

Feedback and Complaints Report 2020/21





A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2020/21

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 2020 to 31 March 2021, 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 (i.e. independent 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 2020/21 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

¹ 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 2020/21 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 2020/21 the team has handled 140 pieces of feedback: 10 thank you contacts, 79 concerns, 29 Stage 1 (early resolution) complaints and 22 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 can be 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 anonymised 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 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.feedbackandcomplaints@nhs.scot.

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 usually 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). This is another way we hear from patients about their experiences. However, due to the pandemic Boards held closed annual reviews in 2020/21, with ours taking place with the Scottish Government in November 2020. 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/AnnualReviewSummaryLetter2020.pdf>

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 internal staff briefings 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 fourth year of the revised NHS Scotland national complaints handling 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 not able 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 ceased during the pandemic but we have offered 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**. On occasion concerns can be serious in nature and will warrant a robust investigation process and written response despite the person raising the concerns being very clear they are not complaining.

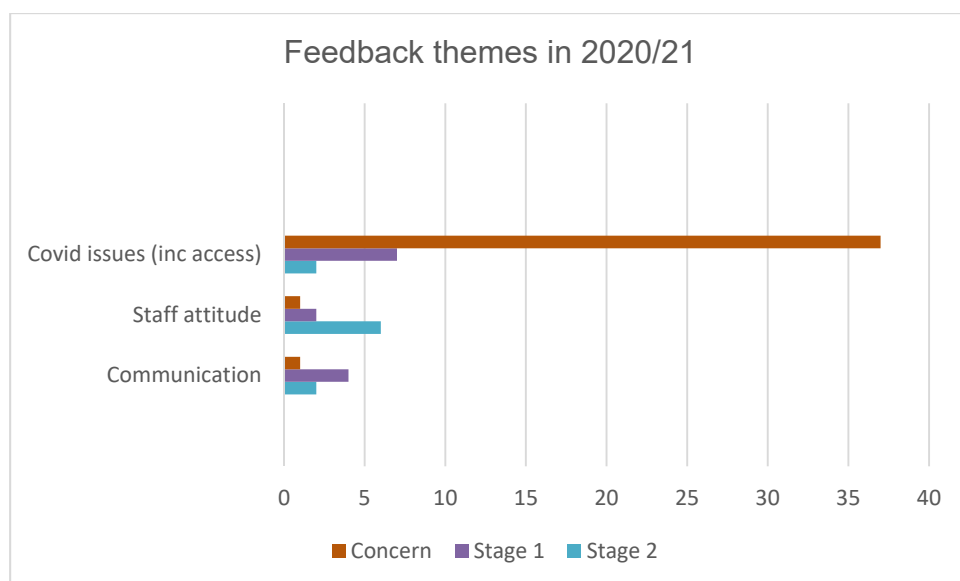
We are monitored by Board Members, and ultimately the Scottish Government about how many of our complaints we respond to within the five and 20 working days. These performance monitoring measures are included as part of the nine key performance indicators included in Section 4.

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.

Given the pandemic, looking across 2020/21 at all our feedback (Concerns that include Care Opinion feedback, Stage 1 and Stage 2 complaints), it is unsurprising that the majority of the feedback episodes fall under Covid related enquiries and issues. These range in significance from procedural enquiries and concerns regarding Covid arrangements across primary and secondary care which were in the main fielded by Public Health, through to the restrictions having an unforeseen but detrimental impact on people's care and wellbeing. Due to the cessation of non-urgent services across health boards they also include a number of access issues which in other years would have been separated out and identified as one of the top thematic concerns.

While small overall numbers can distort emerging themes, staff attitude and communication also continue to feature in the top three themes as seen in the last five years.



Covid related issues

Aside from the risk of becoming unwell with Covid, the pandemic, and the actions taken to break transmission rates, brought with them a number of consequences for other health issues. People raised very understandable concerns and complaints about delays to treatment such as chemotherapy, nervousness about accessing necessary care such as infusions and blood transfusions and nervousness about not being able to access non-urgent care (such as routine bloods monitoring and dental treatments).

One area where learning can be taken is with regard to restrictions to hospital visiting. This is usually an essential part of a patient's hospital stay as it allows families time to discuss investigations, diagnosis and treatment with their relatives, as well as allowing time for family members to raise concerns to medical and nursing staff.

For some inpatients not having family or carers present to speak with clinicians and provide greater insight into a patient's history or behaviour has proved detrimental. Although an individual may usually be assessed as having capacity, when they are unwell and/or taking strong medication this may be compromised. Capacity is also not absolute and so whilst people may seem to understand and give consent to simple procedures such as having blood taken they may struggle with more complex information and decisions. As a result of a complaint it was determined that where visiting is restricted for whatever reason, the medical and nursing teams will seek the consent of the patient and will provide daily updates to the identified next of kin. Staff will also receive a refresher in cognitive assessments, concentrating on when collateral history taking is appropriate (this means as well as speaking to the patient they take into account the perspective of loved ones or carers).

With regard to access to treatment, we saw issues raised about dental care and mental health waits but the majority of concerns related to understanding the potential waits for non-urgent but significantly life improving orthopaedic operations. Deconditioning has the potential to lead to other health concerns. This matter is of course not unique to Shetland. In June 2021 the total number of patients in Scotland waiting for orthopaedic surgery was 28,677; with 167 of these in Shetland.

As a result of the cessation of procedures and the now protracted waits, NHS Shetland is undertaking a planned elective care project to bring in additional theatre capacity via a mobile theatre unit in early 2022. The project involves four workstreams: scheduling/pathways, staffing, equipment and infrastructure and is a key part of the Board's remobilisation of services. An additional staffed mobile theatre will increase the number of scheduled procedures that can be undertaken in year. A multidisciplinary team will be brought in to provide outpatient, theatre and post-operative care. A mobile MRI scanner will also be brought on site so diagnostic services can be provided where an MRI is part of the pathway. This significantly reduces our reliance on the waits experienced by partner Boards.

Staff attitude and communication issues

During 2020/21 poor staff attitude featured in nine feedback contacts (11 lower than 2019/20), however six of these were Stage 2 investigations. 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.

In addition, during the pandemic communication has been adversely affected by the requirement of both clinicians and patients to wear personal protective equipment (PPE). Although essential from an infection control perspective in most circumstances, face masks have inevitably meant we have lost the benefit of facial expressions, and voices will have had to be raised and messages repeated.

There are also a number of complaints where poor communication more generally can lead to a less than ideal outcome. A complaint about end of life care illustrated a lack of communication between community based teams including the GPs and Community Nursing teams, which led to the acuity of the patient's symptoms not being realised by the entire team. Despite everyone's best intentions this in turn led to a situation where the family was needing to advocate for the patient and this was a cause of additional stress and upset at such a difficult time. A number of actions were identified through the complaint investigation process, but in particular there was a commitment to undertake a project to improve communication amongst multi-disciplinary teams to ensure that the rights and needs of the patient are realised fully. This needs to include a joint decision making process with an appreciation of service roles and responsibilities within the care pathway. The review will also scope what could be done for different teams to escalate concerns about the appropriateness of the proposed care pathway, and to allow conversations about support for any receiving facility to ensure that care is person centred.

Treatment

Whilst treatment concerns are reassuringly low in number, those we do receive can provide valuable learning opportunities. As a result of a complaint regarding a

lengthy delay in diagnosing an extremely rare but debilitating condition, a focussed training session open to all clinicians is now planned for delivery in September this year by a Consultant Neurologist.

Complaint investigations in year also brought to light some issues with the quality of documentation within hospital nursing notes where assessments were either incomplete or only partially complete. Learning arising from these has meant a programme of support being put in place for the ward nursing team focussing on record keeping and the fundamentals of care, including palliative care. The team is receiving training and input from a senior nurse who will be working with them for 15 hours per week over the next few months. Work is also being done with the nursing team to review daily communications and thorough discharge planning with a checklist so that it is clearly documented what support is required to ensure a patient is supported to be discharged safely.

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 Governance Committee.

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 Clinical Governance Committee or the Risk Management Group 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 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 Board 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 2020/21 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 very limited across the four quarters. The information we have received is included at Appendix D.

In 2020/21 seven 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 (SPSO). This is up two from 2019/20. The one complaint from 2020/21 that was sent on to the SPSO has resulted in no further action being 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 programme 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.

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

The Director of Nursing and Acute Services, the Medical Director 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 staff newsletter to promote the various feedback methods to staff. We also on occasion 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, however with restrictions in place this has not been possible during 2020/21.

4.4) Indicator Four: The total number of complaints received

In 2020/21 we received 51 complaints (29 Stage 1 complaints and 22 Stage 2 complaints, one of which escalated from Stage 1). This figure is one less than the 52 complaints we received in 2019/20. The breakdown between Stage 1 and Stage 2 complaints is almost identical to the previous year (with one less Stage 2 complaint).

Within the year we also received and responded to 79 concerns (which is an increase from 47 in 2019/20). 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 fourth year of the revised Complaint Handling Procedure has continued the trend in the 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 2020/21, these relate to the following service areas:

Service	2020/21	
	Number	%
Directorate of Acute and Specialist Services	18	35
Directorate of Community Health and Social Care	26	51
Acute and community	4	8
Corporate	2	4
Other	1	2
Totals:	51	

The Directorate of Community Health and Social Care has responsibility for eight of the 10 GP practices in Shetland since they become salaried practices. Complaints relating to salaried GP practices (for 2020/21 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, however, the number of complaints reported generally remains very low.

Levenwick GP practice reported nine complaints, seven at Stage 1 and two at Stage 2. Of the Stage 1 complaints one was partly upheld and four were not upheld (relating to previously communicated changes to prescription pick-ups). These were responded to within an average of two working days. Both the Stage 2 complaints were partially upheld with an average response time of eight working days. There were no complaints recorded at Hillswick Practice.

Scalloway Pharmacy was the only pharmacy in Shetland to capture and report complaints in year, with five Stage 1 complaints all handled within one working day. Of these two were upheld, one part upheld, one not upheld and one withdrawn.

iCare Shetland reported one part upheld complaint handled at Stage 1 within four working days. Specsavers reported a nil return.

Lerwick Dental Practice experienced similar concerns to the Board's Public Dental Service from patients during Covid restrictions, reporting one Stage 1 complaint that was handled in four working days (not upheld) and three part upheld Stage 2 complaints with an average response time of 10 days.

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 (the previous year there was one additional Stage 2 complaint). These are the complaints handled directly by NHS Shetland.

Complaints closed (<i>responded to</i>) at Stage One and Stage Two as a percentage of all complaints closed.		
Description	2020/21	2019/20
Number of complaints closed at Stage 1 as % of all complaints	57%	57%
Number of complaints closed at Stage 2 as % of all complaints	41%	41%
Number of complaints closed at Stage 2 after escalation as % of all complaints	2%	2%

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.

Upheld		
Description	2020/21	2019/20
Number of complaints upheld at Stage 1 as % of all complaints closed at Stage 1	24% (7 of 29)	48% (14 of 29)
Number of complaints upheld at Stage 2 as % of all complaints closed at Stage 2	33.3% (7 of 21)	24% (5 of 21)
Number of escalated complaints upheld at Stage 2 as % of all escalated complaints closed at Stage 2	100% (1 of 1)	0% (0 of 1)

Partially Upheld		
Description	2020/21	2019/20
Number of complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	45% (13 of 29)	38% (11 of 29)
Number of complaints partially upheld at Stage 2 as % of all complaints closed at Stage 2	52.4% (11 of 21)	57% (12 of 21)
Number of escalated complaints partially upheld at Stage 2 as % of all escalated complaints closed at Stage 2	0% (0 of 1)	100% (1 of 1)

Not Upheld		
Description	2020/21	2019/20
Number of complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	31% (9 of 29)	14% (4 of 29)
Number of complaints not upheld at Stage 2 as % of all complaints closed at Stage 2	14.3% (3 of 21)	19% (4 of 21)
Number of escalated complaints not upheld at Stage 2 as % of all escalated complaints closed at Stage 2	0% (0 of 1)	0% (0 of 1)

4.7) Indicator Seven: Average times

The average time in working days for a full response to complaints at each stage			
Description	2020/21	2019/20	Target
Average time in working days to respond to complaints at Stage 1	5.4	4.4	5 wkg days
Average time in working days to respond to complaints at Stage 2	33.8	55	20 wkg days
Average time in working days to respond to complaints after escalation	37	6	20 wkg days

Performance against the 5 and 20 working day target has been compromised by the response to the pandemic, including the roll out of the vaccination programme. Both investigators and complaint response contributors have been otherwise tasked and because of this a number of complaints took much longer to close than we would wish for. It is however encouraging to note that Stage 2 performance has improved in 2020/21.

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	2020/21	2019/20	Target
Number of complaints closed at Stage 1 within 5 working days as % of Stage 1 complaints	62% (18 of 29)	93% (27 of 29)	80%
Number of complaints closed at Stage 2 within 20 working days as % of Stage 2 complaints	48% (10 of 21)	19% (4 of 21)	80%
Number of escalated complaints closed within 20 working days as % of escalated Stage 2 complaints	0% (0 of 1)	100% (1 of 1)	80%

Performance against response targets for Stage 1 complaints has dipped in 2020/21. Performance against Stage 2 complaints has improved from the previous year but these more complex complaint responses remain a challenge. A number of the Stage 2 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 have mostly recovered our feedback and complaint service and will continue to try and meet our deadlines for all types of patient feedback. We have introduced a brief complaints triage meeting three times a week between the Feedback and Complaints team and the three clinical directors. When we receive new complaints the lead investigator can be agreed quickly, and also any input required from colleagues can be identified much earlier in the investigation process. It is hoped these meetings will continue to support performance improvements regarding feedback turnaround times.

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	2020/21
% of complaints at Stage 1 where extension was authorised	38% (11 of 29)
% of complaints at Stage 2 where extension was authorised (this includes both escalated and non-escalated complaints)	55% (12 of 22)

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. During 2020/21 these have taken place via virtual Board Meetings.

2. Clinical Governance Committee and sub committees

The anonymised formal complaints and feedback report is discussed at our Clinical 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 Director of Nursing and Acute Services, the Medical Director 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 compliments, 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.

And finally...

To put the formal complaints 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 2021

NHS Shetland Annual Feedback and Complaints Report for 2020/21

Appendix A

Summary of Stage 1 Complaints in 2020/21

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
1	Wants non-urgent follow up blood test despite Covid 19 risk.	GP	Part upheld	Confirmed no non-urgent blood testing to be done presently due to Covid-19. However review and discussion with AMD showed that a correction was required in medical records.	6
2	Issues with Covid 19 test.	Public Health	Upheld	Recognition that at that time NHS 24 should not have told patient to get tested, however, once tested, hospital should have sent test to lab and not discarded it.	6
3	Patient upset could not get ears syringed, and also that GP will not give an injection to ease chronic pain.	GP	Not upheld	Ear examination showed treatment not appropriate - this had been relayed to the patient. Specialised injection treatment could not be provided in the community. Patient had already been advised to contact the surgery for a referral to the Pain Clinic, but was voluntarily self-isolating due to Covid-19 and so did not feel able to leave home.	4
4	Patient referred to the Gilbert Bain Hospital but feels the checks there are not thorough enough - seeking a referral to Aberdeen Royal Infirmary (ARI) for specialist assessment.	GP	Not upheld	Misunderstanding and miscommunication between the patient and GP. The patient had been locally referred for a different reason as a local opinion was needed before considering referring patient to specialist surgical team. Recommendations for patient to contact GP to discuss concerns.	7
5	Frail patient was leaving hospital when they were knocked off their feet by the sliding door at GBH.	GBH Estates	Part upheld	Incident recorded on Datix at the time. Staff checked if they wanted a medical review, which the patient declined as they were seeing their GP and comm nurse the following day. Email sent to the	5

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
				patient's GP and comm nurse to let them know about the incident so they could examine them the following day. In the meantime the Head of Estates sent engineers to adjust the settings of the sliding door to slow it down, enabling lesser abled patients the time to pass through. Estates will continue to review the door to ensure it is working safely.	
6	Patient concerned GP did not prescribe more antibiotics for an infection where the first prescription had not worked. GP instead increased other unrelated medication. Patient feels GP did not listen and is worried about future care.	GP	Part upheld	GP wrote a detailed response and was keen to speak to the patient. Apologised that the patient felt as they did and offered assurance that they would spend a little more time at each of their consultations to make sure the patient is happy before leaving.	5
7	Patient having a diagnostic test when a member of staff made what they felt to be a snide comment. Patient felt this was due to them knowing their medical history.	GBH Outpatients	Part upheld	Difficulty in identifying who might have made the comment, however apology offered for the negative experience and patient accepted this.	5
8	Patient feels fed up trying to contact either of the GPs they prefer to communicate with, and feels they are being deliberately 'fobbed' off.	GP	Not upheld	The preferred GP had been assigned to be the care home GP during Covid-19 for continuity reasons. The other GP was leaving and so it was	9

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
				recommended the patient build relationships with the remaining consulting GPs.	
9	Patient concerned that CPN is not really helping and has come off medication. Feels 30 mins is not long enough to talk about the past. Waiting four years to see a psychologist, but still hasn't see one.	Community Mental Health Team	Part upheld	CMHT has now offered patient an appointment with the consulting psychiatrist. The patient wasn't aware of this appointment and feels communication is not good with the department, however happy to have the opportunity to discuss concerns at that appointment.	3
10	Complaint regarding the manner in which Police Officers were spoken to at Gilbert Bain Hospital whilst accompanying a patient.	GBH Medical	Upheld	Apologised for what happened and assured that learning outcomes have been set to ensure it is not repeated.	11
11	Complainant upset that family member's treatment has been delayed in Shetland and the effect this will have.	GBH	Part upheld	Treatment delayed due to medication delivery to Shetland and also a query in the dose which needed to be clarified with ARI. Apology given.	4
12	Phoned GP surgery for help with injury. Described issues relating to anxiety leaving the house and upset to be denied a home visit.	GP	Part upheld	Apology given for patient's perception of rudeness and explanation that the gold standard treatment for examining joints is on a proper examination couch. Also felt patient would have needed an x-ray. Further explained current Covid-19 guidelines said house visits should only be a last resort. Recommends patient has x-ray.	6

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
13	Staff attitude regarding breastfeeding an older child.	Nursing	Part upheld	Infant Feeding Midwife shared training information that has been circulated to health centre staff to update knowledge about breastfeeding.	1
14	Shetland patient had requested a wheelchair which was provided but with no support to push it.	GBH Patient Travel	Upheld	Apology given and communication with Sumburgh Airport and Loganair to try and stop issue reoccurring.	8
15	Complainant upset that clinician has not read diagnostic report and has come to their own conclusion about the diagnosis of the complainant and the treatment plan.	Community Mental Health Team	Not upheld	Explanation that clinicians may come to different opinions regarding diagnosis.	1
16	Complainant upset child did not receive flu vaccination at school despite consent being in place (and that this was a repeat issue from the previous year).	Child Health	Not upheld	Explanation that consent form was incomplete and therefore it was correct to delay the vaccination. Suggestion to provide additional contact number on the next form should this issue reoccur.	4
17	Complainant went for flu vaccination and was not wearing a mask as they were exempt from needing to wear one. Reported that a member of staff reacted badly to this and said they would not give provide the injection.	GP	Upheld	Letter sent with apology provided. As learning points the team discussed attitudes towards patients who were exempt from wearing masks and also placing alerts on patient records to say they were exempt from wearing masks.	12

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
18	Complainant is shielding. Had an appointment for a flu jag postponed due to availability of vaccine. Felt there was a lack of local news about the vaccine programme and questioned why the vulnerable were not seen in the first tranche. Felt there was mixed messaging pressing high risk category individuals to get the flu jag and then it not being available.	Public Health	Part upheld	Explained the vaccine was being delivered in batches to health boards and the program was scheduled to happen throughout November and early December. Confirmed expectation of an imminent vaccine delivery.	5
19	Complainant upset with member of staff, feeling they were interfering with their child's medical condition, including speaking to doctors behind their back and cancelling appointments without consultation.	Child Health	Part upheld	Complainant has been assigned a new health visitor as requested. There had been a miscommunication regarding the appointment which had led to further mistrust.	5
20	Complainant upset that they had been asked by the doctor to make a new appointment to have further tests and felt reception staff had not been helpful in facilitating this.	Primary Care Admin	Not upheld	Two separate Datix entries regarding difficult interactions. Patient advised of zero tolerance policy.	5

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
21	Complainant called in again for the same test and upset about the care given.	GP	Part upheld	Patient made staff aware that they do not wish to be treated by the same clinician again (unless in an emergency). Practice taken on board what the patient has asked and will do their best to support them.	1
22	Patient upset they cannot be seen to have a new dental plate fitting done and questioned where they are on the waiting list.	Dental Services	Not upheld	Patient needs to be seen in Aberdeen. Very difficult to determine where the patient is in terms of wait as patients will be seen by priority and only when the Scottish Government advises it is safe to do so again.	4
23	Complainant was expecting a face to face consultation with a specialist, but instead has been offered an online meeting with a GP w/ special interest. Complainant says they will not meet online with GP and wants to know when to expect an appointment with their consultant.	Outpatients	Part upheld	Complainant has agreed to wait until the new year for a possible meeting with the consultant. Confirmed does not want to meet online, nor see anyone else. If the condition worsens before then, patient has agreed to a telephone consultation with a consultant only.	4
24	Complainant unhappy as cannot get assurance that should they move away from GP surgery catchment area then they could still be registered with the same GP due to health issues.	Primary Care Mgt	Not upheld	It was explained to the complainant that should they move out of the catchment area for their current GP surgery then they would not be able to remain registered. Only in very limited cases where a GP thinks it is of overriding benefit for the patient to remain registered after moving away would it be	5

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
				considered and only for an interim period of time to allow smooth transition of care.	
25	Complainant unhappy with the way GP spoke to partner regarding health concerns.	GP	Withdrawn (no consent received)		-
26	Complainant requested supportive information for external agency claim which was not handled in a time sensitive way despite numerous attempts to expedite this.	Community Mental Health Service	Escalated to Stage 2	Matter was resolved but complainant selected to escalate to full investigation of concerns at Stage 2.	-
27	Family member advised to follow a liquid diet on discharge but received no information on how to do this or what food should be included as appropriate.	Medical / AHP	Upheld	Delay between discharge and contact as the patient had not been referred in a timely manner. Apologised that the literature supporting the advice was not available the same day. Liaison with wards planned to discuss what patient resources are available that could be given on discharge while patients wait for an appointment to be made.	1
28	Complainant concerned that a GP at the practice ignored advice from specialists in Aberdeen, resulting in complainant receiving poor care and a breakdown in communication.	GP	Part upheld	Communicated with the complainant the possible treatment options and medications available. Referrals for further treatment have been made.	3

Appendix A Summary of Stage 1 Complaints 2020/21

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
29	Concern about reporting of test results and feeling of being misled about when these had been received.	Child Health	Part upheld	Explanation given about the reason for the delayed results which had been due to a change in procedure by a department in another Board that had not been communicated locally. The incident was reported on Datix.	10
30	Data breach of sensitive information.	Community Mental Health Service	Upheld	Apology letter sent. ICO informed and steps taken to avoid it happening again. All staff confirmed as having undertaken the Safer Information Handling training.	6
31	Frustrated with service, as couldn't be seen without an appointment and was asked to leave the building and make an appointment.	AHP	Upheld	Recognised difficulty in interaction, but asked to leave and make an appointment due to current Covid restrictions. Written apology issued.	10

NHS Shetland Annual Feedback and Complaints Report for 2020/21

Appendix B

Summary of Stage 2 Complaints in 2020/21

Appendix B Summary of Stage 2 Complaints 2020/21

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
1	Complainant felt there could have been an earlier diagnosis of cancer	Consultant/GP	Yes		Part upheld	<ul style="list-style-type: none"> No evidence to suggest outcome would have been different with an earlier diagnosis. Decision making at each stage found to be understandable in the circumstances. Review of systems to ensure a safe process for the review and communication of results
2	Availability of results and potential harm in delay	Medical Records/A&E	Yes		Upheld	<ul style="list-style-type: none"> Longer term looking at an electronic ordering system. Until then a daily histology report from Aberdeen has been put in place to avoid issues with postal delays.
3	Late diagnosis and not informed directly	Consultant	N	Delay in investigation due to leave	Upheld	<ul style="list-style-type: none"> Patient offered consultation with consultant to discuss concerns raised and also to identify any ongoing clinical issues and has confirmed they are satisfied with the outcome.
4	Significant delay in diagnosing rare disease	Consultant	N	Input from a number of clinicians including out with NHSS	Upheld	<ul style="list-style-type: none"> Full apology given and meeting offered to discuss pathway to diagnosis. Medical training session organised with specialist consultant to raise awareness of distinct, but rare symptoms.
5	Staff attitude	Consultant	N	Delay in investigation due to leave and capacity in dept	Part upheld	<ul style="list-style-type: none"> Acceptance that manner may have been brusque and apologies given for causing distress, however the message was seen to have been professionally necessary to impart.

Appendix B Summary of Stage 2 Complaints 2020/21

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
6	Poor experience of appointment, including staff attitude	Consultant	N	Capacity to conclude investigation	Upheld	<ul style="list-style-type: none"> • Full apology given for patient's perception of appointment which was recognised to be rushed, despite best intentions.
7	Treatment and staff attitude	GP	Y		Part upheld	<ul style="list-style-type: none"> • No evidence to support concern about staff attitude, however learning points identified regarding process. Education session put in place.
8	Data protection concerns	GP/Admin	N	Delay in statement and investigation involving ICO report	Part upheld	<ul style="list-style-type: none"> • No evidence of fraudulence requesting medical records • Lack of consistency in terms of flag on records – process for handing Subject Access Requests under review
9	Concerns about physical and mental health issues	Acute and community various	N	Complexity across multiple health disciplines and capacity to conclude investigation	Part upheld	<ul style="list-style-type: none"> • Despite delay to final written sign off, the complaint was handled immediately on receipt due to impact on care being provided, including prescribing plans. • Process reviewed regarding follow up for patient.
10	Concern about discharge and care at home	Acute and community various	Y		Not upheld	<ul style="list-style-type: none"> • Discharge process found to be in line with best practice in terms of NoK contact.
11	Treatment by and behaviour of consultant and nurses on ward	Medical/nursing	N	Capacity to conclude investigation, plus annual leave	Part upheld	<ul style="list-style-type: none"> • Treatment in line with diagnosis, however it was felt communication with the complainant could have been better.

Appendix B Summary of Stage 2 Complaints 2020/21

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
12	Upset at the way family members were treated when trying to access help out of hours	Reception / A&E	Y		Part upheld	<ul style="list-style-type: none"> Correct procedure had been followed initially but the delay led the family to contact the hospital with an outcome that was not as helpful as it could have been. In future, should a similar situation arise, the Senior Nurse for the hospital will contact the District Nurse directly to arrange to visit and assess the patient.
13	Lack of service and staff attitude	Mental health	Y		Part upheld	<ul style="list-style-type: none"> Satisfied a process was being followed to try and support the patient with the aim of finding an appropriate treatment plan. No evidence to support staff had been abrupt. Communication could have been improved.
14	Staff behaviour during home visits	Child Health	Y		Part upheld	<ul style="list-style-type: none"> Staff were carrying out duties as expected, including trying to give specific techniques to help reach developmental milestones. Communication about timing of visits considered and meeting offered to try and resolve concerns.
15	Care and treatment by nursing and medical staff during inpatient stays	Medical/nursing	N	Complex complaint and capacity to conclude investigation	Part upheld	<ul style="list-style-type: none"> Lack of evidence found through investigation to feel assured that nursing care had been satisfactory – unreserved apology given. Improvement plan in place on ward. Discussions with patient and family member about end of life care were necessary but communication was recognised as very difficult, despite people’s best intentions.

Appendix B Summary of Stage 2 Complaints 2020/21

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<ul style="list-style-type: none"> Meeting offered to discuss ongoing concerns.
16	Concerns regarding a lack of communication, staff rudeness and perceived failure in duty of care	Medical/nursing	Y		Upheld	<ul style="list-style-type: none"> Where visiting is restricted, the medical and nursing teams will seek the consent of the patient and will provide daily updates to the identified next of kin. Review of daily communications and thorough discharge planning process with a checklist so that it is clearly documented what support is required to ensure a patient can be discharged safely. Staff to receive a refresher in cognitive assessments, concentrating on when collateral history taking is appropriate.
17	Concerns about care and treatment	Mental health	Y		Not upheld	<ul style="list-style-type: none"> No evidence found to support the complainant's view, however staff have been asked to reflect on how they communicate with patients in distress around discharge and onward referral, ensuring that any decisions around treatment, discharge and/or onward referrals are understood at the time by the patient.
18	Emergency response and care	Out of hours GP	N	Delayed to check information with SAS	Part upheld	<ul style="list-style-type: none"> Out of Hours locum pack needs to be reviewed and updated with specific information in order to take cognisance of the non-doctor island communities – Bressay, Foula, Papa Stour and

Appendix B Summary of Stage 2 Complaints 2020/21

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<p>Fair Isle and how to arrange ferries and transport links should they be required.</p> <ul style="list-style-type: none"> • Recommendation that SAS updates its processes to be clear regarding the inter-Island transport links for Shetland.
19	Delay in providing supportive information for external agency claim	Mental health	N	Capacity in team to respond	Upheld	<ul style="list-style-type: none"> • Training will be provided for staff on how to complete forms requesting information about patients. The forms will be given to the member of staff who has the closest relationship with the patient, as they will be best placed to complete the form. • Timescales will be taken into account when information is requested about patients and/or forms need to be completed. Both staff and patients will have a clearer understanding of the time that is required to complete a form or obtain information.
20	Family of patient raised concerns about end of life care provided	Acute and community various	N	Complex complaint involving a number of individuals including a former employee	Upheld	<ul style="list-style-type: none"> • A number of failings identified in end of life care – unreserved apology given. • Significant communication issues across teams and some decisions made that, had they been reviewed, may have resulted in a more patient centred pathway that would have also been of comfort to the family.

Appendix B Summary of Stage 2 Complaints 2020/21

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
21	Communication regarding procedure in Aberdeen and poor outcome	Consultant	Y		Not upheld	<ul style="list-style-type: none"> • Risks and complications had been explained to patient and family. • Explanation of transfer arrangements and inability to determine length of time prior to transfer once in Aberdeen.
22	Inappropriate language regarding patient condition	GP	N	Slightly delayed due to checking process	Upheld	<ul style="list-style-type: none"> • Apology given and self-reflection about choice of words and how they may have made the patient and family feel.

NHS Shetland Annual Feedback and Complaints Report for 2020/21

Appendix C

Summary of Concerns received in 2020/21

Appendix C Summary of Concerns 2020/21

	Area	Summary of concerns	Outcome
1	Secondary Care	MSP: Constituent who has been advised that their chemo treatment is being delayed.	Consultant had to consider the impact of progressing with chemotherapy which would significantly weaken a patient's immune system versus the substantial risk of the patient contracting Covid-19 while their immune system is compromised. NICE has produced guidance which requires clinicians to consider the impact of the treatment on the patient's immune system prior to starting treatment because of Covid-19.
2	Chief Exec	MSP: Contacted by a junior doctor regarding commercially available fake Covid-19 tests.	Communications to advise of the concerns and the lack of science behind the testing.
3	Public Health	MSP: Letters have gone out to people who are to be shielded for 12 weeks. Understand that there is a second tranche of letters to go to people who have conditions that are not quite as severe – timing query.	Timings confirmed and explanation the letters were issued centrally for the whole of Scotland. Advised that if the individual in question had ongoing medical issues, to contact their local GP.
4	Secondary Care	MSP: An issue around a family member's care in Aberdeen (further complicated by Covid-19).	Advised parent speaks to child's clinical team to seek help with testing.
5	Chief Exec	MSP: Use of Near Me in GP practices in Shetland. Concerned patients in Skerries or Foula are not able to benefit and also if access to health care may be impacted by the digital divide that exists in Shetland.	All GP practices enabled and have been using Near Me or Attend Anywhere as it is commonly known in Shetland to support remote consultations for a period of time. Principally had been used previously to minimise the need for patients to travel. Recognised disparity in connectivity and will continue to flag through Shetland Partnership work.

Appendix C Summary of Concerns 2020/21

	Area	Summary of concerns	Outcome
6	Health & Safety	MSP: Constituents having difficulty understanding why care workers are not wearing masks. Are there sufficient supplies of PPE in Shetland, both in NHS and social care?	Already advising that within the care home setting staff wear masks when caring for residents. There is a single PPE management store on island and the Board is well placed for the provision of PPE across the whole of health and care. For the avoidance of doubt all care centres/care at home services had PPE starter kits delivered in advance of any infection/suspected cases.
7	Community Nursing	End of life care for family member (expressly did not want to complain)	Response delayed due to various reasons. Full apology provided for the failings for the end of life care for the complainant's family member and recognition that better communication and support was needed. It was also apparent that better stock of medical supplies and more specialised end of life medicines should be stocked on Shetland and more easily accessed by medical staff for EOL patients.
8	Chief Exec	Invasion of privacy concerns	Concerns not recognised as raised by any other complainants.
9	Public Health	MSP: Constituent would like to understand better how Shetland's Covid-19 testing is applied according to government guidance	Limited capacity within the lab - to expand testing to the maximum it would require other diagnostic samples to be diverted to Aberdeen. Accessing the Government testing scheme requires samples to be processed within 24 hours in Glasgow and the single flight a day creates a bottleneck which the Board is working to overcome.

Appendix C Summary of Concerns 2020/21

	Area	Summary of concerns	Outcome
10	Dental Services	MSP: Constituents and local dentists highlight serious concerns about oral health care in Shetland.	Share concerns about the impact of stopping dental provision. However, these concerns must be balanced against the risk presented by undertaking procedures that could place staff and other clients at risk of Covid-19.
11	Public Health	MSP: Several enquiries about the Covid-19 testing in Shetland and travel arrangements.	Answers to various questions regarding how testing is working on Shetland.
12	Secondary Care GBH	Compulsory wearing of face masks during regular and lengthy hospital treatments.	Local decision made in line with national advice that patients and staff will be asked to wear masks. Those who cannot wear a mask for medical reasons to be treated separately.
13	Primary Care GP	Staff attitude (on behalf of family member)	No consent received but suggested communication and misunderstandings might be able to be resolved early on at the Practice.
14	Chief Exec	Due to Covid-19 patient concerned about not being seen by both a dentist and an optician.	Apology for lack of services at present. Forwarded contact information for emergency dental care and emergency optician care.
15	Community	Request for a shielding patient's infusion and a blood transfusion to be done in patient's home denied.	Explanation that care should be given in the safest manner possible and for the particular medical interventions required, this should be done via a shielding pathway available in the Gilbert Bain Hospital.

Appendix C Summary of Concerns 2020/21

	Area	Summary of concerns	Outcome
16	Human Resources	Photographs of a conversation with a member of NHS Shetland staff on a social media platform. Individual believes the comments made were racist.	HR Department took appropriate steps to look into this.
17	Mental Health & GP	Concerned for family member regarding medication and treatment.	Resolved at independent practice.
18	Secondary Care GBH Medical	Clarification for the decision if a DNACPR is appropriate for an individual. Family member (who has dementia) was asked to fill in a DNACPR form without notifying Next of Kin - who have Power of Attorney.	Meeting held with the patient and family and apology given. Had not been aware NoK had Power of Attorney, but acknowledged they should have waited for family to be present before discussing this. Learning point to ensure NoK Power of Attorney was listed on patient's medical records.
19	Dental Services	Patient who has confirmed dental implant failure is supposed to have 3 monthly implant cleaning, but due to Covid-19 this has now been delayed considerably. Concern deterioration will cause more harm.	Patient advised this was not a service provided by PDS.
20	Dental Services	Concern re urgent filling required. Due to Covid-19, Dental Services only available for emergencies. Frustrated to be advised to order own home filling kit online.	Patient advised the practice was now open again and could be contacted regarding an emergency filling. Child smile agreed to give oral hygiene advice via Attend Anywhere if appointment was not forthcoming.
21	Community Nursing	MP: Shielding patient concerned that a nurse tried to have a house call to take some bloods. Worried	Signposted to NHS Scotland National Infection Prevention and Control Manual which all NHS staff are asked to comply with.

Appendix C Summary of Concerns 2020/21

	Area	Summary of concerns	Outcome
		that nurses are in and out of care homes and other people's homes without being tested for Covid-19.	
22	Patient Travel	Patient concerned a taxi driver was not wearing a facemask and there was no shield/screen in the taxi. Queried whether a taxi firm should allow vulnerable people to be transported without the appropriate PPE.	Concerns raised with taxi firm.
23	Primary Care Nursing	Community Council members expressed concern regarding the lack of a practice nurse at the local health centre.	Apologies for long delay responding due to staff absence. Practice nurse position had been covered by nurses during the week. Since Covid-19 the service had been made available via NHS Near Me, with limited face to face appointments.
24	Primary Care Community Nursing	MSP: Asked what steps NHS Shetland was taking to secure a replacement for a non-doctor island post.	Confirmed the Board remains committed to ensuring the outer island communities have access to sustainable models of healthcare and looking to recruit to ensure the same level of cover is maintained.
25	Primary Care	Community Council unhappy to be without GP provision overnight and feel they should be under GP supervision at all times. Asking that it did not happen again.	The community council had been informed as a courtesy. Overnight cover had been provided by a community nurse and neighbouring island GP.
26	Primary Care	Complaint from patient who received a letter in the post from GP surgery regarding subscribing for	A letter was sent to explain the new online prescription service and assure the patient it was safe to use. It was also explained that they could continue to order prescriptions via walk in or phone, but if they would

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	Area	Summary of concerns	Outcome
		online repeat prescriptions. Worried about this and would prefer a telephone system still.	prefer the online system they could phone the surgery if needing help to register with the service.
27	Primary Care Nursing	Concern about practice member of staff's behaviour which was felt to be unprofessional and putting lives at risk during the pandemic.	Explained this would be shared with the line manager for further investigation.
28	Secondary Care	Concerns about delays in surgery for a hip replacement at the Golden Jubilee National Hospital (GJNH).	NHS Shetland in conversation with Golden Jubilee National Hospital (GJNH) about what services they can provide to the Island Boards in 2020-21. No date at that point for resumption for orthopaedic surgery. Understood GJNH would prioritise cancer patients and other urgent patients first.
29	Secondary care	MSP: In terms of the lockdown in Aberdeen, how is it impacting on any Shetland residents?	Explained staff were working closely with NHS Grampian to ensure the impact of the lockdown was minimised. During the height of the pandemic, in liaison with Northlink and Loganair the Board had continued to support patient travel, including for very vulnerable patients.
30	Secondary Care Estates	Patient made a complaint in 2016 and was assured in the response that changes would be made to improve the privacy for patients on wards when having personal conversations with medical staff. After a more recent visit patient felt nothing had changed and is concerned that actions are promised but not delivered.	Capital spend had been agreed by Scottish Government and ring fenced for improvements to be made to GBH Day Care Unit. This work supported better dignity and privacy for patients. Before work commenced in Spring 2020, the Covid-19 pandemic struck and changed the priorities for NHS Shetland. The space was remodelled to become a Respiratory Care Unit (RCU) for the hospital during the pandemic.

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	Area	Summary of concerns	Outcome
			An email was sent to the patient to explain this and assure them that if circumstances change, then original plans are likely to be reinstated. In the meantime, ward staff are aware of the risk of confidentiality breaches and are working to minimise these.
31	Community pharmacy	Concerns regarding receiving of routine medication from community pharmacy.	Explained pharmacy is an independent chemist and it is therefore recommended the patient puts the complaint formally to them. There is no service specification or contractual obligation for the pharmacy to deliver to people's homes, however, pharmacies often run a 'good will' arrangement which, with a regular prescription such as the patient's should be manageable. Patients are free to take their prescription to any pharmacy, which may provide a delivery service at a cost.
32	Child and Adolescent Mental Health Service	Complainant concerned about family member's mental health has tried to make a face to face appointment with CAMHS (online format not working for service user) and was told services were unable to resume at this stage due to Covid. Complainant questioning how social and leisure activities can be re-opening across Shetland but that vital mental health support services remain closed, noting that these concerns are shared by teachers who are needing to "step in and act as support".	Records showed several interventions that had been offered and declined or not completed in the past. However, the CAMHS team would continue to provide support and ongoing treatment as appropriate. As for the current provision for face to face consultations to take place, some home visits have been undertaken for those children who require them but there are other adjustments that still need to be completed to minimise the Covid risks in the department.

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	Area	Summary of concerns	Outcome
33	Public Health	Complainant needs to have a hospital procedure and due to Covid restrictions has been asked to self-isolate for 2 weeks and have a swab test prior to the procedure. Personal issues with test.	Public Health explained that at present the throat/swab test was the only test available and it was protocol that a test was required 72 hours prior to a procedure in addition to self-isolation. There are some instances where the patient cannot have the test and it is then at the discretion of the treating Surgeon who will risk assess and decide whether they can proceed without it.
34	Public Health	MSP: MSP contacted by a constituent who has concerns about the impact of face coverings for those who have hearing issues, particularly in health care settings.	It remains the requirement that in certain high risk circumstances such as aerosol generating procedures a mask must be worn, however staff would seek to explain the procedure beforehand using methods such as a video call that enables lip reading, email or other non-verbal methods. Across NHS Shetland clear screens have been installed in various locations which allows for the removal of masks to communicate with deaf patients. In other locations such as the Lerwick GP Surgery the patient access app has been introduced so patients are able to message directly into the practice.
35	Out of Hours GP	Complainant phoned NHS 24 concerned about family member and found the doctor to be rude and unhelpful. Complainant ended up in A&E with child.	Apologised for experience. Logged with NHS24.
36	Health Improvement	Request for a proper, professional looking Care Plan. The booklet provided is very basic and is not individualised for the patient's needs.	Exercises had been provided with an expectation they would need to follow up to ensure the advice was understood. Slight delay but once they spoke to the individual the issues were resolved, with an agreement to write more specific instructions down.

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	Area	Summary of concerns	Outcome
37	Community Allied Health Professional	Complainant felt they were told to choose between private and NHS care but not see both professionals. Would like a copy of NHS Shetland policy that states you have to choose between one and the other.	Miscommunication between patient and the AHP. Clinician explained that whilst treatment was being done by NHS, it was best not to see another professional at the same time as there would be different treatment methods involved, which would make it harder for them to assess if their treatment was working or not between appointments.
38	Public Health	Complainant frustrated with SG flu vaccination letter saying to book online for a flu vaccination. The website said to phone a GP surgery (not the one they were registered with) and when they phoned their own GP surgery they were told flu vaccinations would not start until October.	No personal data is asked for online but 'searching for services in my area' can identify the wrong practice. Advised to contact practice if nothing heard by mid-October.
39	Community pharmacy	Concerned a letter from Mental Health had been stapled to a prescription bag which could easily be read by anyone as it was not in an envelope.	Advised to raise directly with Independent Pharmacy.
40	Primary Care	Upset with a dismissal letter from GP practice stating they were aggressive and swore at reception staff on two occasions. Explained swearing is something the individual does automatically and always has done, but not swearing or shouting at the staff.	Part of an ongoing concern. The practice felt the only option left to protect staff was to remove the individual from the patient list, however as they were not accepted by another practice they remain registered and under a strict set of conditions during their interactions.
41	Primary Care GP	Patient asked for copy of recent triage. The printout showed a condition on the medical records the patient was totally unaware of. Asking why the GP	Individual advised and agreed to phone GP practice and make an appointment to discuss this with them.

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	Area	Summary of concerns	Outcome
		has never discussed this with them and explained this has had a huge psychological impact.	
42	Primary Care	Individual has blocked ears which they would like to be syringed. The service was postponed due to Covid and has not started again. Feels they are struggling to do job in a sector where communication is imperative. GP has confirmed ears are blocked and over the counter remedies have not worked. Questioning when the service will be available again.	Explained Primary Care Services are no longer prioritising ear syringing and patients are to be advised to try self-help treatments via pharmacy. If ears continue to be blocked then the GP can decide if they should be referred to private services for treatment.
43	Secondary Care Out Patients	Concerned that usual 2 – 3 monthly micro-suction procedures at GBH have not been happening due to Covid. Patient is now almost completely deaf which is causing stress and upset.	Trained individual not available. NHS Grampian trying to arrange for another nurse to be trained, however all ENT clinics only doing urgent appointments. Grampian service aware of local need to get someone trained and will support us to do this as soon as their service restarts.
44	Primary and secondary care	Concerns regarding GP surgery always having locum cover, being seen by a trainee at the hospital and also the length of time to get a diagnostic result.	Permanent GP recruitment for practice in progress. Explained NHS Shetland is a teaching organisation and has junior doctors who take part in clinic and theatres. They will often see patients before the consultant but are supervised by senior medical staff. The letter sent to patients will be looked at to consider including information that junior trainee staff may be present.
45	Public Health	MSP: contacted by a number of constituents about the current problems in arranging and receiving a seasonal flu vaccination. Also received	Reported positive feedback received from patients saying how smoothly they feel the flu campaign has gone this year. In Shetland it was decided to

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	Area	Summary of concerns	Outcome
		representations from constituents who have reservations about the centralisation of this process, noting that standardised national letters are less likely to encourage uptake of the vaccine than direct contact with a local surgery or health centre.	predominantly work with GPs to provide the vaccine as there is a need to ensure the cold chain of the vaccine is maintained once a supply has arrived in a location. Accepted the reservations regarding a centralised letter system, however this was out with the Board's control.
46	Dental Services	Individual requested to attend the urgent dental care hub so that their ongoing treatment of implant cleaning every 3 months could continue. Service had stopped due to Covid-19 and their implant had deteriorated.	Significant restrictions still required to mitigate the spread of Covid. All dentists have a significant backlog of treatment that has built up since the end of March, resulting in the need for all practices to prioritise the limited service that they are now able to offer. Dental implants are not available as a treatment option on the NHS and a three monthly visit to the hygienist is not available either.
47	Maternity/Obstetrics	Concerns raised about the Island Living Accommodation in Aberdeen regarding another individual staying there.	The incident was being investigated in Aberdeen and involved the police. In the meantime, Aberdeen and Shetland had agreed to relocate this patient to private accommodation, however they returned to Shetland shortly thereafter.
48	Primary Care Nursing	Concern about the attitude of an employee who had been signed off sick for several months but had been seen out and about in the community looking and behaving normally.	Acknowledged and explained as the concerns were not about their own care but about the general conduct of an employee, the feedback would be passed to the individual's line manager for further consideration.
49	Prescribing	MP: Representations regarding medical prescriptions. Constituent currently receives cannabis based medicines via a private consultant	Explained prescription of cannabis-based medication is for a limited spectrum of conditions and must be prescribed by specialists.

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	Area	Summary of concerns	Outcome
		as the NHS will not prescribe such a medicine, creating financial difficulties.	
50	Public Health / GP	Concern cannot get any definite information about when they might receive the flu jag.	Explained the flu vaccination program is not determined by individual Health Boards, but is delivered at a national level. Due to storage needs, the vaccine can only be sent out to Health Boards in batches, which are then distributed to Health Centres. The Health Centres then call patients in order (i.e. by age/underlying health concerns) to come in and receive their jag. Unfortunately the staff do not get advance information about when the batches will arrive until just before they are sent and so they are not able to pass on this information to patients.
51	Allied Health Professional	MSP: Constituent saying they had been refused treatment and had been advised to go private.	Explained that there was a difference of opinion about the frequency of the service required, and also that the department did not offer this service, but would recommend self-care or help from family/friends/carers if necessary. Otherwise, it is a service that can be accessed through private treatment.
52	Community pharmacy	Concern raised about staff attitude when collecting a prescription.	Explained the pharmacy is an independent chemist and that they should have a complaints procedure in place similar to that at NHS Shetland to raise concerns through.

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	Area	Summary of concerns	Outcome
53	Public Health	Concern regarding Scottish Government publishing incorrect/changing data on their website in relation to Covid-19 figures for Shetland.	National reporting not under the control of NHS Shetland but concerned communications effort ongoing to share as much as possible.
54	Secondary Care GBH	Individual concerned doctors are not taking their symptoms seriously - feels proper tests have not been carried out and that trying to see a consultant over a phone is pointless.	Medical Director spoke to complainant to reassure regarding what had happened and also offered to contact their GP in the meantime regarding new concerns.
55	Secondary Care	Patient wanted it noted they do not want to keep appointment for procedure under anaesthetic.	Forwarded for action and confirmation received they have been removed from the list.
56	Secondary Care GBH	Concerns raised about events and communication regarding transfer to Aberdeen that led to a very difficult outcome for family.	Efforts made to offer support to family. This became a Stage 2 complaint at a later date.
57	Ambulance SAS	Individual expressed gratitude for treatment received in hospital, but would like to bring to the Board's attention the difficulty and frustration encountered with the Ambulance Service call receiver. Call lasted over 20 minutes and was overly repetitive, with call handler struggling to grasp seriousness of call.	Redirected to SAS NHS Shetland redirected complaint to the SAS complaints department who responded directly with the complainant. A copy of the outcome from SAS explained every call is triaged and treated as a new call, with questions then repeated as the patient's conditions can change in a short period of time. Complainant very receptive to the information and appreciated the need for a system of triage to prioritise calls and to use resources as wisely as possible with a back-up clinician to over-rule the system where needs be.

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	Area	Summary of concerns	Outcome
58	Secondary Care Consultants/Junior Doc	MSP: Concerns about ongoing delays to cancer treatment following a diagnosis the previous year.	Explanation provided that there did not appear to be issues or deviations from the agreed pathway for the patient's care (detailed for the constituent).
59	Secondary Care Healthcare Scientist	MSP: Concerns regarding an overdue assessment.	Patient not classed as urgent but service resuming again following Covid related delays so will not experience too much of a further wait.
60	Dental Services	Concerns regarding the lack of dental services available for family in Shetland.	Explained not in a position to take on patients at Public Dental Service. The current number of patients registered is very high and recent limitations on treatment and the backlog as a result of the Covid lockdown has resulted in the strain on resources being increased. The solution to the provision of dentistry in the long term is a priority once the Board navigates out of Covid.
61	Public Health	Concerns that an island outbreak of Covid-19 was reported in the Shetland Times, but there had been nothing official from Shetland HB. Concerned there has been a data breach from one of the health centres.	This information was confirmed as having been provided by a Director during a radio interview in response to a direct question.
62	Public Health	MSP: Constituent would like to be considered as a case for receiving the Covid vaccine ahead of cohort as needs to travel regularly to Aberdeen ARI for treatment.	Arrangement made to facilitate the vaccination for this Constituent. Noted this was an exceptional circumstance - the demand for the vaccine is high and can only go off cohort by clinical exception.

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	Area	Summary of concerns	Outcome
63	Community Mental Health Service	MSP: Constituent and family very concerned about delayed appointment with Mental Health Services.	Constituent advised to return to GP and if needed ask for an urgent referral which are typically responded to within 24hrs and usually on the same day.
64	Public Health	Due in second cohort for Covid vaccination but asked to be expedited as needing to travel away for a funeral.	Offered an appointment prior to travel.
65	Secondary Care	Concerned about time taken for parent to have second hip op appointment. Accept Covid has delayed this but aware of others (who are much younger) being treated for a similar procedure.	Explained GJNH had only been performing limited procedures on patients who did not fall into the 'vulnerable' category due to travel risk. GJNH now in a position to start rescheduling and parent is already booked in for a pre-op in Shetland.
66	Pharmacy / GP	Concern to be given 3 prescription items correctly, but also received four boxes of two medications they had not used for a number of years. Had they not checked the contents, they would have been disposed of (due to the pharmacy's policy of not accepting returns) at great cost to the NHS.	Thanked for raising the issue and contacted Interim Director of Pharmacy so the specifics could be looked at to work out what had gone wrong with this prescription.
67	Secondary Care	MSP: Constituent (anonymous) is aware of several people waiting to attend an angiogram appointment in Aberdeen. Would like to have an idea of where they are on the list and how much longer they may be expected to wait.	Explained it is quite challenging to provide a precise position on angiogram waiting times without the patient's name; the reason being that patients are referred to specific consultants and not a generic waiting list, often because there are other sub-specialty co-morbidities that mean a named consultant is required. Asked if their constituent would be willing to pass their details on so this could be looked at to see if

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	Area	Summary of concerns	Outcome
			the patient's clinical urgency classification should be reviewed.
68	Public Health	MSP: Constituent unable to access the Northern Ireland vaccination programme. Originally from Shetland, thought they would be entitled to all NHS services wherever they were in the UK.	Advised should have been able to register as a temporary patient. Would need to provide evidence of current residency in Northern Ireland, but as a UK citizen there should be no requirement to be resident for six months before accessing a GP.
69	Public Health	Reporting of strange side effects after 1st dose of the Covid vaccine. Developed a mild full body tremor which has not gone away. Also arm which received the injection is still not back to normal. Has opted out of second dose because of this.	Advised to go to either Occupational Health or GP (depending where they were vaccinated) and report it to MHRA themselves via yellow card scheme, or the GP / OH can do it.
70	Secondary Care GBH Info Mgmt & Tech	Difficulty accessing NHS guest WiFi whilst staying on the ward, which is causing distress as patient cannot stay connected with family and friends or use the internet.	IT aware and looking to see what be done as a short term fix. There are some problems with the network due to high volume. Looking into upgrading components medium term. ----- Measures taken and a member of the IT team visited the patient on Ward 3 to ensure they could connect to the internet without further difficulty.
71	Public Health	Questioning why not prioritised for Covid 19 vaccination, given they are in their 40s with a history of heart issues.	Address updated but individual is confirmed to be in cohort 6 and has not yet been vaccinated in line with guidance.

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	Area	Summary of concerns	Outcome
72	Community Mental Health Services	Data breach whereby referral information for two other people was shared with service user.	Complainant phoned immediately to report the extra referrals they had been sent. The data breach was reported to the DPO, who in turn reported it to the ICO. Arrangements to return the referrals to NHSS were made and the incident was reported on Datix. Apologies given and assurances the people affected would be notified correctly.
73	Community Mental Health Services	Concern for family member waiting to be allocated a CPN. Check in calls had been promised but not happened. Health deteriorating with suicidal ideation.	Forwarded to CMHT for urgent action. Assurance calls made and CPN has now been assigned to ensure continuity.
74	Community Mental Health Services	MSP: Constituent with suicidal ideation very concerned about continued delays for treatment at Castle Craig Hospital.	CMHT followed up with a welfare check the same night. Engaging with the service and will accept treatment. Looking into alternative facilities due to delay with Castle Craig Hospital.
75	Dental Services	Had emergency dental work undertaken in June 2020 when tooth split in two. Injection has caused a series of jaw problems and Maxillofacial appointments.	Service confirmed that individual was being seen by Consultants who are helping with a treatment plan and ongoing care. Patient advised to wear the splint provided with to help with jaw problems. Advised to speak to consultants if problems persists with treatment plan.
76	Dental Services	Concern about the capacity of dental management to give full attention to the problems within dentistry in Shetland - several problems listed.	Concern passed to Director to respond – there had been prior ongoing dialogue.

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	Area	Summary of concerns	Outcome
77	Public Health	Reported that the Covid vaccination at Gilbertson Park was a dreadful experience for partner. Went in alone and was asked questions they felt unable to answer. The nurse was felt to be dismissive and said the answers weren't important anyway.	Clinical team lead for vaccinations advises they will discuss the points raised in the letter with the vaccinator involved and will shadow the vaccinator in practice to ensure processes are being followed. There were some valid reasons why the vaccinator did not need exact information from the patient.
78	Secondary Care	Unsure what was going on with hip replacement op	Confirmed appointment will be GJNH and will shortly have pre-op vaccination dates available.
79	Secondary Care	MSP: Constituent was on a waiting list with GJNH in March 2020, then Covid happened. Since then, MSP understood Grampian had been taking Shetland patients due to unavailability of Glasgow flights during lockdown. Cabinet Secretary wrote to say Shetland patients will be seen in Grampian. MSP then received letter from Grampian HB saying that Shetland advised them patients will not be going to Grampian for orthopaedic treatment. MSP would like clarification for constituent and all Shetland Islanders, if they are now on a waiting list with GJNH and when they may be seen.	Majority of orthopaedic cases that were planned to be transferred to NHS Grampian, actually remained with the GJNH. This was because of the waiting times at NHS Grampian. ----- Pre-op assessment for particular constituent arranged. Once cleared as fit, a date for a procedure will be given within 12 weeks.
80	Secondary care Diagnostics	MSP: Constituent suffers from a condition that has meant spending much of the last 12 months lying down in an effort to ease chronic pain. Advised that the local pain clinic can offer no further assistance. Has had a long wait for an MRI scan in Aberdeen. MSP would welcome a review of the case and an	Current treatment explained and apology that pain is not under control. Further referral made, and will be kept under review whilst waiting for MRI scan.

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	Area	Summary of concerns	Outcome
		understanding of the options available for further care.	
81	Public Health	Query if there is a choice of vaccine as not made aware of an alternative from AZ in Shetland when attended for first vaccine. At second vaccine given the impression there was a choice, but mixing of brands was not recommended. If people wanted Pfizer they had to go to the mass vaccination centre in Lerwick?	Explanation that people cannot choose which vaccine they have - both are effective and safe. Some people can only have one or the other because of clinical reasons. Pfizer vaccine can only be given in certain settings because it is so difficult to transport and store; it cannot be taken to the non-doctor islands. The nurse would have been explaining that Pfizer can only be given in certain settings.
82	Community Mental Health Services	MP & MSP: Concern appointment did not take place - lack of care from CMHT.	Datix recorded at the time as service user had made a mistake re appointments and became distressed in the department. Encouraged to engage with service at planned appointments.

NHS Shetland Annual Feedback and Complaints Report for 2020/21

Appendix D

Complaint process experience results (key performance indicator at 4.2)

Description	2020/21	
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)	5
2. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	1
	Satisfied	3
	Neither Satisfied or Dissatisfied	1
	Dissatisfied	-
	Very Dissatisfied	1
3. How satisfied are you with how you were treated when you were making your complaint?	Question Skipped	-
	Very Satisfied	1
	Satisfied	2
	Neither Satisfied or Dissatisfied	-
	Dissatisfied	1
	Very Dissatisfied	2
4. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Question Skipped	-
	Yes	3
	No	3
5. Did we apologise for your experience?	Question Skipped	-
	Yes	4
	No	1
6. How satisfied were you that we responded to you in a timely manner?	Question Skipped	1
	Very Satisfied	-
	Satisfied	2
	Neither Satisfied nor Dissatisfied	0
	Dissatisfied	2
	Very Dissatisfied	1
7. Did the complaints response letter clearly detail the outcome of your complaint?	Question Skipped	1
	Yes	2
	No	3
8. Overall, how satisfied were you with the complaints procedure?	Question Skipped	-
	Very Satisfied	-
	Satisfied	2
	Neither Satisfied or Dissatisfied	-
	Dissatisfied	2
	Very Dissatisfied	2
	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?

Only one additional comment received:

Complaint not taken seriously by the department – I called them several times asking to be called back but this never happened.