



Shetland Islands Council



<b>Meeting:</b>	Shetland NHS Board
<b>Date:</b>	18 August 2020
<b>Report Title:</b>	Annual Feedback and Complaints Report
<b>Reference Number:</b>	Board Paper 2020/21/31
<b>Author / Job Title:</b>	Carolyn Hand, Corporate Services Manager

#### Decisions / Action required:

The Board is requested to:

- i) **Note** and consider the information in the report
- ii) To **determine** if Board Members are satisfied appropriate actions are being taken regarding the feedback that has been received
- iii) To **advise** on any changes in format/information that would be useful for future iterations of this report

#### High Level Summary:

The annual report covers the range of ways we gather feedback about our services and acts as a high level summary of the feedback and complaints received in 2019/20, and the actions that have been taken as a result of these. It also considers the ways in which the learning points arising from this valuable source of information are shared throughout the organisation.

The report format incorporates performance against the nine key performance indicators mandated in the revised Complaints Handling Procedure. This is the third annual report since the change in procedure.

Family Health Service returns from community pharmacies and opticians have increased but in the main with a nil return.

#### Corporate Priorities and Strategic Aims:

The learning from feedback and complaints underpins four of the corporate objectives:

- To improve and protect the health of the people of Shetland
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service

- To provide best value for resources and deliver financial balance

**Key Issues:**

- The impact of the COVID-19 Pandemic on capacity and response times.
- Whether adequate progress has been made.
- What actions are required to introduce additional capacity in terms of response targets.

**Implications :** *Identify any issues or aspects of the report that have implications under the following headings*

<b>Service Users, Patients and Communities:</b>	<i>Provides evidence on patient and public views of patient safety and quality. Feedback and complaints can contribute significantly to the development of our work on this.</i>	
<b>Human Resources and Organisational Development:</b>	<i>Provides an important learning tool for staff.</i>	
<b>Equality, Diversity and Human Rights:</b>	<i>No new issues identified.</i>	
<b>Partnership Working</b>	<i>No specific issues identified</i>	
<b>Legal:</b>	<i>No specific issues identified</i>	
<b>Finance:</b>	<i>No financial implications</i>	
<b>Assets and Property:</b>	<i>No specific issues identified</i>	
<b>Environmental:</b>	<i>No specific issues identified</i>	
<b>Risk Management:</b>	<i>No current issues. Social Care complaint handling now in line with health complaint handling.</i>	
<b>Policy and Delegated Authority:</b>	<i>Not required</i>	
<b>Previously considered by:</b>	n/a	
<b>“Exempt / private” item</b>	<i>Not applicable / required</i>	

# Feedback and Complaints Report 2019/20





## **A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2019/20**

NHS Shetland values and welcomes all feedback about the services we provide. The insight into how things feel for the end user is vital in supporting our aim of continuous improvement. We really want to hear from you – tell us what works well, and what doesn't. If you think there may be a better way of providing services or care then please pass on your ideas. There are many ways in which you can 'get involved' to help shape and improve your local health services.

We receive a lot of different types of feedback in a variety of ways (from compliments to serious expressions of concern) and some people are clear they wish to make a complaint about their health and care experience. The NHS Scotland Model Complaints Handling Procedure embraces a consistently person-centred approach to complaints handling across NHS Scotland. Within this are nine key performance indicators by which we are asked to measure and report our performance. These indicators, together with information on actions taken to improve services as a result of all types of feedback, provide us with valuable performance information about the effectiveness of our feedback processes. They also provide learning opportunities to support our continuous improvement.

For the year 1 April 2019 to 31 March 2020, this report<sup>1</sup> comprises:

1. a summary of the range of ways we gather feedback, including complaints on our own services and those provided by our health service providers (e.g. GPs, Dentists, Opticians and Community Pharmacists);
2. how we encourage feedback and how we handle responding to complaints received;
3. a summary of the themes emerging from our feedback methods in 2019/20 and examples of how we can demonstrate improvements to services as a result of feedback and complaints;
4. how we are performing against the nine model complaint handling procedure indicators, including training and development for NHS staff on responding to feedback and concerns; and

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<sup>1</sup> This report is available in other languages and formats on request

5. the way we report feedback and complaints to our Board Members and departments to ensure we learn from these and make changes to improve our services.

**NHS Shetland is committed to improving services for all our patients and their families. One of the best ways we can do this is by hearing directly from you about your experience of healthcare and treatment and understanding what actions we can take to make services better for you.**



## 1) How can you feed back to us about your care?

We always want to hear about the care you have received, be it a positive or less than satisfactory experience. Your feedback is one of the best ways we have to understand how services are working for people and helps us decide how we can make improvements. Positive feedback is also welcomed and appreciated by our staff.

During 2019/20 we have continued to encourage people to tell us about their experiences and the information that we have received through our Feedback and Complaints team is summarised within the appendices to this report. In 2019/20 the team has handled 108 pieces of feedback: 9 thank you contacts, 47 concerns, 29 Stage 1 (early resolution) complaints and 23 Stage 2 (formal investigation) complaints.

If you would like to provide feedback there are lots of different ways you can do this:

- Patients, their families and carers can **speak directly** to the person involved in the delivery of care;
- Through taking part in **departmental audits** of patient experience and satisfaction. Patient feedback continues to feature in our audit and service improvement programme, which means that all our clinical teams are asked to undertake an appropriate evaluation of the experience and satisfaction of their patients and service users on a regular basis;
- Through taking part in **patient surveys** (for inpatient stays and through national initiatives such as Health and Care Experience postal surveys about GP care, cancer care or the national Maternity Patient Experience survey);
- Using the independent **Care Opinion** website (<https://www.careopinion.org.uk/>). This is an online third-party feedback tool which captures patient and carer experiences of health and care provided by NHS Shetland and Shetland Islands Council and is completely anonymous;
- By speaking with the **Patient Advice and Support Service (PASS)**. This is currently hosted by the Citizens Advice Bureau where non-NHS staff are able to advise and assist (<https://www.shb.scot.nhs.uk/board/complaints.asp#pass>);
- By providing **feedback**, including **making a complaint** by speaking with any member of staff. If they cannot help you they should be able to signpost you to someone that can, such as the PASS service above, or by contacting NHS Shetland's Feedback and Complaints Team (<https://www.shb.scot.nhs.uk/board/feedback.asp>);
- By becoming part of the **Shetland Public Engagement Network (SPEN)**. This is a network made up of patient groups, members of the public, carers and voluntary organisations that work in partnership with NHS Shetland. The network is open to individuals or groups who have an interest in health and care related issues. This group has evolved from our Public Participation

Forum and now offers the ability to engage with people in an on-line forum (<https://www.shb.scot.nhs.uk/board/spen/index.asp> and also see <https://www.facebook.com/ShetlandPEN/>).

The results from gathering all the patient feedback we can, including where appropriate the lessons learned and actions taken, are reviewed by NHS Shetland's Board Members through quarterly reporting. The Clinical, Care and Professional Governance Committee and the Integration Joint Board (which has membership from NHS Shetland and Shetland Islands Council) also take a keen interest in complaint information at its regular meetings.

Printed information leaflets and posters about Care Opinion, the PASS service and on our Complaints Procedure should be available in all our public waiting areas. You can also visit our website page on Patient Feedback, Comments, Concerns and Complaints at <http://www.shb.scot.nhs.uk/board/feedback.asp> to find out about ways to tell us about your experiences. There is always someone available to speak to you about the different ways you can provide feedback. You can contact us by phone on 01595 720915. You can also contact us in writing at Corporate Services, NHS Shetland, Montfield Upper Floor, Burgh Road, Lerwick, ZE1 0LA, or email [shet-hb.feedbackandcomplaints@nhs.net](mailto:shet-hb.feedbackandcomplaints@nhs.net).

If you wish to make a complaint you can visit our website at <http://www.shb.scot.nhs.uk/board/complaints.asp> for further advice on how to do this, or you can write to us at the above address or email. You may also find the Feedback and Complaints factsheet helpful: <http://www.shb.scot.nhs.uk/board/documents/FeedbackAndComplaintsFactsheet.pdf> This gives information on the sorts of things you can complain about, how the process will work, and the support available to help you make your views known.

## **Annual Review**

We hold our Annual Review meeting in public and invite people to attend in person, virtually or to submit questions to us before hand (although patient specific questions are not answered in the open forum). Boards did not receive annual reviews in 2019/20 but in early 2019 Clare Haughey, Scottish Minister for Mental Health chaired our most recent Annual Review meeting. This was a positive review and it included some good feedback from service users during their meeting with Ms Haughey. You can see the outcome summary letter of the discussions about Board performance on our website at: <https://www.shb.scot.nhs.uk/board/documents/AnnualReviewSummaryLetter2018.pdf>

In 2020, as a result of the COVID-19 Pandemic and the precautions being taken, there will be no public meeting, however the outcome of our Annual Review with the Scottish Government will be published on our website as soon as it is available.

## What happens next?

When we receive feedback we always try to acknowledge this quickly and tell the person or group that has given us the feedback what we will do with it. On occasion we receive feedback which is anonymous. We still send this to the appropriate department(s) for consideration. If someone provides feedback in an open forum (for example on the Care Opinion website), and we would like to get more information to investigate the matters raised, or we would like to respond in greater detail directly to the service user, we encourage them to make contact with us offline so their patient confidentiality is protected.

We share anonymised learning outcomes, where appropriate, through our internal staff newsletter 'Team Brief' and also have local media opportunities to respond to feedback where staff or a group of people have expressed a concern/interest in a particular topic.

All the feedback received centrally is logged by Feedback and Complaints staff. The information is anonymised for the purposes of reporting to governance groups and our Board. This allows key members of staff and our Board Members (the people that are responsible for seeking assurance about the smooth-running of services) to understand the nature of the feedback received. It also ensures that if there are emerging trends in the types of concerns received then they can ask for reassurance these are being managed effectively by staff.

We know that staff receive many more instances of positive feedback through verbal and written thank yous than we are able to capture.

Feedback is also considered through clinical governance work. We have established a joint meeting between the Feedback and Complaints Team and the Clinical Governance Team to discuss any areas of concern that have been identified and any significant adverse or duty of candour events that have been investigated. Findings are used as a learning tool in staff meetings such as GP practice meetings, hospital ward meetings and at community services meetings.



## 2) How we encourage and handle complaints

We value complaints alongside all of the other forms of feedback. We actively welcome and encourage everyone to let us know when we get things wrong. This means that we can make improvements and maintain the quality and safety of our services.

We can be contacted about complaints in a number of ways. We have now completed a third year of the revised NHS Scotland national complaints procedure which actively encourages our staff to speak with people who are unhappy about something. If possible we will resolve concerns at a local or 'front-line' level. This is known as **early resolution**.

Some people still prefer to write or send us an email documenting their concerns. Others choose to call or come and speak with the one of the Feedback and Complaints Team who will then offer to document the concerns raised, speak with them about the process and ensure there is an agreed complaint summary before the investigation process begins. The Complaints Officer will also speak with people in the Gilbert Bain Hospital, local care homes and on occasion people's homes when they are too unwell to make contact through the usual routes. This can be very useful when there are immediate concerns about treatment that patients feel unable to raise directly with their care team, or they feel they are not being listened to.

The Director of Nursing and Acute Services, the Medical Director and the Director of Community Health and Social Care will also make themselves available whenever possible to speak with people who wish to give feedback, including making a complaint about their healthcare experience.

Face to face complaint discussions have ceased during the COVID-19 pandemic but we are working hard to use virtual solutions to 'meet' with complainants when they are agreeable to this, and we are still speaking with people over the telephone as a matter of routine.

When we receive a complaint we make a judgement about whether it can be resolved by early 'front-line' resolution (a **Stage 1 complaint**), or, if it appears more complex in nature, we handle it as a **Stage 2 complaint** investigation. An example of a complex complaint is one which spans more than one area, or more than one health board. Stage 1 complaints should be dealt with within five working days, and Stage 2 within 20 working days, with the latter always receiving a written response from the Feedback and Complaints Manager (for NHS Shetland this is the Chief Executive).

We always acknowledge complaints as quickly as possible. At the same time we route the complaint to an appropriate member of staff for resolution (either at the 'front-line' or by asking one of our Executive Management Team to carry out an

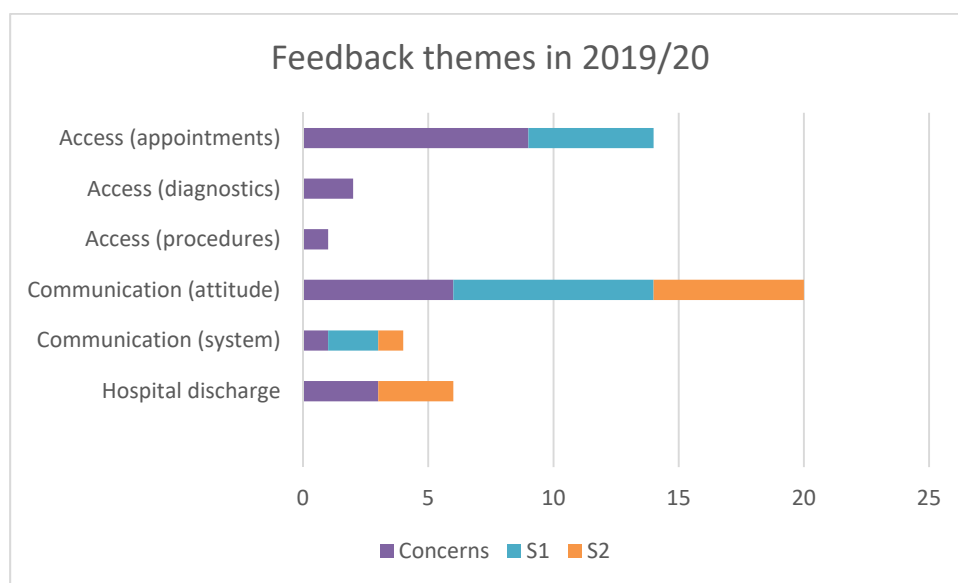
investigation into the matters raised). We encourage all complaint investigators to make contact with the complainant at an early stage in their investigation process. This is so that there is absolute clarity about what the real issues are and also what the complainant is hoping will happen as a result of making a complaint. If someone contacts us and they are not sure if they wish to make a complaint but feel they need to let us know something, we will try to encourage a more direct discussion with the staff or service involved in order to achieve an earlier resolution of their issues. This type of contact will be logged as a **concern**.

We are monitored by Board Members, and ultimately the Scottish Government about how many of our complaints we respond to within the five and 20 working days. These performance monitoring measures are included as part of the nine key performance indicators included in Section 4.

### 3) Thematic concerns and improvement measures

When people contact us to leave comments, express concern or complain, it is important we respond to them accordingly. It is also important we take steps to capture the concerns in a way that we can identify any themes that are emerging and take action to address these.

Looking across 2019/20 at all our feedback (Concerns that include Care Opinion feedback, Stage 1 and Stage 2 complaints), the top three areas that stand out as issues for people are access, communication and discharge which are further broken down below:



While small overall numbers can distort emerging themes, staff attitude and access to services, in particular to Lerwick Health Centre, mirror the top two emerging themes from 2017/18 and 2018/19.

#### **Communication: staff attitude**

During 2019/20 poor staff attitude featured in 20 feedback contacts – six concerns and 14 complaints. This is three more than we received in 2018/19. As in previous years the majority of the concerns relate to doctors, but this may be expected given the more challenging nature of some of the clinical conversations that take place.

We recognise that both our service users and our clinicians can sometimes have difficult interactions for a variety of reasons. In a number of the concerns raised about poor attitude it is not the sole cause of the complaint. Clinicians are often very surprised to understand that they have been perceived as having a poor attitude with a patient or service user and will readily apologise for any miscommunication once they become aware of a patient's dissatisfaction. Occasionally if we have seen repeat concerns raised, these have been handled through discussions with the clinician and their professional lead. These discussions are both to allow the clinician

an opportunity to reflect on the feedback, and also to determine what further supportive measures might be required to promote better practice.

Difficult consultations and concerns about staff attitude may also be attributable to communication issues. Whilst it is unlikely it would ever be anybody's intention to be unclear about the information they are imparting, there is a need to recognise the potential vulnerability of the person receiving the information, and their ability to assimilate it in the circumstances. Communication challenges can also arise between clinicians and patients from different backgrounds, and on occasion for those that do not have English as a first language, as this can introduce an additional obstacle.

### **Access: appointments**

We received 14 types of feedback about access to appointment issues – nine of which were concerns and five complaints. As we have seen in previous years, access to Lerwick Health Centre appointments remained the greatest area of concern during 2019/20.

Planned changes with regard to the implementation of elements of our Primary Care Improvement Plan were accelerated due to the COVID-19 Pandemic and the need to reduce footfall in GP practices and keep patients and staff safe. In March 2020, in response to the pandemic, all practices in Shetland moved to a telephone triage model, in line with national guidance for primary care. Telephone triage was the first point of access, with the use of Near Me (a virtual consultation platform) extended to enable clinicians to have VC consultations in primary care as required. This model will continue for the foreseeable future and has been well received by patients.

In Autumn 2019 the system 'Askmygp' was considered as an additional means of access for patients – this is a digital platform that enables patients to use a form of email to contact their local practice, ask for advice etc. and responses are generally given within one hour (or the following morning if queries are sent in the evening). It was agreed to introduce the system as a trial at Lerwick Health Centre, our biggest practice, and work commenced on this in January 2020. The system was implemented through April and May this year and currently has a 95% satisfaction rating with patients at the Lerwick practice. Clinician satisfaction is also high. A business case is currently being developed to examine if the system could be rolled out to more practices in Shetland.

Finally, with regard to improving access, 2019/20 saw the introduction of the GP Joy project across the Highlands and Islands of Scotland. Salaried GPs from this project have covered a number of weeks in Shetland, which has reduced the locum spend and improved continuity of care, as the GPs tend to come back to the same practices again. This work continues in 20/21.

## **Discharge**

The third highest area of concern was with regard to discharge with three concerns and three complaints recorded. This figure includes issues raised about inappropriate discharge (with hospital re-admittance) and also communication issues between the hospital and community care. Whilst the numbers are low, the three complaints investigated were perceived by the complainants to have significantly impacted on patient care.

In response to these complaints a multi-agency discharge group has held debrief sessions and identified appropriate actions. It has been noted that in particular there is a difficulty with understanding the timings of patient transfers which has led to issues such as medication not being ready to accompany the patient out of the hospital setting.

## **4) Performance against the nine model complaint handling procedure indicators**

### **4.1) Indicator One: Learning from complaints**

It is really important that we learn from the feedback and complaints we receive.

We have in place a framework which sets out the general principles for gathering feedback, sharing results and presenting the findings of improvement work. A flow chart has been developed to describe the process for members of staff to follow when learning has been identified from clinical audit, adverse events, complaints, service improvement work etc. This involves the completion and appropriate sharing of a 'lessons learnt' summary. An updated Datix (an electronic incident and complaint handling software package) reporting form also includes a section on who the lessons learnt have been shared with.

Individual anonymised complaints are discussed at departmental governance meetings. This is how wider dissemination of investigation findings and agreed actions are communicated to frontline staff. It is evidenced (in an aggregated/anonymous format) in the quarterly clinical governance reports which are received by the Clinical, Care and Professional Governance Committee (CCPGC).

Specific debrief exercises are also undertaken as necessary. This ensures that there is learning from adverse events (which may also include concerns raised by a patient or service user). The outturn of the debrief is also included in the quarterly reports to CCPGC or the Risk Management Group (RMG) depending on the nature of the concern or adverse event.

In terms of the organisational focus on ensuring that feedback results in learning and improvement, we also have a system in place which includes a high level review of complaints that is undertaken by the Director of Nursing and Acute Services, the Medical Director and the Director of Community Health and Social Care in conjunction with the Complaints Officer on a quarterly basis. The review report summarises the complaint details and the extent to which actions have been completed and lessons learnt disseminated. The report is shared with the Professional Leads and Heads of Service at the Joint Governance Group (JGG) so that there is an organisational overview and assurance of individual complaint handling and emerging or cross cutting themes.

A quarterly report on complaint data against the nine key performance indicators is included in the regular Quality Report for the Board's information. The wider Quality Report includes a high level summary of complaint outcomes and examples of improvement work as a result of feedback received from patients.

For examples of actions taken as a result of feedback and complaints, please see Section 3 above. Further information detailing the learning points and actions taken

as a result of all concerns and complaints received is included in appendices A, B and C of this report or on our website at:

<http://www.shb.scot.nhs.uk/board/feedback.asp>.

#### **4.2) Indicator Two: Complaint process experience**

For 2019/20 we have continued to seek feedback on people's experience of making a complaint to us. This is through an anonymised postal questionnaire set up with a free post response service. Responses remain limited across the four quarters. The information we have received is included at Appendix D.

In 2018/19 five Stage 2 complainants got back in touch with us after our investigation findings letter was sent to seek additional clarity or advising they intended to escalate their complaint to the Scottish Public Services Ombudsman or to our MSP. In 2019/20 we have also had further contact with regard to five final response follow-ups (which include clarification meetings). One complaint was escalated to the MSP and one has become a legal claim. As far as we are aware, one complainant from 2019/20 contacted the SPSO but no further action was taken.

This is a somewhat crude measure of the quality of our complaint responses but we continue to aim to reduce the amount that require follow-up.

#### **4.3) Indicator Three: Staff awareness and training**

Clearly if we are really to take on board the learning from feedback and complaints, and encourage staff to see the value in this, we need to ensure they understand what we are trying to do. We also need to give them the confidence to deal directly with people's concerns or know how to help them provide feedback through the most appropriate route.

All new members of staff attend an induction day to make sure they are aware of the Board's key policies and procedures and how they are expected to behave. Part of this induction is a section on feedback and complaints. Here staff learn about the various ways the Board can get feedback, some examples of front line resolution and how this is always the first choice in handling concerns. It also shows how complaints can link to adverse and duty of candour events. One of the key messages given at this induction session is about why the Board actively encourages feedback. It shows how the Board tries to ensure that as a result of feedback, actions are taken to improve services and that the learning is shared throughout the organisation.

In addition staff are encouraged to use a series of e-learning modules on feedback and complaints that have been developed by NHS Education for Scotland in order to further their knowledge in this area. The first two of these online e-learning modules

– ‘Valuing Feedback’ and ‘Encouraging Feedback and Using It’ are compulsory for all staff as part of their induction training. The Complaints Officer is also ensuring that any new complaint investigators are aware of the NHS NES Complaints Investigation Skills e-modules resources.

Staff members receive a feedback and complaints factsheet as part of their Mandatory Refresher Training which has to be undertaken every 18 months. This has been developed by the Complaints Officer to remind existing staff about the importance of seeking and responding appropriately to feedback and complaints. It also aims to keep fresh in their minds independent services such as the Patient Advice and Support Service they are able to signpost service users to. This information has also been included in a series of focussed management presentations on feedback and complaints which have been delivered to staff groups during 2019/20.

The Complaints Officer met with Family Health Service managers during 2018/19 to go over the changes to the complaint handling procedure in the hope of increasing Family Health Service returns. Unfortunately the returns remain very low, and may this year be in some part due to the challenge of changing requirements for opticians and dental services during the COVID-19 Pandemic.

The Medical Director, the Director of Nursing and Acute Services and the Director of Community Health and Social Care meet with the Complaints Officer on a regular basis to consider the complaints that have been received. They also look at adverse or duty of candour events which have been categorised as potentially significant which may or may not have been identified through a complaint. This ensures that serious issues are fully understood by the directors responsible for clinical service provision; there is an agreed approach to the actions that are taken and the learning that needs to be shared with the relevant clinicians. Often complaints and adverse events span more than one staff group which makes this multidisciplinary review crucial.

The increase in use of social media and digital platforms such as the Care Opinion website is valued by NHS Shetland. When feedback is received through Care Opinion, an automatic alert is triggered to all Board Members and Heads of Service. They can see the positive and negative comments alike, and also how we respond to them. We try to actively encourage new staff to look through the feedback we have received and to consider how any learning points can be applied in their areas. Such a transparent method of receiving feedback is not without its challenges. A number of service providers are concerned that open social platforms are not appropriate forums to enter into dialogue about patient care. Whenever we receive feedback requiring a personal response, we encourage the individual to make contact offline for this purpose.



We periodically use internal communication methods such as our intranet and Team Brief newsletter to promote the various feedback methods to staff. We also periodically target displays which provide information both to staff and members of the public about the different feedback routes and also some examples of the types of feedback that we receive.

In Shetland the Feedback and Complaints Team has input from a Complaints Manager (a role linked with the Chief Executive portfolio), a Complaints Officer (which sits with the Corporate Services Manager role) and an Assistant Feedback and Complaints Officer. Early 2020 saw the start of a new Chief Executive (and thereby Complaints Manager) for NHS Shetland and also a new Assistant Complaints Officer. A period of handover with the previous Assistant Complaints Officer provided an excellent learning window of opportunity and greatly improved stability in the small feedback and complaints team.

#### **4.4) Indicator Four: The total number of complaints received**

In 2019/20 we received 52 complaints (29 Stage 1 complaints and 23 Stage 2 complaints, one of which escalated from Stage 1). This figure is down from the 78 complaints we received in 2018/19 and further again from the 105 complaints we handled in 2017/18. It is a continued reduction in the number of Stage 1 complaints that has lowered the overall figure and it is not known if this reduction is a genuine decrease of service user dissatisfaction or whether front line staff are becoming more confident in making a judgement about what needs to be logged and what does not. This discussion continues to take place with key departmental leads.

Within the year we also received and responded to 47 concerns (which is a decrease from 77 in 2018/19). Within this category we include the queries (as opposed to complaints) that have been raised on behalf of individuals by third parties such as MPs, MSPs and the Scottish Government.

It is encouraging that the third year of the revised Complaint Handling Procedure has continued to see a reduction in the number of complaints that are handled through a formal investigation process (at Stage 2). This shows that a greater number of less complex issues are being handled by staff at an early stage in a complaint (early resolution). This is beneficial to the complainant as they are more likely to receive a resolution to their concerns in a faster timescale, and often also from the people they are more likely to continue to interact with in terms of their clinical care.

With regard to the complaints received in 2019/20, these relate to the following service areas:

Service	2019/20	
	Number	%
Directorate of Acute and Specialist Services	21	40
Directorate of Community Health and Social Care	24	46
Acute and community	3	6
Corporate	3	6
Withdrawn	1	2
<b>Totals:</b>	<b>52</b>	

The Directorate of Community Health and Social Care has responsibility for eight of the 10 GP practices in Shetland since they become salaried practices. Within this, complaint figures include thematic areas such as access to appointments.

Complaints relating to salaried GP practices (for 2019/20 these are Lerwick Health Centre, Whalsay Health Centre, Yell Health Centre, Unst Health Centre, Brae Health Centre, Scalloway Health Centre, Walls Health Centre and Bixter Health Centre) are included in the figures and commentary (Appendices A, B and C) for complaints and concerns handled by NHS Shetland.

Complaint data returns for the remainder of Family Health Services have been sought through the year. These should provide complaint figures for the two independent GP practices, and should also include figures for Shetland's community pharmacies, opticians and independent NHS dentist.

The number of returns from Family Health Service providers has increased following focussed meetings with the Complaints Officer in 2018/19, however, the number of complaints reported remains very low, with all but one practice sending in a nil return. Levenwick GP practice reported two complaints, one an administrative error and the other about staff attitude (both logged as Stage 2 complaints). One was partly upheld and one not upheld.

#### 4.5) Indicator Five: Complaints closed at each stage

Please note the total number of complaints for the following calculations is 51: 29 at S1 and 22 at S2 (thereby excluding one S2 complaint that was withdrawn).

Complaints closed ( <i>responded to</i> ) at Stage One and Stage Two as a percentage of all complaints closed.		
Description	2019/20	2018/19
Number of complaints closed at Stage One as % of all complaints	57%	69.74%
Number of complaints closed at Stage Two as % of all complaints	41%	30.26%
Number of complaints closed at Stage Two after escalation as % of all complaints	2%	0%

#### 4.6) Indicator Six: Complaints upheld, partially upheld and not upheld

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

<b>Upheld</b>		
Description	2019/20	2018/19
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	52%	62.27% (33 of 53)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	19%	34.78% (8 of 23)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0%	0% (0 of 0)

<b>Partially Upheld</b>		
Description	2019/20	2018/19
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	38%	16.98% (9 of 53)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	62%	26.09% (6 of 23)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	100%	0% (0 of 0)

<b>Not Upheld</b>		
Description	2019/20	2018/19
Number complaints not upheld at Stage One as % of complaints closed at Stage One	10%	20.75% (11 of 53)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	19%	39.13% (9 of 23)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0%	0% (0 of 0)

#### 4.7) Indicator Seven: Average times

<b>The average time in working days for a full response to complaints at each stage</b>			
Description	2019/20	2018/19	Target
Average time in working days to respond to complaints at Stage One	4.4*	5	5 wkg days
Average time in working days to respond to complaints at Stage Two	55**	30	20 wkg days
Average time in working days to respond to complaints after escalation	6	n/a	20 wkg days

\*It should be noted that only two of the 29 Stage 1 complaints took longer than the five working days to conclude. One Stage 1 complaint response was significantly protracted (53 days) which has lowered the handling performance. If this one response is removed from the average, the response time improves to an average of 2.7 working days.

\*\*Performance against the 20 working day target has been further compromised by the impact of the COVID-19 Pandemic.

#### 4.8) Indicator Eight: Complaints closed in full within the timescales

<b>The number and percentage of complaints at each stage which were closed (<i>responded to</i>) in full within the set timescales of 5 and 20 working days</b>			
Description	2019/20	2018/19	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	<b>93%</b> <b>(27 of 29)</b>	<b>77.36%</b> <b>(41 of 53)</b>	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	<b>19%</b> <b>(4 of 21)</b>	<b>43.48</b> <b>(10 of 23)</b>	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	<b>100%</b> <b>(1 of 1)</b>	<b>0%</b> <b>(0 of 0)</b>	80%

Performance against response targets for more complex (Stage 2) complaints remains a particular challenge. A number of these complaints spanned more than one area or health board. For complaints where a number of staff members are required to provide statements and/or a meeting between the complainant and key personnel is warranted, the 20 working day timescale is very challenging.

We also experienced additional pressure starting in March 2020 with (at that point) a high number of COVID-19 cases for the population size, and both investigators and complaint response contributors were otherwise tasked with responding to the pandemic. A number of complaints took much longer to close than we would wish for because of this.

Whilst the challenge presented by COVID-19 has not gone away, we have mostly recovered our feedback and complaint service and will continue to try and meet our deadlines for all types of patient feedback. It is hoped our capacity to respond within deadline will also improve through the establishment of a new acute Associate Medical Director post that is currently being recruited to.

#### 4.9) Indicator Nine: Number of cases where an extension is authorised

<b>The number and percentage of complaints closed at each stage where an extension to the 5 or 20 working day timeline has been authorised.</b>	
Description	2019/20
% of complaints at Stage One where extension was authorised	7% (2 of 29)
% of complaints at Stage Two where extension was authorised	81% (17 of 21)
% of escalated complaints where extension was authorised	0% (0 of 1)

## 5) How we report feedback and complaints

Reporting of feedback and complaints takes place at a number of different levels and areas both in and outside the organisation.

### 1. Board level

Once a year the Board receives the Annual Feedback and Complaints Report. It provides an opportunity for the Board to understand the information relating to concerns and complaints (numbers and investigation performance) along with the key themes identified and how action is being taken to address these.

In addition, as part of the Board's regular Quality Report the Board receives on a quarterly basis a progress report against the nine key performance indicators included in Section 4. This includes any emerging themes from Stage 1 and Stage 2 complaints and an anonymised summary of all Stage 2 complaints, the outcome of the complaints; and the actions taken as a result of them.

The complaints raised with the Scottish Public Services Ombudsman (SPSO) are included in the Quality Report to the Board. This shows:

- where people have continued dissatisfaction with the response offered by the Board;
- the findings of SPSO once available; and
- progress against any actions required to be taken as a result of the external scrutiny.

Board Members take a keen interest in formal complaints. They have had some useful insights into particular issues through further discussion at the meetings. Board Members have in the past requested changes to the way the formal complaints are reported to ensure they are getting the most information they can from them.

Board Members have expressed a desire to hear directly from complainants about their experiences. The Director of Nursing and Acute Services, as the designated Patient Experience lead continues to identify suitable cases where there is real benefit from an in depth discussion of the concerns raised.

### 2. Clinical, Care and Professional Governance Committee and sub committees

The anonymised formal complaints and feedback report is discussed at our Clinical, Care and Professional Governance Committee.

In addition this committee will discuss in more detail the outcomes of serious adverse events including anything which falls under our duty of candour. These can

also be either complaints and/or feedback. These are discussed at some length. Where appropriate the committee will review action plans and monitor progress against these.

Anonymised complaints are also considered through the Joint Governance Group as appropriate. This group has senior clinical and care representation from NHS Shetland and Shetland Islands Council.

### **3. National reporting**

Anonymised formal complaints data is submitted to the Scottish Government on an annual basis. This allows information to be scrutinised by the Government's Health and Social Care Directorate. It is also benchmarked against other Health Boards.

### **4. Executive Management**

As described in Section 4.1, key members of the Executive management team (the Medical Director, Director of Nursing and Acute Services and the Director of Community Health and Social Care) meet with the Complaints Officer to discuss serious complaints, adverse and duty of candour events regardless of how they have been notified of them. This ensures appropriate action is taken and that the learning opportunities are disseminated and embedded into the culture of the organisation (see below).

### **5. Departmental level**

There are a number of governance meetings at directorate or departmental level where anonymised adverse events, feedback or complaints may be discussed (as appropriate).

These will focus on relevant events and also provide a local opportunity, along with regular departmental management meetings to review and identify learning from individual complaints or summary reports.

Where appropriate the Complaints Officer and/or relevant Executive Directors (see above) will flag individual issues to these groups.

### **6. Individual clinician/members of staff**

All concerns and complaints that are received centrally are recorded by the Feedback and Complaints Team. The method of recording is in a way which allows the data to be searched and reported on when medical staff have their annual appraisals and revalidation exercise which allows them to remain registered with the General Medical Council.

The revalidation process for registered Nurses and Midwives is now live and it is expected that any significant complaints linked to an individual nurse or midwife would be reviewed as part of the appraisal process that will support this revalidation.

Excellence in Care reporting includes amalgamated information about partially upheld and upheld nursing complaints on acute wards. It is expected the data set will expand in the coming months.

### **And finally...**

To put the formal concerns raised into context, they represent a small amount of the overall feedback received, and an even smaller number when you consider the thousands of health and care interactions that will have taken place in a year. We are actively trying to encourage patients and service users to also provide positive feedback wherever possible. Much of that feedback is provided at the time a patient is accessing a service and it is difficult (and arguably impractical) to collect this systematically. We are encouraging all staff to log emails and cards they receive so we can ensure that staff are aware that the care they provide is recognised by patients and the wider organisation.

Examples of positive feedback include postings on the Care Opinion website, the numerous thank you letters and cards that are received and through public acknowledgements such as in the Shetland Times newspaper and on social media sites. We will continue to work on ways to improve how we record positive feedback.

We hope you find this report of interest and that you will feel encouraged and able to work in partnership with us to help improve the services we provide.

This report has been considered by the Board of NHS Shetland to inform what further work will be useful in this area.

A copy of this report has been sent to the Scottish Ministers, the local Patient Advice and Support Service, Healthcare Improvement Scotland and the Scottish Public Services Ombudsman.

August 2020

# **NHS Shetland Annual Feedback and Complaints Report for 2019/20**

## **Appendix A**

Summary of Stage 1 Complaints in 2019/20



## Appendix A Summary of Stage 1 Complaints 2019/20

	Department	Summary of concerns	Outcome	Actions/lessons learned	No of working days
1	Acute & Specialist Secondary Care GBH Ward 3	Unhappy with nursing care (attitude) and clinical treatment plan	Part-upheld	The nurse concerned was identified and an apology offered in person to the patient and family. It was established that correct clinical procedures were followed at all times.	5
2	Public Health Primary Care Lerwick HC	Parents unhappy that child's immunisation record appears to be incorrect.	Upheld	Family received apology for error with explanation of root cause and steps taken to remedy the situation.	53
3	Comm H&SC Primary Care Lerwick HC	Caller unhappy with staff attitude (on the telephone) at Lerwick Health Centre	Part-upheld	It was explained to the complainant that the member of staff had also found the conversation difficult and had logged it as an adverse event.	2
4	Comm H&SC Primary Care Support Services Supplies	Patient unhappy with arrangements for ordering and collection of incontinence supplies from local HC. Also concerned that the Incontinence Service is under pressure.	Upheld	Changes to arrangements at HC for receipt and distribution of supplies, avoiding public area.  Proposal to increase hours of dedicated post to from 2 days per week to 3.	3
5	Acute & Specialist Secondary Care GBH Ward 3	Patient unhappy that they were not able to undergo regular infusion due to glitch in communication with treating consultant.	Upheld	Patient invited to meet to discuss concerns with service manager.	3
6	Acute & Specialist Secondary Care GBH – PoA	Patient unhappy with communication between GJNH and NHS Shetland which resulted in short-notice	Part-upheld	No evidence that patient had been given 'Who to contact' information sheet in case of change to medical circumstances after PoA carried out.	5

**Appendix A Summary of Stage 1 Complaints 2019/20**

	<b>Department</b>	<b>Summary of concerns</b>	<b>Outcome</b>	<b>Actions/lessons learned</b>	<b>No of working days</b>
		cancellation of elective surgery (patient had not left Shetland)		Query from GJNH prompted staff to check patient Emergency Care Summary to identify medication prescribed after PoA as they had not been advised by the patient direct.  Department to ensure that 'Who to contact' information is given to those patients who require it (off-island treatment).	
7	Comm H&SC Primary Care Pharmacy	Patient unhappy that community pharmacy had not been able to supply repeat prescription medication to local health centre on time. Family member had to travel to Lerwick to collect it so the patient did not run out of medication.	Part-upheld	An apology for delay in communication between hospital/GP/pharmacy re additional prescription of unlicensed medication not held in stock which had to be sourced.	5
8	Comm H&SC Primary Care Unst HC Comm Pharmacy	Parent concerned at delay of repeat prescription medication reaching Unst Health Centre.	Upheld	Health Centre manager found interim supply of medication at Brae HC; ordered a further supply for surgery. Feedback given to Pharmacy.	1
9	Comm H&SC Primary Care Lerwick HC Pharmacy	Susceptible complainant exposed to chicken pox. Sought vaccination, was directed to local chemist who advised vaccine not available commercially, redirected to NHS.	Part-upheld	Some miscommunication may have occurred. Patient advised by GP that vaccine not effective after a person has been exposed to the chicken pox virus.	3
10	Comm H&SC Primary Care Lerwick HC Nursing	Patient queried information contained in Advanced Nurse Practitioner Service leaflet which quoted that pre-bookable	Upheld	Information in leaflet outdated. Health Service Manager explained and apologised for misunderstanding and advised patient how to access advance appointment with ANP.	5

## Appendix A Summary of Stage 1 Complaints 2019/20

	Department	Summary of concerns	Outcome	Actions/lessons learned	No of working days
		appointments were available 48-24 in advance. The patient had been unsuccessful in trying to make an advance booking.			
11	Acute & Specialist Secondary Care GBH – Surgical	Concern raised that patient discharged from GJNH after hip operation had not received any local physiotherapy.	Not Upheld	Explained patients are not routinely referred to local physiotherapy service after surgery off-island unless this is indicated during inpatient admission at treating hospital. Follow-up VC after surgery also did not indicate clinical referral to physio.	8
12	Acute & Specialist Secondary Care	Patient unhappy at length of wait at diabetic retinal screening clinic; no reason for delay given.	Not upheld	Following explanation, patient contacted department and apologised for mistaking time of appointment; new appointment given.	1
13	Acute & Specialist Secondary Care GBH - Medical	Query relating to medical management of End of Life (EoL) care patient.	Upheld	Investigation into knowledge deficit with junior doctor identified on choice of pharmaceutical management of patient at that state of End Of Life care. Discuss between JD, consultant surgeon and Chief Nurse and discussed with Clinical Supervisor of JD. Reflective account written up and submitted to Clinical Supervisor. Complainant contacted and apology provided.	1
14	Comm H&SC Comm Nursing	Patient concerned about the way the nurse carried out a dressing procedure.	Upheld	Discussion with patient concerned and apology given. Staff member's technique to be reviewed and any necessary training implemented as required. Feedback to be given to patient when next seen by lead nurse. Patient happy with prompt action taken after concern reported.	2
15	Comm H&SC Primary Care Adult MH	Patient unhappy that named CMHS staff member had not been available to see them in	Upheld	Apology given to patient and assurance that manager would address issue with member of staff. Patient offered a different worker and was satisfied with the outcome.	1

**Appendix A Summary of Stage 1 Complaints 2019/20**

	Department	Summary of concerns	Outcome	Actions/lessons learned	No of working days
		department on 3 separate occasions. Patient had confirmed date and time of appointment.			
16	Corporate Patient Travel	Patient waiting in special assistance area at Aberdeen Airport departure gate was left without onward assistance after the last flight to Shetland was cancelled. Airport staff were aware of patient needs.	Upheld	Patient Travel contacted Loganair to request this issue was raised with ground staff at Aberdeen Airport. Patient was eventually escorted to hotel for the night.	1
17	Acute & Specialist Secondary Care	Patient distressed at not hearing from ARI re appointment following referral. Patient seeking confirmation of waiting list times at ARI for ACNE's surgery.	Upheld	NHS Shetland Patient Focussed Booking (PFB) contacted ARI and established that patient had reached top of waiting list; date given for appointment with consultant. PFB contacted patient to advise.	2
18	Acute & Specialist Secondary Care GBH	Patient requested transfer to different consultant following dissatisfaction with treatment.	Upheld	OP Clinical Nurse Manager responded to patient request and arranged transfer to another consultant's care.	1
19	Comm H&SC Primary Care GP	Patient concerned by attitude of GP during consultation which left her feeling upset.	Part-upheld	Medical Director spoke with GP concerned and established that the consultation had not been optimal for the patient or the GP. It was established that the GP had not intentionally upset the patient whilst understanding the reasons why this had been the case.	5

## Appendix A Summary of Stage 1 Complaints 2019/20

	Department	Summary of concerns	Outcome	Actions/lessons learned	No of working days
20	Acute & Specialist Secondary Care GBH	Unacceptable delay for patient review in Rheumatology.	Upheld	A further consultant brought in to support Rheumatology clinic and patient offered an appointment for review.	2
21	Comm H&SC Primary Care Dental	Apparent confusion over time of appointment; patient arrived at 'wrong' time and could not be seen and told they would have to go on a wait list. Patient unhappy with staff attitude when they complained.	Part-upheld	Patient to register with another practice; not happy that the service disputed their view that they had arrived at the correct time for the appointment.	1
22	Acute & Specialist Secondary Care GBH – A&E	Patient transferred to A&E from CT contrast scan suite due to swelling around site of cannula insertion causing leakage of contrast into surrounding tissue. Unhappy with treatment in A&E, unable to be seen immediately by doctor who was attending an admin meeting. Patient left A&E without review.	Part-upheld	Clinician in department (but not A&E on-call doctor) advised by member of staff from imaging department of the case, judged that the issue was not a priority.  Investigation showed that the patient had not been properly triaged on arrival in the department. This feedback was given to the staff nurse involved, for learning. Other staff advised of patient dissatisfaction.	1
23	Comm H&SC Primary Care Lerwick HC Reception	Patient unable to speak to any member of Lerwick Health Centre staff by phone. Recorded message advised unable to make appointments due to staff shortages.	Upheld	Practice Manager contacted patient to apologise, explain the exceptional circumstances and about recent recruitment to support reception staff.	1

## Appendix A Summary of Stage 1 Complaints 2019/20

	Department	Summary of concerns	Outcome	Actions/lessons learned	No of working days
24	Acute & Specialist Secondary Care GBH – A&E	Patient attended A&E - injured foot 10 days previously, but had not seen GP. Foot not improving and as patient was in town decided to go to A&E. Not happy at not being seen by A&E staff who made GP appt. for following day.	Not upheld	Patient observed walking into A&E; unlikely that an X-ray would be needed. Advised pain relief via GP, GP appt. arranged for patient.	1
25	Acute & Specialist Secondary Care GBH	Patient unhappy with arrangements for regular diabetic retinopathy OP appointments.	Upheld	Resolved as admin staff re-instated arrangements made by previous administrator (who had retired) and admin for service had transferred to different section.	1
26	Comm H&SC Lerwick HC CMHS	Unhappy about discharge from CMHS and requests Appointment Reminders are sent.	Part-upheld	Re-referral has been sent. Discussion to be had at CMHS Team Meeting regarding Appointment Reminders.	5
27	Acute & Specialist Secondary Care GBH	Perception a conversation had with the Health Visitor had been inaccurately reported to Social Work.	Part-upheld	Case was investigated by talking to the Health Visitor and then phoned Patient and managed to resolve the miscommunication.	3
28	Comm H&SC Primary Care Scalloway HC	Complainant requesting flu jag for secondary age child. Unhappy about attitude of reception staff.	Not upheld	An appointment has been made for the child to receive the flu jag privately and complainant happy with this outcome. There had been some misunderstandings and miscommunication but complainant is now happy to deal with the practice.	5
29	Comm H&SC Secondary Care Comm Nursing	The patient felt that the nurse was unsure and did not pick up that the patient did not want to	Part-upheld	The nurse concerned has been spoken to and has agreed not to attend the patient in future unless in an emergency situation.	2

**Appendix A Summary of Stage 1 Complaints 2019/20**

	<b>Department</b>	<b>Summary of concerns</b>	<b>Outcome</b>	<b>Actions/lessons learned</b>	<b>No of working days</b>
	Patient's Home	discuss things. It also took a long time to carry out the procedure and the patient felt the nurse seemed unsure.		Nurse offered support in looking after picc lines and will carry out this procedure under supervision.	

# **NHS Shetland Annual Feedback and Complaints Report for 2019/20**

## **Appendix B**

Summary of Stage 2 Complaints in 2019/20



## Appendix B Summary of Stage 2 Complaints 2019/20

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
1	Elective surgery at ARI cancelled on the day; query over pre-op procedure as reportedly blood test results from NHS Shetland not available to NHS Grampian surgeons.	Acute & Specialist Secondary Care GBH	Yes		Upheld	<ul style="list-style-type: none"> <li>• POA blood tests taken but not compliant with testing required for pre-op cancer patients.</li> <li>• NHS Grampian advised of the error and local procedure changed.</li> </ul>
2	Complainant unhappy with care and discharge arrangements.	Acute & Specialist Secondary Care GBH	No	Complex nature of investigation	Part-upheld	<ul style="list-style-type: none"> <li>• Discharge discussed by multi-agency group. Issue with timing of transfer and medication/communication accompanying patient.</li> <li>• Apology and explanation about choice of words round palliative care.</li> </ul>
3	Patient concerned about delayed diagnosis and that there was poor communication between departments and across health boards.	Comm H&SC Primary Care GP	No	Complex nature of investigation and delay from NHSG	Part-upheld	<ul style="list-style-type: none"> <li>• Lengthy delay to complaint response due to input required from NHSG clinicians.</li> <li>• Timeline of care explained, system issue identified with options for results reporting, to be remedied as much as possible.</li> <li>• Apology offered for delay in diagnosis and interpretation/miscommunication of results. Care itself found to be appropriate in the circumstances.</li> </ul>
4	Patient unhappy with patient travel/escort policy.	Corporate Patient Travel	Yes		Part-upheld	<ul style="list-style-type: none"> <li>• Investigation did not find any evidence that the decisions taken were incorrect, although recognised frustration when arrangements changed at short notice.</li> <li>• Policy update to be expedited.</li> </ul>

Appendix B Summary of Stage 2 Complaints 2019/20

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<ul style="list-style-type: none"> <li>A named member of staff for all travel arrangements to be identified to manage the family travel arrangements.</li> </ul>
5	Inappropriate discharge - patient unwell and readmitted to ward.	Acute & Specialist Secondary Care GBH	No	Complex investigation involving a number of clinicians	Upheld	<p>The investigation highlighted the following areas which had contributed to the complaint</p> <ol style="list-style-type: none"> <li>1) poor communication at handover by clinicians over the weekend period</li> <li>2) An unusually high number of junior doctors working shifts due to changeover weekend (new intake of junior doctors)</li> <li>3) There had been a technical delay in receiving lab results requested during the weekend which resulted in the discharge being made without knowledge of incomplete clinical information.</li> <li>4) there was confusion over 'fitness to fly' certificate</li> </ol> <ul style="list-style-type: none"> <li>Complaint discussed anonymously at clinical governance meeting with causes analysed and lessons learned. Also discussed at multidisciplinary surgical audit meeting.</li> <li>Fitness to fly certificate to be reviewed by Consultants' Group.</li> </ul>

## Appendix B Summary of Stage 2 Complaints 2019/20

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
6	Patient unhappy with provision for facilities for new home	Comm H&SC	Yes		Not upheld	<ul style="list-style-type: none"> <li>• Various aspects of provision considered. Assessed that all possible support had been provided and was appropriate.</li> </ul>
7	Patient unhappy with Patient Travel 48 hour window of return ruling	Corporate Patient Travel	Yes		Part-upheld	<ul style="list-style-type: none"> <li>• Patient Travel Policy to be updated to reflect further discussion by EMT in respect of 48 Hour return travel rule and that the outcome of the updated policy to be communicated to the public through local media and appropriate social media platforms.</li> </ul>
8	Received from <b>PASS</b> on behalf of family of patient seeking understanding of patient's diagnosis & treatment and future treatment plan.	Comm H&SC Primary Care HC	No	Complex nature of investigation	Not upheld	<ul style="list-style-type: none"> <li>• Two multidisciplinary meetings held, firstly with NHS Grampian clinicians with regard to separate inpatient stays, and secondly with primary care clinicians, both with support from Medical Director and Consultant Psychiatrist.</li> <li>• Care found to be appropriate at all times in the circumstances. Communication round emergency transfer did not happen in a timely manner which was fed back to the ward.</li> </ul>
9	Parent alleges neglect of child's medical condition by NHS Shetland clinicians	Comm H&SC Primary Care GP	Yes		Withdrawn	<ul style="list-style-type: none"> <li>• PASS Outreach worker advised that client wished to close the complaint for personal reasons.</li> </ul>
10	Patient underwent surgery in 2018 for condition which had allegedly been diagnosed in 2011 although the patient was not aware of this.	Comm H&SC Primary Care GP	No	Complex nature of investigation	Part-upheld	<ul style="list-style-type: none"> <li>• Meeting with patient to explain what had happened, followed by subsequent meeting with radiologist to go through reporting.</li> <li>• Apology given regarding the concern caused to the patient and family.</li> </ul>

## Appendix B Summary of Stage 2 Complaints 2019/20

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
	Concern about separate screening process.					
11	Patient alleged breach of confidentiality by local health centre and refuted alleged aggressive behaviour during consultation with GP	Comm H&SC Primary Care HC	No	Complex nature of investigation	Part-upheld	<ul style="list-style-type: none"> <li>Internal investigation could not prove breach of confidentiality by any members of Health Centre Staff, but equally could not disprove it, and this was therefore partly upheld.</li> <li>The allegation of the patient's alleged aggressive behaviour reported by GP was witnessed by staff and incident logged in Datix and was not upheld.</li> </ul>
12	Patient unhappy with attitude of consultant; requested to be transferred to different consultant.	Acute & Specialist Secondary Care GBH	No	Staff availability	Upheld	<ul style="list-style-type: none"> <li>From a communication perspective the appointment was not felt to abide by the principles of shared decision making.</li> <li>The patient/consultant relationship broke down and the patient was assigned to a different clinician for onward care.</li> </ul>
13	Patient unsatisfied with consultant's decision at A&E and requested second opinion.	Acute & Specialist Secondary Care GBH – A&E	No	Complex nature of investigation	Not upheld	<ul style="list-style-type: none"> <li>Second opinion in Aberdeen occurred and patient given the same advice (conservative management of injury).</li> <li>Patient suggested to self-refer to physio twice.</li> <li>Patient referred to local fracture clinic and onward to ARI to hand trauma team.</li> </ul>
14	Unsatisfactory and inadequate treatment during hospital stay. Request for change of consultant.	Acute & Specialist Secondary Care GBH	No	Delayed response due to staff availability	Part-upheld	<ul style="list-style-type: none"> <li>Investigation found no evidence to support the patient's view that they were not cared for appropriately. It was recognised that there was a breakdown in communication during the Ward</li> </ul>

Appendix B Summary of Stage 2 Complaints 2019/20

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<p>round, for which the treating consultant apologised. The complaint is partly upheld on this matter.</p> <ul style="list-style-type: none"> <li>• A 'patient wishes' document has been signed for both the patient and partner regarding future care.</li> </ul>
15	Surgical procedure cancelled but patient not aware of this in advance. Complainant sought to understand how this happened, what the clinical reasons were and why they were not told in advance.	Acute & Specialist Secondary Care GBH	Yes		Upheld	<ul style="list-style-type: none"> <li>• The investigation found that the decision not to undertake the procedure was a clinical one; no action had been taken to inform the patient of this decision resulting in the patient arriving for surgery on the date they had been given.</li> <li>• It was found that there was no official protocol in place that could have prevented this situation arising.</li> <li>• Appropriate procedures have now been put into place.</li> </ul>
16	Patient unhappy with attitude of GP	Comm H&SC Primary Care GP	Yes		Part-upheld	<p>Patient escalated concerns to SPSO who found:</p> <ul style="list-style-type: none"> <li>• The complainant received an apology and an explanation of the administrative reasons why the GP did not understand a double appointment had been booked.</li> <li>• In addition, there had been an offer to meet the complainant (good practice in SPSO terms) and advice given that the complaint will be referred to in the GP's annual appraisal.</li> <li>• The Ombudsman decided not to investigate the complaint further.</li> </ul>

## Appendix B Summary of Stage 2 Complaints 2019/20

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
17	Patient unhappy with attitude of treating doctor in A&E department.	Acute & Specialist Secondary Care GBH – A&E	No	Delayed response: Consultant/ medical staff	Upheld	<ul style="list-style-type: none"> <li>The complaint was upheld with regard to poor communication.</li> <li>To be discussed at annual appraisal and review which all medical staff undertake.</li> </ul>
18	Concerns raised about care	Acute & Specialist Secondary Care GBH – Maternity and NHSG Fertility Services	No	Complex nature of the investigation	Part-upheld	<ul style="list-style-type: none"> <li>For the aspects that related to care from NHS Shetland, it was agreed there were communication issues for which an apology was offered.</li> </ul>
19	Alleged illegal parking by staff member making a home visit to a patient.	Acute & Specialist Secondary Care	Yes		Part-upheld	<ul style="list-style-type: none"> <li>Discrepancies between account from complainant and staff member – part upheld for this reason.</li> <li>Confirmed with Police Scotland that parking was not illegal.</li> <li>Reassured complainant that no similar complaints received.</li> </ul>
20	Complainant unhappy about the care provided by CMHS	Comm H&SC Secondary Care CMHS	No	Delayed response: other staff and Covid-19	Part-upheld	<ul style="list-style-type: none"> <li>Apology given for communication issues between different clinicians and perceived lack of inconsistency in advice.</li> </ul>
21	Delay in dental/orthodontic treatment	Comm H&SC Secondary Care Montfield Services Dental	No	Complex nature of investigation and Covid-19	Part-upheld	<ul style="list-style-type: none"> <li>A wait and see approach was adopted but there had been a miscommunication regarding an appointment which the patient thought was to have braces fitted.</li> <li>Recommendation is to fund training for a Shetland Dentist to undergo orthodontic training.</li> <li>To improve communication issues it is recommended in future that patients are given an</li> </ul>

**Appendix B Summary of Stage 2 Complaints 2019/20**

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						indication of approximate time for treatment with clear advice regarding frequency of appointments.
22	Unhappy about care provided by health centre and staff attitude	Comm H&SC Primary Care HC GP	Yes		Not Upheld	<ul style="list-style-type: none"> <li>Care and communication not found to be lacking through the complaint investigation process.</li> </ul>
23	Support provided to family by AHP service	Comm H&SC IJC – SIC	No	Complex nature of investigation and Covid-19	Part-upheld	<ul style="list-style-type: none"> <li>Reassessment of current needs recommended.</li> <li>Feedback reflected upon by staff member.</li> </ul>

# **NHS Shetland Annual Feedback and Complaints Report for 2019/20**

## **Appendix C**

Summary of Concerns received in 2019/20



## Appendix C Summary of Concerns 2019/20

	Department	Summary of concerns	Outcome
1	Medical Imaging	Appointment letter for scan did not include practical advice for pre-scan requirements; patient wasted trip as not able to undergo scan.	<b>Fully Upheld:</b> Correct instruction used in response letter to patient; advised that vetting procedure now put in place to ensure that specific instruction is included.
2	Outpatient - equipment/training funding	Funding request toward device for child not unanswered; requested investigation	<b>Partly Upheld:</b> Family agreed to attend training session for alternative monitoring device in Aberdeen
3	Outpatients – GBH	Patient upset by staff attitude during consultation; asked to be seen by a different consultant in the future	<b>Fully Upheld:</b> Consultant offered apology via Interim Medical Director; alternative consultant identified to take over patient care in future. Confirmed in writing to complainant.
4	Physiological Measurement – Diagnostic tests	Patient unhappy with NHS Grampian waiting time for cardiology testing as equipment repair delayed due to staffing issues.	<b>Fully Upheld:</b> Response from NHS Grampian to patient's MSP to confirm that waiting time for test has been delayed due to unavailability of parts for repair of equipment and staffing issues.
5	Medical Records	Patient concerned that it had taken 12 months to establish the loss of records and for NHS Shetland to report it to Information Commissioner.	<b>Upheld:</b> Explanatory meeting held. Legal action taken subsequently.
6	A&E	Discharge - patient accepted clinical decision but was left feeling that consultant's attitude was slightly dismissive of physical illness symptoms.	<b>Not Upheld:</b> Patient satisfied with clinical examination but asked that feedback be given to staff that patients with anxiety disorder can and do present with genuine physical symptoms.
7	Patient Travel / Health Centre	Confusion over arrangements for patient escort travel for patient return journey from Golden Jubilee National Hospital, both at NHS Shetland Primary Care and GJNH.	<b>Fully Upheld:</b> Confusion explained and apology given. Patient reimbursed escort fare for return journey between Shetland and Glasgow.

## Appendix C Summary of Concerns 2019/20

	Department	Summary of concerns	Outcome
8	Health Centre	Patient unhappy at receiving a zero tolerance letter	<b>Partly Upheld:</b> Practice Manager and PASS Advisor met complainant to discuss background to zero tolerance policy and the reason why patient had received a warning letter from the Practice. After detailed discussion the patient asked that the zero tolerance letter be removed from their records and that Practice staff are reminded that patients can often be stressed due to their medical condition.
9	A&E GBH	Missed un-displaced fracture	<b>Partly Upheld:</b> The X-ray image was discussed and noted as a soft tissue injury (and advice given to that effect) as the patient had a good range of movement. The Radiologist review showed that there was a fracture present. The surgical view was that, on balance, this information would not have materially altered the treatment given and advice given. The patient did return to local A&E in Aberdeen when condition did not improve after several weeks.
10	Community Mental Health – Adult Mental Health Service	GP discussed concerns raised by dementia patient with Head of Adult Mental Health Services	<b>Partly Upheld:</b> Manager discussed with member of staff concerned and it was recommended that the wording of appointment letters should be revised to ensure that both staff and patients are protected from allegations in future.
11	Anaesthesia – Pain Clinic	MSP wrote on behalf of constituent about re-introduction of pain clinic service in Shetland.	<b>Not Upheld:</b> Advised that the pain clinic has existed since 2003 and that referral can be made via patient's GP.
12	Community Nursing – Travel Vaccinations	Patient unhappy about having to pay for travel vaccinations.	<b>Not Upheld:</b> Recorded that patient unhappy with charges for Travel vaccination.
13	Health Centre	Patient dissatisfied at being advised that first available appointment would be over one month later.	<b>Upheld:</b> Service Manager to discuss feedback with Health Centre Manager.

## Appendix C Summary of Concerns 2019/20

	Department	Summary of concerns	Outcome
14	Various	Individual having difficulty coming to terms with circumstances around death of family member some years previously. Requested meeting with staff who had been involved with end of life care.	<b>Partly Upheld:</b> Multidisciplinary meeting took place to explain decisions and options during care.
15	Health Centre	Patient wished to give feedback that he thought it was unacceptable to wait almost a month for a nurse appointment.	<b>Upheld:</b> Patient content for feedback to be passed to Service Managers for Primary Care/Community Nursing for information.
16	Ward 3 - Paediatrics	Mother unhappy about treatment of child - felt that staff did not explain what they were doing nor include her in the decision making.	<b>Fully Upheld:</b> Meeting with service manager took place and since the event described, a further care episode had gone much better. No further action desired.
17	Estates – Servery GBH	Patient concerned at non-availability of plant milk in hospital servery.	<b>Upheld:</b> Catering staff provided plant milk alternative.
18	Community Nursing – Travel vaccinations	Unhappy at Travel Vaccination costs and information available.	<b>Not Upheld:</b> Patient advised of revised Travel Clinic Service and that this is a private service which is not core NHS work and therefore attracts a charge.
19	Community Nursing – Travel Vaccinations	Unhappy at Travel Vaccination costs.	<b>Not Upheld:</b> Patient advised of revised Travel Clinic Service and that this is a private service which is not core NHS work and therefore attracts a charge.
20	Health Centre	Patient attended flu clinic in Lerwick and was later frustrated there had been a much closer local clinic. Disappointed that this clinic had not be advertised earlier.	<b>Partly Upheld:</b> Understood the local session was added later to the programme.
21	Community Nursing – Travel Vaccinations	1.Patient sent email to dedicated travel clinic address (to cancel vaccinations due to change in travel plans), which was not acknowledged; but the patient received a text message reminder from the health centre to attend, so	<b>Not Upheld:</b> Clear discussion had been held about charges.

## Appendix C Summary of Concerns 2019/20

	Department	Summary of concerns	Outcome
		<p>the email to the dedicated address did not appear to have been read/actioned.</p> <p>2.Patient misunderstanding around charge for initial assessment (as well as charges for each vaccination) and therefore unwilling to pay for vaccines.</p>	
22	A&E GBH	<p>Parent unhappy with management of child and attitude to parental concerns in A&amp;E. Parent felt the doctor did not listen to their concerns and appeared dismissive. Patient left feeling that they would be reluctant to take children to A&amp;E in the future.</p>	<p><b>Anonymous and Passed to Relevant Department:</b> Parent wished for views to be shared anonymously with the department concerned.</p>
23	Health Centre	<p>Patient unhappy with arrangements for making appointments at Health Centre</p>	<p><b>Partly Upheld:</b> Improvements to the website and better signposting for local treatments such as physiotherapy in development. Also under review is a workflow and consultation option via phone and email (Askmygp).</p>
24	Community Nursing – Patient’s Home	<p>Patient unhappy with changes in staffing affecting previously agreed arrangements.</p>	<p><b>Acknowledged and Passed to Relevant Department:</b> Patient voluntarily withdrawn from service. Patient advised how to make a complaint if this is decided as a course of action.</p>
25	Ward 3 GBH - Nursing	<p>Concern at arrangements for management of aggressive patients on Ward 3 and protection for staff and patients.</p>	<p><b>Partly Upheld:</b> Apology for patient having ended up on a ward with an agitated patient, who was moved to a side room by staff in the night. Trained staff were called to the situation. A review of how patients who become aggressive or violent during their stay in hospital will be undertaken.</p>
26	Physiotherapy	<p>Concern at lack of physiotherapy for a patient.</p>	<p><b>Not Upheld:</b> Previously advised by physiotherapy service that until patient is able to increase weight-bearing through left leg, physiotherapy is not advised.</p>

## Appendix C Summary of Concerns 2019/20

	Department	Summary of concerns	Outcome
27	AHP	Lack of clarity regarding information on prescription for NHS wig and available information now out of date.	<b>Partly Upheld:</b> Better signposting on website and by department for up to date information. Removal of outdated information/leaflets in the community.
28	Occupational Health / Human Resources	Concern raised regarding delays to OH screening which resulted in job offer being withdrawn.	<b>Acknowledged and passed to relevant department</b>
29	Gilbert Bain Hospital	Concerns raised about delays and cancellations to procedure	<b>Partly Upheld:</b> Local investigation revealed that there had been equipment failures at NHS Grampian causing delays & cancellations. NHS Grampian had apparently called to advise of problems and equipment failure. Patient advised that all arrangements were handled by NHS Grampian and recommended patient to contact NHS Grampian directly for an update.
30	Health Centre - GP	Patient concerned at delays to blood test results; had contacted Health Centre several times unsuccessfully.	<b>Fully Upheld:</b> Patient acted on advice given and received a telephone consultation with GP who was able to confirm blood tests results.
31	Health Centre - GP	Patient anxious to reduce prescription medication under supervision.	<b>Fully Upheld:</b> Following a meeting with the service manager, a further meeting was held between the patient and named GP and consultant psychiatrist. A plan was agreed and a further appointment made by the GP to see the patient for a follow-up.
32	Dental Services	Querying options available for OOH dental service and denture repairs over the Christmas/New Year Holiday period.	<b>Partly Upheld:</b> Out of hours care is provided by the Public Dental Service. For denture repairs, Shetland does not have a local dental laboratory or a resident Clinical Dental Technician.
33	Health Centre – GP	Querying options for patient to re-register for specific, frequent appointments related to medical condition.	It was recommended that the patient contact the Primary Care Service Manager.

## Appendix C Summary of Concerns 2019/20

	Department	Summary of concerns	Outcome
34	Outpatient Department GBH	Concerned that the consultant was not listening to the patient and gave incorrect information to the consultant at Aberdeen Royal Infirmary.	<b>Not Upheld:</b> Patient referred to GP, discussed concerns. GP to contact the Consultant. Patient confirmed she did not wish to see a different consultant. No further action required by Feedback and Complaints team.
35	Health Centre – GP	Patient moved recently and found problems with access and prescriptions. Patient would like to change her GP Practice.	<b>Not Upheld:</b> Patient has had suitable access to GP appointments and cannot change GP practice at this stage as address is not in the area of the Practice they would like to go to.
36	Dental Services	Unable to book an appointment with Montfield Dental Clinic.	<b>Partly Upheld:</b> A position statement has been written and sent with an accompanying letter to the patient. Dental Director says he will meet with the patient if she still has concerns.
37	Ward 1 GBH – Surgery	Medical Director advised by consultant of a sequence of events which occurred and asked to arrange a meeting with the patient to discuss what had happened and to answer her questions.	<b>Fully Upheld:</b> Medical Director and consultant offered an apology for what the patient had been through.  Medical Director has done the following with respect to the patient's treatment: <ul style="list-style-type: none"> <li>- Investigated the clinical incident in full.</li> <li>- Met with the patient and consultant to discuss the findings and help explain the circumstances surrounding this incident.</li> <li>- Ensured the patient had a copy of the minutes of meeting.</li> <li>- Assured that the patient was able to contact the consultant in future with any further questions.</li> </ul>
38	Gilbert Bain Hospital	Member(s) of staff shouted repeatedly.	<b>Not Upheld:</b> Feedback and Complaints Officer emailed patient's social worker, who confirmed that the patient no longer has capacity.  A meeting was arranged but subsequently a family member asked us not to pursue the complaint and this was confirmed by the social worker.

**Appendix C Summary of Concerns 2019/20**

	<b>Department</b>	<b>Summary of concerns</b>	<b>Outcome</b>
39	Community Mental Health Service	Patient has asked for support from MSP for a second opinion regarding diagnosis and treatment.	<b>Not Upheld:</b> Patient was given a second opinion and the outcome was the same as the first doctor had diagnosed.
40	A&E GBH	Complainant upset about the lack of communication, compassion and advice offered following discharge.	<b>Partly Upheld:</b> Found resolution themselves at the Lerwick Health Centre and do not wish to pursue this complaint any further. They would like feedback given to the relevant staff about improving communications.
41	Day Surgery GBH	Patient unhappy at second cancellation for surgery. Believed that the first cancellation had been due to an incident at pre-op.	<b>Partly Upheld:</b> Patient Flow Manager checked surgical records. Complainant not on surgical lists that day because consultant surgeon was on leave. Second cancellation understood to be frustrating despite COVID restrictions.

# **NHS Shetland Annual Feedback and Complaints Report for 2019/20**

## **Appendix D**

Complaint process experience results (key performance indicator at 4.2)



Description	2019/20	Rounded to nearest whole number % (11 replies)
1. Who did you complain to?	At the point of service (e.g. to nurse, allied health professional, receptionist)	2
	Centrally (e.g. to Complaints Officer/Chief Executive/Corporate Services/MSP)	9
2. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	27% (3 of 11)
	Satisfied	36% (4 of 11)
	Neither Satisfied or Dissatisfied	27% (3 of 11)
	Dissatisfied	9% (1 of 11)
	Very Dissatisfied	-
	Question Skipped	-
3. How satisfied are you with how you were treated when you were making your complaint?	Very Satisfied	18% (2 of 11)
	Satisfied	36% (4 of 11)
	Neither Satisfied or Dissatisfied	36% (4 of 11)
	Dissatisfied	-
	Very Dissatisfied	9% (1 of 11)
	Question Skipped	-
4. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Yes	64% (7 of 11)
	No	36% (4 of 11)
	Question Skipped	-
5. Did we apologise for your experience?	Yes	64% (7 of 11)
	No	27% (3 of 11)
	Question Skipped	9% (1 of 11)
6. How satisfied were you that we responded to you in a timely manner?	Very Satisfied	18% (2 of 11)
	Satisfied	36% (4 of 11)
	Neither Satisfied nor Dissatisfied	9% (1 of 11)
	Dissatisfied	9% (1 of 11)
	Very Dissatisfied	27% (3 of 11)
	Question Skipped	-
7. Did the complaints response letter clearly detail the outcome of your complaint?	Yes	27% (3 of 11)
	No	27% (3 of 11)
	Question Skipped	45% (5 of 11)
8. Overall, how satisfied were you with the complaints procedure?	Very Satisfied	18% (2 of 11)
	Satisfied	27% (3 of 11)
	Neither Satisfied or Dissatisfied	-
	Dissatisfied	18% (2 of 11)
	Very Dissatisfied	36% (4 of 11)
	Question Skipped	-

- 
9. Finally, do you have any other comments about how your complaint was handled or suggestions on how we may improve our service to customers?

In the main comments received relate to complaints outcomes rather than process issues:

**Extracts of anonymised positive comments:**

- I hate to make complaints about anything. The matter was dealt with swiftly and all of the staff were lovely and very approachable. It was just an unfortunate circumstance of a normally excellent and efficient practice.
- I have spoken with Ms X in the past and she has always been amazing.

**Extracts of anonymised negative comments:**

- Very disappointed on the response times, can this be reviewed and improved?
- The new dispensing, especially for repeats blatantly discriminates against people living in rural areas.
- Complaint procedure as it stands is completely unfit for purpose.
- The apology should have come directly from the consultant in question by personal letter, not through a third party.