant was outstanding. He made me feel confident that even through all the pain I would get better.

Excellent care and very well looked after. Exceptional staff. Thank you so much.

As always, the staff go out of their way to make you feel at home, friendly staff who do a great job.

Thanks very much! Everyone helped me get home.

More communication between doctors and nurses needed. Doctors need to remember that I am not a doctor and I don't know what is happening. Not all consultants are clear about what is happening. The junior doctors are great though! Thank you to all of the nurses who took care of me and to the lovely A&E staff.

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

Disappointed a care package is not in place for day of discharge

When not in a single room some privacy is required when discussing private matters with doctors and nurses. Curtains being pulled is not enough. The food from the kitchen is second to none it is very good. Thanks to everyone involved in my care.

I found the staff could not do enough for me! Everything within reason wonderful. I would feel secure in coming back.

**Appendix 3b Q3 NHS Shetland Care Opinion Feedback:**

<b>Area</b>	<b>Feedback</b>	<b>Response</b>
Shetland Community Services	<p>"Whole experience was quick, easy and supportive"</p> <p>I had my annual flu vaccination at the new vaccination centre in Lerwick - I had to take my little boy and the nurse was so lovely and accommodating and he felt very welcome.</p> <p>Whole experience was quick, easy and supportive, with helpful and welcoming receptionist too.</p>	<p>Thank you for taking the time to post your kind comments about attending the new vaccination centre in Lerwick, and for sharing how it was such a positive experience for you and your young son. It is always good for us to receive feedback and is very much appreciated by our staff. We have shared the post with the team.</p>
Surgical Ward GBH	<p>"So kind, caring and lovely"</p> <p>The auxiliary nurse on Ward 1 was so kind, caring and lovely to me and my dad. She was bright and bubbly and made everything seem OK.</p>	<p>Thank you for taking the time to leave your comment about the auxiliary nurse on Ward 1 as getting such good feedback is always appreciated by our staff. We have shared the post with the team.</p>
Trauma & Orthopaedics GBH	<p>"Didn't take the time to discuss my injury"</p> <p>Locum surgeon saw me at fracture clinic after a 3 hour wait. They didn't take the time to discuss my injury or explain what they meant. They never discussed my circumstances or what their treatment meant for me.</p>	<p>We are sorry to hear about your experience at the fracture clinic. Our Medical Director is aware of your post and will be discussing it with the people involved.</p> <p>Thank you for taking the time to provide feedback</p>

Area	Feedback	Response
<p>Trauma &amp; Orthopaedics GBH</p>	<p>"He genuinely cares about his patients"</p> <p>The consultant listened to me and helped me with my treatment. He made a difference. He has been a breath of fresh air to Shetland. He genuinely cares about his patients and wants the best for them. With him you are a human and not a number. He is very talented as a surgeon but is talented with people skills. He listens to you, explains and finds a solution.</p> <p>He takes time to see you and understand your personal circumstances and thinks about what treatment will work for you as a patient - whereas the previous consultant had put me in a boot and didn't explain, the consultant explained everything and I walked out the hospital unaided.</p> <p>He understood I was a single person with a dog and genuinely wanted the best for me. Whilst helping me recover from a fracture. He joins up the dots and asks questions and gets answers, something that has not happened before in Shetland</p>	<p>Thank you for providing feedback about the care you received from your consultant following your injury, which has been shared with the consultant. Our staff always appreciate hearing when things have gone well for patients, as well as when experiences have not been as good.</p> <p>We hope your recovery is progressing well</p>
<p>Dental Care Montfield Hospital</p>	<p>"Very positive dental appointment for my son"</p> <p>My son had an amazing experience at Montfield dental practice. The Dental Team made his experience a very positive one! My son is Autistic and can find new environments a challenge at times. The team gave so much of their time to make him feel so comfortable and to fully understand everything.</p> <p>He had such a great time he asks daily when he can go back and see them. Thank you so much for being great!</p>	<p>Thank you for taking the time to provide this positive feedback about the Montfield Dental Team. I will make sure to pass this on. It is really important that people are aware that they are valued and make a difference.</p>

## Appendix 3c: 2024 Maternity Feedback

### NHS Shetland Maternity feedback form

34  
Responses

09:44  
Average time to complete

Active  
Status

1. Who was the first health professional you saw when you thought you were pregnant

● GP	3
● Midwife	31
● Other: please state	0



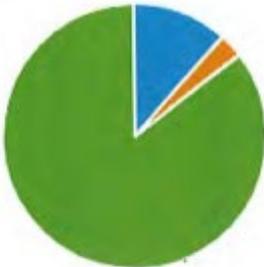
2. Were you told who your named Midwife would be?

● Yes	34
● No	0



3. Did you see the same Midwife for your Ante natal care?

Yes	4
Maybe	1
Other	29



4. If you answered No, how many midwives did you see for your ante natal care?

0

Responses

Latest Responses

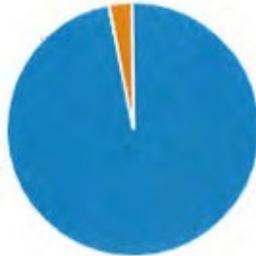
5. During your pregnancy, were you given time to ask questions or discuss your pregnancy?

Yes, always	34
Yes, sometimes	0
No	0



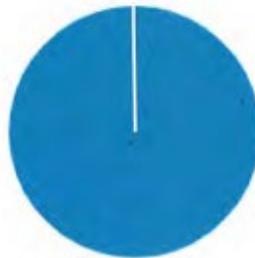
6. During your ante natal check ups, were you listened to?

● Yes, always	33
● Yes, sometimes	1
● No	0



7. Did your Midwife ask you about your mental health during your ante natal check up?

● Yes	34
● No	0

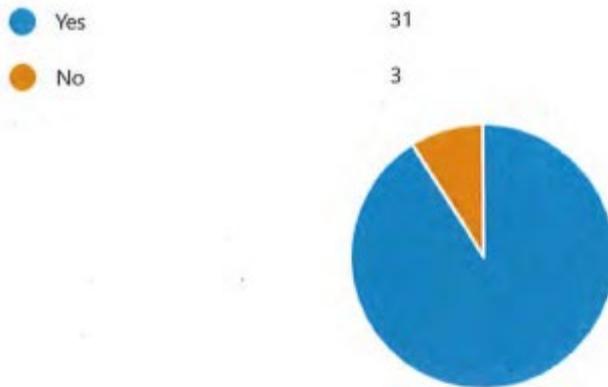


8. Were you given support with your mental health during your pregnancy?

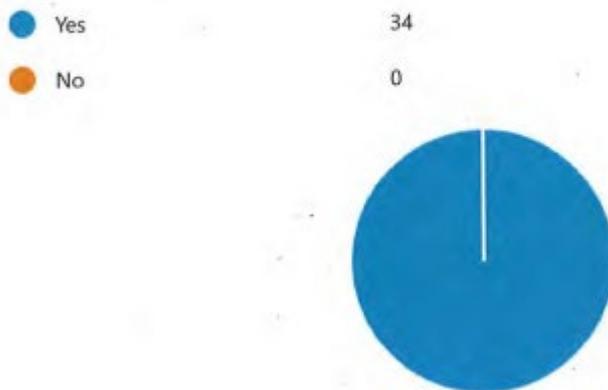
● Yes	27
● No	7



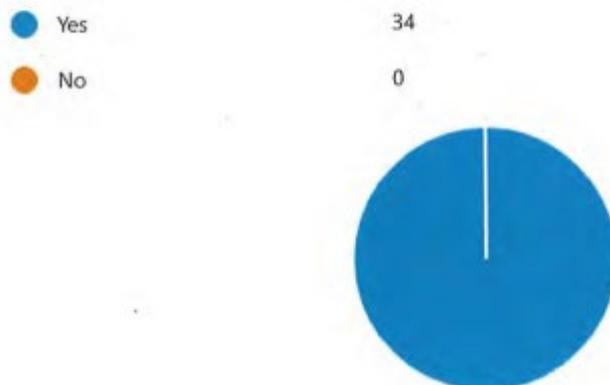
9. During your pregnancy, did your midwife provide relevant information about feeding your baby?



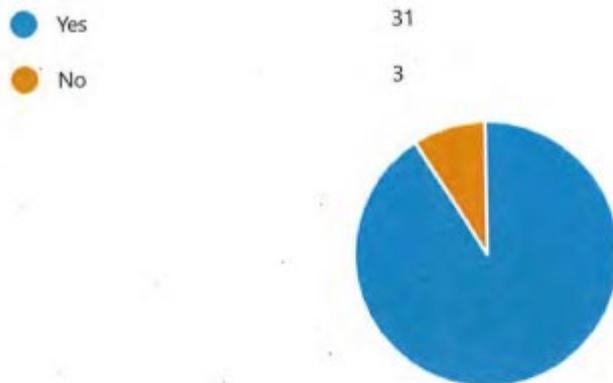
10. Were you given information about accessing your maternity notes 'Badgernet' via the maternal portal?



11. Did you access your maternity records via the portal?



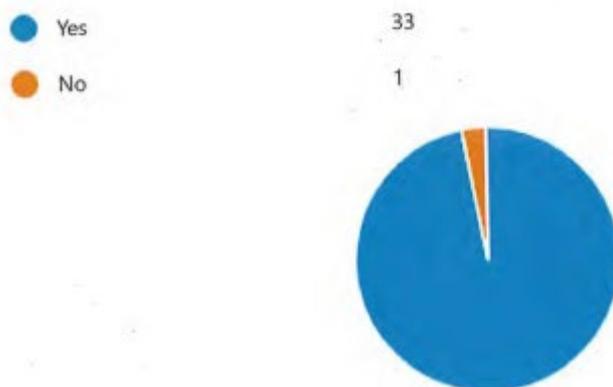
12. Did you find them helpful?



13. If you answered no, how can they be improved?

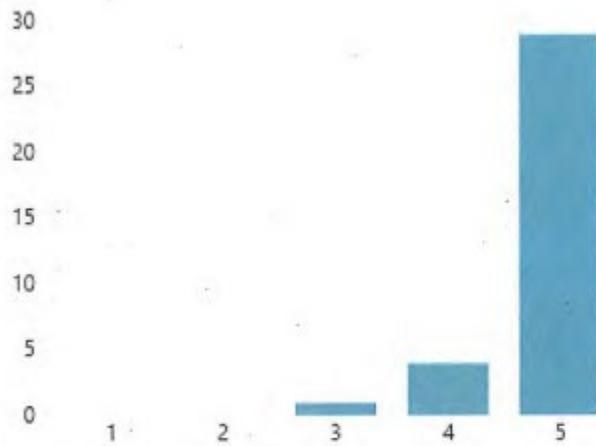


14. Did your Midwife discuss making a birth plan with you?



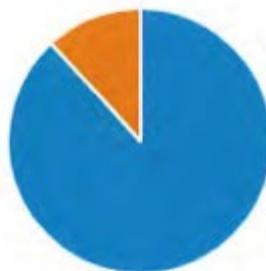
15. Overall, how would you rate your ante natal care?

4.82  
Average Rating



16. Did you think you were given enough information during your pregnancy to prepare you for labour?

● Yes 30  
● No 4



17. If you answered no, are you able to tell us more?

33  
Responses

Latest Responses

"N/A"

"I was given information "

" "

Update

4 respondents (12%) answered **information** for this question.

face great benefit links online material fin  
information was not **informatio**  
services available  
relevant information classes available  
best course

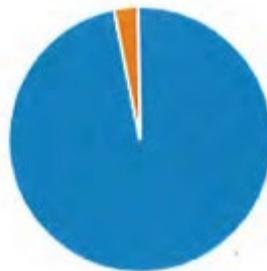
18. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted the hospital?

Yes

33

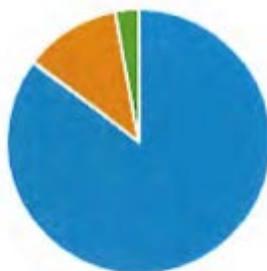
No

1



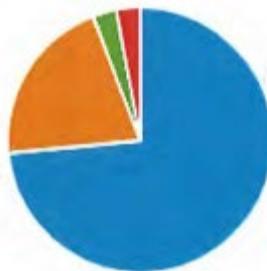
19. Did the staff caring for you introduce themselves?

- Yes, all the staff introduced the... 29
- Some of the staff introduced th... 4
- Very few of the staff introduced ... 1

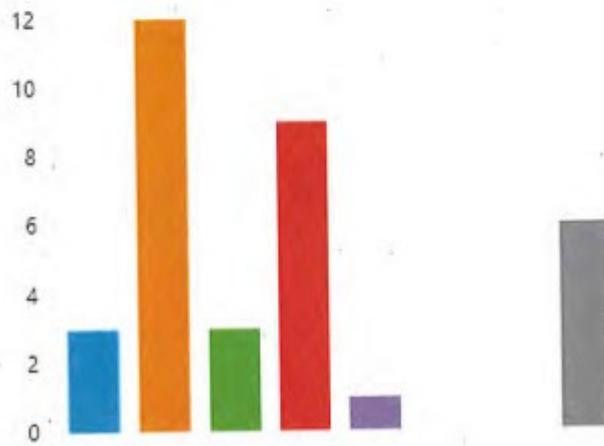


20. During labour, were you able to move around and choose a position that you were comfortable in?

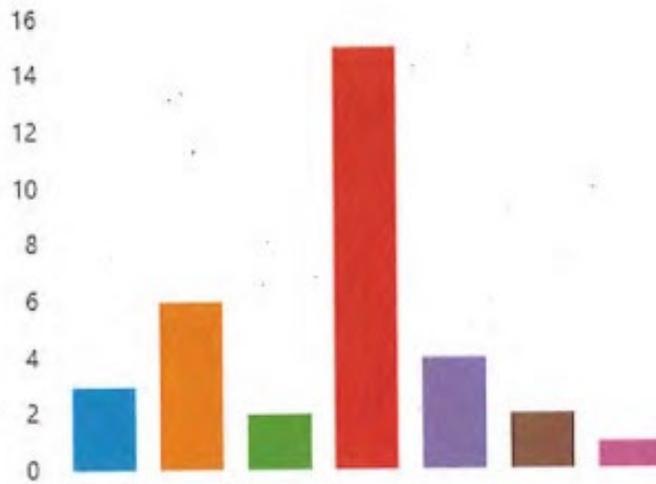
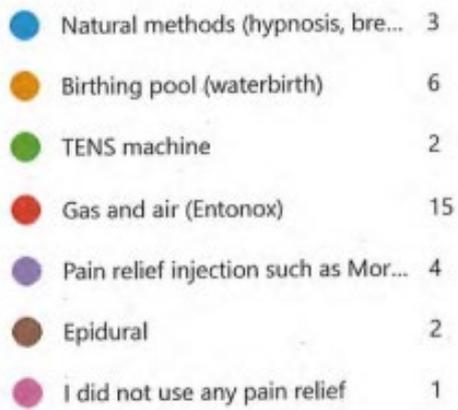
- Most of the time 25
- Some of the time 7
- Not at all 1
- No, but it was not possible to m... 1



21. What type of pain relief did you plan to use during your labour?

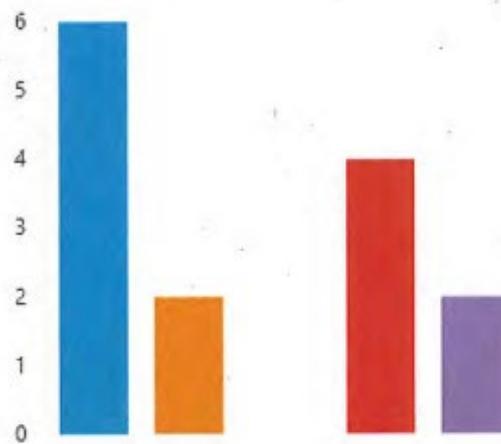


## 22. What pain relief did you use?



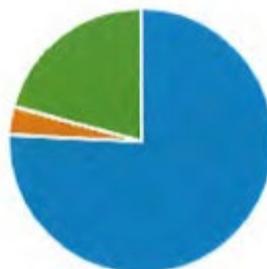
23. If this was different from what you planned, why did you not use the choice of pain relief the you had originally planned?

- For medical reasons 6
- I changed my mind 2
- I did not need to use this pain r... 0
- There was no time to use my pl... 4
- The chosen method did not work 2
- I wasn't told why I couldn't have... 0



24. Where did you give birth?

- On a bed 22
- On a mat on the floor 1
- In the birthing pool 6



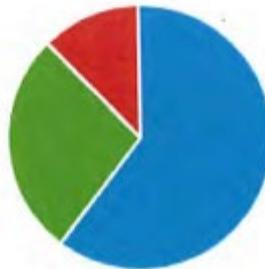
25. What position were you in when you gave birth?

● Sitting/sitting support by pillows	5
● On my side	3
● Standing/kneeling/squatting	11
● Lying flat/lying supported by pill...	6
● Lying with legs in supports	7
● Other	1



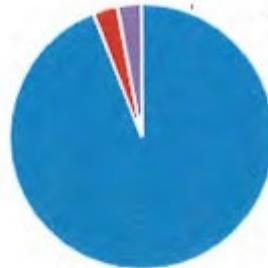
26. If you made a birth plan, was this followed?

● Yes	20
● No	0
● Plan changed during labour	9
● Other	4



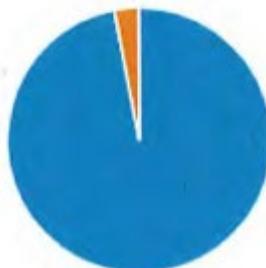
27. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby?

● Yes	32
● Yes, but I did not want this	0
● No	0
● No, but this was not possible fo...	1
● No, I did not want skin to skin	1



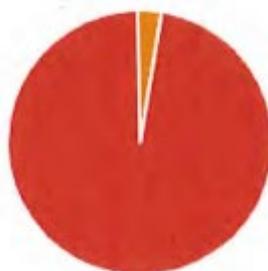
28. If your partner or companion was involved in your care during labour and birth, were they able to be involved as much as they wanted?

● Yes	33
● No	1
● They did not want to be involved	0
● I did not have a partner or com...	0



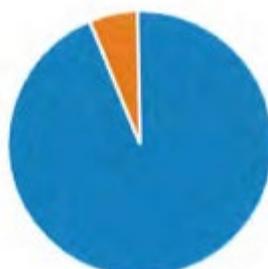
29. Were you (and your partner or companion) left alone by the Midwives at a time when it worried you?

● Yes, during early labour	0
● Yes, during the later stages of la...	1
● Yes, shortly after birth	0
● No, not at all	33



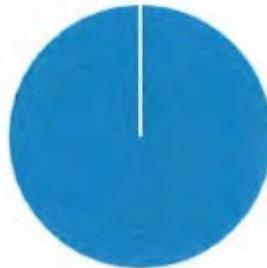
30. When you called for help, did you receive assistance within a reasonable time?

● Yes, always	32
● Yes, sometimes	2
● No	0



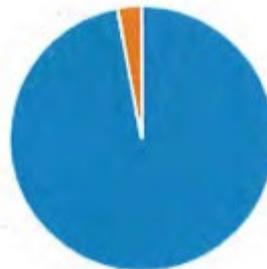
31. Thinking about your care during labour and the birth, were you spoken to in a way that you could understand?

Yes, always	34
Yes, sometimes	0
No	0



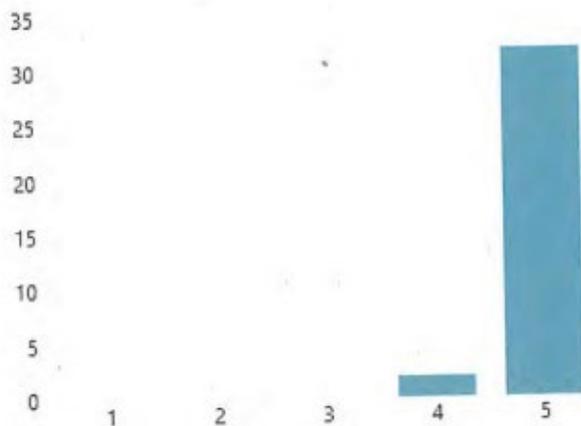
32. Thinking of your care during birth, were you involved in decisions about your care?

Yes, always	33
Yes, sometimes	1
No	0



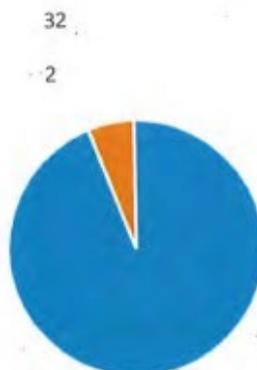
33. Overall, how would you rate the care you received during your labour and birth?

**4.94**  
Average Rating



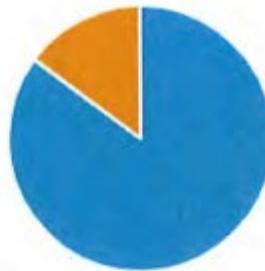
34. Were you given information about what to expect when you went home (i.e when to expect a visit from your midwife, registering the birth)

● Yes  
● No



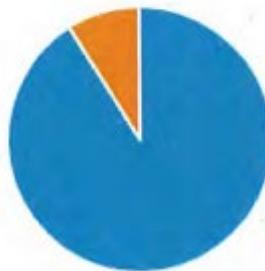
35. Did you know the Midwife who visited you at home (was she a Midwife you had met either during your pregnancy or when you in the maternity unit)?

- Yes 29
- No 5



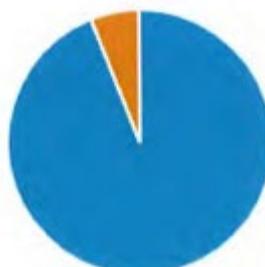
36. Were you given information or advice about contraception before you were discharged?

- Yes 31
- No 3



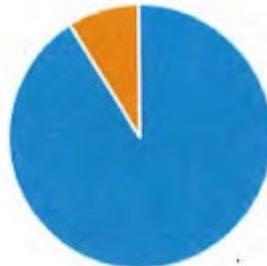
37. Did you feel that the midwife you saw at home always listened to you?

- Yes, always 32
- Yes, sometimes 2
- No 0



38. Were you given information about any changes you might experience to your mental health after having your baby?

● Yes 31  
● No 3



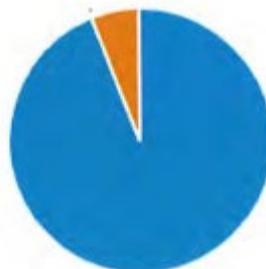
39. Were you told who you could contact if you needed advice about any changes to your mental health that you might experience?

● Yes 28  
● No 6



40. Were you given information about your own physical recovery after the birth (i.e. bleeding after birth, resumption of periods, swelling, breast tenderness)

● Yes 32  
● No 2



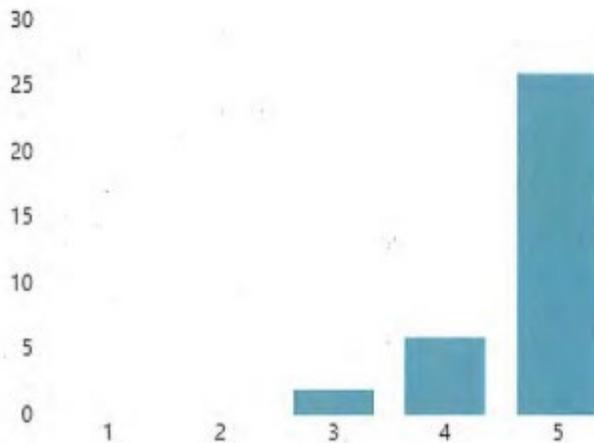
41. Did you receive enough support with your chosen method of feeding for your baby?

● Yes, always	28
● Yes, sometimes	4
● No	2



42. Overall, how would you rate the care you received in the post natal period, (the time after delivery until you were discharged to the care of your Health Visitor)

**4.71**  
Average Rating



43. Is there anything else you would like to add about the care you received?  
Is there anything we can do better?

21  
Responses

Latest Responses

*"I was absolutely delighted with the care I received. Th...*  
*"Daisy was the Midwife that assisted with my birth an...*

11 respondents (52%) answered **midwives** for this question.

**birth**      **midwiv**

## Appendix 3d: 2024 Intermediate Care Team Experience Survey

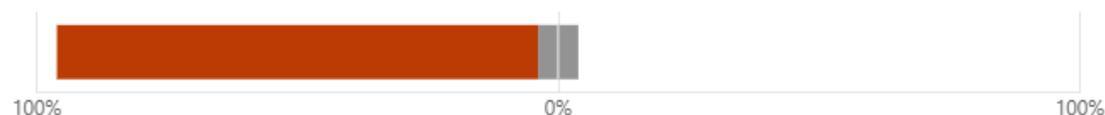
### 14 Responses received during 2024

1. Please indicate how much you agree or disagree with the following statement by ticking the appropriate box:

[More Details](#)

■ Strongly agree ■ Agree ■ Disagree ■ I disagree ■ Strongly disagree

You were involved as much as you wanted to be in decisions about your support from the Intermediate Care Team



2. Please tell us why you say this:

3 respondents (30%) answered **care team** for this question.



1	anonymous	having left hospital after a 5 week stay I was very doubtful about managing at home. Your care team were wonderful. It made settling in so much easier. They were all so helpful and after 6 weeks
2	anonymous	They listened to what I said and adapted as we went along
3	anonymous	We discussed all the areas of care that I was interested in
4	anonymous	Discussed before I got home from hospital so I knew clearly what was going to happen at home.
5	anonymous	I strongly support the care you give me. Thank you Intermediate Care Team
6	anonymous	Communication was excellent, phone calls, emails etc
7	anonymous	They were very helpful and considerate of my needs.
8	anonymous	They were all very caring and understanding and let me do things on my own as much as possible when I was able.
9	anonymous	Who are the Intermediate Care Team?
10	anonymous	Took time and listened
11	anonymous	Not at first! When I was still in hospital, I was told that the ICT would attend at lunchtime to ensure I'd enjoy a 'nutritional meal'. In the end, I was expected to have a fridge full of ready meals that could be heated in a microwave. I have coeliac disease. Apart from frozen gluten free pizzas or GF sausages, suitable ready meals are not available. The gluten free dishes provided by NHS Shetland at the hospital are dreadful. I certainly didn't want those - and mercifully no one suggested I have them at home.

3. Please indicate how much you agree or disagree with the following statement by ticking the appropriate box:

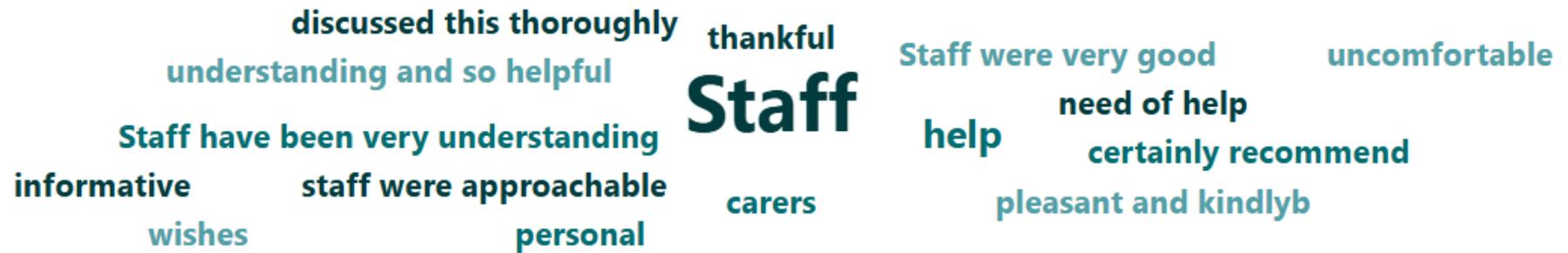
[More Details](#)

■ Strongly agree 
 ■ Agree 
 ■ Disagree 
 ■ I disagree 
 ■ Strongly disagree



4. Please tell us why you say this:

4 respondents (44%) answered **Staff** for this question.



1	anonymous	I felt they had become friends as well as carers. I was so sorry to see them go but am so thankful that my health has improved so much. I would certainly recommend your service to anyone in need of help.
2	anonymous	Showering is very personal and nobody made me feel uncomfortable
3	anonymous	a) they were pleasant and kindly b) we discussed this thoroughly
4	anonymous	Staff have been very understanding and so helpful in every way.
5	anonymous	I would Thank the staff for their help and care for me. My wife also thanks you all.
6	anonymous	Very understanding, helpful and informative
7	anonymous	The Staff were very good
8	anonymous	They always asked me before they did anything and respected my wishes.
9	anonymous	All staff were approachable and nice
10	anonymous	Once they understood my dietary requirements and helped me prepare suitable dishes, I agree. Once I got a bit stronger and could do most of my cooking myself, ICT staff helped with a range of other needs, e.g. helping me tidy some rooms, did odd bits of cleaning, helped me wash my hair as I couldn't get in and out of the shower for a long time, posted Christmas cards.

5. Please indicate how much you agree or disagree with the following statement by ticking the appropriate box:

[More Details](#)

■ Strongly agree ■ Agree ■ Disagree ■ I disagree ■ Strongly disagree

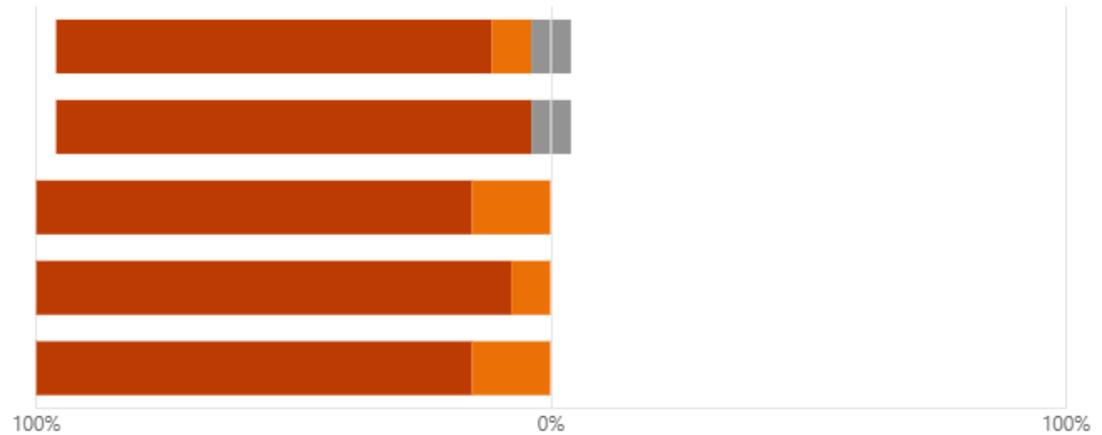
a) you were given sufficient information about the support you were receiving

b) staff listened to you if you had any questions or concerns and acted on them

c) goals that were agreed with you were important to you

d) you received the support that you expected and needed

e) you feel you have gained an overall benefit from Intermediate Care Team support



6. Please tell us why you say this:

**professional carers**

**week**

**needs**

**discussed thoroughly**

**confidence and independence**

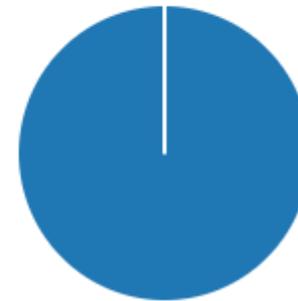
**Reassurance on discharge**

1	anonymous	We discussed everything as we went along. I uncovered my confidence and independence
2	anonymous	Everything I was interested in was discussed thoroughly
3	anonymous	Cannot praise the staff highly enough. Always on time, understood my needs, got me back on my feet, did everything I needed and more.
4	anonymous	Very understanding, sympathetic and caring team of professional carers
5	anonymous	They were so helpful and considerate. They understood all my needs
6	anonymous	Since coming home I improved each week and was able to cut down on my care after a few weeks and am now managing with help to shower twice a week.
7	anonymous	Reassurance on discharge from hospital
8	anonymous	I was bed bound for over 6 weeks in hospital as Shetland Islands Council failed to provide a care package. Once home, I didn't even have a cleaner so was dependent on the ICT.

7. Overall, how would you rate your Intermediate Care Team experience? (please tick one box)

[More Details](#)

● Excellent	13
● Good	0
● Fair	0
● Poor	0
● Very poor	0



8. Please tell us why you said this?

2 respondents (40%) answered **not have been better** for this question.



1	anonymous	The care and support I received could not have been better
2	anonymous	Because they were so good, couldn't have been better
3	anonymous	Everybody very well trained in all aspects of care
4	anonymous	As above
5	anonymous	Effective in arranging services, equipment etc
6	anonymous	The staff were excellent.

9. Please tell us if there was anything that may have been done to make your experience better:

2 respondents (33%) answered **way** for this question.

**satisfied**                      **good**                      **friendly**  
**grateful for their help** **way** **Excellent in every way**  
**areas of my care**                      **happy**                      **Thanks**

1	anonymous	I don't think I can find anything to improve I will always be grateful for their help.
2	anonymous	Excellent in every way and all very friendly. I missed them when they stopped coming.
3	anonymous	no, all was good
4	anonymous	We discussed all areas of my care and I felt if there was anything further I would like, I could contact them.
5	anonymous	Can't think of anything! Very satisfied
6	anonymous	I am happy the way it is. Thanks
7	anonymous	A fuller knowledge of coeliac disease and its implications. This goes for NHS Shetland at the hospital as well.

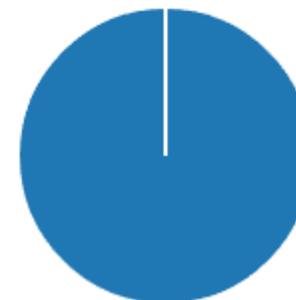
## Appendix 3d: 2024 High Dependency Unit Experience Survey:

10 Responses

1. Did staff involved in your care introduce themselves?

[More Details](#)

● Yes	10
● No	0
● Don't know/can't remember	0
● Maybe	0



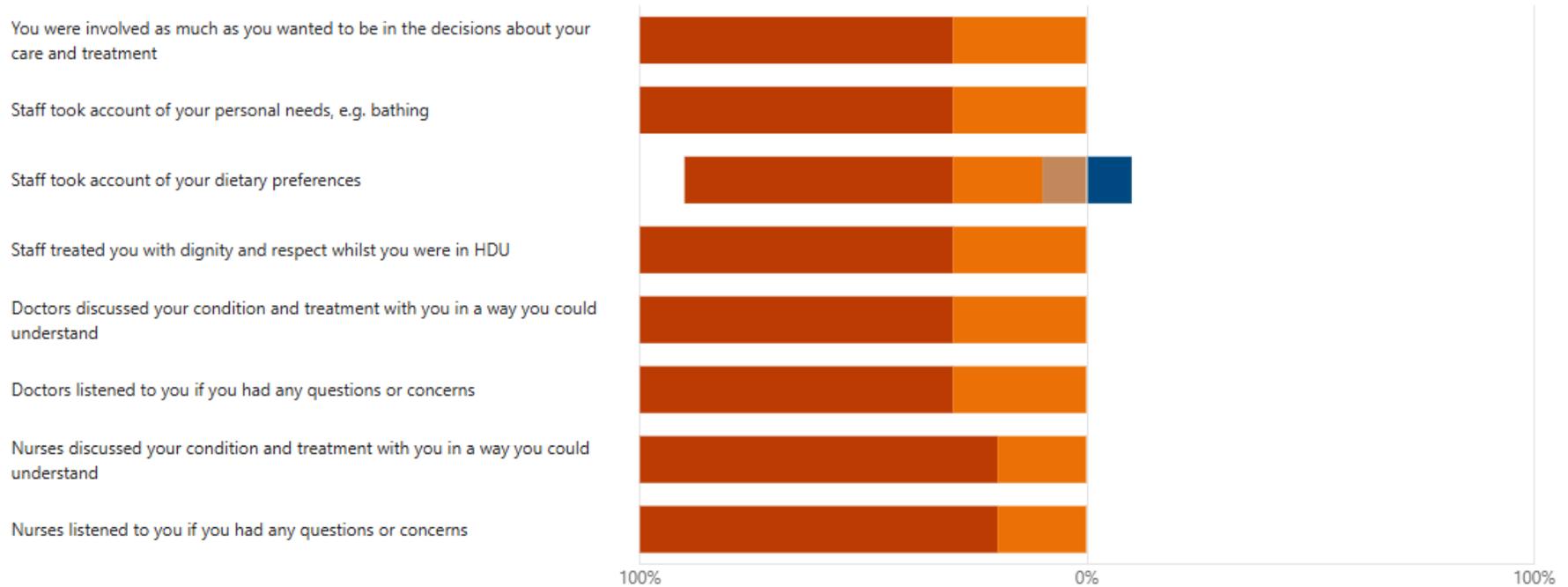
2. Question

Option 1	0
Option 2	0

3. Please indicate how much you agree or disagree with each of the following statements by ticking the appropriate box:

[More Details](#)

■ Strongly agree  
 ■ Agree  
 ■ Neither agree nor disagree  
 ■ Disagree  
 ■ Strongly disagree  
 ■ Not applicable



4. Please indicate how much you agree or disagree with each of the following statements by ticking the appropriate box:

[More Details](#)

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree ■ Not applicable

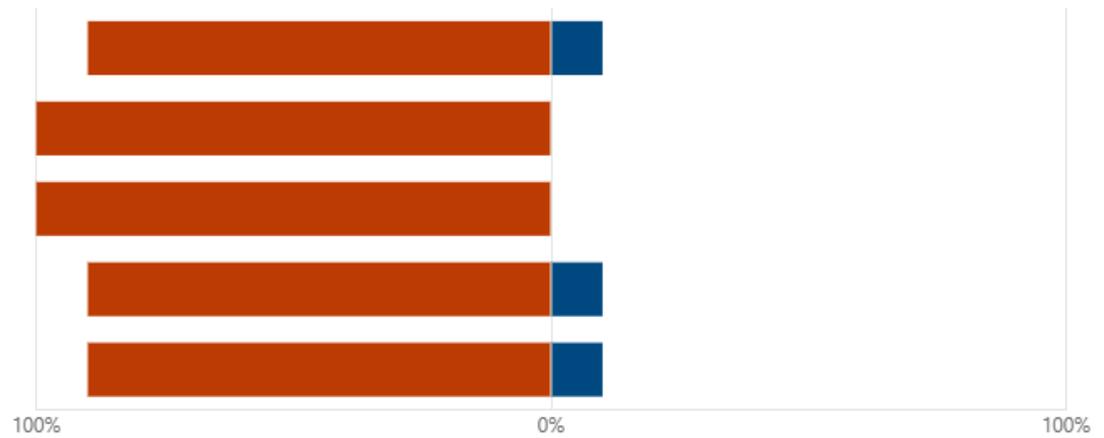


5. Were the people that matter to you (e.g. family/friends).....

[More Details](#)

■ Yes ■ No ■ Not applicable

- a) involved in decisions about your care and treatment as much as you wanted them to be?
- b) encouraged to contact the unit whenever they wanted to?
- c) given information at the time they needed it?
- d) given information in a way that they understood?
- e) offered adequate support during your time in HDU?



6. Please add any further comments/suggestions in regard to your family/friends in the space below:

0  
Responses

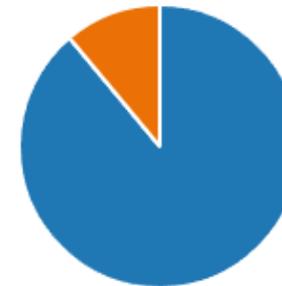
Latest Responses

7. Overall, how would you rate your experience in HDU?

[More Details](#)

 Insights

 Excellent	8
 Good	1
 Fair	0
 Poor	0
 Very poor	0



8. Please feel free to leave any further comments/ suggestions in the box below:

4 Responses:

1	anonymous	Excellent team effort - thank you.
2	anonymous	My care was brilliant/faultless - thank you.
3	anonymous	First class treatment - can't find a word to describe how good it has been. Excellent Nurses.
4	anonymous	Very Grateful for excellent care



# FEOTAL ALCOHOL SPECTRUM DISORDER (FASD) REPORT



*Produced by OPEN*

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FASD Project  
Summary

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FASD information and  
Workshop content

**Page 4 - 10**

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Workshops reflection  
and feedback

**Page 11 - 13**

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Conclusion

**Page 14**

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# FASD PROJECT SUMMARY

OPEN was approached by Voluntary Action Shetland to conduct engagement work to with young people around the topic of Foetal Alcohol Spectrum Disorder (FASD). The funding for this project has been backed by the NHS to aid in raising awareness and the public profile of FASD.

To do this; OPENs Peer Research Development worker coordinated 11 workshops through Pupil Support teachers at the Anderson High School to run sessions with 5th and 6th year students between September and December 2024.

## THE WORKSHOP WAS DELIVERED TO A TOTAL OF 191 STUDENTS.

The aim of the workshops was to strengthen students understanding around foetal alcohol spectrum disorder. OPEN felt it was important to consider stigma while doing this work as it is a sensitive subject to understand individuals and families affected by FASD to be able to thrive by raising awareness.

# FASD INFORMATION AND WORKSHOP CONTENT

In this section we will cover the information shared with students during the workshop, the workshop format and students feedback.

Workshops introduced the topic of Foetal Alcohol Spectrum Disorder. Explaining that FASD is a Neurodevelopmental Disorder and is the most common neurodevelopmental disability and birth defect in the western world.

## What is FASD?

Foetal Alcohol Spectrum Disorder occurs when a foetus is exposed to alcohol, alcohol is passed through the mother via the placenta to the unborn baby, causing FASD. FASD is a lifelong neurodevelopmental condition and is often called a hidden disability. It is important that FASD is identified early so that those with FASD can get the right support put in place at home, school and work to help them to thrive in life. Individuals with FASD face different strengths and challenges. Statistics show us that 1 in 20 people have FASD compared with 1 in 94 people with Autism or ADHD.

# FASD INFORMATION AND WORKSHOP CONTENT

## STRENGTHS AND CHALLENGES

Individuals with FASD could have 10 potential brain domains which are affected due to the condition. It is important to remember that people with FASD are all different. No two people with FASD are affected in the same way, this is because FASD is a spectrum condition. However it can even be seen as more varied than this, the FASD community use the term spikey profile. This term highlights the complexity of this condition, understanding the individual's strengths and challenges face and also the need for people around those with FASD to think differently to support people with FASD.

## THE 10 BRAIN DOMAINS ARE



### Executive Functioning

Planning, problem solving, transitions, time management)



### Motor (& sensory) Skills

Co-ordination, writing, reactions to sensory input



### Memory

Following instructions, long and short term memory, daily routines.



### Language

Reaching developmental milestones, expressive and receptive language



### Adaptive Behaviour

Understanding social cues and personal boundaries, emotional age, empathy



### Attention

Sitting still, focusing on a task, impulse control



### Affect Regulation

Managing and expressing emotions, adaptability



### Brain Structure and Functioning

Brain and head circumference may be small ('Microcephaly')



### Cognition

Attention, planning learning, organisation



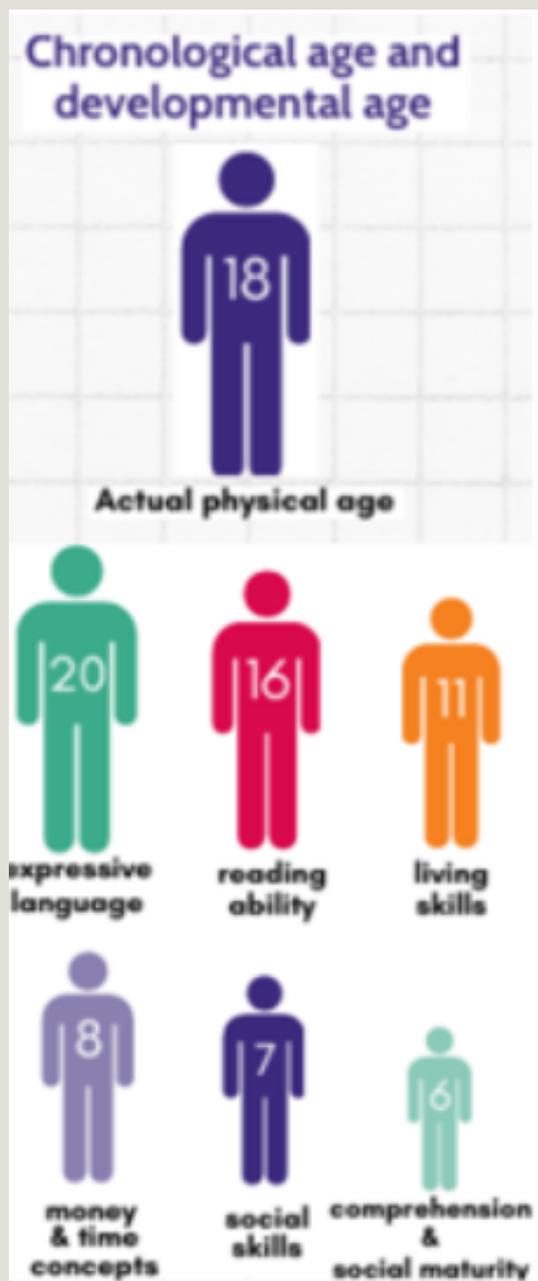
### Academic Achievement

Maths, reading, time, money, comprehension

# FASD INFORMATION AND WORKSHOP CONTENT

## SPIKEY PROFILE

For people with FASD it is not unusual for their developmental age to be different from their chronological age, we also call this a spikey profile. The 10 potential brain domains can develop differently. This means that while someone with FASD is aged 18 chronologically, they might be at different stages compared to their age. For example, they might have a lot of success in using their expressive language, meaning their stage closer to that of a 20 year old. The individual might have challenges understanding and using social skills and could be as young as 7 years old. This is why when we think about people with FASD that it is often stage rather than age.



# FASD INFORMATION AND WORKSHOP CONTENT

## FASD MAKES ME, ME VIDEO - ADOPTION UK

During the Workshop students watched the FASD makes me, me video available on YouTube. Students were then asked to feedback their thoughts after the video.

After showing the video, we asked students a series of questions. Here are the questions and the students responses.

Did anything you saw in the video surprise you?

- “Shocked at how common FASD is.”
- “I didn’t realise that 1 in 20 people have FASD and that it is more common than ASD and ADHD.”

What are some common challenges people with FASD might face?

- “Being overwhelmed in certain environments.”
- “People not understanding that people with FASD are different and think differently to neuro-typical people.”

What have you learned after watching the video?

- “Everyone deals with it differently plus taking into consideration what works for them and their needs.”
- “They all have different specialities and specific challenges.”

To watch the video yourself click the link below  
[FASD Makes Me, Me](#)

# FASD INFORMATION AND WORKSHOP CONTENT

## AGREE / DISAGREE GROUP ACTIVITY

The students took part in an agree / disagree group activity. This is an activity where participants stand in the middle of the room with one side of the room being nominated as the agree space and another as the disagree space, once gathered together they are asked a statement. Upon hearing the statement the participant then has to either agree or disagree.

Here are the agree / disagree statements alongside the follow up questions and some of the students reflections.

### **Agree / Disagree Statement -**

**A woman who is pregnant can safely drink a small amount of alcohol during pregnancy**

Why do you think some people believe that a small amount of alcohol during pregnancy is safe?

- “It’s only a small amount, people assume it won’t have a negative effect.”
- “They may be addicted to alcohol.”

How do you think public awareness around the risks of prenatal alcohol exposure could be improved?

- “Educate in schools.”
- “Not talked about enough.”
- “Posters / Adverts in bars / Places that sell alcohol.”

# FASD INFORMATION AND WORKSHOP CONTENT

## AGREE / DISAGREE GROUP ACTIVITY

In this section of the workshop OPEN staff discussed with students the defining facial features that can indicate that an individual has FASD, however we did highlight that only 10% of people with FASD have these defining facial features, students identified that FASD is a hidden disability.

**Agree / Disagree Statement - There are defining facial features associated with FASD.**

If a person with FASD doesn't have these facial features, do you think it would be harder for others to know they have FASD? Why?

- "Yes, as it is hidden and not visible."
- "It would be harder to see as FASD has similar effects as other disabilities."

Why is it important to learn more about FASD?

- "Create awareness."
- "To raise awareness and help people with FASD."

# FASD INFORMATION AND WORKSHOP CONTENT

## AGREE / DISAGREE - CONTINUED

**Agree / Disagree Statement - The number of people affected by FASD is higher than the number of people affected by autism or ADHD.**

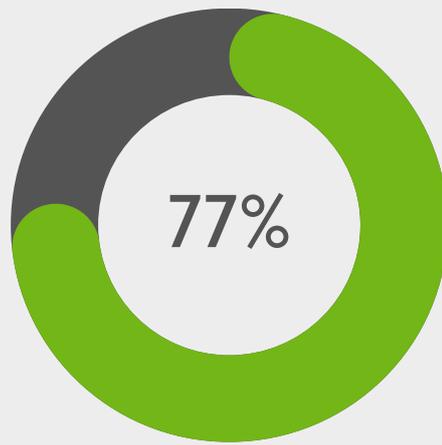
Why do you think that people assume that FASD is less common than ADHD?

- “They cannot tell the differences.”
- You don’t hear about FASD as much as you hear about ADHD.”

How do you think increased awareness of FASD might change the support systems in place for people with FASD and their families?

- “Make people more aware of the topic so support can be given.”
- “Safe spaces for those with FASD.”

# WORKSHOPS REFLECTION AND FEEDBACK



**OF STUDENTS FELT THEY HAD AN INCREASED UNDERSTANDING OF FASD AFTER TAKING PART IN THE WORKSHOP**

## Perception of lessons

Young people who took part had a wide range of attitudes and opinions on the subject. With some feeling that they needed this information taught at an early age and for FASD education to be wide spread, while others did not see any benefits that could come from learning about FASD. Students spoke of the importance of telling others about the dangers of drinking while pregnant, conversations around this generated interesting questions such as whether a whiskey sauce would put an unborn child in danger.

Questions like this helped us to unpick negative perceptions that mothers of children with FASD may face, at times I had to admit that I didn't have the answers to their questions but encouraged students to do their own research and to share what they had learned with their Peers.

# WORKSHOPS REFLECTION AND FEEDBACK



## Advertising

Young people often spoke about how to raise awareness and ways to do this. Repeatedly young people suggested warnings on alcohol packaging, warning of the dangers of drinking while pregnant. Young people also said that FASD information should be shown in posters in health care settings and that any young woman who is planning a family or who is pregnant be given FASD information and leaflets from health care professionals.

## Raising Awareness

OPEN felt it was important to share the information, however due to the sensitive nature of the topic there was emphasis placed on not stigmatising people with FASD and their families. Highlighting that 45% of pregnancies are unplanned and that people with FASD and their families need the right support in order to help them to have a good quality of life and manage the condition.





## What we heard most frequently from young people during these workshops

- **That they did not know about FASD**
- **That FASD could look so similar to other conditions, such as ADHD or ASD.**
- **Though it was not a majority, from nearly every workshop we conducted a student told us that they would like to have learned about this topic sooner.**
- **There was a general 50% split between students that knew about FASD and students who did not know about the topic.**



# CONCLUSION

Raising the profile of FASD through this work has highlighted that the condition is not widely known about, when compared with other neurodevelopmental conditions that students did have a good awareness of. Continuing to raise awareness through workshops and advertising would be a helpful way to keep FASD awareness at the front of our minds.

In conclusion, the workshops aimed to deepen students understanding of foetal alcohol spectrum disorder (FASD). OPEN recognised the sensitivity of this topic and emphasized the importance of addressing stigma with care, focusing instead on having a greater empathy and understanding for individuals and families affected by FASD.

## Recommendations from young people

- Posters about FASD in public places.
- Clear sign posting to services that can support individuals affected by FASD.
- Identified safe spaces that can support people with FASD and raising public profile of these spaces.
- Support groups made available to people with FASD.
- Health Care providers to inform woman who plan to get pregnant or who are pregnant about FASD.

**Report produced by OPEN**

**For more information about this project contact  
[shannon.boston@shetland.org](mailto:shannon.boston@shetland.org)**



Alcohol and other drugs

# About the project

- OPEN's interest came from previous research projects
- In partnership with Shetland Alcohol and Drugs Partnership
- Supported by IDEAS fund
- OPEN peer researchers (paid and volunteer) have undertaken project with support of professional researchers
- Project managed by OPEN research team, made up of under 25s



# Purpose of the research

- *From previous research : young people identified issues around drugs and alcohol, and the lack of alternatives*
- *Impact: give young people the opportunity through our research to understand the impact of Shetland culture*
- *Impact: give young people the opportunity to understand the impact of choices they make*
- *Goals: improve services, reduce stigma, and raise awareness of cultural considerations*

# Method

The research methods used were:

- Focus groups
- Interviews
- Online survey (anonymous)
- Supported/enhanced by volunteer research activity (box and survey)

Approximately 215 young people have been involved in providing responses:

- 5 focus groups
- 7 interviews
- Online Survey 176
- Research team Participative Democracy certificates x 2 Rhiannan's survey and Emma's letter box.
- 14 people responded to Emma's box
- 23 people respondents to Rhiannan's survey. 19 out of 23 said they feel peer pressure

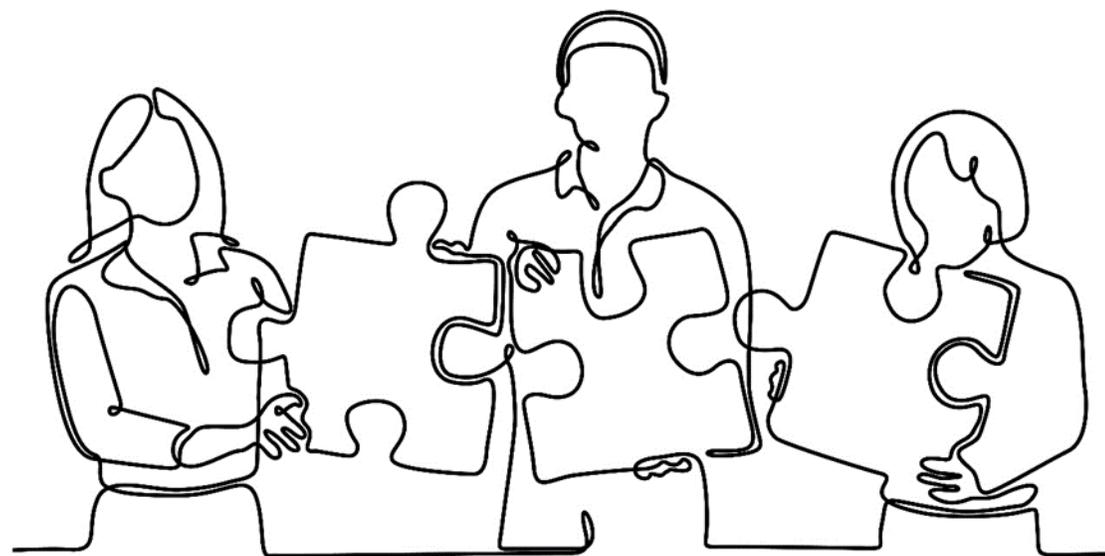
# Scottish Government : Health and Well being census



## What did the health and wellbeing census tell us?

	Shetland	Scotland
Regular tobacco smokers (S2 and S4)	4.9%	2.7%
Use of e-cigarettes or regular vaping(S2 and S4)	12.5%	10.2%
Regular vaper (S2 and S4)	8.2%	6.7%
Drinking alcohol once a week or more(S2 and S4)	14.4%	7.4%
Have ever taken illegal drugs, drugs formerly known as legal highs, solvents, or prescription drugs that were not prescribed to you (S2 and S4)	15.5%	9.6%
Mental Health and Wellbeing – Strengths and Difficulties Questionnaire within normal range (S2-S6)	64.3%	58.1%
Mental Health and Wellbeing – My life is just right	59.2%	58.8%

# Findings



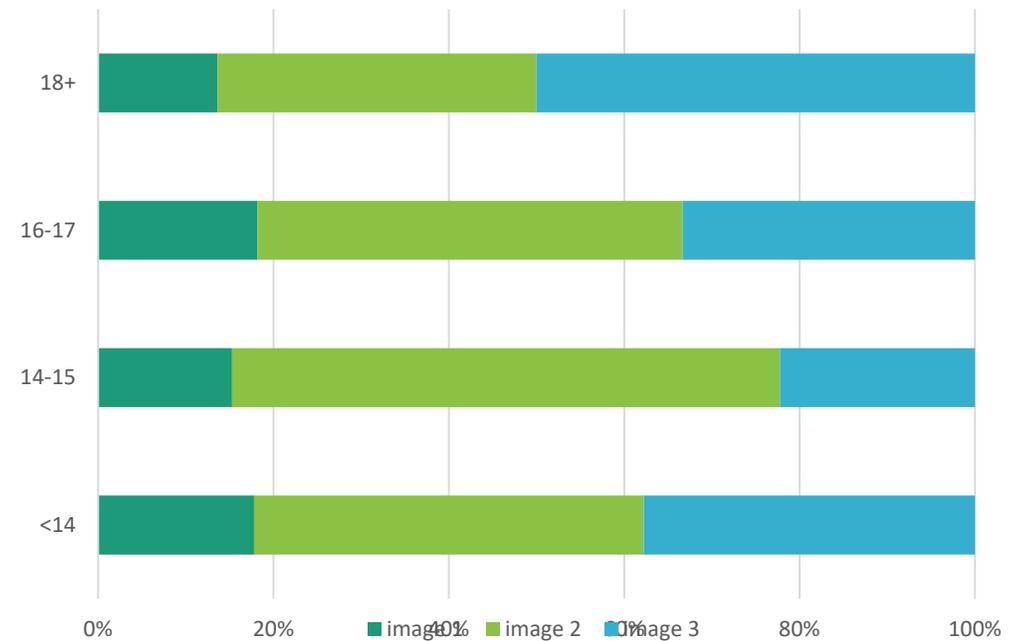


# Alcohol and other drugs in Shetland

How young people view the culture in Shetland around alcohol and other drugs

# Our Survey

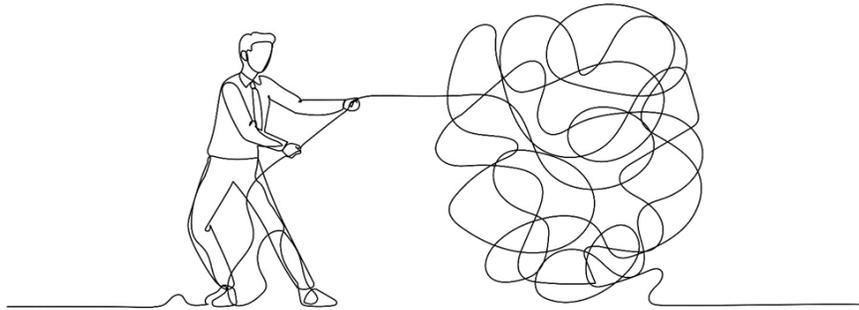
In our online survey young people were asked to select one of three potential images which they feel best describes culture. We had 176 respondents to the survey which targeted under people under 25. Surveys were circulated on social media and in schools.





- 16 % of all respondents picked image number 1 from the Survey.
- Interesting things they said
- “because the sun is like its a good thing but the moon can be the bad side of it” – 14 -15 years
- “Because it’s “hidden” because everyone pretends the drug problems don’t exist” – 14 -15 years
- “I feel like the other images depict the drug and alcohol problems in Shetland as dangerous and bad but I feel like they are not as bad as you don’t notice drug crimes happening often in Shetland” – 16-17 years
- “Drinking is something we do at night” – 16 – 17 years
- “Cause drinking is normal up here” -14 to 15 years

Perception of image 1 and quotes from interviews and focus groups –



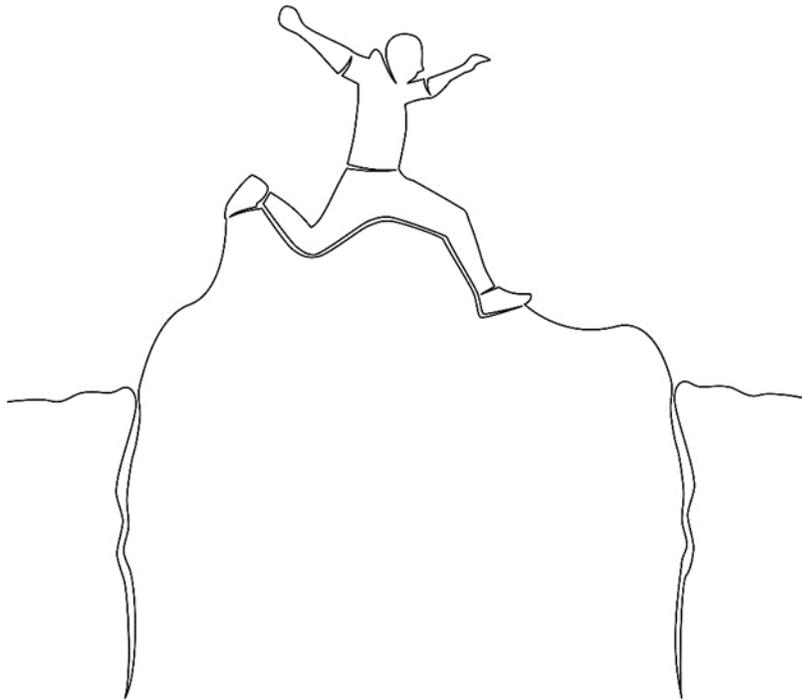
- “I think because its become so secretive and they just talk amongst themselves and its all new and different to them it seems fun, and it does when I was young it was fun but as I get older u realised this is just a no no. In moderation for sure”
- “Drug testing might reduce use for a bit but it would make people more secretive.” “its constant, the thing is everybody's conversations is, what are you doing at the weekend?”
- “A lot of people rely on alcohol, more than you think”
- “You need affordable activities and stuff for people to go out and do like you can have lifeboats day.”
- “Not necessarily like, actual peer pressure of people pressuring you, being like, oh should do this, but more peer pressure of everyone else is doing it.”
- “That comes in the boredom side of it. If there was more stuff to do for more people interests, that would be helpful, but then I guess, as well, it’s reminding people that you can’t actually socialise with your friends without having a drink or taking drugs or whatever.”
- “I say recreational use I think its totally fine. I don’t think it’s a bad thing for people to drink at a young age. In general, I did it and I turned out okay, I guess.”

52 % of all respondents picked image number 2 from the Survey.



- Interesting things they said
- “The person is in need of help” – under 14 years
- “The snakes that were surrounding the person on the hat show how easy it is for drugs to put you in vulnerable position in life” aged 16 -17 years
- “If you choose a bad group of people to hang with your like the person in the middle getting pressured by the others around” – 14-15 years
- “It looks like someone being pressured by drugs and alcohol” – under 14 years
- “The thing on top of his head is controlling like drugs control people” – under 14 years
- “Person on hat is surrounded by serpents, just like those who choose not to partake in drinking or drug use are” – 21 to 24
- “It displays the madness that ensues”. – 25 years plus
- “it looks like a young person is being forced to do something”  
“young people doing drugs now a days are forced to and get addicted.” – under 14 years

Perception of image 2 and quotes from interviews and focus groups –

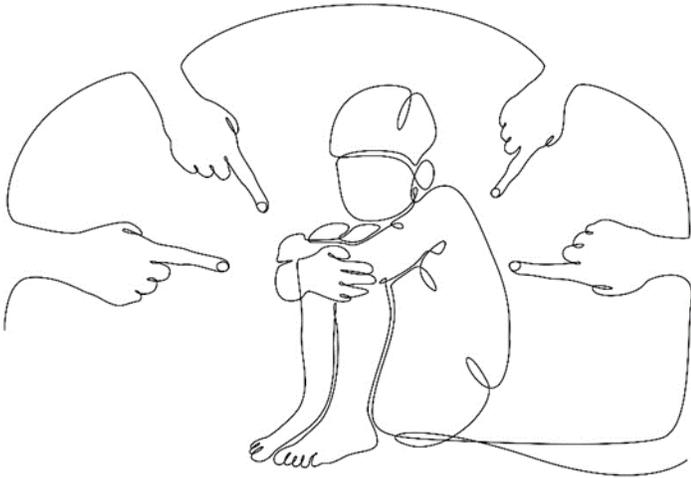


- “I got involved with the wrong people in Secondary 3, the wrong type of people.”
- “Peer Pressure, because I do think, everybody like you hiv the popular people in school and they're all drinking, there were all drinking at like 14, so you start drinking because that's whit there doing and your trying so hard to fit in at school because there's this pressure coming fae like every angle that you hiv tae fit in. So you start drinking.”
- “It's an issue when you personally don't want to do any kind of drugs or alcohol but all your friends do and you kind of get left out or they just start ignoring you. That's real.”
- “I think like if people like parents or like so many other people didn't have such bad views on it then like people wouldn't struggle so much to get help when they do start getting into a problem.”



- 32 % of all respondents picked image number 3 from the Survey.
- “because its like people who take drugs and who don’t” – under 14 years
- “it looked like snakes and people often sliver away to get drugs or drink alcohol” – under 14 years
- “because it looks life there's one bad dragon and one good one and some people can be bad after alcohol and drugs and some can be good” – under 14 years
- “it shows the two types of drug abuse in Shetland” – 14 -15 years
- “There is a light side and a dark side, light side being good times, fun with friends, making memories but there is definitely a dark side, alcoholism is covered up and nobody questions it when people start drinking or taking too much stuff until people are too far in and then they are just faced with stigma. Though there are many people who you would never guess have problems with drink and drugs but manage to cover it up” – 21 to 24 years
- “Cause it looks more crazy, and I feel like drug taking in Shetland has gone crazy. Literally everyone is doing it” – 18 – 20 years
- “Because there's still drug use but its hidden” – under 14 years

Perception of image 3 and quotes from interviews and focus groups



- “People are so black and white about it” “People wouldn’t be so addicted to drugs if they were feeling amazing in themselves”
- “I think there's good things to drinking and I dunno going out and socialising bit it’s the fact how drunk everybody gets up here.”
- “Like literally people come from being like I dunno there was tourists up from America and they were trying to keep up with the locals and there were black out – do you know what I mean?”
- “I have a lot of friends that are definitely like in denial of the fact that they, they're , they are addicted” “They're functioning addicts like they can go to work but like they're doing it every night.”
- “If I felt like I could have gone and spoken to my friends mam (addicted friend) then I would have but the fact is that it would have probably just sent them deep, deeper hole and they might have ended up kicked out it could have made it just so much worse whereas if people were more understanding that yeah people end up taking drugs and that’s fine that happens, like your young. As long as they stop eventually.”

# Participative Democracy Certificates

Research methods and  
number of respondents  
used for PDC's.



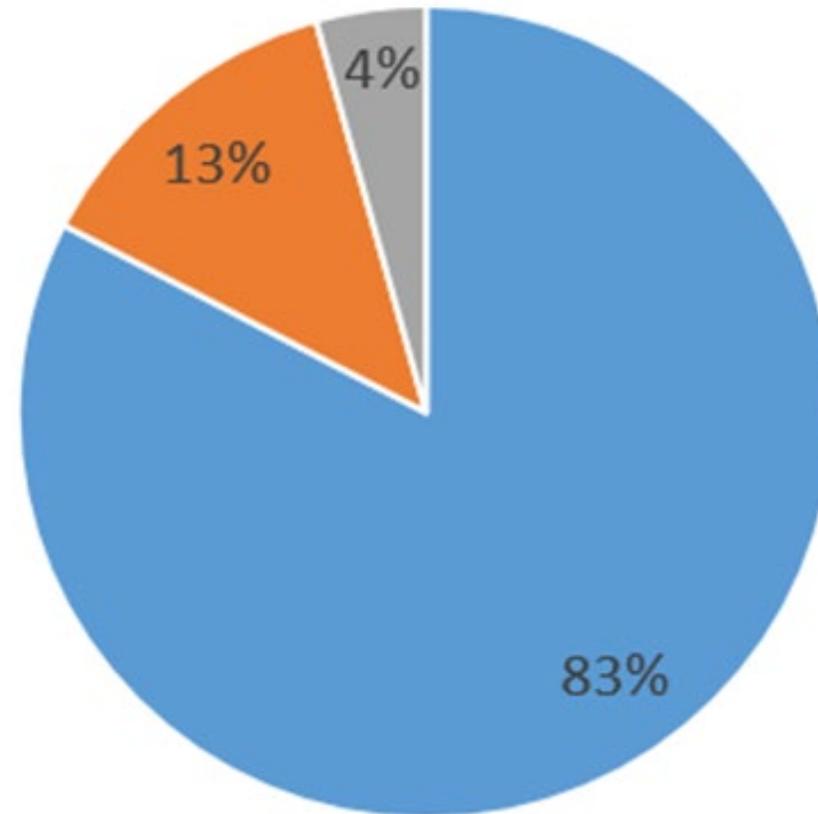
Picture taken from research team meeting. Volunteers carrying out research tasks to plan for their PDC's

# Rhiannan's Survey

Do you think that peer pressure is a problem for young people your age?

19 out of 23 respondents to the survey said they feel peer pressure.

Do you think peer pressure is a problem for young people your age?



■ yes ■ no ■ not sure

# Emma's Box

**“What might help avoid or reduce these problems?” “What support would you like to see available?”**

The quotes below are her findings.

Educate adults as well as children, Reduce the normality of drinking

I want to be able to talk about drug dependency without it being a bad thing

Educate the youth but also educate adults (parents)!!

Non judgmental and confidential people to talk to / 1 to 1's

More support or acceptance in aspects of having an addiction rather than shaming it





# Summarising the findings

- Alcohol and other drugs are intertwined with wider Shetland culture, and are the only way to join in
- There is widespread acceptance of use, but problem use is frowned upon or ignored
- There is no single reason why people use alcohol and other drugs
- There are differences across young people and locations

“Something to do other than drinking because I think the crux of the issue that there is hardly anything to do other than drink on the weekend and I think like there’s no way to tip toe around that.”

“Everything in Shetland has got to have some sort of alcohol involvement, Up Helly Aa, Big Bannock”

“But as young adult, there nothing else to do if you want to socialise, its going to involve alcohol pretty much.”

## Alcohol and other drugs are intertwined with wider Shetland culture, and are the only way to join in

“Alcohol is huge, massive, like everyone up here there’s a lot of people drinking all the time, every weekend.”

“You know people might recreationally smoke a little bit of weed or that during the week, on the weekends when they’re out drinking they might take a little bit of other substances, cocaine, whatever and it could just be to be to help fuel their party or whatever but could that be reduced if there was other things for young people to do? Definitely I think so.”

“Alcohol fuelled socialising is regarded as normal/good and “drugs” bad. Alcohol is not regarded as a drug.”

“There’s so much peer pressure to take drugs and to drink - Shetlands drinking culture is really hard to be in when you don’t drink alcohol cause you’re seen as boring if you’re not getting drunk every weekend”

“There are lots of people who do drugs and alcohol who are under aged”



**There is widespread acceptance of use, but problem use is frowned upon or ignored**

“I think the problem is that its just there, its easily accessible.”

“turning a blind eye. not my business attitude”

“I think that quite a lot of young people in Shetland do drugs and drink alcohol because since Shetland is quite a small place then its really easy to find out who sells stuff”

“It’s a hypocritical as it doesn’t see alcoholism and drinking to access an issue. Drug users and those in recovery are not supported enough by the community.”

“Young people drink at the weekend because they’ve got fuck all else to do – put something on for them.”

“I feel like people do it often here because of boredom”



## There is no single reason why people use alcohol and other drugs

“Its like kinda the drinking culture up here, we have a drinking culture that’s for sure, but it’s the two sides that’s really extreme like alcoholism and then there is just the having a drink cause your stressed after work which is still apart of drinking culture.”

“...You know, young people are seeing the adults, do what they do. And up here, it’s not just young people that are out in that was. A lot of it is adults. And they're the ones that have been doing it for so long that maybe has become problematic, you know. And then there's the ones that are still enjoying recreationally in order they hide it because they have to obviously so they don't even see the people like healthily living their lives that way.”

“I'd say alcohol is a big issue surrounding young people as they feel maybe it's a way of enjoyment as Shetland lacks some major enjoyment places the young people can go and I feel like drugs are a problem only to people who involve themselves in drugs”



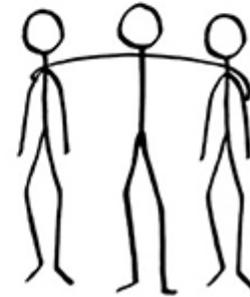
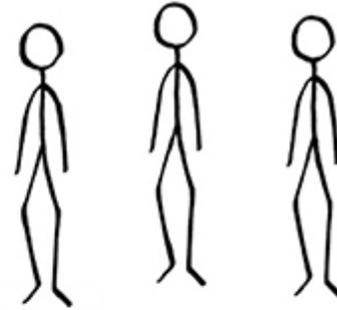
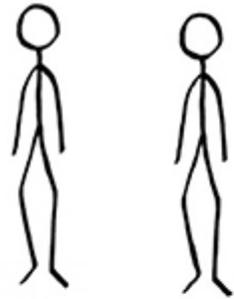
## There are differences across young people and locations

“everyone knows at least 10 people who do drugs and/or alcohol”

“Some bits are good some bits are not.”

“I don't think its good because a lot of people in Shetland is in trouble when they take part in alcohol and drugs”

# The Impact





## The impact of alcohol and other drug culture in Shetland

In this section, the views of young people on the impact of the alcohol and other drugs culture in Shetland are described under the following headings:

- Negative experiences felt due to a widespread stigma throughout Shetland, problems being ignored and how the community impact affects young people
- Impact on Young people's development and on their personal safety. Health repercussions relating to lifestyle.
- Impact on mental and emotional wellbeing and relationships.

“I have a lot of friends that are definitely like in denial of the fact that they are addicted.” “they’re functioning addicts like they can go to work but like they’re doing it every night.”

“They’ll take drugs they might not even have any problems in their life but they’ll take drugs, then their mood goes down and they’ll become more dependant because it’s the only thing that keeps them happy its because they’ve trained themselves to be happy about.”

## Impact on mental and emotional wellbeing and relationships

“Pressure, mental health, once your in that circle its hard to get out of it as they keep you in”

“I think you find your true friends who really wanna spend time with you when your no going oot to the pub.”

“Not knowing the danger and then overdosing you wid go oot and youd get absolutely bloated, black out, spew everywhar mak a fool of yourself because you didna keen whit wis gunna happen.”

“So yeah, I think a lot of it has to do with socialising but also what support is there? I know so many people that use it as an escape, some people are just unlucky to fall down that rabbit hole a bit too much. Because they don’t have that support. ”

When their health like gets really bad after all the things they've been doing with alcohol and drugs." "Police." "Car accidents." "Whoa it goes down"- speaking about how much money you have, that's a "bad" thing. "robbery"

"People our age haven't got fully developed brains yet and its like its really harmful even if you just do it once it can really mess you up for the rest of their life."

"drugs are a waste of money"

"When you are having money troubles because of it."

## Young people's development and their personal safety. Health repercussions relating to lifestyle. Finance.

"When it affects their physical health as well like losing family members could be relationship breakdown but it could also be them dying because of it."

"I'm even thinking because I know people that have really good life prospects, but they're all taking coke all the time. And like I'm thinking someone in particular, they have a really well- paying job, like they literally could have paid off a house by now. But they have absolutely nothing to show for the money that they've been earning since they were 18 on, which I think is so sad and they don't see no problem with it."

“This is kind of a situation but like when all your friends do to because they know you will take care of them but then they’re using the fact that you will take of them to do dangerous acts.”

“If you don’t drink or do drugs then sometimes you’ll just lose a lot of friends.”

“It’s an issue when you personally don’t want to do any kind of drugs or alcohol but all your friends do and you kind of get left out or they start ignoring you.”

“Something needs to be done about stigma.”

“So like doing it because everyone's doing it.”

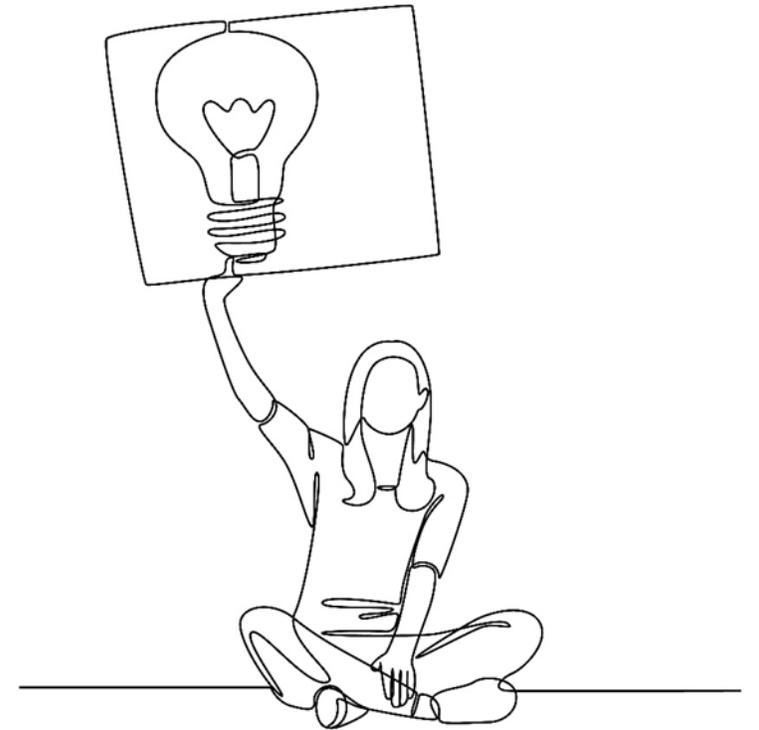
Young people believe the negative impacts are made worse by problems being ignored, stigma, and peer pressure.

“There is a light side and a dark side, light side being good times, fun with friends, making memories but there is definitely a dark side, alcoholism is covered up and nobody questions it when people start drinking or taking too much stuff until people are too far in and then they are just faced with stigma. Though there are many people who you would never guess have problems with drink and drugs but manage to cover it up.”

“Just like I seem to hear a lot about this person or that person. And it’s always at the moment, it seems to be coke and heroin. Yeah, well, mostly crack and heroin, which is pretty bad, because everyone gets bored of coke, and then they go up to crack.”

# What young people want

Ideas for change suggested by young people to improve Shetlands alcohol and drug culture.





## Ideas for change suggested by young people to improve Shetlands alcohol and drug culture

In this section, young peoples views and opinions of improvements that are needed in Shetland are described under the following headings:

- Change is needed to normalise asking for help and to reduce stigma
- More access to diverse ranges of support and education to reduce the appeal of alcohol and other drugs.
- The need for diverse opportunities to provide more choices for young people and the need for positive mentors to model these lifestyle choices

“Reduce stigma – being able to talk about it and learn from others without being judged because of it. Being able to get help without fear of being judged for it.”

“But like I just think as a whole society up here, maybe need to be more open about it. You know, parents maybe need to be more open with their children and not get mad at the idea of speaking about drugs and alcohol. Have an open space or not even necessarily parents but carers as well, but having that openness to be able to talk about it with your trusted adults because I think it would create more safety for younger ones when they are in a shitty situation.”

## Change is needed to normalise asking for help and to reduce stigma

“My Magic wand would wipe all the narrow mindedness away from the older generation to stop so much judgement surrounding young people and Alcohol and Drugs. As the older generation were not all saints and need to stop acting like that. Alcohol and Drugs is a massive part of Shetland and Young people need to have a place to take without judgement and fear of being a child protection issue and having social work involvement.”

“Make it so any young person using drugs should be able to speak to someone they trust about it and 1) get the help they need and 2) not be judged.”

“More support for people struggling without others/ services getting involved.”

“Have effective and realistic lessons in education so people can do drugs safely, but of course if they are going to do so we should discourage it.”

“A place that doesn't close past 5pm would be spectacular”

“There's a problem up here because it's all relied on the common people, that's why we have groups like OPEN and the recovery hub because the police up here aren't doing enough.”

“Definitely better mental health support.”

More access to diverse ranges of support and education to reduce the appeal of alcohol and other drugs.

“I really believe in like the power of information, I don't like scare tactics, because that doesn't work.”

“Walk in support – when you need it you need it now not in two weeks' time.”

“I would make it a priority to offer them a specialist worker for them to be able to speak to about anything and to get them the help they need.”

“Anonymous online groups as Shetland is too small for face to face groups and it would put people off going due to the fact someone they may know there is someone might tell others that they were there.”

“More money to go towards shit.”

“I was going to say there should be more Saturday jobs available or jobs after school. Yeah flexible working.”

“I think that people just from my experience in Da Café there’s so many young people that have amazing skills, so there’s a young lad that bakes that should be promoted in terms of like he wants to set up a baking class where after school one day just a group of them that’s interested can go and do that somewhere. One of the girls at Da Café does woodwork, makes furniture and she’s really good at it, I’m sure she’s not the only one.”

The need for diverse opportunities to provide more choices for young people and the need for positive mentors to model these lifestyle choices.

“I think trying to challenge that outlook on it would probably be the best bet to a positive change because I mean if you can challenge that you can effectively change the perception of that then that’s one of the big steps to change.”

“It’s just having those facilities available outside of school where if a student is particularly passionate about something they can go to that space and do it without feeling like I’m missing out because it’s something they’re passionate about.”

“If I could wave a magic wand it would be that everyone had at least one person that they could go and speak to about these things and trust and be open and honest with. Because I feel like a lot of the time when you hide it you’re not speaking about it, you’re not realising how bad it is or like how much of a problem you’ve created themselves sort of thing.”

“That I think it really everyone's views would need to change not just young people but like, everyone as a whole, you know, young people are seeing the adults, do what they do... And they're the ones that have been doing it for so long that maybe has become problematic, you know... so they don't even see the people like healthfully living their lives that way.”

## Open and honest conversations in families, relationships and communities

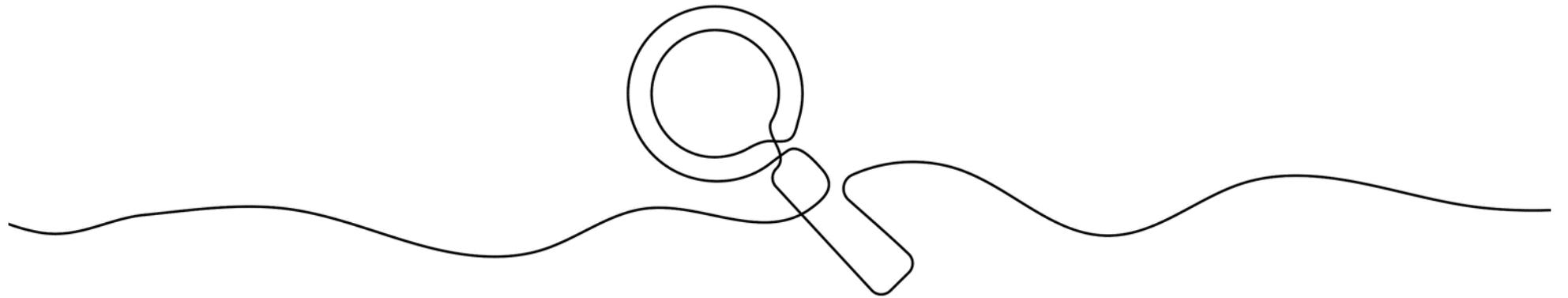
“I just think more conversations about what is healthy, what’s not... And also like, what other stuff could be done. Not even surrounding that drugs and alcohol just like there is other stuff to do...” “But yeah, conversations.”

“I think for like a culture shift, it’s really everyone who has to be involved in that. You know, I mean and like that’s a big task to do.”

“Tell adults that their childhood of excessive drinking and doing drugs was not normal. Tell young people they won’t get trouble for asking for help.”



# Researchers Observations



# What Surprised Us?



- Young people have a good grasp and how insightful they were surrounding the issues alcohol and other drug culture.
- Young peoples readiness to share suggestions or ideas
- Young people want the whole community to work together to solve issues the community faces.
- Young peoples suggestions for options for change or improvements they would like to see are not centred around alcohol

# Key Issues To Consider



Young people know that the problem doesn't lie with them but rather everyone.

The current situation can only change by working together and becoming an interconnected community

Opportunities for our young people to enrich their lives in a variety of ways.

Reduce the stigma surrounding asking for help

# Lessons learnt



Creating and nurturing relationships and working together in partnership work has really helped our research. In future we would work to establish even more partnership relationships before starting the research project.

While we heard from approximately 215 young people and had data from every age group we are aware that with more time we might have been able to reach more young people.

“People can recover from it, if they’ve got the right people around them.”

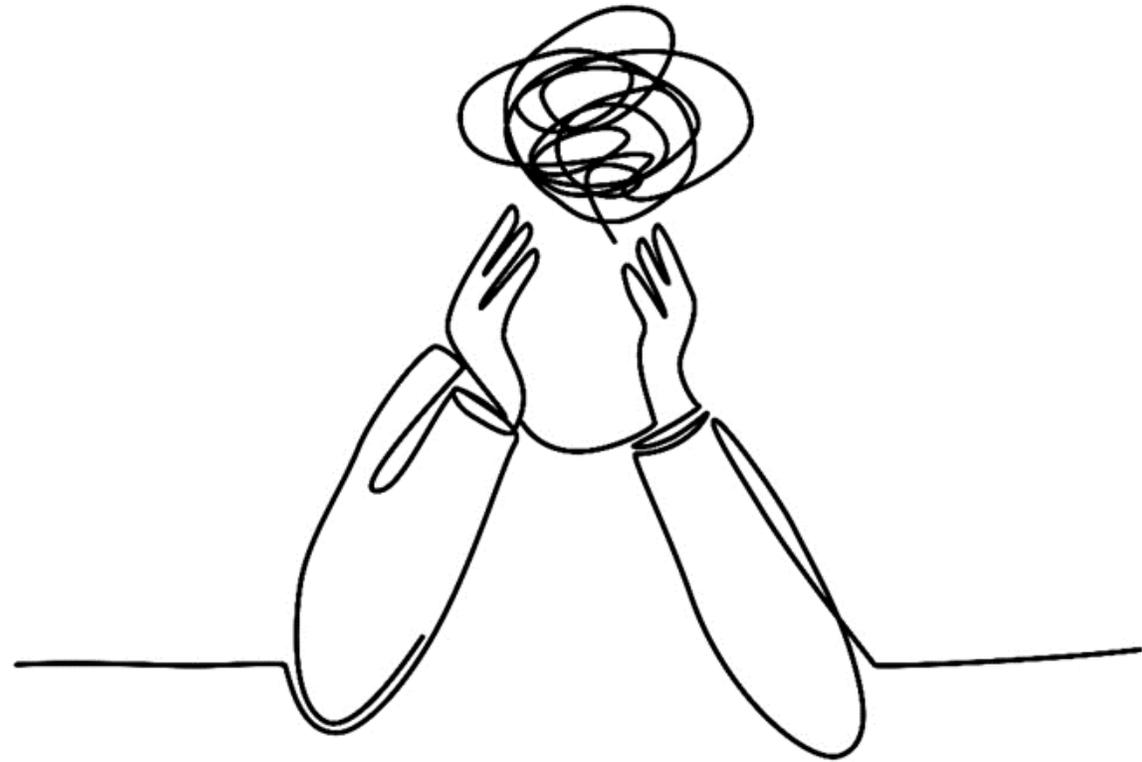
Choose  
Empathy





Thank You

# Respect and Language



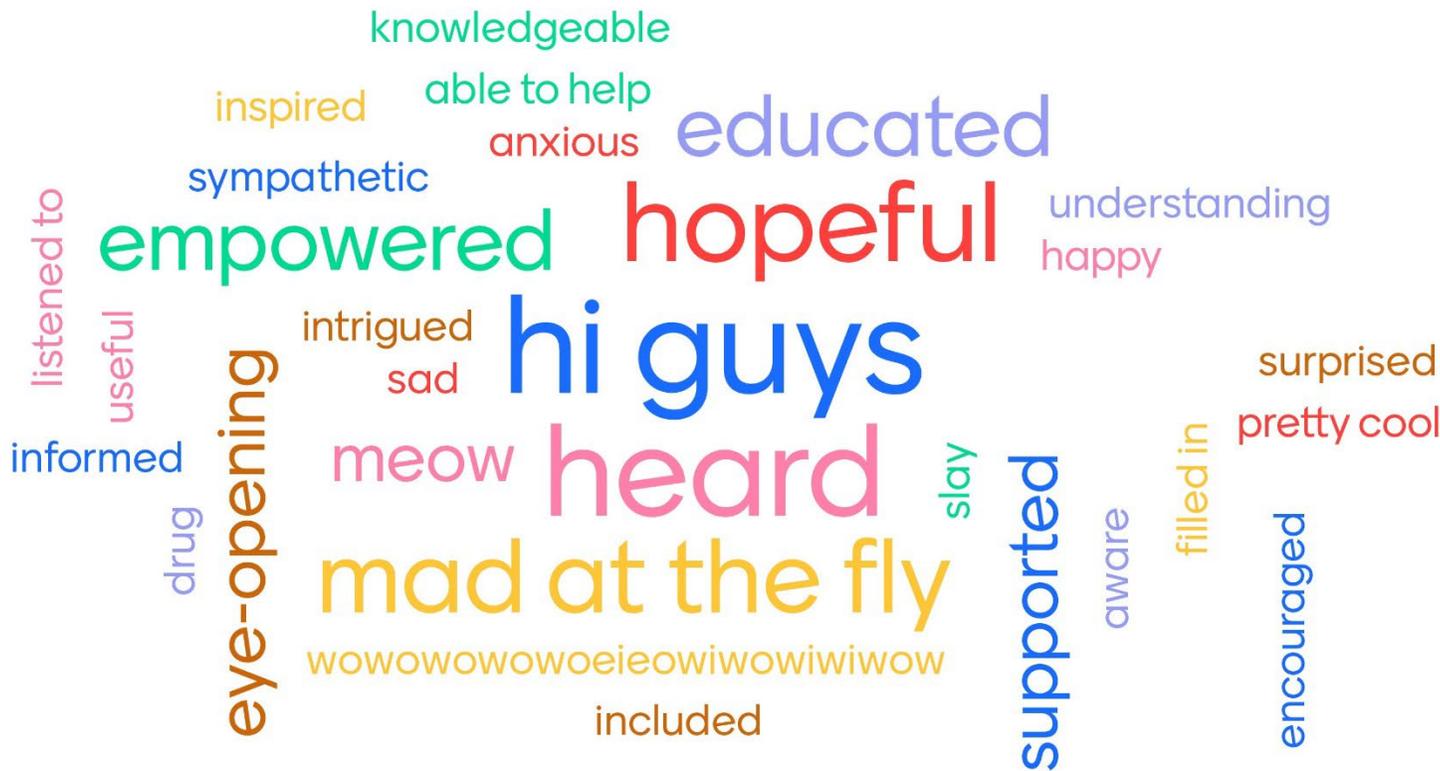
# Local and National Services

*If you have been affected by any of the issues discussed in this or want to talk to someone for support these services are here for you :*

- Shetland Recovery Hub 01595 744402
- Substance Misuse Recovery Service 01595 743006
- National Alcohol and Other Drug Hotline 1800 250 015
- Crew 2000 Digital Drop-in by emailing [dropin@crew2000.org.uk](mailto:dropin@crew2000.org.uk), sending a FREE text to 07860047501 for a call back. For more resources search [www.crew.scot/](http://www.crew.scot/)
- Call 116 123 to talk to Samaritans , or email: [jo@Samaritans.org](mailto:jo@Samaritans.org) for a reply within 24 hours
- Text "SHOUT" to 85258 to contact the Shout Crisis Text Line, or text "YM" if you're under 19
- If you're under 19, you can also call 0800 11110800 to talk to Childline. The number will not appear on your phone bill.

# How did this presentation make you feel?

58 responses



# What does the presentation say to you?

- Young people are aware of what's going on and know/have ideas on how to help. I like how young people were conducting and taking part in the research
- It told me that more support is needed around drugs and alcohol in Shetland. It also pointed out the growing issue around peer pressure and young people.
- I was unfortunately not surprised by any of the information about how rampant drug culture is in Shetland, although I'm incredibly hopeful and grateful that it is being discussed and researched by such loving and caring people.

# What is the most important messages that you got from the presentation?

- Stigma around NOT drinking and peer pressure needs to be reduced
- The main message I got from the presentation is that young people are willing to help and guide change, as well as adults, and a shift in stigma, culture and support outlets will help us all
- It shouldn't be entirely up to us to solve this issue
- That more young people need more support when it comes to drug and alcohol use

# Appendix 5 Quality Scorecard

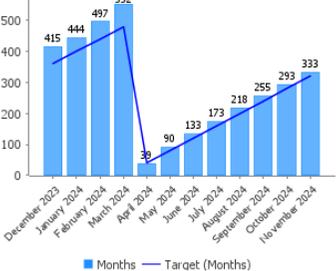
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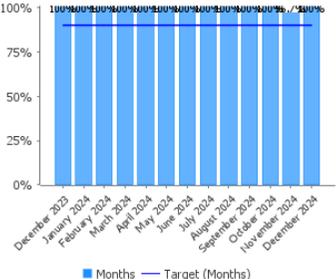
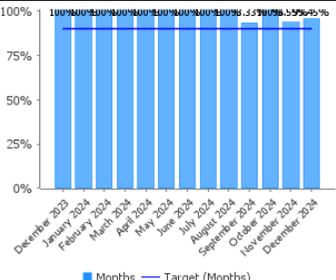
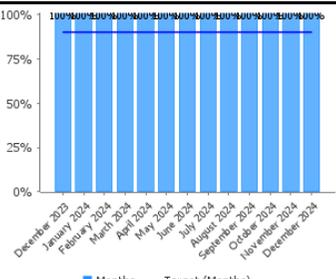
## Quality Scorecard - BOARD

Title
Health Improvement

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note										
	Value	Value	Value	Value	Value	Value	Status	Target												
NA-HI-01 Percentage Uptake of Breastfeeding at 6–8 Weeks (exclusively breastfed plus mixed breast and formula) (Rolling annual total by quarter)	Measured Quarterly			70%	60.9%	60.8%	✓	58%	<table border="1"> <caption>Percentage Uptake of Breastfeeding at 6–8 Weeks</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4 2024/24</td> <td>70.2%</td> </tr> <tr> <td>Q1 2024/25</td> <td>70%</td> </tr> <tr> <td>Q2 2024/25</td> <td>60.9%</td> </tr> <tr> <td>Q3 2024/25</td> <td>60.8%</td> </tr> </tbody> </table>	Quarter	Percentage	Q4 2024/24	70.2%	Q1 2024/25	70%	Q2 2024/25	60.9%	Q3 2024/25	60.8%	
Quarter	Percentage																			
Q4 2024/24	70.2%																			
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Q3 2024/25	60.8%																			

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note																										
	Value	Value	Value	Value	Value	Value	Status	Target																												
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	62	68		32	53	68		173	 <table border="1"> <caption>PH-HI-03 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>December 2023</td><td>131</td></tr> <tr><td>January 2024</td><td>137</td></tr> <tr><td>February 2024</td><td>152</td></tr> <tr><td>March 2024</td><td>166</td></tr> <tr><td>April 2024</td><td>24</td></tr> <tr><td>May 2024</td><td>32</td></tr> <tr><td>June 2024</td><td>39</td></tr> <tr><td>July 2024</td><td>45</td></tr> <tr><td>August 2024</td><td>53</td></tr> <tr><td>September 2024</td><td>62</td></tr> <tr><td>October 2024</td><td>68</td></tr> <tr><td>November 2024</td><td>68</td></tr> </tbody> </table>	Month	Value	December 2023	131	January 2024	137	February 2024	152	March 2024	166	April 2024	24	May 2024	32	June 2024	39	July 2024	45	August 2024	53	September 2024	62	October 2024	68	November 2024	68	Data is reset every April, to enable cumulative data collection for the financial year (2024/2025). Measure will remain on red until target of 261 is achieved.
Month	Value																																			
December 2023	131																																			
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August 2024	53																																			
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November 2024	68																																			
PH-HI-03a Number of FAST alcohol screenings	293	333		133	255	333		320	 <table border="1"> <caption>PH-HI-03a Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>December 2023</td><td>415</td></tr> <tr><td>January 2024</td><td>444</td></tr> <tr><td>February 2024</td><td>497</td></tr> <tr><td>March 2024</td><td>552</td></tr> <tr><td>April 2024</td><td>39</td></tr> <tr><td>May 2024</td><td>90</td></tr> <tr><td>June 2024</td><td>133</td></tr> <tr><td>July 2024</td><td>173</td></tr> <tr><td>August 2024</td><td>218</td></tr> <tr><td>September 2024</td><td>255</td></tr> <tr><td>October 2024</td><td>293</td></tr> <tr><td>November 2024</td><td>333</td></tr> </tbody> </table>	Month	Value	December 2023	415	January 2024	444	February 2024	497	March 2024	552	April 2024	39	May 2024	90	June 2024	133	July 2024	173	August 2024	218	September 2024	255	October 2024	293	November 2024	333	Data is reset every April, to enable cumulative data collection for the financial year (2024/2025).
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November 2024	333																																			

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

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	96.7%	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%	93.55%	95.45%	100%	93.33%	95.45%		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%	100%	100%		90%		

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	83.33%	96.43%	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)	100%	95.04%	95.4%	100%	93.33%	95.4%	✓	90%		
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	90.91%	96.88%	100%	100%	96.88%	100%	✓	90%		

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	100%	92.06%	89.13%	100%	90.63%	89.13%	🟢	90%	<p>Detailed description: A bar chart showing monthly performance for NA-HC-26. The y-axis represents percentage from 0% to 100%. The x-axis shows months from December 2023 to December 2024. A blue horizontal line at 90% represents the target. Monthly values are: Dec 2023 (95.16%), Jan 2024 (95.16%), Feb 2024 (95.16%), Mar 2024 (95.16%), Apr 2024 (95.16%), May 2024 (95.16%), Jun 2024 (95.16%), Jul 2024 (95.16%), Aug 2024 (89.14%), Sep 2024 (90.62%), Oct 2024 (90.62%), Nov 2024 (89.13%), Dec 2024 (89.13%).</p>	

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

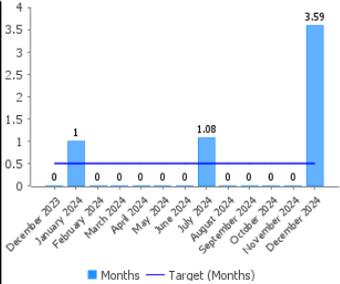
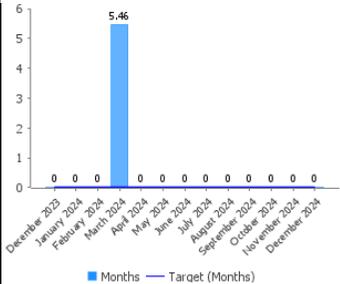
Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-CF-07 Days between stillbirths	3,520	3,550	3,581	3,397	3,489	3,581	🟢	300	<p>Detailed description: A bar chart showing monthly performance for NA-CF-07. The y-axis represents the number of days from 0 to 3,500. The x-axis shows months from December 2023 to December 2024. A blue horizontal line at 300 represents the target. Monthly values are: Dec 2023 (3,219), Jan 2024 (3,248), Feb 2024 (3,279), Mar 2024 (3,306), Apr 2024 (3,338), May 2024 (3,367), Jun 2024 (3,395), Jul 2024 (3,428), Aug 2024 (3,459), Sep 2024 (3,489), Oct 2024 (3,520), Nov 2024 (3,550), Dec 2024 (3,581).</p>	

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0	🟢	2.21	<p>A line chart showing the performance of NA-CF-09. The x-axis represents months from December 2023 to December 2024. The y-axis represents the rate of neonatal deaths per 1,000 live births, ranging from 0 to 3. A blue line representing 'Months' stays at 0 throughout the period. A horizontal blue line representing the 'Target (Months)' is set at 2.21.</p>	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0	🟢	4	<p>A line chart showing the performance of NA-CF-15. The x-axis represents months from December 2023 to December 2024. The y-axis represents the rate of stillbirths per 1,000 births, ranging from 0 to 5. A blue line representing 'Months' stays at 0 throughout the period. A horizontal blue line representing the 'Target (Months)' is set at 4.</p>	
NA-CF-16 % of women satisfied with the care they received	<p>From Q2 2023/2024 Care Opinion is used to ask patients to provide feedback regarding their care experience. All women receive Care Opinion feedback information in their discharge pack. There has been no feedback received via Care Opinion since March 2024. An overview of Maternity 2024 feedback data is provided as score card Appendix F.</p>									
NA-HC-58 % compliance with the newborn screening bundle	Measured Quarterly			100	100		🟢	100	<p>A bar chart showing the compliance with the newborn screening bundle. The x-axis represents quarters from 2023/16 to 2024/25. The y-axis represents the percentage of compliance, ranging from 0 to 100. Five blue bars, each labeled with '100', represent the compliance rate for each quarter.</p>	Awaiting Q3 data

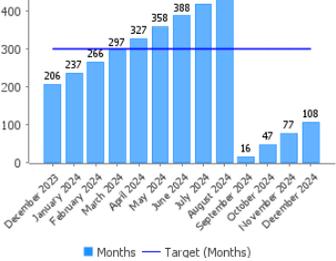
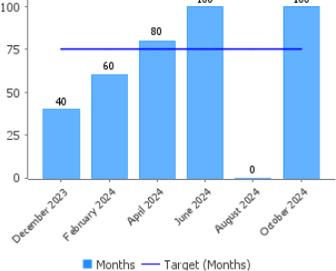
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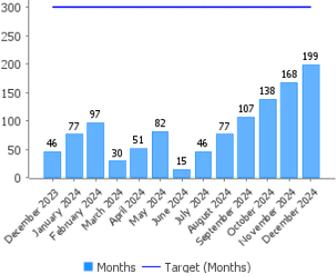
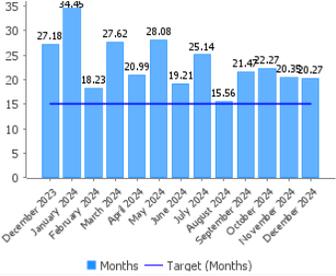
**Service & Quality Improvement Programmes – Measurement & Performance**

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
CE-IC-01 Cleaning Specification Audit Compliance	Measured Quarterly			96.2%	97.1%	97.6%	🟢	90%		
NA-HC-08 Days between Cardiac Arrests	227	257	288	104	196	288	🟢	300		
NA-HC-09 All Falls rate (per 1000 occupied bed days)	5.16	3.92	9.57	7.33	3.58	9.57	🔴	7		Measure will remain on red until target of 300 days reached across both inpatient areas. During Q3 there was an increase in the number of inpatient falls reflecting the complex needs of patients, who are presenting with multi comorbidities.

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	0	3.59	0	0	3.59		0.5		During Q3 there were 3 inpatient falls with harm, please refer to Appendix B for falls analysis.
NA-HC-13 Crash call rate per 1000 discharges (number of crash calls/total number of deaths + live discharges x 1000)	0	0	0	0	0	0		0		
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	47	77	108	404	16	108		300		Measure will remain on red until target of 300 days reached across both inpatient areas.

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	0	0	0	0	1.19	0	✔	0	<p>A bar chart showing monthly values from December 2023 to December 2024. The y-axis ranges from 0 to 1. All months from Dec 2023 to Sep 2024 have a value of 0. In October 2024, the value is 1.19. A horizontal target line is at 0. A green checkmark is present in the Q3 2024/25 status column.</p>	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms	168	156	164	100	99.4	164	✔	95	<p>A bar chart showing monthly values from December 2023 to December 2024. The y-axis ranges from 0 to 150. Values are: Dec 2023: 100, Jan 2024: 99, Feb 2024: 100, Mar 2024: 99, Apr 2024: 100, May 2024: 100, Jun 2024: 99.4, Jul 2024: 100, Aug 2024: 99.4, Sep 2024: 100, Oct 2024: 99.4, Nov 2024: 168, Dec 2024: 156. A horizontal target line is at 95. A green checkmark is present in the Q3 2024/25 status column.</p>	
NA-HC-66 Pressure ulcer – days between pressure ulcers developed on Ward 1.	603	633	664	480	572	664	✔	300	<p>A bar chart showing monthly values from December 2023 to December 2024. The y-axis ranges from 0 to 600. Values are: Dec 2023: 298, Jan 2024: 329, Feb 2024: 358, Mar 2024: 389, Apr 2024: 419, May 2024: 450, Jun 2024: 480, Jul 2024: 511, Aug 2024: 542, Sep 2024: 572, Oct 2024: 603, Nov 2024: 633, Dec 2024: 664. A horizontal target line is at 300. A green checkmark is present in the Q3 2024/25 status column.</p>	

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-HC-69 Pressure ulcers – days between pressure ulcers on Ward 3	47	77	108	388	16	108		300		Measure will remain on red until 300 days is achieved.
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100		To follow	100	0	100		75		December 2024 data will be collected in February 2025.
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts										Due to Clinical Governance Team vacancies, Excellence in Care (EiC) data has not been updated since December 2023. Following successful recruitment, data will recommence April 2025.
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)										Due to Clinical Governance Team vacancies, Excellence in Care (EiC) data has not been updated since December 2023. Following successful recruitment, data will recommence April 2025.

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note																														
	Value	Value	Value	Value	Value	Value	Status	Target																																
NA-IC-01 Days between Catheter Associated Urinary Tract Infection (CAUTI) developed in acute care	138	168	199	15	107	199		300	 <table border="1"> <caption>CAUTI Days Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>December 2023</td><td>46</td></tr> <tr><td>January 2024</td><td>77</td></tr> <tr><td>February 2024</td><td>97</td></tr> <tr><td>March 2024</td><td>30</td></tr> <tr><td>April 2024</td><td>51</td></tr> <tr><td>May 2024</td><td>82</td></tr> <tr><td>June 2024</td><td>15</td></tr> <tr><td>July 2024</td><td>46</td></tr> <tr><td>August 2024</td><td>77</td></tr> <tr><td>September 2024</td><td>107</td></tr> <tr><td>October 2024</td><td>138</td></tr> <tr><td>November 2024</td><td>168</td></tr> <tr><td>December 2024</td><td>199</td></tr> </tbody> </table>	Month	Value	December 2023	46	January 2024	77	February 2024	97	March 2024	30	April 2024	51	May 2024	82	June 2024	15	July 2024	46	August 2024	77	September 2024	107	October 2024	138	November 2024	168	December 2024	199	Measure will remain on red until target of 300 days reached across both inpatient areas.		
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NA-IC-02 Catheter Usage Rate	22.27	20.35	20.27	19.21	21.47	20.27		15	 <table border="1"> <caption>Catheter Usage Rate Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>December 2023</td><td>27.18</td></tr> <tr><td>January 2024</td><td>34.45</td></tr> <tr><td>February 2024</td><td>18.23</td></tr> <tr><td>March 2024</td><td>27.62</td></tr> <tr><td>April 2024</td><td>20.99</td></tr> <tr><td>May 2024</td><td>28.08</td></tr> <tr><td>June 2024</td><td>19.21</td></tr> <tr><td>July 2024</td><td>25.14</td></tr> <tr><td>August 2024</td><td>15.56</td></tr> <tr><td>September 2024</td><td>21.47</td></tr> <tr><td>October 2024</td><td>22.27</td></tr> <tr><td>November 2024</td><td>20.35</td></tr> <tr><td>December 2024</td><td>20.27</td></tr> </tbody> </table>	Month	Value	December 2023	27.18	January 2024	34.45	February 2024	18.23	March 2024	27.62	April 2024	20.99	May 2024	28.08	June 2024	19.21	July 2024	25.14	August 2024	15.56	September 2024	21.47	October 2024	22.27	November 2024	20.35	December 2024	20.27	The Infection Control Team will continue to monitor this measure.		
Month	Value																																							
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NA-IC-10 Aggregated Compliance with Catheter Associated Urinary Tract Infection (CAUTI) Insertion Bundle	80%	91.67%		100%	75%	91.67%		95%	 <table border="1"> <caption>Compliance with CAUTI Insertion Bundle Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>December 2023</td><td>84.62%</td></tr> <tr><td>January 2024</td><td>100%</td></tr> <tr><td>February 2024</td><td>100%</td></tr> <tr><td>March 2024</td><td>100%</td></tr> <tr><td>April 2024</td><td>100%</td></tr> <tr><td>May 2024</td><td>100%</td></tr> <tr><td>June 2024</td><td>100%</td></tr> <tr><td>July 2024</td><td>100%</td></tr> <tr><td>August 2024</td><td>100%</td></tr> <tr><td>September 2024</td><td>33.33%</td></tr> <tr><td>October 2024</td><td>83.33%</td></tr> <tr><td>November 2024</td><td>75%</td></tr> <tr><td>December 2024</td><td>80%</td></tr> <tr><td>January 2025</td><td>91.67%</td></tr> </tbody> </table>	Month	Value	December 2023	84.62%	January 2024	100%	February 2024	100%	March 2024	100%	April 2024	100%	May 2024	100%	June 2024	100%	July 2024	100%	August 2024	100%	September 2024	33.33%	October 2024	83.33%	November 2024	75%	December 2024	80%	January 2025	91.67%	
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Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note																										
	Value	Value	Value	Value	Value	Value	Status	Target																												
NA-IC-13 Aggregated Compliance with the Catheter Associated Urinary Tract Infection (CAUTI) maintenance bundle	76.47%	87.5%		92.86%	73.08%	87.5%	✓	95%	<table border="1"> <caption>NA-IC-13 Monthly Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>December 2023</td><td>87.42%</td></tr> <tr><td>January 2024</td><td>86.66%</td></tr> <tr><td>February 2024</td><td>63.64%</td></tr> <tr><td>March 2024</td><td>72.73%</td></tr> <tr><td>April 2024</td><td>80%</td></tr> <tr><td>May 2024</td><td>55%</td></tr> <tr><td>June 2024</td><td>82.35%</td></tr> <tr><td>July 2024</td><td>76.92%</td></tr> <tr><td>August 2024</td><td>70.59%</td></tr> <tr><td>September 2024</td><td>75.08%</td></tr> <tr><td>October 2024</td><td>76.47%</td></tr> <tr><td>November 2024</td><td>87.5%</td></tr> </tbody> </table>	Month	Compliance (%)	December 2023	87.42%	January 2024	86.66%	February 2024	63.64%	March 2024	72.73%	April 2024	80%	May 2024	55%	June 2024	82.35%	July 2024	76.92%	August 2024	70.59%	September 2024	75.08%	October 2024	76.47%	November 2024	87.5%	
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NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured Quarterly			0	100	100	✓	100	<table border="1"> <caption>NA-IC-20 Quarterly Completion Data</caption> <thead> <tr> <th>Quarter</th> <th>Completion (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2023/24</td><td>0</td></tr> <tr><td>Q1 2024/25</td><td>0</td></tr> <tr><td>Q2 2024/25</td><td>100</td></tr> <tr><td>Q3 2024/25</td><td>100</td></tr> </tbody> </table>	Quarter	Completion (%)	Q4 2023/24	0	Q1 2024/25	0	Q2 2024/25	100	Q3 2024/25	100																	
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NA-IC-22 Hand Hygiene Audit Compliance	Measured Quarterly			98.9%	98.9%	98.3%	✓	95%	<table border="1"> <caption>NA-IC-22 Quarterly Hand Hygiene Audit Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2023/24</td><td>100%</td></tr> <tr><td>Q1 2024/25</td><td>98.9%</td></tr> <tr><td>Q2 2024/25</td><td>98.3%</td></tr> <tr><td>Q3 2024/25</td><td>98.3%</td></tr> </tbody> </table>	Quarter	Compliance (%)	Q4 2023/24	100%	Q1 2024/25	98.9%	Q2 2024/25	98.3%	Q3 2024/25	98.3%																	
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NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured Quarterly									Surgical Site Infection Surveillance activity remains suspended, there is no national updated regarding when this will be recommenced.																										

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q3 2024/25	Q3 2024/25	Trend Chart	Latest Note
	Value	Value	Value	Value	Value	Value	Status	Target		
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured Quarterly									Surgical Site Infection Surveillance activity remains suspended, there is no national updated regarding when this will be recommenced.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Measured Quarterly									Surgical Site Infection Surveillance activity remains suspended, there is no national updated regarding when this will be recommenced.
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Measured Quarterly									Surgical Site Infection Surveillance activity remains suspended, there is no national updated regarding when this will be recommenced.

## Treatment

Performance Indicators	October 2024	November 2024	December 2024	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q1 2024/25	Q1 2024/25	Trend Chart	Latest Note										
	Value	Value	Value	Value	Value	Value	Status	Target												
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	100%	100%	100%	100%	100%	100%	✓	100%	<table border="1"> <caption>CH-MH-03 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 2023/24</td> <td>100%</td> </tr> <tr> <td>Q1 2024/25</td> <td>100%</td> </tr> <tr> <td>Q2 2024/25</td> <td>100%</td> </tr> <tr> <td>Q3 2024/25</td> <td>100%</td> </tr> </tbody> </table>	Quarter	Value	Q4 2023/24	100%	Q1 2024/25	100%	Q2 2024/25	100%	Q3 2024/25	100%	
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Q1 2024/25	100%																			
Q2 2024/25	100%																			
Q3 2024/25	100%																			
CH-MH-05 People with diagnosed dementia who take up the offer of post diagnostic support (rolling 12 months)	Measured Quarterly			100%	97.9%		✓	80%	<table border="1"> <caption>CH-MH-05 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 2023/24</td> <td>100%</td> </tr> <tr> <td>Q1 2024/25</td> <td>100%</td> </tr> <tr> <td>Q2 2024/25</td> <td>97.9%</td> </tr> </tbody> </table>	Quarter	Value	Q4 2023/24	100%	Q1 2024/25	100%	Q2 2024/25	97.9%	Awaiting Q3 data		
Quarter	Value																			
Q4 2023/24	100%																			
Q1 2024/25	100%																			
Q2 2024/25	97.9%																			
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured Quarterly			1.09					<table border="1"> <caption>MD-HC-01 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 2023/24</td> <td>1.18</td> </tr> <tr> <td>Q1 2024/25</td> <td>1.09</td> </tr> </tbody> </table>	Quarter	Value	Q4 2023/24	1.18	Q1 2024/25	1.09	Calculated following national data release.				
Quarter	Value																			
Q4 2023/24	1.18																			
Q1 2024/25	1.09																			

**APPENDIX A – Overview of falls and pressure ulcer incidence between October – December 2024**

<b>Falls in Secondary Care</b>									
<b>WARD 1 NA-HC-60 Total number of falls</b>					<b>WARD 3 NA-HC-61 Total number of falls</b>				
Date	Fall with injury NA-HC-62	Fall – no injury	Number Days Between (falls with injury)	Injury	Date	Fall with injury NA-HC-63	Fall – no injury	Number Days Between (falls with injury)	Injury
B/Fwd			24		B/Fwd			58	
<b>Jan 24</b>	0	2	55	2 x falls no injuries Datix 9886 & 9934	<b>Jan 24</b>	1	7	8	# hip 9908 7 x falls no injury Datix 9881, 9882, 9883, 9896, 9897, 9898, 9902,
<b>Feb 24</b>	0	3	84	3 x falls no injuries Datix 9940, 9982, 9983	<b>Feb 24</b>	0	3	37	3 x falls no injury Datix 9298, 9947, 9972
<b>Mar 24</b>	0	1	115	Datix 10065 no injury	<b>Mar 24</b>	0	3	68	3 x falls no injury Datix 10052, 10063, 10080
<b>Apr 24</b>	0	2	145	2 x falls no injury Datix 10127 & 10130	<b>Apr 24</b>	0	1	98	1 x fall no injury Datix 10112
<b>May 24</b>	0	1	176	1 x fall no injury Datix 10208	<b>May 24</b>	0	3	129	3 x falls no injury Datix 10169, 9543, & 9559/10200
<b>Jun 24</b>	0	3	206	3 x falls no injuries Datix 10248, 10258, & 10266	<b>Jun 24</b>	0	3	159	3 x falls no injury Datix 9597,9617 & 9615
<b>July 24</b>	0	1	237	1 fall no injury Dx 10292	<b>July 24</b>	1	3	188	Fall with harm Dx 10342. 3 x falls no injury Dx 10301, 10312, 10323
<b>Aug 24</b>	0	3	268	3 x falls no harm Dx 10375, 10401, 10402	<b>Aug 24</b>	0	1	32	1 x fall no harm Dx 10400
<b>Sept 24</b>	0	0	298		<b>Sept 24</b>	0	4	62	3 x falls no harm Dx 10413, 10453,10479
<b>Oct 24</b>	0	1	329	Dx 10533 no harm	<b>Oct 24</b>	0	4	93	4 x fall no harm Dx 10519, 10524, 10557, 10568
<b>Nov 24</b>	0	1	359	Dx 10643 no harm	<b>Nov 24</b>	0	2	123	2 x fall no harm Dx 10620, 10638
<b>Dec 24</b>	0	0	390		<b>Dec 24</b>	3	5	2	5 x fall no harm Dx10653,10658, 10697, 10694, 10699 3 x fall with harm Dx 10653, 10693, 10700 #hip
<b>Total</b>	<b>0</b>	<b>18</b>			<b>Total</b>	<b>5</b>	<b>38</b>		

Pressure Ulcers in Secondary Care											
WARD 1						WARD 3					
Date	Total number of pressure ulcers acquired while on the ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin	Date	Total number of pressure ulcers acquired while on the ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin
B/Fwd			298			B/Fwd			206		
Jan 24	0	0	329			Jan 24	0	0	237		
Feb 24	0	3	358	2	Datix 9970, 9995, 10008 Care Home, ARI and patient home	Feb 24	0	3	266		3 x grade 3 Datix 9941 & 9989
Mar 24	0	0	389			Mar 24	0	1	297		
Apr 24	0	2	419		Grade 2, both admissions from patient home Datix 10091 & 10093	Apr 24	0	0	327		
May 24	0	0	450			May 24	0	0	358		
June 24	0	1	480		Patient transferred from Ward 3 Datix Dx 10231	Jun 24	0	2	388		
July 24	0	0	511			July 24	0	0	419		
Aug 24	0	1	542		Datix 10426	Aug 24	0	0	450		
Sept 24	0	0	572			Sept 24	1	1	16	2	Hospital Acquired Pressure Ulcer - Datix 10452
Oct 24	0	0	603			Oct 24	0	0	47		
Nov 24	0	0	633			Nov 24	0	1	77		1 x Grade 2 ulcer Dx 10623
Dec 24	0	0	664			Dec 24	0	0	108		
<b>Total</b>	<b>0</b>	<b>7</b>				<b>Total</b>	<b>1</b>	<b>7</b>			

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

FALLS WITH HARM					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
October – December 2024	3	Unavoidable	Yes	Review by SCN and discussion at Surgical Audit/ Medical Governance	<p>There was 3 falls with harm which occurred during Q3, all occurred on the medical ward and reflected the complex patient care needs these individuals have, one of these patients had multiple falls. Adverse events reporting was completed for all these incidents and the SCN is currently reviewing these falls. The Health &amp; Safety Team have reviewed these incidents as 'Topic Specialists', all patients received the appropriate falls assessments and nursing intervention. 2 of these falls were categorised as 'minor harm', patients received (a skin tear and superficial graze which has fully healed).</p> <p>1 of these falls was a witnessed fall and categorised as 'major harm' as the fall resulted in a hip fracture. This patient was transferred to the surgical team for surgical management of this fracture. This has been discussed at surgical audit and included in the Scottish Hip Fracture Audit. All of these falls have been included in the Scottish Patient Safety Programme quarterly data return.</p>
HOSPITAL ACQUIRED PRESSURE ULCERS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
October - December 2024	0	Q3 N/A Q2 Unavoidable	Q3 N/A Q2 Yes	Q3 N/A Q2 Review completed by SCN and Tissue Viability Nurse	<p><b>There were no Hospital Acquired Pressure Ulcers for Q3 2024/2025.</b></p> <p><b>Update following Q2 Hospital Acquired Pressure Ulcer Review:</b> There was 1 hospital acquired pressure ulcer identified in Q2, this incident was reviewed by the Tissue Viability Nurse and SCN, the pressure ulcer has been classified as Unavoidable. The Red Day Review has been completed which identified that this individual had multi comorbidities, all appropriate nursing assessments had been completed within 4 hours of the patient being admitted to the ward. Nutritional and continence needs were considered and well managed, appropriate pressure relieving aids were implemented. This patient was receiving end of life care and the skin changes reflected the end of life (SCALE) which are unavoidable.</p>

### Appendix C Thematic analysis of Lessons Learnt: October – December 2024

Q3 Total Data: 200 Adverse Events Reported: 6 Debriefs held. N.B. All Adverse Events categorised as 'extreme' were related to death notification reporting and have been discussed via the weekly Clinical Risk Advisory Team (CRAT) Meeting.			
Month	No. of Adverse Events Reported	Moderate, Major and Extreme Events Reported	No. of Debriefs Completed
October 2024	77	2 Extreme (10537 & 10536) 0 Major 11 Moderate (10573, 10556, 10553, 10546, 10545, 10525, 10521, 10513, 10511, 10523, 10498)	4
<p><b>Adverse event theme (10556) – Level 2 Review: Clinical Event: Review completed by Chief Midwife.</b>            Post-Partum Haemorrhage (PPH) requiring transfer to theatres for ongoing emergency care. No maternal risk factors were identified to indicate risk of PPH. The patient received appropriate haemorrhage management.</p> <p><b>Learning identified:</b></p> <ul style="list-style-type: none"> <li>• Staff stated they were unfamiliar with using the leg rests on the bed.</li> <li>• Recording of information done on white board in Maternity Department instead of on the paper documentation, therefore the information was not readily available to the team in theatre.</li> <li>• Communication with the labs. Initially flying squad blood was requested. This led the labs to declaring 'red status' for blood stock. The decision was, however changed putting the status back into Amber. This was not communicated to Silver Command.</li> <li>• Not all Anaesthetists have a pager. Consideration needs to be given to call out for those Anaesthetists on call who only use mobile phones.</li> </ul> <p><b>Changes implemented:</b></p> <ul style="list-style-type: none"> <li>• Training - Sim session on the management of major haemorrhage in the theatre setting.</li> <li>• Raising awareness of the Major haemorrhage policy. For maternity we have previously used the obstetric emergency policy, however we need to ensure we have the correct people available.</li> <li>• Consultant Obstetrician will make contact with the Surgical Consultant, to identify which Resident Doctor will be assisting in theatre.</li> <li>• Equipment - Additional Bakri balloon stock ordered.</li> </ul>			

- Communication - Midwives now attend the theatre huddle when a Caesarean section is listed.

**Lessons Learnt Shared:**

Lessons learnt were shared via multidisciplinary team debrief, the Maternity Team meeting and Maternity Risk Management meeting. Learning was shared in the Maternity December Risk Newsletter 'Risky Business'.

Lessons learnt was presented by the Chief Midwife at the Obstetrics & Gynaecology Clinical Governance Afternoon on the 9<sup>th</sup> January 2025.

**Adverse event theme (10525) – Level 2 Review: Transfer/Discharge: Reviewed by the Medical Director.**

GP requested the transfer of a deteriorating unconscious patient from an island to the Gilbert Bain Hospital. Volunteer ambulance personnel facilitated this transfer. Reflecting the patients deteriorating conscious level and medical presentation, the ambulance personnel requested the GP complete a DNA CPR, this was communicated to the receiving ambulance crew and the necessary paperwork was completed prior to the patient leaving the island. The patient's family was included in discussions prior to the transfer. The patient passed away in hospital soon after arrival.

**Learning identified:** A multiagency debrief was held, representatives from the ambulance service and primary care were present. Appropriate care was provided, clinical decisions were made based upon the information available at the time and reflecting urgent patient need. However upon reflection, this individual could have been more appropriately cared for at home.

**Adverse event theme (10509) – Level 2 Review: Documentation/Clinical Information/Records: Reviewed by the Health Records and Clinical Coding Manager.**

Five patients had been referred to physiological measurements, however, the required referral paperwork was not received by the Patient Focus Booking team, this resulted in a delay to patient care. When the error was identified, the referrals were reviewed for urgent vetting by the physiologist.

**Learning identified:**

- The standard process was not followed.
- Additional tasks, typically handled by other departments, should not be performed unless staff fully aware of the processes involved.

**Actions:**

- Escalated via line management.
- Staff were instructed to follow all steps within the existing processes.
- Team meeting to clarify and embed the existing process, to prevent reoccurrence.

**Adverse event theme (10551) – Level 2 review: Laboratory Investigations: Reviewed by Practice Manager.**

Blood samples sent from a health centre, arrived out with laboratory 'normal' business hours. One of the samples was an urgent sample which required tests to be completed within 4 hours from taking the blood sample, the laboratory on call team ensured the blood sample

was processed. The laboratory did not receive any communication regarding the priority of this sample. The laboratory processed the urgent blood sample and the result was communicated to the Highland Hub.

**Learning identified:**

- The issue was highlighted to the relevant health centre who will ensure that samples etc. will arrive at the laboratory in the appropriate time.
- The health centre will communicate with the laboratory to identify any urgent requests/bloods.

Lessons Learnt were shared with the Health Centre Team.

**Improvement:**

- Commencing in January 2025, a Laboratory out of hours activity review has been initiated, exploring the use of the laboratory and out of hour activity. The Planning and Clinical Governance Teams are supporting this review.

<b>November 2024</b>	<b>66</b>	<b>4 Extreme (10633, 10618, 10577, 10575) 0 Major 6 Moderate (10630, 16041, 16017, 15096, 10616, 10589)</b>	<b>2</b>
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**Adverse event theme (10632) – Level 3 Review: Laboratory Investigations: Reviewed by Community Clinical Team Leader.**  
 Incorrect label attached to sample pot for microbiology. When the result was communicated to practice, they identified that this patient did not provide this type of specimen, highlighting that the wrong patient had been identified/ incorrect patient label had been used. The correct patient was contacted and asked to attend the health centre in order to explain to the patient and ask for a repeat sample. Following analysis and discussion with the clinical lead for microbiology, no treatment was indicated.

**Learning identified:**

- Staff member did not confirm patient details when sample request pot handed out.
- The sample had good clinical detail which allowed identification of correct patient.
- Once identified the laboratory was contacted and patient contacted promptly to rectify situation.
- Staff member reflected on their practice. Re-iterated the need to ensure patient details are confirmed.

Lessons Learnt shared with the wider Community Nursing Team.

**Adverse event theme (10585) – Level 3 Review: Documentation: Reviewed by the Health Records and Clinical Coding Manager.**

A letter was not franked before being sent in the post. The patient refused to accept the letter.

**Learning identified:**

- The patient did not miss their appointment.
- Franking machine manufacturer was contacted to arrange a service.
- Staff were reminded to ensure all letters have been franked before handing over to Royal Mail.
- Gilbert Bain Reception records updated accordingly.
- The team are now aware of the need for regular equipment maintenance as per service contract.

Learning shared with the Reception/Medical Records Team.

<b>December 2024</b>	<b>57</b>	<b>1 Extreme (10647)</b> <b>1 Major (10700)</b> <b>5 Moderate</b> <b>(10695, 10668, 10659,</b> <b>10658, 10657)</b>	<b>0</b>
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