

NHS Shetland

Meeting:	Board
Meeting date:	26 April 2022
Agenda Reference:	Board Paper 2022/23/01
Title:	Quality Report
Responsible Executive/Non-Executive:	Kathleen Carolan, Director of Nursing & Acute Services
Report Author:	Kathleen Carolan, Director of Nursing & Acute Services

1 Purpose

This is presented to the Board for:

- Awareness/Discussion

This report relates to:

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

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

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

2 Report summary

2.1 Situation

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

2.2 Background

The report includes:

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

2.3 Assessment

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

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

EQIA is not required.

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

Same report will be received by the Joint Governance Group on 24 May 2022

2.3.8 Route to the Meeting

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

2.4 Recommendation

Awareness – for Board members

3 List of appendices

The following appendices are included with this report:

Appendix No1 Quality Report April 2022

Appendix No 2 Quality Scorecard April 2022

Appendix No 3 Patient Feedback (Community Nursing) 2021

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

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

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

- There continues to be regular interactions via social media and with the local media during the pandemic to make sure that people in our wider community and patients know how to access our services and know how services have changed in order to meet new requirements as a result of COVID 19. This has included films, radio interviews, podcasts, articles in local news media and live streaming information sessions on social media, facilitated by the Chief Executive.
- The Clinical and Care Strategy sits within a wider programme of strategic planning and is the first phase of the capital planning process to develop a strategic assessment (SA) for the re-provision of the Gilbert Bain Hospital which will be undertaken during 2021-22. Three workshops have been held to date, to explore the views of professionals. As part of the work to develop the initial agreement (IA) we intend to undertake specific engagement exercise to gather views from patients and the wider public and the specification for this is currently under development, with details for the public on how to get involved on our Facebook page.
- Following the review of the Shetland Children's Partnership approach, we are now considering how we will meaningfully involve young people in the decision making process across the Partnership; particularly young adults aged 18-25 years who may be transitioning into adult services but have less opportunity to influence how services are developed that impact on them/their needs. In order to support this work, we have moved to a new programme format which includes and seeks young people views on improvement work and their contribution to it through the Youth Forum and third sector supported groups. We are also looking at how we can develop the concept of a shadow board for young people to contribute to decision making across children's services and the Partnership groups that deliver joint children's services in Shetland.
- We have gathered extensive patient experience feedback from patients who have recently had surgery via visiting services as part of the enhanced elective care programme. This includes survey feedback and more detailed patient interviews and stories. The feedback has been positive and there will be a comprehensive feature on the evaluation of the programme from patient and staff perspectives in the June 2022 Quality Report.

- We are in the process of reviewing our patient experience and public involvement arrangements and we will be undertaking a self-assessment in 2022, using the new Healthcare Improvement Scotland Community Engagement framework.
- We continue to support teams to gather patient stories and patient experience data. In Appendix 3 the results of a survey undertaken by Community Nurses is shown.

DELIVERING QUALITY CARE AND SUPPORTING STAFF DURING THE PANDEMIC

Staff wellbeing and recognition

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

Early work is in place to review services using a trauma informed lens, which will benefit both staff and people who are accessing our services. Executive Leads to support trauma informed service delivery have been identified to support the Shetland Children's Partnership, the IJB and NHS Shetland. The three leads for trauma informed care are meeting to look at how best to lead this agenda across health and care services in Shetland. Considerable work has already been undertaken as part of the emotional wellbeing and resilience programme to roll out trauma informed training, but our focus now is on how we take a strategic approach in the implementation of trauma informed care across our services.

NHS Shetland has agreed a training plan to support staff to

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

All teams have received imatters feedback and are in the process of taking forward actions that have been agreed in 2021. Across the organisation as a whole, there was a high degree of engagement and willingness to recommend care provided by NHS Shetland teams as well as NHS Shetland as an employer. NHS Shetland Board members building their imatters improvement plan how best to support actions that will improve communication and collaboration with staff across the organisation. Work is now underway to prepare for the imatters feedback survey roll out in 2022.

PROGRESS ON LOCAL QUALITY STRATEGY IMPLEMENTATION FOR INFORMATION AND NOTING

Our focus in 2021-22 has been to ensure that we maintain safe and effective care in all settings during the initial phase of the pandemic and through into more recent months where we have remobilised services. We remain on an emergency footing given the significant pressures that Health Boards and Health and Social Care Partnerships (H&SCPs) are experiencing, particularly the increase in urgent care due to the emergence of the omicron variant at the end of November 2021.

During 2021-22 we have been aware of the impact of the pandemic across the whole system, with a rise in the number of people accessing emergency care via GP Practices and the Emergency Department (ED) during winter months. As well as waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. In response to this, we are now preparing the fifth iteration of the remobilisation plan which will be submitted to Scottish Government (SG) in July 2022, this reflect will the extended period of recovery needed and the ongoing impact on elective care, mental health services and urgent care. A plan for the remobilisation of planned care services was submitted to SG in late February 2022 and the wider remobilisation plan is under development and will start to consider how we will need to step down services that have been developed specifically to support service delivery during the pandemic e.g. reviewing our testing capacity and requirements.

The winter months have been challenging due to pandemic related pressures, particularly the impact on services due to the increased need for staff to self-isolate due to COVID. We have maintained services throughout, but in some cases we have needed to reduce the level of service provision in order to maintain safe services and safe staffing levels. Where possible we have maintained as close to 'business as usual' for services as possible to avoid creating further backlogs and/or compound the pre-existing health inequalities associated with the pandemic. The winter plan set out escalation plans in order to manage demands placed on services and they have been well utilised and tested. A SWOT analysis to review the winter plan and its effectiveness has been presented to the Joint Governance Group, the Area Partnership Forum and the Area Clinical Forum setting.

Despite winter pressures, an enhanced elective care programme was commissioned and delivered between January and March 2022. The programme was put in place to reduce the number of people waiting for surgery who have had delays in treatment due to the impact of the pandemic in the previous two years. Over the course of the three month programme, 126 patients received orthopaedic treatments (predominantly joint replacements) and 206 patients had cataract removal treatments. This represents the same workload we will normally achieve in 12-18 months for patients waiting for treatment in these specialities.

In order to increase our capacity to provide ambulatory care services in Shetland, the current Day Surgical Unit (DSU) is being redesigned to double our day surgery and

ambulatory care capacity. The major building works phase commences in May 2022 and will be completed by October 2022. This is part of our clinical and care strategy and plan to maximise the opportunity to provide services locally, with a minimal hospital stay and in many cases complete the episode of care in less than 8 hours.

As part of the work to redesign urgent care pathways, the ED will undergo changes to introduce a triage suite which will enable the team to provide an initial assessment and then where appropriate, redirect patients to other services that are better able to meet their needs e.g. optometrists for acute eye problems etc This work forms part of our wider redirection model of care, linking patients into planned appointments and reducing pressure on urgent care services such as GP walk in clinics and ED.

The Strategic Assessment to consider the replacement of the Gilbert Bain Hospital has been approved by SG and we are now starting to develop an options appraisal (known as the Initial Agreement) which sets out the case for change. The expected timeline is that the IA will be completed by the end of 2022-23.

The programme of care assurance to support care services in the community in Shetland is ongoing and has helped us to reduce risks associated with care delivery. The emergency arrangements for Health Board oversight of the infection control and clinical care of residents will remain in place continue into 2022-23 with the development of the Healthcare Outcomes Framework and the Essentials of Safe Care, for all care settings. A third phase of assurance visits is planned for Spring 2022. As restrictions have begun to lift in general, the focus of the care assurance work will shift to being less reactive and focus on longer term improvement goals.

We have continued to work on the restructuring of the clinical and care governance framework for NHS Shetland and the Integration Joint Board (IJB). The new Clinical Governance Committee is now in place and has hosted a workshop to consider how best to be effective in supporting its members and providing its assurance function to NHS Shetland and the IJB.

Similarly, we are in the latter stages of reviewing the governance structure and agreeing the partnership priorities for the Shetland Children's Partnership (SCP). The SCP chair has met with the chairs of the various programme boards that sit within the SCP and wider planning partnership structure. We are now moving to the implementation phase and putting in place the new structure and assurance arrangements that are underpinned by it. A key focus is on early intervention and prevention and participation driving the improvement agenda across teams and services.

In order to address some of the challenges set out in our workforce plan 2022-23, we have commenced working with SG and recruitment specialists to see if we can attract international graduates and healthcare staff from other parts of the UK in order to fill some of our long standing vacancies.

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

Quality Report - Board

Generated on: 07 April 2022









Health Improvement




Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HI-01 Percentage Uptake of Breastfeeding at 6-8 Weeks (exclusively breastfed plus mixed breast and formula) (Rolling annual total by quarter)	Measured quarterly			65.8%	68%				Exceeding national target of 50% and local target of 58%. National data for 2020-21 shows us at 59.7% - the joint best performing Board in Scotland and well above the national average (45.2%).
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	11	23	52	7	11	52		239	ABIs now being done as part of a group weight management and lifestyle change programme in Health Improvement.
PH-HI-03a Number of FAST alcohol screenings	441	501	571	297	441	571		440	ABIs/screenings now being done as part of a group weight management and lifestyle change programme in Health Improvement.

Patient Experience Outcome Measures




Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-01 % who say they had a positive care experience overall (aggregated)	100%	100%	100%	100%	100%	100%		90%	





Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-04 % of people who say they got the outcome (or care support) they expected and needed (aggregated)	95%	100%	100%	100%	95%	100%		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%	95.5%	98.8%	100%	97.8%		90%	
NA-HC-17 What matters to you % of people who say we took account of the people who were important to them and how much they wanted to be involved in care/treatment (aggregated)	100%	88.89%	93.75%	100%	100%	93.75%		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)	97.5%	92.55%	98.86%	96.88%	97.5%	98.86%		90%	
NA-HC-23 What matters to you % of people who say that staff took account of their personal needs and preferences (aggregated)	97.3%	97.78%	97.62%	89.66%	97.3%	97.62%		90%	
NA-HC-26 % of people who say they were involved as much as they wanted to be in communication, transitions, handovers about them (aggregated)	97.56%	97.73%	93.18%	96.67%	97.56%	93.18%		90%	

Patient Safety Programme - Maternity & Children Workstream

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-CF-07 Days between stillbirths	1,585	1,616	1,644	1,493	1,585	1,644		300	
NA-CF-09 Rate of neonatal deaths (per 1,000 live births)	0	0	0	0	0	0		2.21	
NA-CF-15 Rate of stillbirths (per 1,000 births)	0	0	0	0	0	0		4	
NA-CF-16 % of women satisfied with the care they received									Currently reviewing the questionnaire and collation process.

Service & Quality Improvement Programmes - Measurement & Performance

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-08 Days between Cardiac Arrests								300	
NA-HC-09 All Falls rate (per 1000 occupied bed days)	8.6	8.01		15.12	8.6	8.01		7	Falls reduction Quality Improvement work continues, new Risk assessments becoming embedded. Less reliance on sensor alarms for very high risk patients and move to staffing 1:1 ratio.
NA-HC-10 Falls with harm rate (per 1000 occupied bed days)	0	0	0	2.33	0	0		0.5	
NA-HC-53 Days between a hospital acquired Pressure Ulcer (grades 2-4)	3	4	1	2	3	1		300	Tissue Viability Nurse continuing to provide educational sessions across the board on prevention and classification which are demonstrating PU reduction over the last year. All acquired PUs are investigated with Tissue Viability Nurse and clinical team, lessons learnt are then shared and discussed widely.

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
NA-HC-54 Pressure Ulcer Rate (grades 2-4)	1.23	1.34		1.16	1.23	1.34		0	
NA-HC-59 % of patients discharged from acute care without any of the combined specified harms									
NA-HC-72 % of patients who had the correct pharmacological/mechanical thromboprophylaxis administered	100	N/A		90	100			75	A decision was made at the Surgical Audit meeting to conduct the DVT audit in the months of August, December, February and April to coincide with the new doctors starting at the beginning of these months.
NA-HC-79 % of total observations calculated accurately on the NEWS 2 charts	96.54%	96.93%	94.96%	95.15%	95.02%	95.93%		95%	
NA-HC-80 % of NEWS 2 observation charts fully compliant (Accuracy)	70%	80%	70%	66.67%	65%	75%		75%	
NA-IC-20 % of Patient Safety Conversations Completed (3 expected each quarter)	Measured quarterly							100	Due to the agile governance arrangements that were put in place in December, it was agreed with the Medical Director to postpone setting up any further walk rounds.
NA-IC-23 Percentage of cases where an infection is identified post Caesarean section	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-24 Percentage of cases developing an infection post hip fracture	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-25 Percentage of cases where an infection is identified post Large Bowel operation	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.
NA-IC-30 Surgical Site Infection Surveillance (Caesarean section, hip fracture & large bowel procedures)	Measured quarterly								Note: Surgical Site Infection Surveillance suspended due to COVID-19.

Treatment

Code & Description	Months			Quarters			Icon	Target	Latest Note
	December 2021	January 2022	February 2022	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 2021/22	Q4 2021/22	
	Value	Value	Value	Value	Value	Value	Status	Target	
CH-MH-03 All people newly diagnosed with dementia will be offered a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	100%			100%	100%				This is not currently being measured as a target at national level. We *offer* the link worker to everyone newly diagnosed and therefore we meet the target (understandably, not everyone wants to take up the offer). See CH-MH-04 for details of our balancing measure.
CH-MH-04 People with diagnosed dementia who take up the offer of post diagnostic support (ie have an active Post Diagnosis Support status)	Measured quarterly			39.5%	33.1%				Note: this is a local measure showing the number of people with an active PDS Status as a percentage of those diagnosed with dementia who take up the offer of post diagnostic support - 47 of 119 cases. This measure was revised for year 2019-20.
MD-HC-01 Quarterly Hospital Standardised Mortality Ratios (HSMR)	Measured quarterly			0.98					Latest available provisional national data. Rate remains consistently well within expected levels. Next data due May 22.

APPENDIX A – Overview of falls and pressure ulcer incidence up to February 2022

Falls in Secondary Care

WARD 1 NA-HC-60 Total number of falls				
Date	Fall with injury NA-HC-62	Fall - no injury	Days Between	Injury
B/Fwd			90	
Jan-22	0	1	121	
Feb-22	0	0	149	
Mar-22			180	
Apr-22			210	
May-22			241	
Jun-22			271	
Jul-22			302	
Aug-22			333	
Sep-22			363	
Oct-22			394	
Nov-22			424	
Dec-22			455	
Total	0	1		

WARD 3 NA-HC-61 Total number of falls				
Date	Fall with injury NA-HC-63	Fall - no injury	Days Between	Injury
B/Fwd			121	
Jan-22	0	5	152	
Feb-22	0	4	180	
Mar-22			211	
Apr-22			241	
May-22			272	
Jun-22			302	
Jul-22			333	
Aug-22			364	
Sep-22			394	
Oct-22			425	
Nov-22			455	
Dec-22			486	
Total	0	9		

Pressure Ulcers in Secondary Care

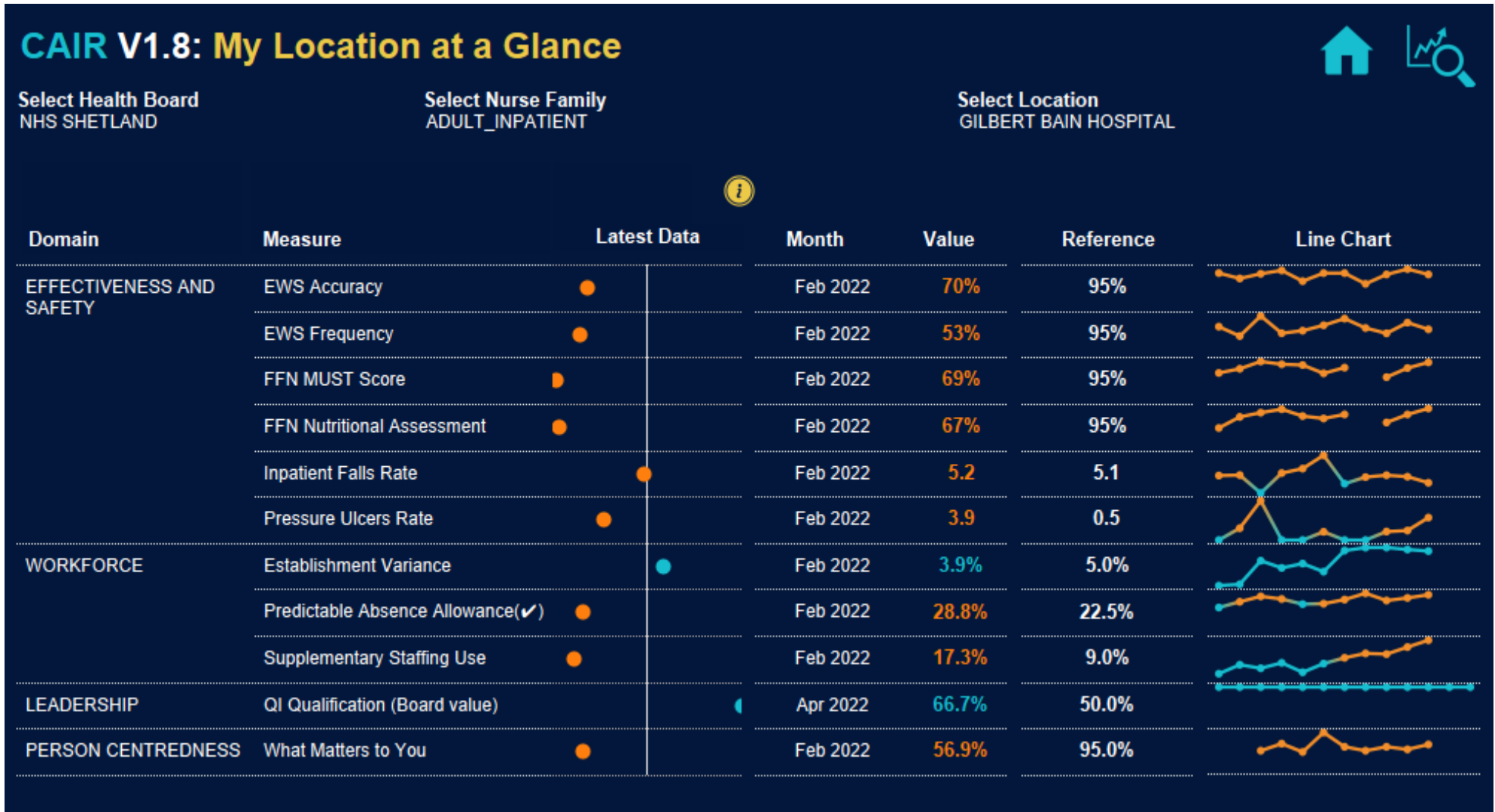
WARD 1					
Date	Total number of sores aquired while on ward (NA-HC-64)	Number present on admission (NA-HC-65)	Number of days between a new PU being identified (NA-HC-66)	Grade	Origin
Dec-21	1	2	3	Grade 3 Grade 2 Grade 2	Community Community On Ward
Jan-22	1	3	4	Grade 2 x 4	ARI Community x 2 On ward
Feb-22	0	2	32	Grade 2 x 2	Community Ward 3
Mar-22					
Apr-22					
May-22					
Jun-22					
Jul-22					
Aug-22					
Sep-22					
Oct-22					
Nov-22					
Dec-22					
Total	2	7			

WARD 3					
Date	Total number of sores aquired while on ward (NA-HC-67)	Number present on admission (NA-HC-68)	Number of days between a new PU being identified (NA-HC-69)	Grade	Origin
Dec-21	0	2	197	Grade 2 x 2	Ward 1 In the Community
Jan-22	0	0	228	-	-
Feb-22	3	0	1	Grade 2 x 3	On Ward x 3
Mar-22					
Apr-22					
May-22					
Jun-22					
Jul-22					
Aug-22					
Sep-22					
Oct-22					
Nov-22					
Dec-22					
Total	3	2			

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

PRESSURE ULCERS					
Date	No. of Patients	Avoidable/ Unavoidable	Appropriate Care Given?	Debrief Conducted?	Learning Points?
Dec 2021 - Feb 2022	5	4 - Unavoidable 1 - under review	4 - Yes 1 - under review	4 - Not applicable 1 - under review	Tissue Viability Nurse has commenced a PDSA cycle of Quality Improvement using the new Risk Assessment tools recently introduced. The training and QI will be 1:1 and tailored to suit departmental needs. Review in 1 months' time.

Screenshots from the Excellence in Care Dashboard



CAIR V1.8: My Location at a Glance



Select Health Board
NHS SHETLAND

Select Nurse Family
DISTRICT_NURSING

Select Location
Shetland Islands



Domain	Measure	Latest Data	Month	Value	Reference	Line Chart
EFFECTIVENESS AND SAFETY	Preferred Place Achieved		Feb 2022	100%	60%	
	Preferred Place Documented		Feb 2022	100%	60%	
WORKFORCE	Predictable Absence Allowance(✓)		Feb 2022	14.0%	22.5%	
	Supplementary Staffing Use		No Data		9.0%	
LEADERSHIP	QI Qualification (Board value)		Apr 2022	66.7%	50.0%	
PERSON CENTREDNESS	What Matters to You		Feb 2022	100.0%	95.0%	

Appendix C – Thematic Learning from Debrief Discussions January – February 2022

Month	Number of Adverse Events Reported	Number of Category 1 Reported	Number of Moderate, Major and Extreme Events Reported	Number of Debriefs Completed or to be Completed	Thematic Learning
Jan 22	40	0	Extreme – 0 Major - 0 Moderate - 4	1	Adverse event theme (8466) - failure of equipment <ul style="list-style-type: none"> • Patient safety - there were not enough power tools in circulation for performing x3 joint replacements per day and 2 sets were wet on opening. 2 of the 3 procedures were carried out and patient safety was not compromised. Project now supported by additional power tools on island (now 8 in total). Drying mats also secured for power tools as recommended by other boards who have had the same experiences. There have not been any further incidents of wet trays since actions put in place to the CDU pathway
Feb 22	59	0	Extreme – 0 Major – 0 Moderate – 3	0	
Total	99	0	Extreme = 0 Major = 0 Moderate = 7	1	

Community Nursing Patient Satisfaction Survey

Results 2021

45 responses – please note that the ‘Not applicable’ and ‘Not answered’ responses are not included in the % calculations

Q1 - Were you asked when would be appropriate for the Community Nurse to visit you?	Numbers (N = 45)	Percentages
Yes	29	64%
No	8	18%
Not sure/can't remember	7	16%
Not applicable	0	-
Not answered	0	-

Q2 - During your initial appointment with the Community Nurse, were you asked if you had any support needs which staff should be aware of? (i.e. mobility, language, sensory impairment)	Numbers (N = 38)	Percentages
Yes	30	79%
No	2	5%
Not sure/can't remember	6	16%
Not applicable	6	-
Not answered	1	-

Q3 - Were you satisfied with the way the service met your support needs?	Numbers (N = 42)	Percentages
Yes	40	95%
No	0	0%
Not sure/can't remember	2	5%
Not applicable	2	-
Not answered	1	-

Q4 - Thinking about your contact with the Community Nurse, how much do you agree or disagree with each of the following:								
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Does not apply	Not answered
4a) The Community Nurse introduced themselves to me when I first met them (N = 45)	33 (73%)	11 (24%)	0	0	0	1 (2%)	0	0
4b) I was involved in discussions about setting goals/objectives as much as I wanted to be (N = 39)	20 (51%)	13 (33%)	5 (13%)	0	0	1 (3%)	5	1

Q4 - Thinking about your contact with the Community Nurse, how much do you agree or disagree with each of the following:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Does not apply	Not answered
4c) I was involved in the development of my care plan as much as I wanted to be (N = 41)	22 (54%)	14 (34%)	3 (7%)	1 (2%)	0	1 (2%)	4	0
4d) The Community Nurse answered my questions or concerns in a way I could understand N = 44)	25 (57%)	18 (41%)	0	0	0	1 (2%)	1	0
4e) The Community Nurse understood my condition (N = 44)	28 (64%)	15 (34%)	0	0	0	1 (2%)	1	0
4f) I had enough time with the Community Nurse (N = 45)	28 (62%)	13 (29%)	2 (4%)	1 (2%)	0	1 (2%)	0	0
4g) I was treated with dignity (N = 45)	30 (67%)	14 (31%)	0	0	0	1 (2%)	0	0
4h) I was treated with respect (N = 45)	30 (67%)	14 (31%)	0	0	0	1 (2%)	0	0

Comments relating to Question 4

[Q4c] - Staff at care home do my care planning

[Q4f] - Would like more time

Q5 - Thinking about the information you received from the Community Nurse, please indicate how much you agree or disagree with each of the following statements by tick the appropriate box:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Does not apply	Not answered
5a) The Community Nurse talked in a way that helped me understand my condition and treatment (N = 43)	26 (60%)	15 (35%)	1 (2%)	0	0	1 (2%)	2	0
5b) The Community Nurse helped me to understand about any follow up which may be required (N = 43)	24 (56%)	14 (33%)	3 (7%)	0	0	2 (5%)	2	0
5c) I was given the names of the nurses who would look after me (N = 40)	25 (63%)	9 (23%)	5 (13%)	0	0	1 (3%)	5	0

Q5 - Thinking about the information you received from the Community Nurse, please indicate how much you agree or disagree with each of the following statements by tick the appropriate box:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Does not apply	Not answered
5d) I was provided with the contact details for Community Nursing Services (N = 43)	26 (60%)	13 (30%)	2 (5%)	0	0	2 (5%)	2	0
5e) I was advised how to contact Community Nursing out of hours (N = 40)	20 (50%)	12 (30%)	3 (8%)	3 (8%)	1 (3%)	1 (3%)	5	0

Comments relating to Question 5

5c) Not always given or advised in advance but we don't see this aspect critical. The nurses are more than helpful and their care and support greatly appreciated

Q6 - Are you involved as much as you want to be in decisions about your care and treatment?	Numbers (N = 43)	Percentages
Yes, definitely	35	81%
Yes, to some extent	8	19%
No, but I would like to be involved	0	-
No, but I don't want to be involved	0	-
Not applicable	0	-
Not answered	2	-

Comments relating to Question 6

I am looked after in care home

I only see D/N if staff in care home feel there is a need or when I am due a Diabetic check

Q7 - Are the people that matter to you (e.g. family/friends/carers) involved in decisions about your care and treatment as much as you want them to be?	Numbers (N = 40)	Percentages
Yes	40	100%
No	0	0%
Not applicable	3	-
Not answered	2	-

Q8 - Overall, how would you rate your experience of the Community Nursing Service?	Numbers (N = 44)	Percentages
Excellent	30	68%
Good	12	27%
Fair	2	5%
Poor	0	0%
Very poor	0	0%
Not answered	1	-

Additional Comments - Positive

I'm very satisfied with my care from the district nurses at Brae especially [initials provided] thank you

Completed on behalf of husband. My husband remains at home - only in nursing home for respite which does not happen!! I could not manage now if it wasn't for all the help I get in the home. The district nurse comes and that relieves the stress of going for appointments

The care I received was outstanding all the nurses were professional

We have an excellent team of nurses. Very reliable. I feel very safe in their care

There was poor/no communication between the Jubilee Hospital in Glasgow and the Health Services in Lerwick. I had to phone to get an appointment initially with the district nurse to visit as they hadn't been advised of my circumstances. However after 1st visit the service I received was excellent

Nurse [named] is providing excellent community care in this difficult time between permanent nurse cover. Obviously a permanent nurse is desperately needed on the island

Couldn't wish for better care in isle

Thanks to [named] the nurse who came to change my peg tube. She discovered my heart rate running slow and after further investigation it was discovered I had heart disease which I am now being treated for. So glad she picked up on it.

Additional Comments - Negative

Had bad experience with one nurse who was called out during the early night new catheter given but also leaking through the balloon tube which was ? faulty. She said her time was up and went away. Told me to phone 111 but left me wet

Additional Comments - Positive/Negative

I have completed this on behalf of my mother (who passed away end May and questionnaire arrived w/c 26 Aug). Excellent service provided by all staff, thank you

Additional Comments - Other

My dealings with the community nurses are monthly blood tests and removal of stiches following 3 minor ops. Therefore I feel some of the questions do not apply (not answered questions 6 and 7)

Who should I contact regarding any form of assistance with caring? actual help not money (Husband response as carer for wife)

I suffer from dementia and don't fully understand things and I have difficulty communicating and understanding situations. I would like my P.O.A to be involved in my health care. A simple record kept in my house similar to what the carers do would be helpful to my P.O.A