



A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2018/19

NHS Shetland values and welcomes any feedback about the service or care we provide as this knowledge is important in supporting our aim of continuous improvement. We need to understand what you feel is, and is not, working well for you. 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 and your family 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. A new NHS Scotland Model Complaints Handling Procedure was introduced in April 2017 which embraces a consistently person-centred approach to complaints handling across NHS Scotland. This introduced nine key performance indicators by which we should measure and report our performance. These indicators, together with information on actions taken to improve services as a result of all types of feedback should provide valuable performance information about the effectiveness of our feedback processes and the learning opportunities to support our improvement.

For the year 1 April 2018 to 31 March 2019, this report¹ 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 and handle responding to complaints received;
3. a summary of the themes emerging from our feedback methods in 2018/19 and examples of how we can demonstrate improvements to services as a result of feedback and complaints;

¹ This report is available in other languages and formats on request

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
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. This feedback is one of the best ways we have to understand how services are working for people. It helps us decide how we can make improvements to them. Positive feedback is also welcomed and appreciated by our staff.

During 2018/19 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 2018/19 the team has handled 170 pieces of feedback: 13 thank you contacts, 79 concerns, 53 Stage 1 (early resolution) complaints and 25 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;
- 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;
- 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.

The results from gathering all the patient feedback we can, including where appropriate the lessons learned and actions taken, are reviewed by the NHS Shetland Board 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 their regular meetings.

We hold our Annual Review meeting in public and invite people to attend in person or to submit questions to us (although patient specific questions are not answered in the open forum). In 2018/19 Clare Haughey, Scottish Minister for Mental Health chaired the Annual Review meeting for NHS Shetland. On the whole this was a positive review, including 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>

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 743064 or 743069. You can also contact us in writing at Corporate Services, NHS Shetland, Montfield Upper Floor, Burgh Road, Lerwick, ZE1 0LA, 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.

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 routine 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 second year of the revised NHS Scotland national complaints procedure which actively encourages our staff to speak with people. If possible we will resolve their concerns at a local or 'front-line' level. This is known as **early resolution**. Some people still prefer to write to us or send us an email documenting their concerns. Others choose to come and speak with the Complaints Officer 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.

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 2018/19 at all our feedback (including Care Opinion, concerns, Stage 1 and Stage 2 complaints), the top three areas that stand out as issues for people are:

- Staff attitude
- Access to services
- Communication

The first two mirror the top emerging themes from 2017/18. What is reassuring is that within these three broad areas there are no strong patterns emerging.

Staff attitude

During 2018/19 poor staff attitude featured in 17 feedback contacts – four concerns and 13 complaints. This is six less than we received in 2017/18. As in previous years the majority of the concerns relate to doctors, but this to some extent can be explained by 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.

Access to services

We received 16 types of feedback about access issues – five of which were concerns and 11 complaints. As we have seen in previous years, two areas come up most frequently – with four about access to Lerwick Health Centre appointments and five about access to dental treatment. It is positive that these figures are lower than the seven and nine received respectively from 2017/18, however these are areas where we will need to continue finding solutions to mitigate continuing dissatisfaction.

It is not clear why feedback about access issues at Lerwick Health Centre has reduced as demand for appointments is unrelenting, but the practice is now more stable from a recruitment perspective and will be fully staffed again in terms of doctors and Advance Nurse Practitioners by early summer 2019.

National staff shortages across a specialty has meant access to orthodontic treatment has remained a concern during 2018/19. The Board is currently supporting the establishment of an orthodontic training post in Shetland to provide future-proofing and sustainability to the fragile visiting service currently in place.

Communication

The third highest area of concern was about communication issues with three concerns and eight complaints recorded, although it could be surmised that most complaints are secondary to poor communication. Effective communication skills are a key attribute for healthcare professionals, not just between themselves and their patients but also with other healthcare professionals.

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 clinicians that do not have English as a first language, this can introduce an additional obstacle.

Other areas of concern and actions taken

Preoperative Assessment

A number of concerns had been raised by patients about short notice cancellations of their procedures or long delays before dates for surgery could be organised. We undertook a thorough review of how the pre-assessment service was working in order to identify a weakness in the sharing of information between Shetland and hospitals on mainland Scotland. We identified that the pre-assessments were being undertaken appropriately and timeously by Shetland clinical staff, but when they were then sent electronically to hospitals out with Shetland the documents were not always then made available to the receiving clinical teams – leading to cancellations and unnecessary delays for some patients. Working with NHS Grampian and Golden Jubilee National Hospital, we have now put in place a file 'up loader' which means all pre-assessment documentation goes straight into a national electronic system called SCI Store. This means that the records are available to clinicians in a common database and are easily accessible. This change in the process has increased patient safety and should mean that future patient care is not delayed because pre-assessment documentation is not readily available in receiving hospitals.

Macular degeneration treatment

It has been a stated priority for some time to be able to provide local treatment for patients requiring injection therapy for age related macular degeneration. Up until recently patients have had to travel to Aberdeen on a monthly basis for treatment, meaning they were undertaking lengthy journeys either by air or ferry.

In 2018/19 we received a number of concerns about when this service would become available in Shetland, because there had been delays in addressing some of the technical aspects of the service such as sharing test results and identifying staff to be released from the Aberdeen service to develop the clinic. During this same period staff were working hard to develop an interim solution and the initial clinical took place in early May 2019. Patient feedback both directly to the Board and through the local branch of the Macular Society has helped greatly in developing this service. It is hoped in the future the model will become even more robust by moving away from a locum doctor delivering the treatment to a visiting nurse led service from NHS Grampian (which is the model in the other Island Boards).

Travel vaccinations

Another area where we saw a number of concerns raised was in regard to delays in receiving travel vaccinations, given the small number of staff qualified to do these assessments. Whilst travel health services are not routinely provided by the NHS, our unique circumstances means that it is important that the local NHS offers this service. Through 2018/19 additional staff training has been put in place to try and meet the growing demand and a new Travel Health Service will be implemented in summer 2019 to support people who need travel health assessment, advice and immunisation prior to travelling abroad. This service will be in place for all patients who are registered with any of the eight NHS Board provided GP practices. The Hillswick practice will remain the Yellow Fever Vaccination Centre.

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.

For gathering feedback and learning from complaints 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 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 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 2018/19 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 2017/18 a quarter of Stage 2 complainants (nine) 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. We have seen this figure reduce in 2018/19 to five final response follow-ups (which include clarification meetings). As far as we are currently aware, one of these five cases has been escalated to the Scottish Public Services Ombudsman. 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 Complaints Officer recommends that **all** staff complete the first two of these online e-learning modules – 'Valuing Feedback' and 'Encouraging Feedback and Using It' 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 2018/19.

The Complaints Officer has 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.

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. These 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 such as the Care Opinion website as a platform for providing feedback about NHS care is valued by NHS Shetland. When feedback is received through this route, 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 media 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 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.

4.4) Indicator Four: The total number of complaints received

In 2018/19 we received 78 complaints (53 Stage 1 complaints and 25 Stage 2 complaints). This figure is down from the 105 complaints we handled in 2017/18 (which broke down as 69 Stage 1 complaints and 36 Stage 2 complaints). It is not known if the reduction in Stage 1 complaints is a genuine reduction of service user dissatisfaction or whether front line staff are 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 79 concerns (which is an increase from 65 in 2017/18). 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 second 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 2018/19, these relate to the following service areas:

Service	2018/19	
	Number	%
Directorate of Acute and Specialist Services	25	32.1
Directorate of Community Health and Social Care	43	55.1
Acute and community	5	6.4
Corporate	4	5.1
Other	0	0
Withdrawn	1	1.3
Totals:	78	

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 the difficulties with travel vaccinations.

Complaints relating to salaried GP practices (for 2018/19 these are Lerwick Health Centre, Whalsay Health Centre, Yell Health Centre, Unst Health Centre, Brae Health Centre, Scalloway 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 the 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 year. However, the number of complaints reported remains very low, with all but two sending in a nil return. Levenwick GP practice reported one complaint about staff attitude which was upheld at Stage 1, and Lerwick Dental Practice also upheld a Stage 1 complaint about treatment, both within the mandated five working days.

4.5) Indicator Five: Complaints closed at each stage

Complaints closed (<i>responded to</i>) at Stage One and Stage Two as a percentage of all complaints closed.		
Description	2018/19	2017/18
Number of complaints closed at Stage One as % of all complaints	69.74%	62.86%
Number of complaints closed at Stage Two as % of all complaints	30.26%	34.28%
Number of complaints closed at Stage Two after escalation as % of all complaints	0%	2.86%
Notes:- The total number of complaints for these calculations is 76 – 53 at S1 and 23 at S2 (thereby excluding one S2 complaint that was withdrawn and one S2 complaint that remains open due to a delay in meeting with the complainant).		

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 (<i>responded to</i>) in full at each stage.		
Upheld		
Description	2018/19	2017/18
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	62.27% (33 of 53)	50% (33 of 66)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	34.78% (8 of 23)	50% (18 of 36)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	66.66% (2 of 3)

Partially Upheld		
Description	2018/19	2017/18
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	16.98% (9 of 53)	22.73% (15 of 66)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	26.09% (6 of 23)	33.33% (12 of 36)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 3)

Not Upheld		
Description	2018/19	2017/18
Number complaints not upheld at Stage One as % of complaints closed at Stage One	20.75% (11 of 53)	27.27% (18 of 66)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	39.13% (9 of 23)	16.67% (6 of 36)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	33.33% (1 of 3)

4.7) Indicator Seven: Average times

The average time in working days for a full response to complaints at each stage			
Description	2018/19	2017/18	Target
Average time in working days to respond to complaints at Stage One	5*	5	5 wkg days
Average time in working days to respond to complaints at Stage Two	30	32	20 wkg days
Average time in working days to respond to complaints after escalation	n/a	27	20 wkg days

*It should be noted that the majority of Stage 1 complaints were handled very quickly. Just one Stage 1 complaint response was significantly protracted (83 days) and that was intentional to allow the complainant space following their maternity care. If this one response is removed from the average, it drops down to 3 working days.

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. We have seen a slight improvement in response times from 2017/18, but 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.

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

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			
Description	2018/19	2017/18	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	77.36% (41 of 53)	77.28% (51 of 66)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	43.48% (10 of 23)	47.22% (17 of 36)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	0% (0 of 0)	33.33% (1 of 3)	80%

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

The number and percentage of complaints closed at each stage where an extension to the 5 or 20 working day timeline has been authorised.	
Description	2018/19
% of complaints at Stage One where extension was authorised	22.64% (12 of 53)
% of complaints at Stage Two where extension was authorised	56.52% (13 of 23)
% of escalated complaints where extension was authorised	0% (0 of 0)

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 related 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 Information Services Division Scotland 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 Complaints Team. The method of recording is in a way which allows that they can 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.

And finally...

To put the formal concerns raised into context, they represent a small amount of the overall feedback received. 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 all 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 our Patient Focus Public Involvement (PFPI) group and 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.

June 2019

NHS Shetland Annual Feedback and Complaints Report for 2018/19

Appendix A

Summary of Stage 1 Complaints in 2018/19

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
1	Public Health	06.04.18	Via MSP Safety issues identified in vaccination record keeping in 2012 may have adversely affected patient	Part-upheld	No published clinical evidence found for problems arising from flu vaccines in 2012 relating to condition described by patient; acknowledgment that condition reported could be a very rare side effect. Successful patient meeting with Public Health consultant to reassure re findings (July 2018).	6
2	CMHS	09.04.18	Alleged breach of patient confidentiality by CPN	Part-upheld	Patient reassured that alleged breach did not emanate from CPN & advised that NHS staff bound by patient confidentiality; also noted that other agencies involved in patient interface.	1
3	Patient Escort	19.04.18	Patient escort refused	Upheld	Patient required sedation for OP procedure at ARI & eligible for escort; TRAKCare system error did not show this. Escort review team to double-check data validity.	5
4	Rural HC prescription collection	26.04.18	Unsatisfactory arrangements for prescription arrangement	Upheld	Arrangements explained. Offer to arrange for prescription to be dispensed in Lerwick. Offer to meet to discuss further (declined).	3
5	Travel vaccinations	27.04.18	Difficulty in arranging travel vaccinations following revision to procedure	Upheld	Shortage of skilled staff; explanation & clarification of arrangements given; review of Travel Medicine services.	7
6	Prescription pick-up	30.04.18	Patient prescription put in not received by pharmacy when checked 4 days later by patient	Upheld	Daily emptying of prescription box added to list of HC closing down duties.	2
7	Travel vaccinations	24.05.18	Difficulty in arranging travel vaccinations following revision to procedure;	Part-upheld	Shortage of skilled staff; explanation & clarification of arrangements given; review of Travel Medicine services.	9

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
			unhappy at not understanding costs of vaccines in advance			
8	Locum GP rural practice	25.04.18	Unhappy with attitude of locum GP	Upheld	Patient declined to take further; assured locum would not be re-appointed.	1
9	OP clinic	24.04.18	Patient observed failure to follow correct venepuncture procedure by staff	Upheld	Specific training provided to individual; refresher training for all OP staff followed May 2018.	1
10	Rural HC	07.06.18	Patient queried 6 week wait for an appointment for a blood test	Upheld	Admin staff to check service capacity before generating routine non-urgent invitation to Practice Nurse appointments.	2
11	Rural HC/Pharmacy	21.06.18	Patient complained that insufficient medication had been prescribed prior to holiday & difficulty with GP/prescription access	Not upheld	Pharmacy confirmed that patient had received required medication timeously.	2
12	Health Centre	22.06.18	Patient unhappy about method of handing in clinical samples via reception taken during GP appt; suggestions offered	Upheld	Apology given by manager and suggestions noted.	10
13	Community Nursing	04.07.18	Wrong dosage administered to patient by injection (not harmful)	Upheld	Meeting with family to apologise and explain complaints procedure; Datix report; Duty of Candour consideration; staff member to undertake reflective practice.	2

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
14	CMHS	17.07.19	Patient dissatisfied with repeat prescription arrangements	Upheld	Reviewed by clinical staff, updated prescribing communicated to GP, instruction to remove previous medications no longer prescribed from repeat prescription.	1
15	Rural locum GP	24.08.18	NHS Grampian child referral/delay	Upheld	Main concern forwarded to NHS Grampian; Service Manager reminded Practice Managers to ensure locum GPs are familiar with local consultant referral process.	2
16	Physiotherapy	24.08.18	Patient unhappy that being 10 minutes late for appointment resulted in being given another appointment on a different date	Not Upheld	Investigation showed discrepancy between complainant and departmental record.	4
17	Health Centre	28.08.18	Patient unhappy at being refused prescription for smoking cessation direct from GP	Not upheld	GP called patient to explain that smoking cessation prescription required engagement with Health Improvement team; patient accepted this explanation.	1
18	Rural locum GP	09.08.19	Locum GP referred patient direct to NHS Grampian ; delay in receiving appointment	Upheld	Resolved after intervention by local clinic secretary. Reminder to HCs re locum/new GP briefing re referral procedure.	5
19	Pharmacy	03.09.18	Patient unhappy that pharmacy would not supply medication for infusion at GP surgery	Not upheld	Product not licensed for IV infusion; GP invited to provide evidence of therapeutic value and support from peers to be considered by internal ADT panel.	1
20	Patient Travel	03.09.18	Patient unhappy that Board would not pay for vehicle to be taken to Aberdeen for medical appointment.	Not upheld	Patient advised that vehicles only paid for if onward travel for treatment beyond Aberdeen required.	1

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
21	Health Centre	04.09.18	Patient unable to book HC for 6 working days	Not upheld	Poor communication: Investigation found patient misunderstood frequency of dressing change (every 7 to 10 days)	2
22	Child Health	03.09.18	Need for consolidated care co-ordination for children who need off-island treatment	Upheld	Co-ordination of care put in place under Getting it Right for Every Child arrangement GIRFEC	1
23	Dietetics	04.09.18	Patient struggling to control weight unsettled by appointment with dietician	Upheld	Apology offered for unintentional distress caused, noting that assessing person's readiness to adopt changes was part of process and that sometimes this involved difficult conversations.	3
24	Travel vaccinations	10.09.18	Difficulty in arranging travel vaccinations following revision to procedure	Upheld	Shortage of skilled staff; explanation & clarification of arrangements given; review of Travel Medicine services. Patient advised that application was in process.	
25	Maternity	14.09.18	Poor overall experience at ARI Maternity unit including communication	Upheld	Local manager apologised and agreed to discuss NHS Grampian issues with Grampian team by VC.	1
26	Travel vaccinations	12.09.18	Difficulty in arranging travel vaccinations following revision to procedure	Upheld	Shortage of skilled staff; explanation & clarification of arrangements given; review of Travel Medicine services.	1
27	Dental	12.09.18	Repeated cancellations of appointments causing inconvenience for patient with carer duties	Upheld	Dental Director met patient to apologise & undertook to contact CAB for carer assistance information.	1
28	Dental	22.10.18	Query re dental waiting list (came in as Fol)	Upheld	Dental staff contacted patient to update with local options now available.	5

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
29	Ward 3	09.10.18	Patient unhappy with attitude of staff on night shift	Not upheld	Statements taken from nurse involved and nurse in charge of shift; manager took advice from HR.	6
30	Maternity	14.11.18	Poor communication from maternity team re off-island treatment	upheld	Apology given and suggestions from patient taken on board including suggestions for new ARI Maternity block accommodation for island patients.	>10 days
31	Health Centre	15.11.18	Via MSP Concern about ability to pre-book GP appointment	Not upheld	Discrepancy between account given against electronic patient record notes. Manager spoke with patient direct; patient had been offered appointment date within acceptable parameters.	2
32	Health Centre	05.11.18	Patient advised ear syringing had been stopped	Upheld	Poor communication & availability of information about service change. Explanation given that service only offered if drops did not work after specified period.	2
33	GBH car park	04.12.18	Patient fell on unmarked slippery external surface on way to car park	Upheld	Event entered in Datix by member of staff who attended patient; area steam cleaned next day and note taken to check regularly.	1
34	Post-discharge nursing care	07.12.18	Concern voiced about home visits as no resident nurse in area	Not upheld	Patient advised that District Nurse would visit patient for follow-up injections.	1
35	Prescription delivery	22.12.18	Patient complained verbally to ward staff about waiting to get prescription despatch from Hospital Pharmacy	Part upheld	Communication: Patient advised of change to prescribing arrangements, prescription due from Community Pharmacy, not Hospital Pharmacy.	2
36	Health Centre	09.01.19	Patient unhappy with appointments system at health centre	Part-upheld	Repeat of concerns raised earlier by complainant via local councillor, not F&C team; patient had been offered a meeting with service manager which was not taken up.	>10 days

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
37	Health Centre	14.01.19	Via PASS patient unhappy with attitude of GP.	Part-upheld	Patient met with Associate Medical Director (Primary Care) to discuss diagnosis and complex medical care and medication and letter confirming outcome of the meeting sent to patient and PASS advisor.	4
38	Rural HC prescription collection	14.01.19	Concern about arrangements for prescription collection from rural HCs and potential delays in getting urgent medication.	Not upheld	Arrangements explained to patient by Director of Pharmacy; reassurance given that supply of specific medication required by patient could be stocked at HC and other remote dispensaries in the scheme.	1
39	Hospital Ward	10.01.19	Dementia patient's family unhappy with poor communication around unexpected discharge and effect on social care provision	Upheld	SCN met with family to apologise. Anonymised case discussed by Delayed Discharge Group.	>10 days
40	Rural Health Centre	28.01.19	Patient unhappy with manner of GP during telephone consultation; left feeling anxious	Upheld	Patient advised to speak to different GP at practice when possible. Patient said that speaking about her concerns had helped her.	2
41	Rural Health Centre	01.02.19	Parent unhappy with manner of GP during telephone conversation about sick child	Upheld	GP called parent back to apologise and arranged to see child that afternoon, made arrangement for follow up appointment. Parent satisfied with outcome.	1
42	Orthodontics	01.02.19	Complaint re orthodontic treatment waiting time	Upheld	Dental Director advised patient discussions with NHS Grampian ongoing re provision; appointment organised and travel to Aberdeen for treatment approved.	5

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
43	Cardiology	11.02.19	Patient unhappy at delay in receiving test results from ARI	Upheld	Patient met with local cardiologist and advised F&C team that all issues had been resolved at meeting.	4
44	OP Surgery	20.02.19	Patient unhappy with staff attitude during consultation	Upheld	Patient apology from staff member; reassigned for future appointments. Patient sent note of thanks to F&C and asked for this to be shared with staff.	5
45	Medical	13.02.19	Change in method of therapy not suitable for patient; communication issue.	Upheld	Consultant contacted and a series of suggested options discussed with patient and family.	7
46	Community Nursing	06.03.19	Unsatisfactory response to OOH request from bereaved re performance of last offices for deceased	Upheld	Bereaved visited by staff to apologise in person. Further training in palliative care open to all clinical staff arranged. Clarification of role of CN in OOH performance of last offices for deceased.	7
47	CMHS	12.03.19	Patient concerned about condition management arrangements	Part-upheld	GP appointment arranged for following day.	1
48	A&E	12.03.19	Patient unhappy with staff attitude in A&E on being told that they should attend GP not A&E for treatment of condition	Not Upheld	Investigation of A&E 'Blue Book' showed that an anonymous patient with similar symptoms had left A&E. F&C wrote to explain why A&E does not function as alternative to GP during usual health centre opening hours.	2
49	Maternity	19.03.19	Concerns raised with department about reasons for transfer to ARI Maternity Unit and poor response/conflicting advice given about breastfeeding support	Upheld	Patient met with local Maternity staff; confident that issues understood and concerns to be passed on to ARI.	

Summary of Stage 1 complaints 2018/19

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
50	Orthotics	14.12.18	Patient finding closure on orthopaedic footwear unsatisfactory	Upheld	Suitable alternative footwear sourced after advice from national orthopaedic managers. Patient given contact detail of Orthotics dept for any future issues arising.	>10 days
51	A&E	25.03.19	Family not advised of patient discharge from A&E; patient readmitted same evening to ward via A&E and later transferred to ARI	Upheld	Issue raised and discussed at A&E team meeting; consultant wrote to patient to explain clinical reasons for discharge, readmission and transfer. Offer to meet extended.	9
52	Maternity	27.03.19	Breach of confidentiality; patient concerned that member of staff had spoken to family about seeing individual at Maternity Unit; patient & partner had not discussed matter with either families; positive feedback about help from Maternity staff	Upheld	Acknowledgement to complainant and advice Maternity Unit visible by other members of staff (and public). Family Health Manager discussed with Maternity staff inc positive feedback. General advice about patient confidentiality included in Staff Newsletter to all staff & copy sent to complainant.	5
53	Dental	27.03.19	Rural access to dental care	Part-upheld	Patient advised of ongoing plans for rural dental care & advice about future care with visiting consultant	>10 days

NHS Shetland Annual Feedback and Complaints Report for 2018/19

Appendix B

Summary of Stage 2 Complaints in 2018/19

Summary of Stage 2 Complaints 2018/19

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
1	Via PASS Change to agreed pre-op consent	Anaesthetics	Yes		Upheld	<ul style="list-style-type: none"> Review of case management; re-iteration that usual practice would be that consultant would review patient record and discuss best plan for method of anaesthesia to be used.
2	Staff Attitude	GP	No	Medical Director met with complainant	Part-upheld	<ul style="list-style-type: none"> Medical Director had telephone conversation with GP re: reflective practice; patient to see alternative GP at practice as available.
3	Non-X-ray of ankle (Public Holiday)	A&E	Yes		Part-upheld	<ul style="list-style-type: none"> Later X-ray showed healing fracture. However patient advised to return if symptoms not improving which had not happened.
4	Data Protection Patient Travel : re exemption of car parking charges at airport for NHS Shetland patients	Board Policy	Yes		Not Upheld	<ul style="list-style-type: none"> Corporate Travel code used by Airport authority does not distinguish between patient and staff travel.
5	Failure to diagnose knee injury potentially affected appropriate treatment	Physiotherapy	No	Executive Manager for AHPs met with complainant	Not Upheld	<ul style="list-style-type: none"> Full explanation of treatment pathway explained; governance arrangements for professional staff explained.
6	Co-ordination of treatment of infant health pathway Jointly investigated with NHS Grampian; local issues only recorded by each organisation	Multi-disciplinary	No	Complex nature of multi-agency involvement	Not Upheld	<ul style="list-style-type: none"> key local contacts identified to channel future queries.

Summary of Stage 2 Complaints 2018/19

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
7	Staff Attitude	GP	Yes		Part-upheld	<ul style="list-style-type: none"> • Reflective practice: GP recognised that discussion was not managed well; • Apology given to patient and further appointment with a different GP arranged.
8	Poor communication around care of patient in A&E; staff attitude; delay to transfer to mainland and further delay to surgery at mainland hospital	Consultants	No	Meeting arranged with family member to discuss clinical management options	Part-upheld	<ul style="list-style-type: none"> • local communication issues explored with staff involved and reflective practice encouraged; • delay in transfer due to capacity at mainland hospital; • clinical decisions to reschedule planned surgery explored with staff at receiving hospital; • above explained in detail at meeting; reassurance none of these issues would not have affected surgical outcome; • Apology given for poor communication.
9	Clinical management of child at A&E	Junior Doctors	Yes		Not upheld	<ul style="list-style-type: none"> • On-call consultant supported clinical decision of wound management of infant • Suggested meeting with GP to discuss healing and possibility of scarring & how this might be managed should it arise
10	Referral procedure not explained adequately	GP/Consultant	Yes		Part-upheld	<ul style="list-style-type: none"> • Outcome of referral vetting procedure outcome not explained fully by GP after alteration by reviewing consultant; • Incoming visiting consultant to be asked to review patient at next visit.

Summary of Stage 2 Complaints 2018/19

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
11	Complaint withdrawn by complainant after investigation took place				Withdrawn	<ul style="list-style-type: none"> Letter from Complaints Manager to complainant to acknowledge withdrawal.
12	Retrospective concern at A&E clinical management of child (>than 12 months)	Junior Doctors	No	Junior Doctor no longer at NHS Shetland	Not Upheld	<ul style="list-style-type: none"> On call consultant supported clinical decision of wound management of infant; Suggested meeting with GP to consider referral to plastic surgery.
13	Staff attitude	Dental	Yes		Upheld	<ul style="list-style-type: none"> Staff issue managed through HR process.
14	Via Advocacy Shetland: unhappy with level of care child received from GP/Paediatric visiting consultant	GP/Consultant referral	Yes		Not Upheld	<ul style="list-style-type: none"> Child had been referred in a timely manner; Parent unwilling to comply with clinically reasonable request from consultant to help bring forward next appointment; Child reviewed at scheduled appointment.
15	Confusion after joint meeting between professional therapists	AHPs	No	Complex investigation	Upheld	<ul style="list-style-type: none"> Recommendation: preparation between professionals before joint meetings with family.
16	Continuity of care, poor communication	GP/Health Centre	No	Complex investigation	Upheld	<ul style="list-style-type: none"> Management of returned sample kits; Risk assessment of misdirection of samples ; Improvement of verbal communication with staff not present at 'huddle' update meetings'; Review practice handout for patients with dementia-related diagnosis; Improvement of communication with dementia services re patient medication updates.

Summary of Stage 2 Complaints 2018/19

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
17	Staff attitude	Locum GP	Yes		Not Upheld	<ul style="list-style-type: none"> Offer to put note on GP preference on patient file if requested.
18	Via PASS discharge from day surgery unit; poor outcome following complications	Day Surgery Nurses/Consultants	No	Complex investigation	Not Upheld	<ul style="list-style-type: none"> Meeting between PASS, patient and consultants held to discuss outcome and management of surgical outcome.
19	Delays in orthodontic treatment plan	Dental	No	Delayed by 1 day due to unavoidable circumstances	Upheld	<ul style="list-style-type: none"> Review of administrative pathway for prior approval & access to orthodontic care.
20	Via PASS request for referral for second opinion	CMHS/GP	Yes		Upheld	<ul style="list-style-type: none"> Second opinion request for assessment approved.
21	Diagnosis & treatment	A&E/Ward 3	No	Complex investigation	Part-upheld	<ul style="list-style-type: none"> Reflective practice for Junior Doctor; Clarification of role of off-duty staff in assisting clinical staff with care of family member.
22	Management of long-term condition	Locum GP	No	Complex investigation	Upheld	<ul style="list-style-type: none"> Existing patient alert re repeat prescription moved to appear on opening screen of EMIS record.
23	Misdiagnosis	Consultant	Yes		Not Upheld	<ul style="list-style-type: none"> No clinical evidence of misdiagnosis but apology given for delay in formal pathology decision reaching patient and subsequent communication.
24	Change to agreed procedure/patient consent	GP/consultant /DSU	No	Complex investigation; end of life care	Upheld	<ul style="list-style-type: none"> Case to be anonymised and discussed at Clinical Governance team and learning shared with other clinical practitioners.

Summary of Stage 2 Complaints 2018/19

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
25	Query re onward management of care	Physiotherapy /Surgery	No	Ongoing; patient meeting to discuss options; decision outstanding		<ul style="list-style-type: none"> Follow up patient review of meeting notes.

NHS Shetland Annual Feedback and Complaints Report for 2018/19

Appendix C

Summary of Concerns received in 2018/19

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
1	Physiotherapy	05.04.18	Investigate: Historic inappropriate behaviour of a sexual nature	Apology given that in the circumstances concerns could not be evidenced but reassurance given that individual had not worked elsewhere since that point. Individual wrote to thank NHS for taking concerns seriously and putting mind at ease.
2	Primary Care	05.04.18	Query: Commercial company queried fee for private consultation and medical report for offshore EU worker	Company advised of standard charge for Medical Reports in line with current arrangements, irrespective of NHS status
3	Medical Imaging	03.04.18	Feedback: Poor experience of procedure carried out at ARI ; wished to flag to local as well as ARI staff	Detail received and communicated with NHS Grampian Feedback & Complaints Team and local clinicians
4	Orthopaedics	09.04.18	Feedback: patient in pain following surgery; further surgery required, concerned at waiting times.	Local referral to Pain Management Clinic; to Orthopaedics to arrange VC diagnosis & request review
5	CMHS	24.04.18	Feedback: Suicide Threat: family member not confident that concerns reported to CMHS about safety of patient would be taken forward	CMHS manager contacted patient who was admitted to GBH
6	Orthopaedics VC consultation	14.04.18	Feedback: concerns about attitude of ARI consultant; sound quality of VC; patient with hearing problems	Concerns taken forward by Medical Director with consultant; Local: Staff to flag awareness of hearing issues when using VC for consultations
7	Patient Travel	27.04.19	Feedback: complex medical care off-island; request for permission to stay longer than 48 hrs as per local policy	Noted need for equitable treatment; referred to specialist staff nurse to co-ordinate (where possible) suite of appointment dates/individual visits examined on a case by case basis with view to accommodating needs appropriately .

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
8	Inpatient	30.04.18	Feedback: inpatient survey return noted poor attitude of visiting clinician	None – anonymous survey form submitted
9	Medical Records	15.05.18	Query Records transfer query	Confirmation that no request to transfer files from England to Scotland would be made until (1) surgery date in Scotland confirmed and (2) that patient confirmed residency in Shetland.
10	NHS Shetland/Grampian	18.05.18	POA Wasted journey: Cancellation of patient elective surgery after travel; patient advised that POA had not been sent by NHS Shetland	POA had been sent. Apology given and explanation of SCI store/TrakCare issues; information sent correctly but not accessed at ARI (Shetland SCI patient info not visible on TrakCare without password; local measures taken to assist future transfers). Patient wrote back to thank for explanation
11	Patient Travel	22.05.18	Patient Taxi Request needed to get to Lerwick on Sunday to catch boat for surgery, no public transport available.	Request granted, return home/ferry taxi transport arranged for patient.
12	A&E	06.06.18	Concern: Family concerned that note of need to admit patient to ward if presenting at A&E due to recurring infection was not clear to A&E staff.	F&C staff met with family; notes taken, approved and shared with GP for onward discussion with A&E.
13	Patient confidentiality breach	07.06.18	Concern: Family of patient reported breach of confidentiality around medical care from two separate sources identified as individuals married to NHS staff	Family wished to remain anonymous; CE circulated all staff email re importance of patient confidentiality at all times.
14	GBH	07.06.18	Concern: Meeting with patient to discuss concerns re historic diagnosis, clinical concerns and possible litigation	Arranged for patient to meet with consultant to discuss records with consultant involved in discharge.

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
15	Board	10.05.18	Query from MSP re: treatment for eating disorders in NHS Shetland	General response re pathways via GP/CAMHS/CMHS to specialist services in NHS Grampian.
16	Board	11.06.18	Query from (2nd) MSP re: treatment for eating disorders in NHS Shetland	General response re pathways via GP/CAMHS/CMHS to specialist services in NHS Grampian.
17	Board	14.06.18	Query from local MSP: patient concern at waiting time for VC consultation with GJNH	Explanation of current waiting times & confirmation that patient had been given accurate advice by GJNH.
18	Pain Clinic	20.06.18	Feedback re: changes to Pain Clinic appointment procedure	Forwarded to Service Director; explanation given of new arrangements and apology for confusion over automatically generated appointment letter.
19	Primary Care	29.06.18	Concern: family members seeking information about late mother's clinical care prior to decease	Forwarded to local health centre to arrange meeting between family members and GP. Family advised.
20	NHS Grampian prescribing	03.07.28	Concern: patient unhappy with outcome of OP appt in relation to prescribing for long-term condition	Patient agreed that feedback shared with NHS Grampian and local GP for onward discussion between parties.
21	Rural HC	05.07.18	Poor Communication: re delayed appointment while patient waited; patient raised with HC at the time & advised was 'taking it further'	Head of Service advised.
22	Patient Travel	11.07.18	Query: Flexibility of 48 hr Patient Travel regulation	Clinical case supported by GP; accommodated by Patient Travel but patient chose to make private arrangements; patient refused offer to meet with GP.

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
23	Patient Travel	10.07.18	Appeal to EMT patient seeks Patient Travel to allow overnight accommodation before treatment	Upheld - case supported; patient advised.
24	Medical Secretaries	20.07.28	Managing expectations: patient unhappy with medical secretaries' response to query about ARI test results	Concerns noted; Patient advised to speak with GP. Positive response received from patient, thanks circulated to staff involved
25	Pain Clinic	23.07.18	Via PASS: query re frequency of Pain Clinic appointments	PASS advised to contact patient's GP re clinical need for frequency of appointments to be explored with patient.
26	A&E /CMHS	24.07.18	Request for second opinion and inclusion of information about chronic condition to be included in all medical record	Meeting between Service Managers & CE for records checking; patient contacted.
27	CMHS	09.05.18	Query re assessment Patient concerned not heard back from service	Progressed with Service Manager; escalated to S2 complaint Q4 2018_19.
28	Estates	26.07.28	Feedback: Report of potholes as potential hazard at rural HC	Remedial work scheduled; thanked for observation.
29	Day Surgery	01.08.18	Feedback: poor communication re delays to clinic	Explanation and apology given by Director of Service.
30	Ophthalmology	03.08.18	Via local MSP on behalf of anonymous patient: re repatriation of Macular Degeneration Clinic to Shetland	Explanation and update given (CE).

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
31	Ophthalmology	07.08.18	Via local MSP Patient query: re repatriation of Macular Degeneration Clinic to Shetland	Explanation and update given (CE).
32	CMHS	14.08.18	Via local MSP on behalf of patient, query re Psychological Therapy referral & waiting time; potential withdrawal of benefits to patient	Patient, who had been receiving therapy elsewhere had been reviewed by Service (CE).
33	Ophthalmology	12.08.18	Patient query: re repatriation of Macular Degeneration Clinic to Shetland	Explanation and update given by F&C team member.
34	Dental	17.07.18	Comments on social media by independent dentist providing NHS work breaching patient's confidentiality	Patient advised that dentist concerned no longer performed NHS work; patient advised to contact GDC if they wished to take this further.
35	Dermatology	11.09.18	OP prescribing issues	Head of Service to arrange staff to contact patient to arrange VC consultation.
36	Pain Clinic	12.09.18	Request that changes to service provision be included in patient appointment letters	Head of Service confirmed that clinic letters would include appropriate instructions for patients related to clinical need.
37	Pain clinic	11.09.18	Via PASS for patient: main concerns to NHS Grampian	VC arranged to discuss concerns. Local support in place for pain management.
38	Paediatric Ophthalmology	17.09.18	Via local MSP complex care of infant condition	Head of Service discussion with visiting consultant in advance of next visit to discuss treatment plan.

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
39	Ward 3	17.09.18	Concern: family unhappy with discharge plan for parent	Meeting with family arranged.
40	GP	20.09.18	Concern: possible missed diagnosis	Meeting with family arranged.
41	Audiology	26.09.18	Concern: interruption to service provision due to staffing	Visiting service in place; work with locum to prepare new hearing aids, appointment made for patient.
42	Patient Travel	01.10.18	Query: Patient Travel re access to Magnus Lounge on ferry	Advised that travellers can independently purchase lounge access pass.
43	Patient Travel	03.10.18	Concerns: various re prescribing, medication, treatment, patient travel	Meeting with service managers (PT and PC) to discuss issues; no further contact from patient.
44	Dental	12.10.18	Feedback: patient unhappy with advice given by dental surgeon	Shared with Dental Director; arrangements made for patient to have second opinion from different dentist.
45	Catering	25.10.18	Feedback: patient unhappy with salad pricing at GBH servery	Full response provided about choices, costing and reduction in food waste.
46	CMHS	29.10.18	Concern: raised by parent communication with/attitude of staff during meeting about appropriate support for patient	Service Manager met with parent; duty female CPN to contact patient.
47	Public Health	22.10.18	Via local MSP concern on behalf of patient: unhappy with medical housing points decision	Investigation found misinterpretation of professional advice; points increased accordingly.

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
48	Ward 3	16.11.18	Feedback: patient unhappy with staff attitude, content to raise issue no response required.	Issue explored by Chief Nurse with staff member; feedback taken on board.
49	Community Nursing	16.11.18	Feedback: call from distressed patient re fall following hip replacement	Community Nursing alerted and responded.
50	GP	16.07.18	Query re historic diagnosis by GP in 2008	Case review carried out by Associate Medical Director (PC) and GP involved: offer to meet patient to discuss records and timeline.
51	Access to specialist nursing care	06.11.18	Query re specialist nursing provision	Apology given for gap in service; contact made with nurse to arrange review of care; general review of specialist nurse succession planning
52	CMHS	21.11.18	Query by parent re: unlawful CTO 2017	Apology given. Investigation & review of arrangements to support work required around Mental Health Act including staff training for NHS and CH&SC staff.
53	Medical Records	03.12.18	Query: accuracy of discharge letter on medical records file	Consultant agreed; additional letter added to patient record and patient advised.
54	CMHS	06.12.18	Via local MSP: on behalf of patient; concerns about service	Investigation found that patient had repeatedly failed to engage with service; further appointment offered.
55	Primary Care	07.12.18	Feedback re locum staff attitude: two contrasting experiences reported from one patient about different locum doctors	Patient advised that negative attitude of locum GP noted had been reported to providing agency and individual would not be re-employed by NHS Shetland.

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
56	Dental	07.12.18	Concern: patient confusion over provision of dental treatment in relation to primary clinical condition and had paid to have work done privately.	Meeting with Dental Director to explain and apologise for confusion; reimbursement of cost to patient. Note of thanks from patient.
57	Primary Care	17.12.18	Concern: Patient receiving telephone calls despite request to have number deleted from medical records	Service Manager unable to trace alleged telephone contact.
58	GBH	31.12.18	Concern: reinstatement of DNACPR & transfer of care of patient to different consultant	Arranged. Copy of MHWC for Scotland advice re PoA circulated to Medical Records, GP and Care Home.
59	Primary Care	03.01.19	Concern: that past incident had negatively influenced current treatment	Investigated by Service Manager. No evidence found to support claim.
60	OP Cardiology	07.01.19	Concern at 4 week wait for 24hr cardiac monitor results	Explanation that test results reviewed by visiting consultant staff as no local staff able to interpret results (position vacancy).
61	GP/ARI	04.01.19	Concern about proposed future surgery date and patient deterioration	Family were advised to approach GP to ensure that receiving surgeon aware of deterioration of patient's condition. Family confirmed that surgery took place February 2019.
62	GP registration	10.01.19	Concern: parent anxious that daughter could register independently at local GP surgery in her own right	Service Manager advised that this was possible; information and reply-paid envelope sent to daughter.
63	GBH/HC	11.01.19	Clarification of arrangements for visiting family member receiving hospital treatment whilst visiting Shetland.	Dealt with verbally between CE and enquirer; generic item on Out of Area treatments planned for Radio Shetland Broadcast 14.01.19

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
64	GBH/HC	15.01.19	Concerns: (1) clarification of remit of physiotherapists to request X-rays/imaging (2) viability of OoA treatment due to surgical waiting times	Escalated to S2 complaint 12.03.19
65	Patient Travel	22.01.19	Reimbursement of accommodation costs in Aberdeen due to cancellation of elective surgery for a second time	Issue to be dealt with by NHS Grampian; arrangement made for reimbursement and instruction from Patient Travel for people to only book flexible accommodation.
66	Catering	23.01.19	Via Local MSP query on behalf of named patient re provision of gluten-free sandwiches in GBH canteen	Response to confirm that this issue had been addressed following previous correspondence direct with named patient/constituent.
67	Estates	15.02.19	Concern: problems with illicit dumping on property owned by NHS Shetland	Followed up by Director of Estates.
68	Patient Transport Service	15.02.19	Via local MSP for patient re change to current transport arrangements to attend thrice weekly therapy and impact of this	Meeting between patient, service manager and patient travel management to explain necessity of change and clinical reasons for need for this.
69	A&E/CMHS	25.02.19	Concerns about A&E and safe place for patients	Investigation found that patient had been safely cared for during repeated visits to A&E during weekend.
70	Estates	01.03.19	Concerns about allergens in paint used in public and patient area of Board premises	Investigation by H&S manager; patient reassured that low allergen paint is used in all public areas. Allegations made of staff illness due to exposure; no evidence from any individual member of staff, HOD or OH.
71	Travel Vaccinations	01.03.19	Suggestions received to improve service	Noted and thanked and advised of service review.

Summary of Concerns 2018/19

	Department	Date	Summary of concerns	Outcome
72	Primary Care	04.03.19	Concern: seeking reassurance about review appointment arranged with GP arranged by ANP	Patient reassured that correct procedure was followed and was happy with explanation.
73	Ophthalmology	06.03.19	Via local MSP for patient concern about waiting time for eye surgery	Explanation of visiting service, SG to invest in Ophthalmology waiting times issues due to shortage of consultant staff; Shetland to apply for addition funding from SG for Financial year 2019/20 to improve service provision.
74	Ward 3	28.02.19	Concern re patient care pending urgent MRI scan referral	DN to visit; acknowledgment from patient that no further action needed.
75	Surgical after-care	20.02.19	Concern re pain following partial hip surgery& concern about second operation	Medical records requested for review meeting with Interim Medical Director.
76	Primary Care	14.03.19	Feedback: patient concerned at level of detail requested by GP on registration with practice	Forwarded to Service Manage for information; patient instructed that they did not wish GP to be made directly aware of their concerns.
77	Dental	27.03.19	Request: to change location of dental treatment	Dental Director advised that patient needs to be under care of visiting consultant due to complex needs which cannot be provided in rural surgery. Patient accepted explanation.

NHS Shetland Annual Feedback and Complaints Report for 2018/19

Appendix D

Complaint process experience results (key performance indicator at 4.2)

Description	2018/19	Rounded to nearest whole number % (14 replies)
1. Who did you complain to?	At the point of service (e.g. to nurse, allied health professional, receptionist)	1
	Centrally (e.g. to Complaints Officer/Chief Executive/Corporate Services/MSP)	13
2. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	36% (5 of 14)
	Satisfied	36% (5 of 14)
	Neither Satisfied or Dissatisfied	21% (3 of 14)
	Dissatisfied	7% (1 of 14)
	Very Dissatisfied	-
	Question Skipped	-
3. How satisfied are you with how you were treated when you were making your complaint?	Very Satisfied	29% (4 of 14)
	Satisfied	43% (6 of 14)
	Neither Satisfied or Dissatisfied	7% (1 of 14)
	Dissatisfied	7% (1 of 14)
	Very Dissatisfied	14% (2 of 14)
	Question Skipped	-
4. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Yes	64% (9 of 14)
	No	36% (5 of 14)
	Question Skipped	-
5. Did we apologise for your experience?	Yes	71% (10 of 14)
	No	14% (2 of 14)
	Question Skipped	14% (2 of 14)
6. How satisfied were you that we responded to you in a timely manner?	Very Satisfied	21% (3 of 14)
	Satisfied	36% (5 of 14)
	Neither Satisfied nor Dissatisfied	14% (2 of 14)
	Dissatisfied	14% (2 of 14)
	Very Dissatisfied	14% (2 of 14)
Question Skipped	-	
7. Did the complaints response letter clearly detail the outcome of your complaint?	Yes	50% (7 of 14)
	No	14% (2 of 14)
	Question Skipped	36% (5 of 14)
8. Overall, how satisfied were you with the complaints procedure?	Very Satisfied	-
	Satisfied	57% (8 of 14)
	Neither Satisfied or Dissatisfied	7% (1 of 14)
	Dissatisfied	21% (3 of 14)
	Very Dissatisfied	14% (2 of 14)
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:

- The complaints ladies were lovely – very sympathetic, kind and helpful when I was very distressed
- Happy waits for appointments are down and for the prompt response – our NHS is something to be proud of
- Highly professional complaints member of staff – understood where I was coming from and does a brilliant job

Extracts of anonymised negative comments:

- Deeply unhappy about treatment and feel one aspect of complaint has been ignored in response
- Don't believe taken seriously and feel reply was very defensive – showed no real insight into patient experience
- Don't feel all points have been addressed and no offer to meet
- NHS Shetland needs to address the length of time patients are still having to wait for dental/orthodontic treatment
- I feel the complaints department wrote the apology – it didn't feel particularly personal from the consultant
- Staff training at the health centre needs urgent review. Staff are overwhelmed and it shows