NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**19 September 2023**
Agenda reference:	**Board Paper 2023/24/28**
Title:	**Annual Feedback and Complaints Report**
Responsible Executive/Non-Executive:	**Brian Chittick**
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1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The NHS Shetland Feedback and Complaints Annual Report for 2022/23 must be presented to the Board for consideration prior to submission to the Scottish Government, the Scottish Public Services Ombudsman and Healthcare Improvement Scotland before the end of September.

2.2. Background

The annual report covers the range of ways we gather feedback about our services and acts as a high level summary of the feedback and complaints received in 2022/23, and the actions that have been taken as a result of these. It also considers the ways in which the learning points arising from this valuable source of information are shared throughout the organisation.

2.3. Assessment

The report format incorporates performance against the nine key performance indicators mandated in the Complaints Handling Procedure.

Small numbers mean each complaint has a reasonable amount of organisational scrutiny beyond the feedback and complaint handling service. There have not been significant amounts of repeat issues, however access issues for specific services is evident. In terms of complaint handling, the capacity of complaint investigators to respond within the stage 2 deadline of 20 working days remains a challenge.

2.3.1. Quality / patient care

Feedback and complaints provide insight into patient care and the quality of our services. This is a valuable learning tool for the organisation.

2.3.2. Workforce

Staff can be adversely affected by complaints and require support from their line managers and others to ensure NHS Shetland operates a no blame culture round feedback and complaints. Some feedback episodes provide an important learning opportunity for staff.

2.3.3. Financial

Poorly handled complaints can lead to litigation.

2.3.4. Risk assessment/management

- Capacity to handle complaints timeously across the organisation.
- Failure to address concerns can cause reputational damage.

Feedback and Complaints staff and investigating managers are well sighted on complaints, including three weekly triage meetings with key directors.

2.3.5. Equality and Diversity, including health inequalities

All complainants are treated equally. No new issues identified.

2.3.6. Other impacts

n/a

3. List of appendices

The following appendices are included with this report:

Annual Feedback and Complaints Report 2022/23

NHS Shetland

Feedback and Complaints Report 2022/23

A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2022/23

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 complaint 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 2022 to 31 March 2023, this report[1] 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 2022/23 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 2022/23 we have continued to encourage people to tell us about their experiences and the information that we have received through our Feedback and Complaints service is summarised within the appendices to this report. In 2022/23 the service has handled 176 pieces of feedback: 19 thank you contacts, nine comments, 78 concerns, 38 Stage 1 (early resolution) complaints and 32 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.nhsshetland.scot/rights/patient-feedback-complaints/4);
- 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.nhsshetland.scot/rights/patient-feedback-complaints/3;
- 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.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 their 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 https://www.nhsshetland.scot/rights/patient-feedback-complaints 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 please see our website at the address above for further advice on how to do this, or you can write to us at the above address or email. You may also find helpful a summary of the Complaint Handling Procedure: https://www.nhsshetland.scot/downloads/file/19/quick-guide-to-the-nhs-complaint-handling-procedure. 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. We will be publicising details about this year's annaul review and how you can get involved shortly.

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 as this is mostly given at the point of service.

Feedback is also considered through clinical governance work. We have established a channel 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 sixth 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 mostly ceased during the pandemic but we offered virtual solutions to 'meet' with complainants when they were agreeable to this. Face to face meetings are now taking place again.

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 wherever possible to address these.

Since emerging from the pandemic many services that had either slowed or ceased are once again maintaining strong performance with regard to waiting times. Other areas, already pressured prior to Covid, remain with challenges to service delivery, including a shortage of relevant professionals at a local and national level.

There also remain acute pressures on some specialties delivered through our partner Boards which impacts on patient journeys for Shetland patients.

In 2022/23 we saw a number of feedback episodes about access, including frustration about inability to receive routine dental care/orthodontic care and people seeking support in receiving a diagnosis for a learning difficulty or disability. 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 six years.

Access
We received eight concerns or complaints about accessing dental care, both orthodontic and routine dental appointments. Emergency care is always available and is provided by the Public Dental Service but access to routine dental or orthodontic care remains a concern. This has received much national and local media interest in recent months. It is not an issue that is unique to Shetland, however with only one independent dental practice providing NHS care locally this brings additional pressure to the Public Dental Service, with access remaining a challenge. The issue has been exacerbated by the independent NHS provider also being unable to accept new registrations at this point in time.

A number of communications have been issued to try and explain the current situation with regard to dental provision in Shetland. Dental Services nationally are under immense pressure and particularly so in rural and remote communities. There is a national workforce issue in dentistry (as well as in healthcare generally), to the extent that larger, mainland health boards are unable to fill all dental vacancies at the moment. This is magnified in remote and rural areas where recruitment and retention has always been a challenge. Nonetheless, a number of initiatives are being undertaken to attract additional dentists to work in Shetland by providing professional “unique selling points” to vacancies in Shetland.

The NHS Shetland Public Dental Service exists primarily to provide dental care for patients identified as belonging to Priority Groups. These include children, people with learning disabilities and people in care. Those patients not classified as

belonging to a vulnerable group are therefore categorised as able to receive treatment within the General Dental Service (the ‘high street’ dentist).

Over many years, it has been the approach to reflect the mainland Health Board model of 80% of dentistry being provided by independent General Dental Service contractors, however, because the provision is not here, the approach is being fundamentally changed. There is instead a need to re-focus NHS dental provision for Shetland in order to provide a comprehensive, self-determined and sustainable Health Board delivered service for the whole community. This involves a three phase strategy, with Phase 1 getting NHS Shetland Public Dental Service back to pre-Covid levels.

Despite explaining to people why routine dental appointments are not currently possible and the work that is being done, this in itself does not resolve concerns about dental care. The Board is aware of the situation and supportive of all measures being taken to address the matter in working towards a sustainable service for all.

With regard to orthodontic care, it has been explained that the service is at capacity and has recently had a review. The primary focus is to complete treatment for those patients currently wearing a brace. This way, all patients (current and future) will only wear a brace as long as necessary. All patients currently seen for initial consultation are placed on a treatment waiting list.

We have also received complaints about accessing services that are provided by partner Boards, in the main NHS Grampian, often again due to national shortages of qualified staff in particular specialisms. Where NHS Shetland is not the Board of provision it is usually necessary to reroute a complaint to the Board that is, to allow them to provide a full response and identify trends and capture learning within the right organisational system. However NHS Shetland staff do what they can to support Shetland residents in these matters, both through broader commissioning discussions and also at an individual level where appropriate.

Staff attitude and communication issues

During 2022/23 poor staff attitude featured in seven feedback contacts (eight lower than 2021/22), only two of which were Stage 2 investigations. We received 17 pieces of feedback about poor communication either at an individual level (nine) and a system level (seven).

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.

It should be noted that 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.

There are also a number of complaints where poor communication more generally can lead to a negative outcome. A complaint about a family member being wrongly advised they could not stay with their loved one in the high dependency unit showed how a miscommunication had resulted in a devastating impact on the complainant. Following a meeting with the Director of Nursing and Acute Services where an unreserved apology was offered, a number of actions were taken to raise staff awareness that HDU is open to next of kin at all times, including information shared with all staff and posters created for the department walls.

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, Integration Joint Board and Board.

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 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.

4.2) Indicator Two: Complaint process experience

For 2022/23 we have continued to seek feedback on people's experience of making a complaint to us. This has been 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.

A concern was raised following regarding sensitivity and delays in gathering complainant experience. A subset of complainants were contacted because of this.

In 2023/24 we have now changed the way we are capturing feedback about the complaint process experience, and are issuing a link with any written correspondence if people wish to go online to feedback their views on the service they have received. This means feedback is sought without delay from individuals following their contact with the service. Paper based copies of the feedback service questionnaire and self-addressed envelopes will remain available on request.

In 2022/23 nine 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 down three from 2021/22. We are not aware of any complaints being investigated by the Scottish Public Services Ombudsman at this point from complaints handled in 2022/23.

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 follow 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. 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.

The Complaints Officer previously met individually with Family Health Service managers to go over the changes to the complaint handling procedure in the hope of increasing Family Health Service returns. Initially this was beneficial but unfortunately this year once again very little information has been returned.

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.

4.4) Indicator Four: The total number of complaints received

In 2022/23 we received 70 complaints (38 Stage 1 complaints and 32 Stage 2 complaints, none of which escalated from Stage 1). This figure is 12 lower than the 82 complaints we received in 2021/22. We saw a decrease in both Stage 1 and

Stage 2 complaints but this was more evident in the Stage 1 numbers (down from 47 to 38).

Within the year we also received and responded to 78 concerns (similar to the 74 in 2021/22). 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.

A number of less complex issues are being handled by staff at an early stage in a complaint (frontline 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 2022/23, these relate to the following service areas:

	2022/23	
Service	**Number**	**%**
Directorate of Acute and Specialist Services	27	39
Directorate of Community Health and Social Care	34	49
Acute and community	1	1
Public Health	4	6
Support Services	1	1
Board (e.g. policy/estate)	3	4
Totals:	**70**	

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 2022/23 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. 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 reported is an improved position from the previous year but not complete. Brae Pharmacy and Boots Pharmacy registered a nil return with no complaints identified in year. Scalloway pharmacy received three complaints, all of which were handled at Stage 1 within the five working days, and which were partially upheld.

iCare Shetland and Specsavers recorded no complaints in year.

Of the two independent GP practices, Levenwick Health Centre confirmed it received no formal complaints in year.

4.5) Indicator Five: Complaints closed at each stage

Please note the total number of complaints for the following calculations is 69: 38 at S1 and 31 at S2 (one Stage 2 complaint, which is being investigated under duty of candour also, remains open). The figures are for the complaints handled directly by NHS Shetland.

Complaints closed *(responded to)* at Stage One and Stage Two as a percentage of all complaints closed.		
Description	2022/23	2021/22
Number of complaints closed at Stage 1 as % of all complaints	**55%**	**58%**
Number of complaints closed at Stage 2 as % of all complaints	**45%**	**35%**
Number of complaints closed at Stage 2 after escalation as % of all complaints	**0%**	**7%**

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	2022/23	2021/22
Number of complaints upheld at Stage 1 as % of all complaints closed at Stage 1	**39.4% (15 of 38)**	**48.9% (23 of 47)**
Number of complaints upheld at Stage 2 as % of all complaints closed at Stage 2	**25.8% (8 of 31)**	**10.7% (3 of 28)**
Number of escalated complaints upheld at Stage 2 as % of all escalated complaints closed at Stage 2	**0% (0 of 0)**	**33.3% (2 of 6)**

Partially Upheld		
Description	2022/23	2021/22
Number of complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	**36.9% (14 of 38)**	**29.8% (14 of 47)**
Number of complaints partially upheld at Stage 2 as % of all complaints closed at Stage 2	**45.2% (14 of 31)**	**64.3% (18 of 28)**
Number of escalated complaints partially upheld at Stage 2 as % of all escalated complaints closed at Stage 2	**0% (0 of 0)**	**16.7% (1 of 6)**

Not Upheld		
Description	2022/23	2021/22
Number of complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	**23.7% (9 of 38)**	**21.3% (10 of 47)**
Number of complaints not upheld at Stage 2 as % of all complaints closed at Stage 2	**29% (9 of 31)**	**25% (7 of 28)**
Number of escalated complaints not upheld at Stage 2 as % of all escalated complaints closed at Stage 2	**0% (0 of 0)**	**50% (3 of 6)**

4.7) Indicator Seven: Average times

The average time in working days for a full response to complaints at each stage			
Description	2022/23	2021/22	Target
Average time in working days to respond to complaints at Stage 1	**5.61**	**4.74**	5 wkg days
Average time in working days to respond to complaints at Stage 2	**35.1**	**29.7**	20 wkg days
Average time in working days to respond to complaints after escalation	**-**	**26.5**	20 wkg days

Performance against the 5 and 20 working day targets remains compromised by system pressures as remobilisation continues. Both investigators and complaint response contributors have often been otherwise tasked and because of this a number of complaints took much longer to close than we would wish for.

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

The number and percentage of complaints at each stage which were closed *(responded to)* in full within the set timescales of 5 and 20 working days			
Description	2022/23	2021/22	Target
Number of complaints closed at Stage 1 within 5 working days as % of Stage 1 complaints	**71% (27 of 38)**	**83% (39 of 47)**	80%
Number of complaints closed at Stage 2 within 20 working days as % of Stage 2 complaints	**23% (7 of 31)**	**32% (9 of 28)**	80%
Number of escalated complaints closed within 20 working days as % of escalated Stage 2 complaints	**0% (0 of 0)**	**50% (3 of 6)**	80%

Performance against response targets for Stage 1 and Stage 2 complaints has deteriorated slightly in 2022/23. 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 remains 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 continue with a brief complaints triage meeting three times a week between the Feedback and Complaints team and 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	2022/23
% of complaints at Stage 1 where extension was authorised	29%
% of complaints at Stage 2 where extension was authorised (this includes both escalated and non-escalated complaints)	77%

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 2022/23 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 concerns and 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 2023

NHS Shetland Annual Feedback and Complaints Report for 2022/23

Appendix A

Summary of Stage 1 Complaints in 2022/23

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
1	Lack of communication and treatment by specialist nurses and difficulty finding out information from them.	Specialist Nurses	Part upheld	Evidence nurses had communicated with complainant, but could not always respond within an hour.	2
2	Complainant's partner went to A&E and the treating doctor was felt to be abrupt and brusque. No pain relief prescribed, with more focus on alcohol intake	A&E medical	Fully upheld	Apology provided that the visit to A&E had not been satisfactory, although it was felt the clinician had carried out a thorough assessment. Fed back to clinician about the lack of reassurance towards the patient and the intervention about alcoholism which they felt was not justified.	2
3	Complainant unhappy with receptionist at GP surgery and felt uncomfortable discussing medical complaint with them. Also felt they were unprofessional in dealing with the public.	Primary Care admin	Not upheld	Receptionists are asked to triage calls to determine how urgent patient needs are and they needed to understand the patient's particular request in order to correctly process it. There was no evidence that they were unprofessional towards the patient.	4
4	Frustrated that records had not yet arrived with NHSG, as feels desperate for an appointment with the consultant.	Medical Records	Part upheld	It was arranged for the patient record to be forwarded to the consultant's secretary the following day. The patient seemed content with this.	3
5	Attitude, treatment and communication concerns.	Consultant	Part upheld	Clinician felt there was no intention to be rude and had not picked up on tension during the appointment. Apology offered.	6

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
6	Complainant unhappy with the way they were treated.	Consultant	Part upheld	The specialist service the complainant required was not available in Shetland. Complainant seen by another consultant moving forwards.	10
7	Complainant concerned about lack of communication about family member regarding diagnosis.	Consultant	Fully upheld	The doctor spoke to the patient and wrote a letter to detail what was said, which the patient was happy about.	3
8	Unwell child not seen by GP as requested by both parents and NHS 24, resulting in hospital visit.	Primary Care GP	Fully upheld	Apologies offered for the miscommunication.	7
9	Complainant requesting medications for long term chronic pain. After an incident, attended A&E, but was not prescribed any medications and feels they are not being treated well.	Primary Care	Not upheld	Explained practice staff cannot overturn what the GP has said and advised complainant continued to engage with support services.	5
10	Unreasonable delay in adjustment to orthotic device	Orthotics	Fully upheld	Learning points and actions noted, including good understanding through appropriate assessment, service audit as ongoing quality check and good communication at the conclusion of an appointment, with clinic scheduling to allow clinician time to return calls.	8

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
11	Concerns about nurse's knowledge of infection control and attitude.	Community Nursing	Part upheld	A couple of items to be moved in the surgery and complainant assured of the infection control policies and procedures being followed. Complainant accepted that dressing trolleys used are appropriate and that they are also used throughout the hospital including theatres.	30
12	Complainant asked to come in early for a procedure and then was not seen, with no communication about the delay. Complainant left feeling irritable and fed up.	OPD	Part upheld	Agreed it was an unfortunate length of time to have to wait and it was noted nobody explained the reason for the delay to the complainant which was not ideal.	20
13	Complainant upset to find the doctor had changed their prescription without discussing first, causing great distress.	Primary Care GP	Part upheld	Apologies sent for the distress suffered, it was not the intention of the clinician involved.	4
14	Inappropriate routing of mental health complaints through NHS24 and on to Shetland residents	Mental Health	Part upheld	Calls are automatically forwarded to the Flow Navigation Hub in Highland. Highland then pass all appropriate calls to the on call GP in Shetland. The Board is aware this is not ideal for everyone and working alongside colleagues in Highland and NHS 24 to redesign pathways, alongside other island Boards, to ensure individuals are passed to the correct professional in a timely manner.	3

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
15	Complainant suspects that the people using the car park at Health Centre are not actually going to it. Their concern is for people less able or very poorly, finding themselves needing to park much further away and would like to understand if this is an ongoing issue.	Estates	Fully upheld	Head of Estates apologised and explained the car park is being used by 3 different cohorts of staff. They should just be using the lower car park and communications will be put out again to alert staff to this as they will need to make sure spaces are available for patients.	1
16	Complainant unhappy with the department's communication with Aberdeen and the possible delay in treatment.	AHP	Fully upheld	Complainant pleased their complaint was heard with a positive change being made and their treatment was exactly as expected.	5
17	Complainant not happy about delay to family member's operation, which caused travel issues, and a lack of communication about the reason for the delays.	OPD	Part upheld	Department unable to contact patient ahead of operation to agree a preferred time for appointment, suited to distance travel. A patient leaflet was also sent before the operation to explain possible delays in department and patient did not raise any concerns at the time with staff. Apologies offered for the delay.	6
18	Complainant unhappy with the time needed to wait for an urgent referral and also for the results, which had still not been received.	Medical	Part upheld	Complainant had not been referred urgently. The results were available electronically, but as the Consultant was on leave there was a delay seeing the result. A letter had since been sent and the GP also spoke to the patient.	2

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
19	Complainant convinced they had paid for a medical, but DVLA wrote to say it still needed to be done before issuing driving license.	Primary Care GP	Part upheld	GP is an independent doctor and explained the DVLA were requesting a second medical due to further information received which indicated more tests were needed. GP spoke to complainant, who was content with the response.	2
20	Complainant concerned their relative had not received their prescription to manage pain for several months, causing distress.	Medical	Part upheld	Patient to receive investigations and a further consultation in the next couple of weeks so that the right treatment could be started safely.	2
21	Complainant with mental health concerns asked for family to be vaccinated in a quiet space.	Public Health	Fully upheld	Complainant invited for a private vaccination session and family also welcomed.	6
22	Complainant's partner found GP to be objectionable, rude and inappropriately attired.	Primary Care GP	Not upheld	Arranged for the patient to be seen by another GP. However, complainant took ill later in the week and was attended by same GP complained about, and on this occasion both were grateful for the care they received.	1
23	DVLA requested complainant had treadmill test within 6 weeks of receipt of letter. Complainant phoned on day they received letter and was assured of an appointment but still hadn't received anything with the deadline getting closer.	Medical Records	No upheld	Complainant was offered an appointment but was ill on the day and unable to attend. The letter was clear that complainant just had to phone within 6 weeks of receipt of their letter to say they had an appointment, but they failed to do so. The actual appointment did not need to be within that timescale and DVLA appointments cannot	19

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
				be given urgent priority. The complainant received a new appointment.	
24	Disabled complaint encountered several issues preventing them reaching appointment on 1st floor, including communication received about location of appointment and poor signage in the building alerting them where to go.	Corporate Services	Fully upheld	Request made to NHS Grampian for a change to their letters directing patients, as the main building remains closed to the public and cannot be accessed. Better signage to be used in future.	4
25	Complainant did not wish to receive any communication or alerts for health checks or vaccinations. They had complained about this for several years and nothing had been done.	Public Health	Not upheld	Removing complainant from vaccination/cancer screening mail lists is not straight forward and the onus is on the patient to do so.	4
26	Patient having difficulty receiving telephone triage appointments due to mobile signal issues and was hoping to achieve regular face to face appointments.	Primary Care	Fully upheld	Patient marked as someone who required face to face appointments. Discussed with the GP and the rest of the team to be advised.	1
27	Complainant's autistic relative was very anxious about receiving vaccinations. Clinician did nothing to help put them at ease and felt to be	Public Health	Fully upheld	Apology sent to complainant about the manner of the vaccinator. They didn't realise the patient had autism, but recognised their jokey language had been inappropriate. They also did not realise the complainant was eligible for	9

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	quite rude. The relative also left without receiving one of the vaccinations and clearly distressed.			a second vaccination, and the patient was offered this with another vaccinator if they preferred.	
28	Complainant dissatisfied about the care they were receiving for an ongoing health issue.	Primary Care	Fully upheld	Practice manager to discuss the concerns, and advice given to the complainant on how to escalate their complaint.	1
29	Complainant took relative to A&E and was told to go to GP without an assessment.	A&E Nurses / Reception	Not upheld	Apology given but explained redirection policy and considered that the relative did receive appropriate care.	1
30	Complainant requested medical records and still had not received them.	Primary Care	Fully upheld	Practice Manager contacted the patient to apologise for the delay preparing the redacted notes. This was due to time pressures on medical staff. Arranged for the patient to collect the notes.	5
31	Complainant turned up for an appointment and found it had been re-arranged for the following day and they were unable to attend. They are concerned about the length of time they will need to wait for another appointment.	Medical Records	Part upheld	The date for the appointment was recorded correctly on the system. The receptionist believes she did give the complainant the correct date during the phone conversation. Apologised for the communication error and inconvenience caused. A new appointment date to be given shortly.	5

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
32	Complainant has been waiting for orthodontic surgery since age of 14. Advised to wait until slightly older, but since the pandemic has found they have been removed from the consultant's waiting list and would like to know why and when they might expect treatment.	Dental	Fully upheld	NHSS has not had an orthodontic service for several years, but in the past month talks have been had with NHSG and it appears likely the patients on the waiting list will be assessed in the coming months by the new orthodontic consultant. It has been confirmed the complainant is on the waiting list and treatment will be in secondary care at some point this year.	3
33	Complainant believed their medical record had been accessed by a former GP in appropriately.	Primary Care	Not upheld	Explained it had not been possible to access the complainant's medical records as described because the former GP did not have access to the practice or online logins. Practice Manager tried to discuss with the complainant, but they were not available.	8
34	Complainant concerned about child's orthodontic treatment. Patient had teeth removed and was wearing a brace, but had only been seen four times in 14 months and not every six weeks as expected. Also complained about the poor communication within the service.	Dental	Part upheld	Apologies sent for the delays caused within the service. The possibility of patients being in treatment for longer than expected led to a fundamental review of the service in 2022 with a new Orthodontic Consultant now working well through the waiting list. Commitment offered to forthcoming appointment. Apologised for their impression that the communication within the service was poor.	6

Appendix A Summary of Stage 1 Complaints 2022/23

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
35	Complainant concerned that an operation was not done thoroughly enough.	Medical	Not upheld	Medical Director spoke to the complainant about the procedure and followed this up with a letter to fully explain the reasons for the treatment received.	5
36	Complainant requested all health records and three months later still had not received them.	Primary Care	Fully upheld	Complainant has since received all the records requested and apologies were sent for the long delay.	2
37	Complainant unhappy with treatment received following extensive dental work.	Dental	Not upheld	Complainant had been seen by different dentists at a number of appointments, but remained dissatisfied, despite a lot of effort on their part. Complainant remains unhappy with appearance, but does not meet the criteria under the PDS for further treatment.	6
38	Complainant made suggestions on how to improve communication for the vaccination service after being dismayed that there was no follow after missing the initial call. Complainant went on to develop an illness that could have been prevented with vaccination.	Public Health	Fully upheld	Spoke to the complainant and agreed to implement changes to the service that would ensure follow up communication was sent to patients.	1

NHS Shetland Annual Feedback and Complaints Report for 2022/23

Appendix B

Summary of Stage 2 Complaints in 2022/23

Appendix B Summary of Stage 2 Complaints 2022/23

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
1	Complainant's procedure which they had travelled away for was cancelled at very short notice for a reason they had already made staff aware of	Public Health / GJNH	Y		Upheld	• There were missed opportunities to communicate the current guidelines and procedures with the complainant. • Apologies offered for the impact this had on the complainant and their family
2	Poor care and treatment	AHP team and SIC care home	N	Complex investigation with a number of staff participating	Part upheld	• Family had been involved in discharge discussion. • An internal investigation took place regarding information handling with processes changed and lessons learned. • Explanation provided about how medicine consumption had been supported.
3	Poor cleanliness of ward and toilets during an inpatient stay and samples not removed in a timely manner	Ward and facilities staff	N	Marginally over the 20 days due to annual leave	Part upheld	• Apology given that the experience was not optimal. There had been disturbances in the night and general higher noise levels in an open bed bay. • Observed cleaning standards were found to meet national standards and visitors and carers were supported to meet infection control standards. • New signage already in place about visitors not being permitted to use patient facilities. • Further discussion to occur about storing samples waiting for transport to the lab.

Appendix B Summary of Stage 2 Complaints 2022/23

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
4	Family member advised they could not stay with patient in the high dependency unit	Nursing	N	Meeting with complainant before finalising complaint response	Upheld	• Visiting to HDU is open to next of kin at all times. Staff awareness raising to ensure this is communicated to family members and patients and their wishes are accommodated. Information and posters shared with all staff to inform them HDU is open to patient's families. • Apology given for the miscommunication and the impact this had.
5	Unhappy with consultation and not being listened to	Medical	N	Delay in investigation completion	Part upheld	• GP felt they had spent significant time with patient to understand the history and to reach a mutually agreed management plan. • Apology given that distress had been caused.
6	Lack of treatment and care following discharge	Community health and social care	N		Not upheld	• Clear evidence of appropriate discharge planning found.
7	Potential treatment error and pain caused	Medical	N	One day late	Upheld	• Apology given for mistake in preparation for treatment
8	Failure to diagnose broken bone	Medical	Y		Upheld	• Apology given for missing the fracture and the way the patient had felt during the consultation • Next day surgical review safety netting had not happened and no review appointment made. This has been reviewed by the team
9	Support in place for family member	Community health and social care	N	Complex across a number of areas	Not upheld	• Determined an appropriate level of assessment had been carried out, including tools,

Appendix B Summary of Stage 2 Complaints 2022/23

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						observational visits and discussions. No evidence found to support concerns raised.
10	Concerns about service over a prolonged period	Mental health	N	Capacity within team	Upheld	• Review identified lack of communication and the way the team communicated with the family highlighted as an issue that must be addressed. • Signposting and information for patients and carers on how to access mental health services will be addressed.
11	Painful examination and viewpoint on Covid regulations	Medical	Y		Not upheld	• No evidence to support concerns raised
12	Failure to diagnose	Medical and nursing	N	Annual leave	Part upheld	• Apology given that complainant had suffered pain for such a long time. Whilst the treatment received would not have differed greatly with earlier diagnosis, there would have been a prevention of repeated trips to appointments and a decrease in anxiety due to this.
13	Prescribing concern	Medical	N	Annual leave	Part upheld	• Care actioned in a timely and appropriate manner, with medication prescribed that was felt would help the condition, with full understanding of medical history. • Clinician to reflect on communication about this as part of their annual appraisal.

Appendix B Summary of Stage 2 Complaints 2022/23

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
14	Care provided	Mental health	N	Annual leave and capacity within team	Not upheld	• Treatment offered was appropriate, but apology given if manner came across as curt.
15	Premature discharge	Acute	N	Annual leave and capacity within team	Part upheld	• Patient transferred between wards before discharge which led to a failure in the process. Full apologies given and learning implemented. • Patient was very keen for discharge and multidisciplinary team had undertaken appropriate assessments.
16	Treatment and care of family member	GP	N	Annual leave and capacity within team	Part upheld	• In person appointment offered but declined due to transport issues. Follow up reasonable but with hindsight GP regrets not seeing patient when contacted several days later.
17	Significant delay in diagnosis and dismissal of pain – lack of apology	GP	N	Delayed due to seeking clarity on repeated complaint	Upheld	• Corporate apology given and commitment to support forward treatment plan reiterated.
18	Communication and treatment following diagnosis	Acute	N	Annual leave and capacity within team	Part upheld	• Found communication regarding treatment waits and support available could have been improved.
19	Staff attitude	GP and Admin	N	Complex, and additional information being added to complaint	Not upheld	• No evidence staff acted inappropriately.

Appendix B Summary of Stage 2 Complaints 2022/23

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
20	Infant with ongoing medical issues still not being treated	Acute Services	Y		Upheld	• Delays and errors sending out referrals and clinic letter found.
21	Communication misunderstanding which led to parent becoming involved in care	Primary Care	N	Complexity and capacity within the team	Part upheld	• NHS email addresses to be used to communicate about patients. • GP Surgery will undertake a Learning Event Review
22	Medical team failed to treat patient	Medical	N	Annual leave	Not upheld	• Operation may not solve the problem in complex case. • Further tests required first.
23	Lack of service provision	Community Health	N	Complexity and capacity within the team	Part upheld	• Breakdown in communication. • Difficulties acknowledged.
24	Consent for child's treatment	Community Health	N	Capacity	Not upheld	• By law, assessment can progress with one parent's consent or if the child is old enough to give their own consent.
25	Hospital pursued EOL care	Medical	N	Complexity	Not upheld	• Appropriate care given and medical team acted in good faith in line with the clinical information available to them.
26	Care of patient	Acute Services	N	Staff absence	Part upheld	• Consultant acted appropriately, but communication needed to be improved between Consultant and community services.

Appendix B Summary of Stage 2 Complaints 2022/23

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
27	Poor EOL experience	Community Health and Social Care	Y		Part upheld	• EOL not considered and treatment for complete recovery given. • Communication could have been better.
28	Lack of treatment from Orthodontic Service	Dental	N	Staff absence	Part upheld	• Issues with past communication about treatment. • Error with referral for treatment and delays due to Covid.
29	Removal of molar without prior discussion	Dental	N	Staff absence	Not upheld	• Appropriate care had been provided and undertaken to a good standard in the circumstances.
30	Tone and content of letter	Medical	N	Staff absence	Part upheld	• Consultant had patient's best intentions in mind when writing the letter and did not mean to cause upset or offence. Apology given.
31	Financial implication of cancelled treatment off island	Patient Travel	Y		Upheld	• Patient reimbursed and apology offered.
32	Year delay diagnosing broken hip	Medical	N	Complexity (DoC and CRAT)	Open	

NHS Shetland Annual Feedback and Complaints Report for 2022/23

Appendix C

Summary of Concerns received in 2022/23

Appendix C Summary of Concerns 2022/23

	Area	Summary of concerns	Outcome
1	Estates	**MSP:** Lack of affordable accommodation in Shetland, particularly for the young workforce. What accommodation is available to those employees who are not in receipt of high salaries? Aware that it is questionable as to whether what is known as the 'nurses accommodation' at Montfield is fit for purpose.	Shetland accommodation unsurprisingly busy. Numbers provided on available Board owned and leased provision. Accommodation block will be a priority in new development.
2	Primary Care	Concerned person had written a few letters to the requesting answers to concerns about healthcare. No response received.	Contact has since been made to arrange a meeting to discuss concerns.
3	Pharmacy & Prescribing	Concerned about long term prescriptions and needing to collect them every 28 days. Would like to suggest that where longer term prescriptions don't change, could there be longer intervals between dispenses.	Plan to move to two monthly prescriptions. Also plans in place to be using more serial prescribing which would mean a prescription is held at the pharmacy for 56 weeks and dispensed at two monthly intervals.
4	Information & Digital Technology	**MSP:** Information request about the use of digital asynchronous consultation systems (DACS) in GP practices. How many GP practices are using DACS in Shetland and who is providing the DACS services? Who can access the personal health data stored in the DACS platforms and what measures are taken to ensure it is secure?	Currently two systems; Near Me and AskMyGP. Near Me not used much. AskMyGp used in 3 GP surgeries. All secure and only accessed by NHS staff. NHS24 & phone triage also a type of DACS and is secure.
5	Elective Care	**MSP:** Correspondence with patient awaiting cardiac surgery and with Humza Yousaf MSP about the wider delays for elective surgery with the health board. Guidance determines a patient's clinical	Patient under the care of Aberdeen Royal Infirmary and currently on an in patient waiting list for surgery. Unable to confirm the current waiting times for cardiac surgery, but explained the responsibility for is with NHS

Appendix C Summary of Concerns 2022/23

	Area	Summary of concerns	Outcome
		urgency and sets out review stages to ensure each individual patient's case is assessed regularly to ensure the most appropriate care. Would like to know if responsibility for assessments lies with NHS Shetland or NHS Grampian.	Grampian, and contact could be made with the GP or the Consultant if they required further information.
7	Public Health	Concerned person had serious reactions to flu vaccinations and Covid vaccinations and would like help to try and get a booster of Moderna in Shetland, as they can no longer have AZ and Pfizer.	Vaccination Team Lead explained that it was not possible to send individual doses of Moderna vaccine to Shetland. Only four Boards could vaccinate with Moderna for patients with specific requirements. Offered to arrange for patient to be seen at one of the clinics, but it would be at their own expense.
8	Patient Travel	**MSP:** Concerned person who is a student on mainland has ongoing health issues and would like help to cover flights costs from Shetland's Patient Travel Department.	Options explained about alternative options. The patient travel policy refers to eligibility for patient travel subsidy and to treatment at a hospital other than the first preference. As a board there is a need for consistency in decisions and application of the policy to ensure equitable service to all patients.
9	Mental Health	Concerned person would like to know why the CPN cannot use the NHSS car when their own car is unavailable.	CPNs are expected to be able to make their own travel arrangements. They may get access to a car in only exceptional circumstances.
10	Public Health	Concerned person had a routine screening test and then received an invite for a diagnostic appointment without first receiving the screening results.	It took eight weeks from the result of the screening test to the letter being sent to the patient. When there is a positive result then the patient is automatically referred to the clinic, who send out a clinic appointment. The only thing that can be done is to advise people at the time of screening is that if there is a problem which

Appendix C Summary of Concerns 2022/23

	Area	Summary of concerns	Outcome
			requires further investigation, they may get a clinic appointment before they get the results letter.
11	Mental Health	Concerned about family member's mental health and anxiety. Promises were made that they would be seen by a psychiatrist and then nothing happened.	Expectations had been raised, which shouldn't have happened.
13	Primary Care	**MSP:** Concerned that constituents have ordered repeat prescriptions and there is a delay in them being received in the pharmacy.	The GP practice lets patients know it can take four working days to get their prescription. Patients are advised of this when they re-order. The reason four days is needed is because some patients require a medical review.
14	Primary Care	**MSP:** Can local GP records be accessed by hospitals in emergency situations? Patient unable to explain the medication they were taking and their other medical conditions when admitted to A&E.	The hospital is not able to access the full record. A&E and SAS can view the Emergency Care Summary for patients which gives an overview of the patient's medication and condition where applicable. There are ongoing national plans to upgrade the GP electronic records to a web based system that would simplify this process.
15	Primary Care	When patient filled in information on AskMyGP they received a message saying the service is currently closed. How are patients to receive an answer to their query?	The message is an autoreply message programmed into the software in all GP practices and can't be changed by staff.

Appendix C Summary of Concerns 2022/23

	Area	Summary of concerns	Outcome
16	Complaints	Received a letter for deceased family member from the complaints service.	Considering how to send feedback questionnaires in a more timely way through the year. Meanwhile the system will be checked before letters are issued.
17	Radiography	**MSP:** NHS Shetland had indicated earlier in the year that they were working with Scottish Government, looking at accessing a more limited mobile MRI scanning service until the permanent MRI scanner is in place. Would like an update.	With support of the SG, funding had been agreed and a model put in place to provide a visiting mobile MRI service mid July 2022. The Medical Imaging team was working closely with both NHS Grampian and NHS Highland in developing the mobile MRI service model, providing clinical supervision for staff in training and working on the shared care pathways for the permanent MRI service when it went live.
19	Medical Consultants / Admin	Trying to contact Consultant to find out about family member's procedure. No one answering or returning calls.	Staff illness in admin team, which was affecting response times. Concerned person was contacted and given the information required.
20	Mental Health	Phoned twice to ask if they had been referred for counselling and how long the waiting list was. No record of being referred and told would have to wait until an appointment with the psychiatrist to find out. Just looking for an approximate indication of wait times.	Difficult to determine waiting times for therapy as there were a number of vacant posts. Apologised that an estimated time could not be given.
22	Mental Health	**MSP:** Understands that locums working locally to provide mental health services will not be retained past August and would welcome understanding of this situation.	At the start of the pandemic the Board received additional funding for MH nurses from the SG, from a Covid funding resource. Unfortunately the additional Covid funding had come to an end and there was no further budget to sustain them as an additional resource. The Board also has a clear commitment to

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	Area	Summary of concerns	Outcome
			reduce locum costs wherever possible. Leaving dates were staged so the rest of the team could take on their case-loads.
23	Medical Consultants	Would like to talk to a clinician about possible pathways and options for surgery.	Letter written with a clear explanation of diagnosis and treatment options. Enclosed were two letters from the specialist consultant.
24	Public Health	**MSP:** Constituent has issues booking an appointment with the mobile breast screening service stationed at Clickimin. As she was aged > 70 and no longer eligible for screening she was told she would need to self-refer, but this option was unavailable.	The decision to focus breast screening on women between 50-70 reflects the risk factors associated with breast cancer. It is felt there isn't clear evidence that the benefits of screening women over 70 years old outweigh the potential risks of harm. Should the individual experience any changes then they would be fast tracked to the Aberdeen service.
25	Ward 1	Individual very upset their family member was being discharged from Ward 1 GBH back home to south England without assistance.	Patient assessed by physio as being fit to travel unaccompanied but with airport passenger assistance. Patient did want a Zimmer frame. Wheelchair assistance at the airport was booked and details for the Red Cross transport service in the south of England passed on. The community nurses in patient's area were contacted prior to discharge and given the details of ongoing wound care and a copy of the discharge letter.
26	Patient Travel	**MSP:** Concerned person indicated that Patient Travel was unable to contact Northlink by telephone.	Phone line is extremely busy, but there is a separate line to make contact. There is also a direct email for NHS bookings. Experiencing issues of cabin availability at short notice. The Board previously had 10 'resilience'

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	Area	Summary of concerns	Outcome
			cabins, but due to public outcry at shortages, this has been reduced to just four.
27	Maternity	**MSP:** would like an update on maternity service provision and information about the procedures in place for NHS Shetland patients.	Chief midwife wrote a detailed letter on maternity service provision and procedures in place.
28	Maternity	**MSP:** would like an update on abortion service provision in Shetland.	Chief midwife wrote a detailed letter on abortion service provision in Shetland.
29	Consultant	Delay in establishing diagnosis. A referral was written, but not signed and sent. Dr now on leave. Concerned about this wait and further wait once referred.	Referral will be sent out asap via another consultant.
30	Practice Nurses	Patient has moved and must now register with new health centre. They had built up trust with nurse for regular procedure and did not wish to change nurse.	The nurse was happy to continue to see the patient but all other care needs confirmed as having to be at new health centre.
31	Mental Health	**MSP:** Constituent would like to know their route to accessing mental health provision and treatment in Shetland. They referred to the way information is communicated to patients, and of the difficulties of finding out what is available and accessible before they actually become a patient.	Mental Health Manager wrote a detailed email explaining route to accessing mental health provision and treatment in Shetland.
32	Primary Care	Individual trying to engage with health centre to discuss issues with medical records and all messages had been ignored.	Invited into health centre to go through the medical records together. Concerned cannot physically attend.

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	Area	Summary of concerns	Outcome
33	Dental	Individual moved to Shetland to work for NHS and cannot register with an NHS dentist.	Individual is unregistered but can be seen by the Public Dental Service for emergency treatment. For ongoing care they would need to register with an independent practice.
34	Patient Travel	Lack of assistance offered to disabled family member while travelling by Loganair to Aberdeen Royal Infirmary.	Apologised for experience. Patient Travel to ensure that next time notes are included on the booking that the patient requires a Zimmer to transfer between the wheelchair and aisle chair. Also ensure Zimmer is not put in the hold until patient is safely in their seat.
35	Primary Care	Left a phone prescription message and then prescription wasn't there when they went to collect it.	No issues found with the current system. PM offered to help make sure the patient was requesting their prescription correctly.
36	Patient Travel	Despite assurances there had been failures incl. a lack of assistance provided, delays in transporting patients to hotel, lack of food & drink and incorrect information provided on the check-out time. This was repeated the following day when their flight was delayed again.	There was no request for assistance booked. Information about the initial flight being cancelled seems to have been relayed to the passengers some time before ABM were aware. The ABM Team will look after the Assistance passengers while they await rebooking. There is water at this location. ABM would only be aware that refreshment vouchers had been issued if advised by Dalcross. Assistance passengers should be prioritised by the airline when there are delayed or cancelled flights. Poor communication would seem to have caused a number of the issues.
38	Mental Health	**MSP:** Constituent advised that drug tests were currently limited as they had been unable to take	There were limited supplies of urine drug screening tests due to an ongoing issue with supply. Urine drug

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	Area	Summary of concerns	Outcome
		one as usual that week and weekly "clear" tests were an important part of their ongoing care.	screens were therefore prioritised to highest risk cases. More expected imminently.
39	Mental Health	**MSP:** Concerns that as Covid-19 funding was used by NHS Shetland to fill CPN and SMS Nurse posts and would no longer be available after January 2023, the staff positions which were previously supposed to remain until the Summer would leave patients vulnerable.	The Locum nurses were additional to the CMHT nursing team and so could not be filled after January. Many patients only need short term treatment. Most of the Locum nursing caseload was for short term interventions so patients would be discharged before January. Patients with long term enduring mental illness had been allocated to permanent staff to ensure there was less disruption to their care.
40	Chief Executive	Following an Estates incident, family concerned that the measures introduced will do nothing to either prevent or reduce the severity of another similar incident. Help sought for patient who now has anxiety as a consequence.	Understand concerns but it would be for the clinicians to decide appropriate steps so advised to discuss with their GP. Face to face discussion offered regarding steps being taken to reduce the risk of a similar incident occurring.
41	Elective Care	Concern about ongoing delays for having a diagnostic test and procedure done. Requested to be seen at ARI.	ARI is only an option if Consultant considers the assessment urgent and it could not be undertaken in a reasonable timeframe.
42	Dental	Concern about delays of orthodontic treatment.	The orthodontic service was being affected by workforce issues and had a backlog in the same way that the whole dental service and wider NHS had.
43	Public Health	Individual asking for help to receive Covid booster vaccination ahead of age cohort due to carer responsibilities and travel plans.	Staff to try and facilitate early access for vaccination.

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	Area	Summary of concerns	Outcome
44	Estates	**MSP:** Concerns about the availability of NHS staff accommodation and whether the situation had improved since last discussed. The figure of £800 p/m for a place in shared nurse accommodation had been quoted and there were concerns from constituents about how the Board could attract staff to work in the isles under such circumstances.	The Board offers a range of property but the only circumstances that could be identified where a staff member may be asked to pay £800 PCM for shared accommodation would be if this was sourced from the private sector. Fully aware of the housing provision issues in Shetland, which is seriously lacking. Part of future planning for new hospital will be staff accommodation.
45	Nursing and Acute Services	Lack of specialist nurse in Shetland. ---------- It was agreed that this S2 complaint should be investigated by NHS Grampian, as this was where the complaint originated. Presented the option to either contribute to a joint complaint, or to respond to the concerns related to Shetland once a response was received from NHSG.	07.10.22 An email explaining that the complaint would initially be answered by NHSG was sent to the individual. NHSG said delays could be expected due to pressures on the service. ---------- NHSG responded independently. They said it would seem that the process for pre-operative counselling and post-operative ward support in Aberdeen was followed as should be expected and felt the care received was appropriate. Greater input from local community nursing as self-care had not been delivering expected results.
46	Children's Services	Concern that AHP asked inappropriate questions about the family situation which caused great upset.	It transpired there was some confusion about the clinician the patient was seeing, which may have contributed to how they felt about the questions being asked. It was actually a consultant that the patient was asked questions by. Apologies offered for the mix up,

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	Area	Summary of concerns	Outcome
			and clinician will ensure they introduce themselves more clearly in future.
47	Public Health	**MSP:** Requesting Moderna vaccine for constituent, who has had previous allergic reactions to Pfizer. Related to C 22_23_07.	It would be unwise to progress with either vaccine without suitable clinical investigation as to what the individual is/has been experiencing, this may be an allergy specialist. As discussed, both Moderna and Pfizer are mRNA vaccines so it is possible a similar reaction would occur to Moderna and therefore progressing with the vaccine may be contraindicated.
48	Nursing and Acute Services	Ongoing back pain issues since childhood, but escalated since May 2021. Concerned person has been seen by many clinicians/physios who treat the symptoms with medication, but have not tried to understand the issues. Recently diagnosed with herniated discs and arthritis and suffers repeated flare ups, but hasn't received an effective care plan and struggling to live life normally with such pain. Asking for someone to help to get back to living a normal life.	Consultant has seen concerned person recently and has agreed that they will offer an injection when in a flare up period. Individual is happy with this plan and is aware how to make contact at that point. Also, in the meantime a referral has been made to a spinal surgeon for review.
49	Pharmacy	**MSP:** Oxygen Deliveries: Would like to understand current arrangements around the delivery and supply of oxygen to patients who have been prescribed its use at home. Understood that Shetland uses a third party supplier and would appreciate confirmation of this, along with an awareness of the process and timescales for delivering time-critical supplies to patients,	The Home Oxygen Service in Scotland is provided under a single national contract managed by Health Facilities Scotland (HFS), part of National Services Scotland (NSS). NHS Shetland use the national contract supplier, Dolby Vivisol. Home oxygen prescriptions are supplied within four days for standard requests. There are options for two days and same day requests, as well as provisions made for the out of

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	Area	Summary of concerns	Outcome
		appreciating that some of these may be in rural locations.	hours period. Patients interact directly with the supplier Dolby Vivisol.
50	Nursing and Acute Services	**MSP:** Constituent enquiry: Would like to understand constituent's case up to this point, and an assurance that they will receive further clarity regarding the next steps of their treatment plan at the earliest convenience.	Follow up of 48 above
51	Primary Care	Concerned person had good care in GBH following routine procedure, but since then has found a systemic failure in communication between primary care and secondary care.	No care plan created. Patient unaware that there were drugs waiting to be collected. Apologised and accepted that there is a need to improve communication within the practice.
52	Dental	**MSP:** Constituent's family member had been having orthodontic care which was supposed to continue. The family had just found out that care was to be discontinued, but the patient remains in pain.	The Orthodontic service is at capacity and has recently had a review. Their primary focus is to complete treatment for those patients currently wearing a brace. This way, all patients (current and future) will only wear a brace as long as necessary. All patients currently seen for initial consultation with the orthodontic consultant are then placed on a Treatment Waiting List (TWL). The individual had been assessed as a high priority, but the expectation was that the wait would be at least 12 months away.

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	Area	Summary of concerns	Outcome
53	Mental Health	**MSP:** Constituent had shared details of the difficult process of obtaining their diagnosis. Concerns raised with the Cab Sec for H&SC, but would welcome any information you can provide about local progress.	Information leaflets regarding the pathway sent to MSP.
54	Nursing and Acute Services / Social Work	Family member discharged from A&E with community nurse support, but died at home with a lack of essential equipment. There were no issues with support from community nursing who were very supportive and caring but felt a nearing end of life discharge should mean that all essential equipment and support was in place, regardless of it being out of hours.	
55	Sexual Health Clinic	Concerned person had been emailing the sexual health clinic but hadn't received any replies.	Contact made and an appointment offered. Following a period of staff shortages due to sickness there had been limited clinics organised for specific treatments.
56	Primary Care	Concerned person tried to call 111 out of hours and was given incorrect advice about the surgery being open.	Contact made with 111 to check their messaging correctly informs patients that they can contact a surgery on Wednesday afternoons, when it is closed for staff training, if it is an emergency.
57	Consultants	Mixed and confusing messages from various clinicians following injury. Unsure about actual injury	Patient discussed issues with consultant, and said they were not complaining. GP had also given patient advice

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	Area	Summary of concerns	Outcome
		and prognosis and what the best treatment was to prevent ongoing issues.	to call back if further clarification was needed following appointment with consultant.
58	Primary Care	Mother and baby attended postpartum check-up. Complaint about hygiene standards of the GP.	A full apology was sent from the doctor concerned and the investigating manager.
59	Primary Care	**MSP:** Constituent's employer requires an independent assessment from an MCL-medics doctor before getting full clearance to return to work. GP needs to write a report and send evidence of the investigative hospital procedure but to do so needs a report from GBH. The receptionist explained that the doctor had tried several times to get the evidence from the hospital but so far with no success.	Letter had now been received so GP called patient to apologise for the delay. Individual happy with the timescale to resolve.
60	Medical	**MSP:** Constituent explained there was a health issue which had gotten worse over the years and felt it should have been dealt with by now. Constituent did not think they had been taken seriously by the consultant.	MD wrote with an explanation of the diagnosis and treatment to date. Advised if they remained concerned or had new symptoms to see their GP.
61	Patient Travel	Relating to travel from ARI after treatment. Technical issues on flights caused delays on two occasions and ended up on the boat. As a result of sitting on the plane for several hours with the doors open during a particularly cold spell, patient ended up contracting pneumonia and spending Christmas in hospital. Complaint has been sent to Loganair.	The ramp was unserviceable and then the ambulift also malfunctioned. In that time the weather deteriorated and the flight was cancelled. Due to the limited availability of hotels within the area it took longer than expected for overnight accommodation to be provided. The outside temperature was below freezing, but the cabin doors had to remain open whilst parked on the

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	Area	Summary of concerns	Outcome
			stand as per regulations. Apologies for discomfort caused.
62	AHP	Missing impressions, delays for equipment and appointments.	Offered an appointment next week to follow up the outstanding work to try and resolve.
63	Consultants	Concern about no information received from biopsies or CT scan at ARI or follow up and care locally.	Original biopsy was negative and CT showed no concern, so patient was put on routine list for a further procedure. Unfortunately when procedure took place cancer was diagnosed. Tumour completely resected.
64	Paediatrics	**MSP:** Concerned parents wrote to BW MSP regarding a matter investigated as a formal S2 complaint.	Explained to MSP that this is being investigated as a formal S2 complaint.
65	AHP	Patient had another appointment cancelled due the clinician being sick. Questioned how sick the clinician was given how active they were on social media at the same time.	AHP Manager acknowledged why this was being questioned and committed to discuss it with the individual involved.
66	Primary Care	Complainant concerned chest pains were worse after five days and not able to contact the health centre via phone or 'AskMyGp'. NHS24 advised they should see a doctor and said they would send details to the health centre.	The reception supervisor called and put through an urgent request for a GP call; nothing through at that point from NHS24 so the health centre was not aware of the individual. Manager to follow up with NHS24.
67	Admin	Specific test required for DVLA. Difficulty in understanding when this might happen and whether it would be within an acceptable time for DVLA purposes.	Apologies sent on behalf of the department that this has still not been resolved. There was a delay getting the request form from the DVLA, but it had since been

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	Area	Summary of concerns	Outcome
			received. There was also a delay due to clinician being on leave. Appointment anticipated to be imminent.
68	Nursing and Acute Services	**MSP:** MSP has been contacted by constituent about ongoing wait for radiotherapy with NHS Grampian following an operation to have a tumour removed. MSP would like a response to constituent's belief that NHSS “wash their hands of you” once a referral to NHSG is made. Constituent does not feel supported by the health board and has felt it necessary to chase up their own treatment, and seek MSP assistance, in raising these concerns.	An S2 response was sent (part upheld) explaining the delays were in the provision of surgery which had to be performed in a specialist centre, but that the Board was working closely with NHSG to minimise delays. The concern about radiotherapy delays had not been seen previously. It was highlighted that the Macmillan team was there to provide ongoing post diagnostic support, but an individual would need to engage with this.
69	Medical	Concern about the care a family member received when in hospital on numerous occasions since 2019 until their death that year, with no formal diagnosis. Was enough done to try to treat their family member?	The Medical Director spoke with individual and planned to review the case. Apologies for distress caused. An earlier diagnosis would have meant staff could have supported family and health and care staff to optimise care. Although outcome for patient would not have altered, it would have created a more understanding environment. To update on progress of review.
70	Nursing and Acute Services	Shared a complaint raised with NHSG relating to their child’s urgent operation being cancelled on the day due to a lack of beds in HDU. Felt that NHSS needed to be aware of how their patients were being treated.	Explained NHSG selected patients based on clinical prioritisation and not where they lived. The logistical factors of organising care had to be factored in, but that would not change the clinical priority placed on the treatment. NHSG to respond, but agreed to share concerns directly with the Unit Operational Manager for Children’s Services at RACH.

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	Area	Summary of concerns	Outcome
71	Travel Vaccines	Travelling abroad for charitable work and concerned about costs of having to travel to Aberdeen for block vaccinations.	NHS Shetland Travel Vaccine Clinic is now up and running, however there have been changes to the way travel health services and travel vaccines are delivered in Scotland. Most GP practices no longer provide any travel health services. There are currently no private providers in Shetland and patients must travel to Aberdeen for certain vaccinations.
72	Travel Vaccines	Queried why the Shetland travel clinic could only give certain vaccines. Concerned about travel and costs involved to go to Aberdeen to get vaccinated.	Although there is an NHS travel clinic providing assessment and a number of travel vaccines as required by national policy, the private element is not provided and staff have to advise travellers to seek that from a private clinic (in Aberdeen).
73	Maternity	**MSP:** MSP letter regarding the Pregnancy Loss Pledge from the Miscarriage Association.	NHS Shetland recognises the impact on the people and families who experience miscarriage and welcome the discussions that are taking place. However, in Scotland terms and conditions are set by the Scottish Government through dialogue with unions and staff representatives and as such the Health Board could not deviate from these agreements.
74	Travel Vaccines	Travel clinic not responding in a timely manner to enable travel for charitable work.	Apologies for the frustration caused and also that there had been issues with trying to find the correct information.

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	Area	Summary of concerns	Outcome
75	Primary Care	Individual asked to register back with their own health centre, which they left 12 years ago due to issues with the GP. They are unable to get their medication where they are currently registered but this is now urgent. Accepts they have to move, but asking for more help with the transition period.	Practice manager sorted medication and reassured patient about relocating, which had no timescale set against it.
76	Dental	Concerns regarding dental provision and about funding and lack of dentists. Understanding of the situation to a point, but remains deeply concerned about the lack of NHS dental provision in Shetland. Asked to understand how much the Board was sighted on the issue and whether they found it acceptable?	Explained the Board was very aware of the problem. The issue of dental service access is now a national problem. Dental Director is currently working with CDO Office & SG to review the way dental services are provided on Shetland and how this is funded.
77	Patient Travel	Partner had invite to attend a support group held on NHS premises and strongly advised to attend to aid recovery. Questioning why flights could not be booked under the Highlands and Islands Travel Scheme.	Apology given but Patient Travel would not be able to book the travel as requested. As advised staff were unable to fund travel for the support group. Although held on NHS premises it was run by volunteers who made clear on their website they were a non-professional organisation.
78	Dental	Individual seeking help about how to secure an appointment to see a dentist in Shetland. No finances to go private.	Apology given and current position explained. The issue of dental service access is now a national problem. Dental Director is currently working with CDO Office & SG to review the way dental services are provided on Shetland and how this is funded.

NHS Shetland Annual Feedback and Complaints Report for 2022/23

Appendix D

Complaint process experience results (key performance indicator at 4.2)

Description	2022/23	
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)	2
2. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	2
	Satisfied	
	Neither Satisfied or Dissatisfied	
	Dissatisfied	
	Very Dissatisfied	1
	Question Skipped	
3. How satisfied are you with how you were treated when you were making your complaint?	Very Satisfied	1
	Satisfied	
	Neither Satisfied or Dissatisfied	2
	Dissatisfied	
	Very Dissatisfied	
	Question Skipped	
4. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Yes	2
	No	
	Question Skipped	1
5. Did we apologise for your experience?	Yes	3
	No	
	Question Skipped	
6. How satisfied were you that we responded to you in a timely manner?	Very Satisfied	
	Satisfied	3
	Neither Satisfied nor Dissatisfied	
	Dissatisfied	
	Very Dissatisfied	
	Question Skipped	
7. Did the complaints response letter clearly detail the outcome of your complaint?	Yes	2
	No	
	Question Skipped	1
8. Overall, how satisfied were you with the complaints procedure?	Very Satisfied	
	Satisfied	2
	Neither Satisfied or Dissatisfied	
	Dissatisfied	1
	Very Dissatisfied	
	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?

   Additional comments received:

   Phone apology follow up has not happened.

   Felt consultant handled complaint with disdain. Escalated to a centralised complaint and then satisfied the Director of Nursing and Acute Services took the complaint seriously, listened to them and implemented the changes proposed.