

NHS Shetland

Meeting:	Board
Meeting date:	30 August 2022
Agenda reference:	Board Paper 2022/23/34
Title:	Annual Feedback and Complaints Report
Responsible Executive/Non-Executive:	Michael Dickson
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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 2021/22 must be presented to the Board for consideration prior to submission to the Scottish Government, the Scottish Public Services Ombudsman and Healthcare Improvement Scotland in 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 2021/22, 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.

Key issues are the continued impact of the pandemic on themes, capacity and response times and whether adequate progress has been made in year.

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 2021/22

Feedback and Complaints Report 2021/22





A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2021/22

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 2021 to 31 March 2022, this report¹ comprises:

1. a summary of the range of ways we gather feedback, including complaints on our own services and those provided by our health service providers (i.e. independent GPs, Dentists, Opticians and Community Pharmacists);
2. how we encourage feedback and how we handle responding to complaints received;
3. a summary of the themes emerging from our feedback methods in 2021/22 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 2021/22 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 2021/22 the service has handled 167 pieces of feedback: 11 thank you contacts, 74 concerns, 47 Stage 1 (early resolution) complaints and 35 Stage 2 (formal investigation) complaints.

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

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

care related issues. This group has evolved from our Public Participation Forum and now offers the ability to engage with people in an on-line forum (<https://www.shb.scot.nhs.uk/board/spen/index.asp> and also see <https://www.facebook.com/ShetlandPEN/>).

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

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

If you wish to make a complaint you can visit our website at <http://www.shb.scot.nhs.uk/board/complaints.asp> for further advice on how to do this, or you can write to us at the above address or email. You may also find helpful a summary of the Complaint Handling Procedure:

<https://www.shb.scot.nhs.uk/board/policies/PublicFacingComplaintsHandlingProcedure-Feb2021.pdf>

This gives information on the sorts of things you can complain about, how the process will work, and the support available to help you make your views known.

Annual Review

We usually hold our Annual Review meeting in public and invite people to attend in person, virtually or to submit questions to us before hand (although patient specific questions are not answered in the open forum). This is another way we hear from patients about their experiences. However, due to the pandemic Boards held closed annual reviews in 2021/221, with ours taking place with the Scottish Government in December 2021. You can see the outcome summary letter of the discussions about Board performance on our website at:

https://www.shb.scot.nhs.uk/board/meetings/2022/0426/20220426-2022_23_12.pdf

What happens next?

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

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

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

We know that staff receive many more instances of positive feedback through verbal and written thank yous than we are able to capture 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 fifth 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 have offered virtual solutions to 'meet' with complainants when they are agreeable to this, and we are still speaking with people over the telephone as a matter of routine. Some distanced physical meetings are now beginning again into 2022/23.

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

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

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

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

3) Thematic concerns and improvement measures

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

As services continue to remobilise following the pandemic, it is not unexpected that we have seen concerns raised about access, including in particular lengthy waits for planned procedures and a frustration about inability to access routine dental care. While small overall numbers can distort emerging themes, staff attitude and communication also continue to feature in the top three themes as seen in the last five years.

Access

We received a number of enquiries and concerns related to understanding the potential waits for non-urgent but significantly life improving orthopaedic operations as services remobilised following the pandemic. In June 2021 the total number of patients in Scotland waiting for orthopaedic surgery was 28,677; with 167 of these in Shetland.

As part of NHS Shetland's remobilisation of elective (planned) care, Scottish Government funding allowed a mobile theatre and visiting healthcare teams to be brought to Shetland to deliver orthopaedic and cataract procedures in early 2022. Due to the mobile theatre's laminar flow ventilation system it meant eligible patients who were on the waiting list for joint replacements were able to be treated in Shetland which had a significant positive impact on their length of stay and recovery. A multidisciplinary team was brought in to provide outpatient, theatre and post-operative care. The project significantly reduced our reliance on the waits experienced by partner Boards. During the 12-week programme, a total of 206 cataract procedures and 126 orthopaedic procedures were carried out by the visiting specialist healthcare teams.

With regard to dental services, emergency care is always available and is provided by the Public Dental Service but access to routine dental 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 to routine care remaining a challenge. Further steps are being considered to mitigate the impact of this situation, including the mail out of an Oral Self Care at Home booklet to all residences in Shetland.

In year we also received feedback about access to support for people suffering with eating disorders. As part of the ongoing work in this area, a new steering group was established that is dedicated to improving local services and support. Taking a whole

system approach to preventing, responding to and mitigating against the impact of eating disorders will be central to how the work of the group develops.

Staff attitude and communication issues

During 2021/22 poor staff attitude featured in 15 feedback contacts (six higher than 2020/21), five of which were Stage 2 investigations.

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

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

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

There are also a number of complaints where poor communication more generally can lead to a less than ideal outcome.

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 2021/22 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 year end regarding sensitivity and delays in gathering complainant experience. We have reviewed how this is captured moving forwards and will be issuing a link with any written correspondence if people wish to go online to feedback their views on the complaint handling service they have received. This means feedback will be 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 2021/22 twelve Stage 2 complainants got back in touch with us after our investigation findings letter was sent to seek additional clarity or advising they intended to escalate their complaint to the Scottish Public Services Ombudsman (SPSO). This is up five from 2020/21. We are not aware of any complaints being investigated by the Scottish Public Services Ombudsman at this point from complaints handled in 2021/22.

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.

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

The Complaints Officer previously met with Family Health Service managers to go over the changes to the complaint handling procedure in the hope of increasing Family Health Service returns. Initially this was beneficial but unfortunately this year 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, however with restrictions in place this has not been possible during 2021/22.

4.4) Indicator Four: The total number of complaints received

In 2021/22 we received 82 complaints (47 Stage 1 complaints and 35 Stage 2 complaints, six of which escalated from Stage 1). This figure is a 61% increase from the 51 complaints we received in 2020/21 (and the 52 in 2019/20). We saw an increase in both Stage 1 and Stage 2 complaints.

Within the year we also received and responded to 74 concerns (similar to the 79 in 2020/21). 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 2021/22, these relate to the following service areas:

Service	2021/22	
	Number	%
Directorate of Acute and Specialist Services	30	36.6
Directorate of Community Health and Social Care	40	48.8
Acute and community	3	3.6
Public Health	5	6.1
Support Services	4	4.9
Totals:	82	

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 2021/22 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 the lowest seen. Scalloway Pharmacy was the only pharmacy in Shetland to capture and report complaints in year, with five Stage 1 complaints all handled within one working day. Of these three were upheld and two not upheld.

Specsavers reported one fully upheld Stage 1 complaint handled within five working days.

4.5) Indicator Five: Complaints closed at each stage

Please note the total number of complaints for the following calculations is 81: 47 at S1 and 34 at S2 (one Stage 2 complaint was put on hold at the request of the complainant and remains open). The figures are for the complaints handled directly by NHS Shetland.

Complaints closed (<i>responded to</i>) at Stage One and Stage Two as a percentage of all complaints closed.		
Description	2021/22	2020/21
Number of complaints closed at Stage 1 as % of all complaints	58%	57%
Number of complaints closed at Stage 2 as % of all complaints	35%	41%
Number of complaints closed at Stage 2 after escalation as % of all complaints	7%	2%

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

The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed (<i>responded to</i>) in full at each stage.		
Upheld		
Description	2021/22	2020/21
Number of complaints upheld at Stage 1 as % of all complaints closed at Stage 1	48.9% (23 of 47)	24% (7 of 29)
Number of complaints upheld at Stage 2 as % of all complaints closed at Stage 2	10.7% (3 of 28)	33.3% (7 of 21)
Number of escalated complaints upheld at Stage 2 as % of all escalated complaints closed at Stage 2	33.3% (2 of 6)	100% (1 of 1)

Partially Upheld		
Description	2021/22	2020/21
Number of complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	29.8% (14 of 47)	45% (13 of 29)
Number of complaints partially upheld at Stage 2 as % of all complaints closed at Stage 2	64.3% (18 of 28)	52.4% (11 of 21)
Number of escalated complaints partially upheld at Stage 2 as % of all escalated complaints closed at Stage 2	16.7% (1 of 6)	0% (0 of 1)

Not Upheld		
Description	2021/22	2020/21
Number of complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	21.3% (10 of 47)	31% (9 of 29)
Number of complaints not upheld at Stage 2 as % of all complaints closed at Stage 2	25% (7 of 28)	14.3% (3 of 21)
Number of escalated complaints not upheld at Stage 2 as % of all escalated complaints closed at Stage 2	50% (3 of 6)	0% (0 of 1)

4.7) Indicator Seven: Average times

The average time in working days for a full response to complaints at each stage			
Description	2021/22	2020/21	Target
Average time in working days to respond to complaints at Stage 1	4.74	5.4	5 wkg days
Average time in working days to respond to complaints at Stage 2	29.7	33.8	20 wkg days
Average time in working days to respond to complaints after escalation	26.5	37	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 been otherwise tasked and because of this a number of complaints took much longer to close than we would wish for. It is however encouraging to note that Stage 2 performance has improved in 2021/22.

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

The number and percentage of complaints at each stage which were closed (<i>responded to</i>) in full within the set timescales of 5 and 20 working days			
Description	2021/22	2020/21	Target
Number of complaints closed at Stage 1 within 5 working days as % of Stage 1 complaints	83% (39 of 47)	62% (18 of 29)	80%
Number of complaints closed at Stage 2 within 20 working days as % of Stage 2 complaints	32% (9 of 28)	48% (10 of 21)	80%
Number of escalated complaints closed within 20 working days as % of escalated Stage 2 complaints	50% (3 of 6)	0% (0 of 1)	80%

Performance against response targets for Stage 1 complaints has improved in 2021/22. Performance against the number of Stage 2 complaints handled within 20 working days has slipped from the previous year but the average response time (at 4.7 above) is improved. A number of the Stage 2 complaints spanned more than one area or health board. For complaints where a number of staff members are required to provide statements and/or a meeting between the complainant and key personnel is warranted, the 20 working day timescale is very challenging.

We have mostly recovered our feedback and complaint service and will continue to try and meet our deadlines for all types of patient feedback. We continue with a brief complaints triage meeting three times a week between the Feedback and Complaints team and the three clinical directors. When we receive new complaints the lead investigator can be agreed quickly, and also any input required from colleagues can be identified much earlier in the investigation process. It is hoped these meetings will continue to support performance improvements regarding feedback turnaround times.

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

The number and percentage of complaints closed at each stage where an extension to the 5 or 20 working day timeline has been authorised.	
Description	2020/21
% of complaints at Stage 1 where extension was authorised	17% (8 of 47)
% of complaints at Stage 2 where extension was authorised (this includes both escalated and non-escalated complaints)	65% (22 of 34)

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 2021/22 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 2022

NHS Shetland Annual Feedback and Complaints Report for 2021/22

Appendix A

Summary of Stage 1 Complaints in 2021/22

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
1	Complainant requested a copy of their Covid 19 test results from GP practice and was told the results could not be given out.	Information Governance	Fully upheld	Advice from public health: Scottish Government still not decided how and if patients will need to show their tests/results. DPO explained patients are entitled to their own results from their surgery via an SAR form.	4
2	Concerns about care whilst an inpatient in Aberdeen Maternity Hospital. Communication with staff not always good, did not receive antibiotics during labour and left in the care of a student midwife.	Maternity	Fully upheld	Concerns raised with the Chief Midwife in NHSG with the aim of improving the service received in Aberdeen by Shetland women.	19
3	Complainant dissatisfied that the nurse giving a Covid vaccine did not provide them with their full Christian name when asked for it.	Public Health	Part upheld	Another nurse witnessed the nurse give the patient his name several times. Mask wearing may have been a communication issue. Name tags will be worn by nurses and shown to patients asking their names in future.	2
4	Sample pot for test was out of date and therefore the test would need to be repeated in 3 months' time.	Nursing	Fully upheld	Nursing clinical team lead wrote a letter apologising for the incident. Ordering process reviewed to limit holding too much stock that may go out of date. Also, reminder to staff to check labels and dates before using equipment.	10
5	A second dose Covid vaccine given to patient who had already received it, but EMIS had not updated yet.	Public Health	Fully upheld	An apology was offered to the family regarding the vaccine. Due to a manual staff input error, the system did not recognise patient had received 2nd vaccine. Staff training on how to input data correctly will be given.	3
6	Mum not able to accompany baby on transfer. Cannulation was	Maternity	Fully upheld	Case reviewed by all clinicians involved. Recognition that parents require support when their child is sick.	5

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	attempted numerous times unsuccessfully. Staff were not supportive of parents who were very distressed.			Discussion with the neonatal transport team about the inclusion of mums travelling with sick babies. Equipment identified and purchased to help with neonatal cannulation. Revision of neonatal jaundice care pathway including consultation regarding what care can safely be delivered within Shetland and what equipment and training would be required to safely deliver this.	
7	Wifi on ward not working. Also feels there should be more privacy on Wards for certain procedures during meal times.	GBH W3 / IT	Fully upheld	Letter sent to complainant to apologise. The lapse in protected mealtime policy was wrong and action was taken to remind nursing staff that no routine procedures should take place during this time, emergencies only. Measure to improve wifi signal implemented.	5
8	Staff attitude	GP Admin	Part upheld and escalated	Letter sent explaining there were no witnesses to the exchange. Staff member found the exchange to be intimidating. Apologies sent for the way complainant felt they had been treated.	5
9	Staff attitude	Child Health / Admin	Not upheld	Staff member felt hampered trying to obtain information for the complainant due to the stressful exchange. Other staff witnessed the calls.	5
10	Complainant needed help to secure a second Pfizer vaccine appointment as this was their first	Public Health	Fully upheld	Confirmed complainant received a Pfizer by both the vaccinator and the locally held records, related to vaccine supply. Explanation and apologies sent in a letter.	3

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	vaccine, despite the records showing otherwise.				
11	Hurtful comment made during consultation.	GP	Fully upheld	Patient given an apology. Patient was happy with the further care received from other staff members following this consultation.	1
12	Miscommunication regarding surgery.	Child Health	Fully upheld	Complainant happy with apology and explanation. The surgery needed is more complicated than anticipated so Consultant has arranged for this in Aberdeen as a more appropriate clinical setting.	1
13	Complainant not happy with the manner they were spoken to by receptionist.	Health Centre / Admin	Fully upheld	An apology was given for experience.	2
14	Staff overhead saying derogatory things about a patient by a friend of the family waiting in reception.	Health Centre / Admin	Fully upheld	Apologies given. Staff acknowledged they spoke out of turn. There was no evidence of a data breach.	5
15	Complainant not happy with the GP letter requested to excuse them from court duties.	GP	Escalated	Raised to S2 complaint.	0
16	Concerned about a family member's mental health and used AskMyGP to report concerns. Heard nothing	Health Centre / Mental Health	Not upheld	GP made decision that it was not urgent for same day action. Patient had not marked the request as urgent and	2

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	back all day, so phoned again at end of day only to be hung up on.			had also specified not to be contacted before 4pm due to working nightshifts.	
17	Concern about child development and lack of communication and support from service.	Child Health / Health Visitor	Part upheld	Apologies that HV forgot to phone back once Covid restrictions lifted. No record of message left on the phone. Alternative HV put in place to support.	3
18	Patient waiting almost 5 years for a knee operation – condition deteriorating.	Patient Flow	Part upheld	Patient was not cleared as fit for surgery until recently due to changes in medication. GJNH had been experiencing pressures and theatre capacity issues which may have also contributed to the delay.	3
19	Delay in issuing records under a subject access request.	Information Governance	Fully upheld and escalated	Identified bottleneck in the team providing the records and a weak point in the process being addressed.	3
20	Attitude and ability. Unfair triaging and discussing HC policy via family member on social media.	Health Centre / Admin	Not upheld	Family offered a phone call from a GP. Spoke about the need for GP triage.	8
21	Delay in access to sexual health clinic.	Sexual Health / GP	Part upheld	Patient on a waiting list - the staff member who normally does procedure is on leave, but it will get done within the month.	1
22	Staff attitude when requesting a sick note following a very traumatic miscarriage.	Health Centre / Admin	Part upheld	Practice manager could not find the person who took the call and all staff deny any knowledge of it. Apologised for the experience.	11

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
23	Patient trying to get help from Mental Health and was told someone would visit them, but no visit and no answer on phone. This happened before, patient feeling let down.	Mental Health	Fully upheld	Letter of apology sent. A fault with the phone line was found which was diverting all calls to the answering machine. The CPN has since contacted patient to apologise and offer support.	5
24	Patient has waited 2 months for an MRI scan date and heard nothing.	Patient Flow	Fully upheld	Patient should receive MRI appointment this month. There is currently a 3 month waiting time for MRIs.	13
25	Heating and hot water has not been working or available since July 2021. Would like to know when it will be resolved.	Estates	Fully upheld	Due to poor weather, opportunities to fix the heating/water on Fair Isle have been limited. Weather window anticipated to fix in the next week.	4
26	Complainant trying to get an appointment with Montfield Dental and told they don't fit the criteria and to go private.	Dental	Not upheld	Patient doesn't fit criteria for Montfield (PDS), but can apply for GDS. Montfield currently not doing routine exams, but will see patients for emergency treatment.	5
27	Complaint about the inappropriate presence of an inpatient in outpatients.	Outpatients	Fully upheld	Letter sent apologising for the patient being in a clinical area when they should not have been.	3
28	Patient received a text message from Consultant re dexa scan, referred by GP. Patient very upset about poor communication as they	GP	Fully upheld	GP got a task from the office to refer patient. In the med record, patient had received exam before and recommended to repeat in 2 years. GP assumed that	4

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	hadn't been told about the need for the scan.			patient had prompted surgery. Apologies and will be more aware in future.	
29	Understood prescription would be put to the front desk. Family member went to LHC to collect prescription but it wasn't there.	Health Centre / Admin	Not upheld	Reception advice had been given to wait a few hours before trying to collect the prescription.	3
30	Complainant's child received flu vac at school, but shouldn't have been given it as he had already had it a week earlier.	Child Health / Nurses	Fully upheld	Apologies sent for the error. Both practice nurse and school nurse did not carry out checks. In future, parents will be sent a letter if child misses vaccine at school clinic or the clinic needs to be rescheduled and checks will be taken before a clinic.	3
31	Parent concerned about autistic child not being seen by anyone in CAMHS.	Child Health / CAMHS	Not upheld	CAMHS felt child did not meet the criteria to be treated by them or that the service they offer would be suited to them.	4
32	Difficult phone consultation	GP	Fully upheld	Practice Manager spoke to patient who appreciated there had been delays on the phone due to a poor signal. Apology given that the doctor had been perceived as rude.	1
33	Poor attitude and personal belongings were missing.	Mental Health / GBH	Part upheld	Personal items removed for safety reasons and have since been posted back. Other personal items removed temporarily for a scan. Complainant accepted this and was grateful.	2

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
34	Complainant attended A&E and was given a diagnosis but has since received a letter by GP with another diagnosis. This has caused distress.	GP / Admin	Fully upheld	Apologised for distress caused. Cause for the issue still not resolved, but may involve a system fault, with incorrect metadata sent to various practices at the same time of this incident.	5
35	Complainant concerned that a GP had been posting 'misinformation' regarding Omicron on social media.	GP	Part upheld	Information was shared with the best of intentions. GP accepts that the tweet caused concern and has passed on their apologies.	5
36	Complainant sought advice about gender identity situation and transitioning towards gender reassignment surgery and was left feeling grossly misadvised and mistreated.	GP	Fully upheld	Apology letter sent and agreed to arrange a meeting to discuss transgender issues in Shetland.	1
37	Staff attitude	Admin	Part upheld	Apology given for miscommunication.	9
38	Family of elderly relative who suffers from dementia took ill and they called NHS 24. Several poor errors occurred between logging the call and patient finally receiving antibiotics many hours later.	OOH	Escalated	NHS24 requested we lead the complaint (to investigate the OOH GP) and they will contribute their part.	3

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
39	Very poor experience with PCR tester at drive-to testing facility	Public Health	Part upheld and escalated	Apologies were sent to the complainant about experience of having a PCR test however no similar complaints received.	5
40	Complainant would like to know when Whalsay dental patients could expect to have treatment resumed on the Isle.	Dental	Part upheld	The call is answered if the receptionist is there, otherwise a message will inform them to phone Brae if they have an emergency.	1
41	Complainant phoned the Whalsay dental clinic & left a message on the answer machine requesting an appointment a week ago and heard nothing.	Dental	Part upheld	The call is answered if the receptionist is there, otherwise a message will inform them to phone Brae if they have an emergency. There is usually not locum dental cover when dentist on AL, but there is emergency cover available.	5
42	Complainant has been hearing complaints and rumours about current dental provision in Whalsay.	Dental	Part upheld	The call is answered if the receptionist is there, otherwise a message will inform them to phone Brae if they have an emergency.	5
43	Complainant unhappy with ADHD assessment and doesn't feel listened to and thinks they are being 'fobbed off'.	Mental Health	Fully upheld	Meeting with MH manager. Discussed the difficulties of diagnosing ADHD and how similar it can look to other conditions. Agreed to organise a second opinion with another Psychiatrist.	4
44	Complainant unhappy growth scan cancelled again and no communication about this.	Maternity	Fully upheld	Senior Charge Midwife explained they have recently changed length of time between growth scans. Also, the staff illness meant patients had to be re-arranged.	4

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
45	Complainant in significant pain after physio. X-ray showed fracture but complainant attributes pain to the actions of the physiotherapist.	Physio	Part upheld and escalated	Complainant wants the physiotherapist to know about the complaint.	1
46	Delay in receiving some information through the Subject Access Request process.	Information Governance	Fully upheld	There was a delay sending the GP records because of the time needed to redact the records and lack of GP availability.	4
47	Complainant requested a copy of medical record via SAR and was unhappy about what they felt was an inappropriate entry.	Community nursing	Part upheld	The staff member felt the entry was a true factual recollection of what was discussed on the phone but agreed to annotate the notes with the concerns.	18
48	Complainant not happy with personal care offered by nurse	Nursing	Part upheld	It is believed this nurse was acting in their best interest by leaving the room calmly and getting the patient another nurse.	1
49	Complainant concerned about condition ahead of the weekend period. Did not hear from anyone, so phoned back and was told request downgraded from urgent to routine by GP without any additional clinical information.	GP	Not upheld	Practice Manager asked patient to clarify exactly what the issues were as there was very little specific detail. No response received.	12
50	Complainant upset that their plans to set a date to be induced in Aberdeen had changed. With a	Maternity	Part upheld	Apology offered and clarified that since the booking, there had been an increase in workload for Aberdeen	3

Appendix A Summary of Stage 1 Complaints 2021/22

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	young child and no family support in Shetland this has caused anxiety.			Maternity Hospital. Discussed possibly being induced in Inverness where there is more family support.	
51	Complainant seeking uncompleted form which would cause difficulties if overdue.	Health Centre GP / Admin	Not upheld	Practice Manager phoned complainant and explained the form had been returned by the GP because it was incomplete and hadn't been signed.	1
52	Complainant brought their child to Children's Outpatient Dept, under the impression that the GP had asked for bloods to be taken. Was told there wasn't any clinical indication for this and it was declined. Complainant has asked for a second opinion.	Child Health /Outpatients	Not upheld	Dr says no clinical indication to take blood from this young child. Complainant does not agree and so has asked for a second opinion.	1
53	Issues getting prescription	Health Centre / Admin	Not upheld	Practice manager requested more specific details and further clarification regarding the prescription concern. Details shared about how to use the app for ordering repeat prescriptions and asked complainant to contact directly to try and resolve their concerns.	4

NHS Shetland Annual Feedback and Complaints Report for 2021/22

Appendix B

Summary of Stage 2 Complaints in 2021/22

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
1	Patient taken to GBH with severe pain. Complaint regarding treatment and care by both doctors and nurses during stay.	Consultants / Nurses	N	Staff on annual leave	Part upheld	<ul style="list-style-type: none"> The medical team were working together to diagnose and treat the condition. Given the patient's medical background, the early assumed diagnosis was reasonable and the team were awaiting confirmatory diagnosis by CT scan. Investigation found lack of post-operative checks, lack of point of care urine testing and a lack of empathy and poor communication from certain staff.
2	Lack of care following injury, dignity issues on Ward and failure to examine and refer as outpatient.	Consultants / doctors	N	Delayed response: consultant / medical staff	Part upheld	<ul style="list-style-type: none"> No evidence that the clinical team acted inappropriately. Recognition and apology that complainant did not feel they had a good experience and their treatment whilst under observation was unprofessional.
3	Repeated and incorrect reference to cancer and potential impact on treatment.	Consultants / doctors	Y	/	Part upheld	<ul style="list-style-type: none"> Apologies for the interpretation/confusion over patient's cancer status. The medical team recognise this could have resolved sooner had they listened to the patient's repeated attempts to explain the situation. There is no evidence to suggest that this miscommunication has had any influence on patient's treatment plan.

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
4	Concerns about the treatment received at health centre over a number of years. Complainant felt their concerns about pain had not been believed by doctors nor their diagnosis taken seriously. Also concerned Physio thought they were making the pain up in their head.	GPs/Physio	N	Delayed response: consultant / medical staff	Part upheld	<ul style="list-style-type: none"> • Every medical professional consulted had made an effort to listen and they all recognised that the pain experienced was causing considerable disability. • Despite best intentions they have not managed to support complainant effectively with their pain and reduced function. • Primary Care team to reflect; where there are multiple teams and clinicians involved how best to create the best person-centred approach and consistency of messaging.
5	Inappropriate discharge	Social Care Staff/GPs	N	Complex nature of investigation	Fully upheld	<ul style="list-style-type: none"> • Apologies for a number of failings in end of life care, which mainly centred on poor communication. • Review of communication regarding the medical status of patients within the health and care services to ensure that the information provided is sufficient to enable good quality care that is appropriate to the needs of the individual.
6	Difficulty accessing advice and service for children	Admin	Y	/	Part upheld (escalated)	<ul style="list-style-type: none"> • Interaction between staff member and complainant difficult for both. • Apologies for length of time complainant has been waiting for answers from the Child Health Department due to effect pandemic has had on services.

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<ul style="list-style-type: none"> Learning: During busy periods, explain to carers if required that they will call back at a more convenient time if information is not immediately available to them.
7	Newly registered patient received wrong prescription dosage. Complainant asserts there was discrimination against him.	GP	Y	/	Part upheld	<ul style="list-style-type: none"> No evidence to suggest GP intentionally prescribed a higher strength medication or that there was discrimination. As a newly registered patient requesting a controlled drug, a consultation with a GP first has been advised. Apologies given for not doing this. Medication review will be required.
8	Patient with life changing injuries not given any onwards advice about a physio program but it was noted that they would need ongoing physio. Request for Physio refused. Concerns about level of care provided.	Physio	N	Staff on annual leave	Not upheld	<ul style="list-style-type: none"> Ongoing need for physiotherapy for patient has not been established. Physiotherapy has not been refused, but is not justified from a clinical perspective. Staff to provide care as requested by the specialist unit.
9	Complainant concerned about family member's diagnosis and requested a follow up MRI as recommended in country where diagnosed. Scan not agreed as warranted.	Consultants	N	Staff on annual leave	Part upheld	<ul style="list-style-type: none"> Patient not in need of an urgent MRI scan as it is not clinically indicated. Perceived level of urgency and diagnostic significance attached to further imaging is at odds with previous reported findings.

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<ul style="list-style-type: none"> Apology for miscommunication leading to a lack of clarity over the cancellation of patient's x-ray.
10	Lack of care in theatre.	Consultant	Y	/	Part upheld	<ul style="list-style-type: none"> No evidence of medical neglect or wrong doing. Apologies for miscommunication and a perceived lack of care.
11	Complainant concerned about women's health issues and needing to travel considerable distance to the Sexual Health Clinic to get treatment.	GP	Y	/	Part upheld	<ul style="list-style-type: none"> Agree there has been a reduction in the service provided by the sexual health clinic. Not possible to expect smaller, rural GP practices to perform to the same level as GP practices that are providing services for greater populations. Proposed to provide a service from two Health Centres.
12	Chemo patient chose treatment in Lerwick as had other medical issues making it difficult to travel. Choice taken away due to poor staff management. Difficulties with cabin availability.	Macmillan/ Patient Travel	Y	/	Not upheld	<ul style="list-style-type: none"> Nursing team tried to ensure patient's treatment continued in Shetland, but this was not possible and it was considered better the patient received chemo in another location. Northlink Ferries confirmed they do not hold beds for patients, but do try to accommodate them when possible.
13	Complainant feels strongly that they had life changing surgery due to receiving the	Consultants	N	Delayed response:	Not upheld	<ul style="list-style-type: none"> The actions of the surgical team in Shetland found to be appropriate and timely.

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
	wrong treatment in the care of the Consultant Surgeons in Shetland.			consultant / medical staff		<ul style="list-style-type: none"> • Patient had unresponsive disease that required a more invasive emergency treatment rather than the more common treatment.
14	Care provided to relative before sudden death	GP	Y	/	Not upheld	<ul style="list-style-type: none"> • Patient appropriately investigated and treated for the symptoms they presented with. • The sudden death occurred without warning and could not have been predicted. • A CT angiogram was not indicated at any point in patient's medical history and this would have been the only test that could have identified the issue which caused the sudden death.
15	Access to ADHD assessment	Mental Health	N	Delay in drafting reply: investigating manager	Part upheld	<ul style="list-style-type: none"> • Due to an error additional information was not correctly filed or readily accessible which caused admin staff some confusion when they were asked about referral. This is currently being looked into. • CMHT will not offer an ADHD assessment as the evidence provided does not meet the criteria.
16	Patient is in pain, feels dismissed and not supported	GP/Consultant	Y	/	Not upheld (escalated)	<ul style="list-style-type: none"> • There was no evidence that the severity of illness was being dismissed but patient clear they were not wanting treatment.

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<ul style="list-style-type: none"> No evidence that there had been a lack of empathy, but meaningful interaction has been difficult.
17	Subject Access Request return incomplete	Inf Gov	N	Staff on annual leave	Fully upheld (escalated)	<ul style="list-style-type: none"> NHS Shetland failed to meet its statutory obligation to provide all of the records requested within the one month time period. Need to review the process and procedures for managing a SAR and to ensure all staff are clear about the organisation's obligations and their individual roles and responsibilities in complying with the Data Protection Act.
18	Staff attitude and care	Consultant	N	Staff on annual leave	Part upheld	<ul style="list-style-type: none"> The consultant and team acted appropriately with regards to diagnosis. There were some team conversations which could have been discussed in a more private setting. Pain scores were not recorded as regularly as they should have, which may have contributed to incomplete information being available to the teams.
19	Missed opportunity for diagnosis leading to poor prognosis	Consultant	N		On Hold	<ul style="list-style-type: none"> Held at request of complainant. Re-opened 2022_2023
20	Patient requested domiciliary treatment for teeth due to many health	Dental	N	Delayed response: meeting first	Part upheld	<ul style="list-style-type: none"> There has been confusing communication between the dental team and patient.

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
	issues which prevent them from being able to move easily from their bed.			on request of complainant		<ul style="list-style-type: none"> Decision to treat a patient at home is taken by the dentist based on what the clinical needs are and if it is appropriate to provide the patient treatment out-with a clinical setting. Recommend examination under GA at hospital for teeth extraction. Care for patients with complex needs should be provided in smaller and known dental teams.
21	Lack of continuity of care during two stays in hospital. General poor communication.	Consultant	N	Staff on annual leave	Part upheld	<ul style="list-style-type: none"> No evidence to suggest that there was a lack of continuity for complainant's treatment by the consultant, even though they were cared for by a different consultant on each admission. Consultant continued to support their colleague with discussions about patient's care. There were a few communication and information issues relating to the current lab processes and a need to improve digital communication.
22	Access to treatment for specific treatment which needed to start sooner than it did. Adequate pain relief not offered quickly and communication poor.	GP/Community Nurse	N	Staff on annual leave	Part upheld	<ul style="list-style-type: none"> It was found that the level of diagnostic assessment and monitoring over the four week period from which symptoms began and treatment was provided appeared reasonable. The pathway for patients to NHS Grampian was not well understood for this relatively rare

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						condition. Primary care and hospital based staff are now aware of the pathway.
23	Complainant suffered severe pain and went to A&E several times over a week, but was only diagnosed by OOH GP a week later.	A&E/GP/OOH	N	Staff on annual leave	Not upheld	<ul style="list-style-type: none"> Whilst it was found that with better awareness within the A&E team a diagnosis may have been made at an earlier stage, the initial presentation in A&E was not typical of classic symptoms for this illness. The patient went on to develop a complication of the illness, which can present in certain patients and it was found that they did receive the correct medication within appropriate timescales.
24	Complainant believes GP gave consultant an inaccurate referral which led to them not giving further treatment for a certain condition.	Consultant	N	Staff on annual leave	Not upheld	<ul style="list-style-type: none"> There was no evidence to support the effectiveness of a certain treatment for the condition and therefore NHS Shetland could not support the request for further treatment.
25	Complainant unhappy there was no context recognised when they were sent a zero tolerance letter	Practice Manager/GP	Y	/	Part upheld	<ul style="list-style-type: none"> It was found that due to human error, a wrong telephone number was initially recorded on the 'AskMyGP' system. No notification on the patient's notes to say consent was in place to call another family member or to show that patient did not have capacity.

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	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<ul style="list-style-type: none"> Two members of staff had approached the Practice Manager to say that complainant had been verbally aggressive towards them, which led to the zero tolerance letter being issued in line with the approach on violence and aggression towards staff. As a result of complaint, in the knowledge that the letter was sent following such a difficult and frustrating day, it has been agreed to revisit the procedure through discussion at the Local Medical Committee to determine the criteria for when the procedure is triggered and the checks and balances that are required.
26	Complainant concerned about elderly relative who took ill. They called NHS 24, who confirmed suspected diagnosis, but several poor errors occurred between logging the call and relative finally receiving antibiotics many hours later.	NHS24/Highland Hub/GP	Yes	/	Fully upheld (escalated)	<ul style="list-style-type: none"> NHS 24 had appropriately passed the call onto Highland Hub, who asked one of the Hub GPs to do the initial patient assessment. The Hub GP made a request for the DNs to do a follow up visit the next day and had also intended the PCEC (in this case A&E at GBH) to issue antibiotics, but unfortunately this message did not get passed on. Changes will be made to standardise procedures for communicating in Highland Hub.
27	Staff attitude	Consultant	N	??	Part upheld	<ul style="list-style-type: none"> It was found the Consultant's communication with complainant was not optimum and they

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						<p>recognised they may have come across as short tempered and brusque, for which they apologised.</p> <ul style="list-style-type: none"> There were limitations within a short 10 minute consultation, to assess if surgery was required. The Consultant had concluded that this was not necessary for complainant.
28	Complainant received unsatisfactory treatment from Mental Health after being discharged from hospital with change in treatment plan not communicated.	Mental Health/CPN	Y	/	Not upheld	<ul style="list-style-type: none"> Patient and team had different understanding of next steps. CPN felt a meeting would have been beneficial and motivating and is sorry complainant had different understanding of what the meeting was about.
29	Inaccurate antibiotic dosage for child prescribed	GP/Pharmacy	N	Staff illness	Fully upheld	<ul style="list-style-type: none"> Antibiotic was prescribed above the recommended dose for child's weight and doctor apologised for error. There will be a wider review and prescribing audit at LHC, which will highlight the importance of knowing a patient's weight, age and other medical considerations before prescribing medicine.
30	Staff attitude	Nursing	N	Staff illness	Part upheld	<ul style="list-style-type: none"> Nurse's advice on redirection was factually correct, but the location and manner in which complainant was informed about redirection was not appropriate. There should have been an initial assessment to ensure there were no

Appendix B Summary of Stage 2 Complaints 2021/22

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
						serious issues which could be considered an emergency. Nurse asked to reflect on this.
31	Complainant requesting further test to assess potential damage following treatment. They feel there is a 'disconnect' between them and dental, medical and maxillofacial services. An extremely stressful and painful experience.	Dental/Maxfac Consultant	N		Part upheld	<ul style="list-style-type: none"> There is a clear course of treatment, which is in line with the subsequent review appointment. Maxillofacial Consultant had set out reasons for not recommending a CT scan at this time, although he does note that the ENT consultant may recommend a scan if this is clinically required. There was no defined means of sharing relevant information between Dental teams and General Practice e.g. long term antibiotic use, but this is being looked into by Info Gov.
32	Staff attitude re Covid test	Admin/GP	Y		Part upheld	<ul style="list-style-type: none"> It was policy that all patients attending a health centre for a face to face appointment were asked to do a lateral flow test with a negative result before coming to their appointment. Staff did not think they had spoken in an abrupt manner but apologies given for raising the issue in front of children.
33	Concerns about postoperative treatment	Physio/Consultant	N	Complex nature of investigation	Not upheld (escalated)	<ul style="list-style-type: none"> There was sufficient evidence to suggest that the fracture was most likely caused during the original surgery and not during the physiotherapy assessment.

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	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions/Rationale
34	Concerns relating to issues encountered following a visit to A&E after suffering an accident and subsequent care from GP.	Consultant/juni or doctor/GP	N	Staff illness	Fully upheld	<ul style="list-style-type: none"> A&E assessment found to be incomplete. A more thorough exam may have possibly shown the seriousness of their injuries. Doctor apologised and will reflect on providing better person-centred consultation. It was found there was a delay sending notes from A&E to General Practice and steps have been taken to improve this process.
35	Staff attitude and treatment for PCR test	Public Health/HCW	N	Staff on annual leave	Not upheld (escalated)	<ul style="list-style-type: none"> The procedure was particularly difficult and unsatisfactory for both the complainant and the staff members involved, with a difference in the description of events.

NHS Shetland Annual Feedback and Complaints Report for 2021/22

Appendix C

Summary of Concerns received in 2021/22

Appendix C Summary of Concerns 2021/22

	Area	Summary of concerns	Outcome
1	Secondary Care	Concern about the temporary space set up during Covid 19 to treat Chemotherapy patients at GBH. Room described as a cupboard in the basement, with no windows. The room is either too hot or too cold and is very claustrophobic.	Due to Covid 19, changes were made to follow HPS guidance for Red, Amber, Green care pathways in hospitals. Trying to find a more appropriate space, but cannot guarantee due to old hospital with space constraints.
2	Ambulance SAS	Concern at the time it took for an ambulance to respond to their and Cancer Care Line request for an ambulance. Only after 4 calls and patient got worse did the family member speak to a paramedic who then classed the call as urgent.	Redirected to SAS for a response.
3	Primary Care GP	MSP: Constituent concerned about the lack of permanent GP's at Brae Surgery and reading a Facebook post that asked all patients only to contact Brae Surgery in the next week if it was an emergency.	Staff illness led to GPs covering across areas. This was compounded by staff leave as it was over Easter holidays. It enabled all health centres to remain open, but on a reduced service in Brae.
4	Primary Care	MSP: Received urgent representations from Skerries Community Council. Serious concerns about the lack of any resident medical professional to advise NHS 24 of the patient's condition. Also, urgent action needed for nursing provision on the island, noting that NHS Shetland was due to advertise the vacant post at the end of January.	Confirmed there were no applications received. Liaised with the Community Council and agreed the post back on advert with a new closing date.
5	Support Services IT	Re-opened: the WiFi connection on the ward is not working. This is causing upset as family cannot stay in touch.	IT reset the NHS Guest Wireless network. There appears to be a bug in the Cisco Wireless Kit so logged

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	Area	Summary of concerns	Outcome
			a support job with Cisco to see if they can provide some support.
6	CH&SC Allied Health Professionals	Nail cutting service requested as unable to manage this.	Explained this is not a service provided by the NHS. Advice is to ask for help in the first instance from a family member, friend or carer. Alternatively pay for a private session with the private podiatrist on the Island.
7	GBH/Care Home	Dementia patient from care home taken to GBH 4x in a week and discharged because he has dementia. Concern that dementia patient's clinical needs are not being treated in hospital.	No presupposed position taken by the hospital not to treat someone with dementia who has a medical need - over 50% of inpatients will have a cognitive impairment based on age profile.
8	Dental	Patient with comorbidities requesting specific conditions for urgent dental work.	Dental Director explained the dental practice does not have the facilities available to treat the patient. Explained they would need definitive treatment under general anaesthetic at the Gilbert Bain Hospital. Patient says will escalate to SPSO.
9	CH&SC Sexual Health	Request for clarification on current procedure for HIV testing in Shetland. Reassurance sought that the LGBTQ+ community can feel confident that they'll receive the right level of service and communication about their sexual health when visiting GUM in Shetland.	Contacted by the team in Sexual Health and has subsequently been seen and spoken with staff. Happy with the explanations and admitted that they were probably partly to blame as they had accepted 'no talk' testing and signed to say that was what they wanted.
10	CH&SC Dental	Concern about being unable to use the patient waiting room at the dental practice and being expected to wait outside.	Director of Dentistry explained that the dental practice had signed an agreement in line with national

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	Area	Summary of concerns	Outcome
			guidelines to not use the waiting room and the guidelines had not yet changed.
11	Public Health	MSP: Any plans to vaccinate (Covid) under 18-year-olds who are heading to university after the summer?	Currently no plans to vaccinate the under 18 year olds. Should a 17 year old go to university it is recommended they register with a GP on arrival to allow them to be vaccinated as soon as they turn 18.
12	Public Health	MSP: Constituent who is anxious to travel abroad for work reasons has been in touch about vaccination certificates. Have had both vaccinations and wants to know how best to provide evidence.	The intention is to integrate this into the test and protect app but that is a number of weeks away. Scotland and Shetland is in the fortunate position of having registered all those vaccinated on the national vaccination record so as soon as the portal goes live it should be straightforward to issue certificates or digital vaccine passports.
13	CH&SC Elective Care & Diagnostics	Asked to wait outside A&E for appointment in the portacabin for an ultrasound. Healthy and fit and can manage to stand and wait but found it very undignified to do so outdoors at 9am next to the ambulances. Concerned for those who cannot manage to do so, like the older patient they met.	Head of Medical Imaging would like to offer a sincere apology for the poor communication about the location of the Ultrasound Portacabin, which resulted in the sonographer not being aware that patient was waiting for some time to be seen. Improved communications to be given to patients when appointment is made.
14	Public Health	MSP: The band "The Stoals" is enquiring about the possibility of "test" public events, as current restrictions are eased. He wants to know if the event they have planned for 25th June could be used as a Shetland test event.	Test events have been coordinated and managed at a national level by Health Protection Scotland and Public Health England as they have the resources to manage, trace and evaluate large scale events. The route map

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	Area	Summary of concerns	Outcome
			set out by the Scottish Government clearly outlines as and when larger scale events can take place.
15	Dental	Concerned with a diagnosed mental health disorder about their treatment at an independent dentist. Requested a move to the PDS and a same sex dentist.	Dental Director agrees patient can be accepted by PDS and has put in place a request for an appointment with an appropriate dentist. Advised to raise concerns with the independent practice.
16	Dental	Started a procedure, but can't get follow up treatment to complete. No practice is allowing individual to register as an NHS Patient, not even on a waiting list. No option but to wait for the pain and infection in the tooth to get worse which will ultimately create more problems.	Not in a position to register individual. High number of patients registered with PDS. The recent limitations on treatment and the backlog as a result of the Covid lockdown has resulted in the strain on resources being increased. Emergency care is always available with NHS Shetland.
17	Secondary Care Consultant	Felt the consultant suggested family were being dishonest about frequency of problem and challenged them as to why it had taken them so long to report the problems.	Consultant thought they understood that they wanted to help them to get to the bottom of things by organising a few further tests. The intent was not to upset them and will reflect on turns of phrase and language used.
18	Dental	Disability meant it had been agreed all communication could be by email. Since November 2020 all emails to Montfield Dental Clinic have been returned as unsent.	The NHS changed the email address from nhs.net to nhs.scot in October 2020. There was a redirection message for a short time. Email sent apologising to the individual, as they would not have known about the change in address.
19	Elective Services	MSP: Constituent concerned about the length of time it is taking to get a hip operation done. Signed off work due to the pain.	The outpatient orthopaedic video clinics with the GJNH consultants just restarted for lower limb. The foot and ankle service restarted in April. Patient on the waiting list and should receive an appointment for a video clinic

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	Area	Summary of concerns	Outcome
			sometime in July. If listed for a procedure then surgery will be within 12 weeks from the outpatient appointment.
20	Public Health	SIC Councillor: Concerns that have been relayed by constituents regarding the recent Covid cases which were linked to Whalsay.	Enhanced contact tracing, explanation about media coverage and information given to media and the need to have the football teams isolate due to the potential outbreak.
21	Dental	Prior to the pandemic the individual received prior approval for treatment and would like to know why they now have to re-apply and when treatment will begin.	Due to pressures on service following pandemic, treatment is currently not available. Treatment will need to be re-applied for due to any deterioration in oral health which may have occurred in the interim.
22		MSP: Letter from B Wishart to H Yousaf MSP regarding a constituents request to look into why cannot access the prescribed Medtronic insulin pumps, which there appears to be a shortage of.	
23	Public Health	Are all visitors to Shetland tested for "the virus" on entry? Are there any cases of the highly contagious Delta Variant in Shetland?	Advise those travelling to Shetland to undertake a lateral flow test 3 days before and on the day of travelling to reduce the risk of inadvertent transmission of the virus. Taken samples to check for the delta variant however these samples take some time to process so not in a position to comment on any confirmed cases of the delta variant.

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	Area	Summary of concerns	Outcome
24	Mental Health	MSP: A place of safety is no longer being offered for MH patients and Ward 3 is not an appropriate solution.	Hospital does not have inpatient mental health facilities. Patients requiring inpatient psychiatric care are treated at the Royal Cornhill Hospital (RCH) in Aberdeen and young people may be admitted to specialist facilities at Dudhope in Dundee. We have three settings in the Hospital which are designated as 'places of safety'.
25	Primary Care GP	MSP: Discussion about the lack of a permanent GP on the island and the ongoing issues with this role in terms of recruitment and retention.	There are ongoing challenges surrounding the appointment of a substantive GP. The primary challenge appears to be the need to be on call and on island 24/7. Cover is in place for the next 4 weeks.
26	Ambulance SAS	MSP: Discussion as to how ambulance call-outs are carried out on the island. Understood to be system of paid volunteer drivers and would welcome an overview of how this system operates.	Redirected as this is managed and co-ordinated via Scottish Ambulance Service rather than via NHS Shetland.
27	Secondary Care Consultants	Escalated to S2: Care plan suggested diagnostic test which is not being followed up in Shetland. Concern is that GP refused to do this.	GP tried their best to refer for further test and had also shared the information from abroad with the Consultant Orthopaedic Surgeon so that they had all the relevant information on which to make clinical decisions. The final approval for treatment and scans to be decided by the Consultants in Aberdeen.
28	Mental Health	MSP: Family feel there has been a lack of clarity around medication and a sense of "changing the goal posts". Concern of either misinformation or misunderstanding on the best course of treatment.	Drug and alcohol use has continued to escalate, leading to a chaotic lifestyle. Relapse prevention medications, to help abstain have been declined.

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	Area	Summary of concerns	Outcome
29	Primary Care GP	MSP: Received concern which is currently being investigated as an S2 complaint relating to wrong prescription dosage. Would like to know outcome.	Emailed copy of complaint response letter (with consent in place from complainant).
30	Pharmacy	MSP: Constituent has been on a special diet for most of their life, and has prescription foods to help them manage. The selection of prescription foods from NHS Shetland are either not available or discontinued and 'NHS food list for Shetland foods' does not have the majority of foods constituent says they need.	Found out the products which were causing concern and liaised with the community pharmacist who was able to provide information and resolution to the situation. This was communicated to the patient who agreed to continue to work with the community pharmacist to ensure they had an adequate supply of products to meet their needs.
31		MSP Re-opened: Contacted SPICe to ask about the 'Rediscover the Joy of General Practice' project and to ask what funding the Scottish Government had provided this programme. Response: The current financial year, £165,625 has been allocated to the project. Can you indicate how much of that NHS Shetland has received and how the funds will be used?	The "Rediscover the Joy" project sits under the banner of the "Scottish Rural Health Collaborative", a collaboration of all remote and rural Boards, chaired by the NHS Highland CEO. The Joy is hosted by NHS Shetland on behalf of the collaboration and Scottish Government and is the employer for the Joy GPs and also for the HUB itself.
32	Primary Care	MSP: Concern about the healthcare services to the island, including the lack of a permanent GP. Following the retirement of the island nurse there is concern about the over-reliance on First Responders. Residents seek clarity on the protocols for calling out ambulance assistance.	It is becoming much harder to recruit staff to work in remote and isolated communities, particularly when the expectation is that they will be on call 24/7. It is not viable or legal for a member of staff to be on call 24/7. There is currently provision for nursing on the island. SAS lead on emergency evacuation.

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	Area	Summary of concerns	Outcome
33	Primary Care	MSP: Island resident concerns were expressed about the delay in attracting and appointing a nurse to the vacant post on the island.	The post for island nurse will need to be advertised again, however it is proving increasingly challenging to secure the services of a nurse who is willing to be on call 24/7. Therefore need to consider what the sustainable model of care is that frees the individual from this expectation.
34	Outpatients	Attended outpatient eye clinic to receive an injection for macular degeneration. The doctor applied Iodine which caused a lot of pain and so washed it out with water and continued with the injection. Caused pain.	Clinic will revert back to previous anaesthetic treatment, which will be documented in an eye drop protocol to ensure standardisation of all practitioners undertaking injections.
35	Outpatients	Concern regarding the future of regular Ear Suction Clinics and locally trained personnel.	The staff who previously provided micro suction retired during the pandemic. In the interim, an ENT specialist nurse will accompany the ENT Consultants as part of their regular monthly visits. She will provide a micro suction service whilst looking at options for training other staff based in the Outpatient Department who can take on this role longer term.
36	Public Health	Track and trace phoned to discuss self-isolation and slipped into conversation that they had already discussed this with their manager at work. Individual does not believe their manager should have been told personal confidential information.	The person who failed the LFT was unable to give the team contact details and so advised them to contact their manager, who would know them.
37	Public Health	MSP: Fishing crew leaving for Norway requested a PCR test with NHS Shetland as they have concerns about having to travel to Aberdeen for tests and risk	NHS Shetland will not be able to facilitate this request. There are a range of private providers who are able to facilitate a PCR test via the post and as there is

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	Area	Summary of concerns	Outcome
		the crew contracting Covid, which would mean needing to self-isolate in Aberdeen.	adequate time to arrange this, it is recommended the crew look into this option.
38	Primary Care	MSP: Concerns Levenwick Medical Practice are short staffed until the end of August and suggestions that patients whose health conditions can wait until September should do.	Levenwick is an independent practice and has experienced some staff sickness and recruitment challenges. Whilst the Board is happy to support in any way it can, fundamentally we are all facing similar problems.
39	Patient Travel	Patient discharged from ARI trying to return home to Shetland with partner. The plane was cancelled and the couple had issues getting a room at the hotel and ended up having to make their own plans, late at night and still recovering from hospital treatment.	Loganair have assured us they do have a process in place to prioritise NHS passengers during disruption. They will be using another hotel in future to prevent a similar situation occurring. Loganair have apologised and reimbursed the expenses incurred.
40	Dental	Re-opened: Patient asking what stage their application for prior approval is at. They reiterated they would also like reasonable adjustments in place.	Due to pressures on service following pandemic, treatment is currently not available. Treatment will need to be re-applied for due to any deterioration in oral health which may have occurred in the interim. Patient has not communicated what reasonable adjustments are required.
41	Community Nursing	Concern regarding stretcher provision in the Fair Isle nurse's car. In an emergency stop situation, the stretcher shoots forward and hits the dashboard. At the very least, would like to alert the duty nurse of the danger.	Not aware that any patient has been placed at risk of harm since this method of transport was introduced. Additional Risk Assessment to be undertaken regarding this adaptation in order that we can outline if further mitigating controls are required. Fair Isle could consider the SAS First Responder scheme that could enable the introduction of a vehicle similar to those used in

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	Area	Summary of concerns	Outcome
			Skerries and Fetlar, and more similar to standards on mainland Shetland.
42	Medical	MP: MoU seeks to end the practice of conversion therapy in the UK. ScotGov have issued guidance to local health boards. Clarity sought if NHS Shetland patients are only signposted to therapists and counsellors that follow the principals set out in the MoU.	Two of the local counselling services on offer in Shetland are both accredited by organisations which are signatories to the MoU. There are 3rd sector organisations which NHS Patients may be signposted to. Whenever we signpost patients we always recommend they check out a private practitioners credentials first.
43	Public Health	Will an animal product free flu vaccine be available this year? Does it need to be requested in advance?	Sent response with NHS inform link to the manufacture's detailed information on the two vaccines that will be in use this year for adults. As far as PH team aware, flu vaccines have always used cell lines or eggs.
44	Public Health	Concern of 'blanket approach' towards anyone who doesn't take the covid vaccine and labelling them all as 'anti-vaxxers'.	It is appreciated that there are some people who are unwilling or unable to take the Covid-19 vaccination and that remains a personal matter.
45	Community Nursing	MSP: Constituent's family member has a degenerative illness and they are concerned about how their family are going to manage through the later stages of the illness and ask about specialised nurses. Can you clarify if there are any specialised nurses for this illness working in Shetland?	Due to the incredibly small numbers of patients diagnosed with this condition in Shetland it would be unlikely we could safely sustain such a position due to skills fade, however this decision would be an IJB matter to decide if they would commission such a service. We are supportive of enabling the patient and their family to continue to access specialist support via NHS Grampian.

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	Area	Summary of concerns	Outcome
46	Dental	Understood that everyone in the UK is entitled to NHS Dental treatment but cannot get registered due to restrictions.	Apologies for frustration. Until matters improve, only emergency service provided if required. Unlike medical care, everyone in the UK is not entitled to dental treatment under current legislation.
47	Public Health	MSP: Concern regarding the requirement for airline passengers to demonstrate a negative PCR test for international travel. Presently there is a need to get a private PCR test done. The problem lies with airlines and the private companies they use for PCR testing without an understanding that not everyone has easy access to testing for the specified 72 hours before travel. It would be helpful if NHS Shetland could provide PCR testing at an appropriate fee to facilitate international travel for islanders.	Advised that testing capacity in Shetland has to be protected for those who are symptomatic or have a clinical need. The postal system is effective in transporting samples in a timely fashion.
48	Mental Health	Is there a pathway for diagnosing adults who are given a working diagnosis of Autistic Spectrum Disorder and what is the time limit for such a diagnosis to take place?	A pilot has recently been completed and a plan is in place to launch the pathway more widely, which will be published once available. Plan to launch the pathway by March, but there is likely to be a waiting list for assessment.
49	Admin - NHSG	MSP: Concern from a constituent regarding the delay in receiving hospital appointments by mail. Is it possible or feasible to ask that appointment letters be sent out with a little bit more notice from NHS Grampian?	Information passed on to relevant team in Aberdeen, but no assurances for a solution have been given. Relevant departments in Grampian aware of the issue.

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	Area	Summary of concerns	Outcome
50	Outpatients	New CPAP machine, but would like to go back to previous model used for 20 years. They have been told that the new model, which they are not getting on with, is the only one available in Shetland and feels no one is listening or trying to help.	An appointment letter will be sent to attend next clinic for review.
51	Admin	Hospital visitor unhappy with the manner in which they were told not to smoke on hospital grounds.	Matter escalated to the Police
52	Public Health	Concerned could not get a sensible answer about when their Covid vaccine was due.	Vaccination team organised and confirmed the individual had now been given their flu jag and booster jag.
53	Public Health	MSP: Following the First Minister's Covid update statement this afternoon, and the encouragement for people to test more often using Lateral Flow Tests, how that might impact on supplies of LFTs in Shetland, especially in the run-up to the festive season.	Plentiful supply currently. The best route for people to get the tests is to request them via UK Government website. They are delivered directly and kits arrive very quickly.
54	OT	Concern that OT had spoken to child's head teacher inappropriately.	Acknowledged receipt of concern and apologised for any distress caused.
55	Outpatients	Re-opened: Continues to be disappointed that a local ear suction clinic is still not possible and patients have to wait until visiting specialists are in Shetland from Aberdeen.	Plans are still in progress to provide a local micro suction service, with an aim to have the service available from the Spring. There is currently a temporary solution for providing the service. Signposted to GP for any new concerns.

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	Area	Summary of concerns	Outcome
56	Support Services	Complaints procedure for NHS Shetland cannot be accessed via the NHS inform website, as the link does not work.	NHSS does not have editorial rights to NHS inform website, but notified NHS Inform of the issue. Also sent link to our complaints procedure via our own website.
57	Public Health	MSP: Shortage of Lateral Flow Tests in Shetland? One local pharmacy indicating that they ordered stock 10 days ago but have yet to receive it. Please clarify or provide further info.	There is a national shortage of stock that is related to switching from one brand to another. As this supply is co-ordinated at a UK wide level, it is out of our control.
58	Patient Travel	MSP: Constituent unhappy at the way some elderly people in wheelchairs were treated by the ground staff at Aberdeen Airport. These were NHS patients who were booked on a flight, cancelled due to fog. Has Patient Travel received any complaints from patients who may have been booked on that flight?	This is an ongoing concern and a meeting was held following similar incidents, with assurances given that changes would be made. Follow up meeting requested.
59	?	MSP: Patient contacted local orthopaedic services to see if they could undergo surgery locally whilst the Vanguard Healthcare Solutions (VHS) team were in Shetland, but has been informed that this service is only for patients who are not already on a hospital waiting list.	All patients being treated in this facility have been assessed as per normal pathways for someone receiving a joint replacement, this includes assessment by the clinical team and any associated diagnostics. NHS Shetland has been very clear that the Vanguard is not suitable for all joint replacement patients.
60	Public Health	Frustrated having phoned the national vaccination line, as it was a lengthy call and the individual couldn't be found on the system. The manager didn't call back as suggested. Seeking a bookable appointment for the booster.	Shetland PH staff have spoken to individual and booked them in for a booster. They apologised for the issues and have fed back to the national team.

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	Area	Summary of concerns	Outcome
61	Public Health	Query over individuals identified as household contacts – at odds with national guidance	The information on NHS Inform has been simplified for a public audience and does not include the detailed guidance and definitions that the contact tracers have to follow as part of the national contact tracing services.
62	Primary Care	AskMyGP is not working. The phone lines are switched off. Emailed but not received a reply.	It was an NHS Shetland public holiday and the practice was closed. The phones were set for the out of hours service for a public holiday, so the message would direct patients to NHS 111.
63	Physio	MSP: Received concern which has been investigated as an S2 complaint relating to request for ongoing physiotherapy for life changing injuries. Would like updates about meetings.	A meeting was scheduled for the following week and continuing to work with the family.
64	Nursing	Concerns about processes for administration of warfarin. Relative has had multiple admissions and on each occasion the family have felt that warfarin has been poorly managed. The family often stay in hospital to ensure warfarin is given as prescribed as there have been so many omissions during each stay in hospital.	Warfarin dosing is INR blood result compliant in unstable health conditions and cannot be administered if the Doctor has not prescribed it. It was found that warfarin was not administered on time on three occasions. Recommendations include: The warfarin prescription chart needs to reflect reason for late administration with any administration discrepancy documented in the nursing progress / evaluation sheet. A process is needed for early INR testing and results received to allow time to administer warfarin around mid-day.

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	Area	Summary of concerns	Outcome
65	Outpatients	Re-opened Again: Local ear suction clinic is still not possible and patients have to wait until visiting specialists are in Shetland from Aberdeen.	It has been confirmed that the individual will be seen by visiting ENT clinic in February. New practitioners recently recruited to the team, who can develop new and extended skills and can start to build a local service and reduce reliance on NHS Grampian. Therefore, expect over the next six months that access to this service will improve.
66	Public Health	Concerns about the Scottish Cervical Screening Service using out of date address details to contact patients. This is 2nd time Cervical Screening invite has been issued to an old address, despite current address details being up to date with GP Practice.	Old address was down as a correspondence address and that is where the letters were going. This would normally be an opt-in service and it is not clear why this was checked but it has now been changed. Trying to resolve at national level the change in details to practice address sent out on letters.
67	Secondary Care Consultants	Felt consultant was dismissive of diagnosis for family member which led to further communication difficulties.	Met with the doctor for a discussion who was able to explain their viewpoint and apologise for the communication slip. Both parties agreed they had the same interest in supporting the patient.
68	Patient Flow	MSP Re-opened: How many people locally are on waiting lists for delayed procedures, either to be undertaken locally or carried out elsewhere. A number of concerns raised by constituents about the waiting times for routine NHS dental work and mental health consultations.	Information sent showing waiting times for Shetland Patients needing Orthopaedic surgery at GJNH and NHS Grampian. Also, some data of waiting times for Mental Health services and Dental Services.
69	Mental Health	MSP: Grateful for an understanding of the protocols in place for people who try to access mental health	OOHs on call CPN is accessible via either A&E, SAS, NHS 24 or Police. We recommend individuals contact NHS 24 in the first instance as they can receive an

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	Area	Summary of concerns	Outcome
		services during weekends or out of office hours in an emergency situation.	excellent de-escalation service and often do not need any additional input. However if someone is at immediate risk of self- harm we would recommend contacting the emergency services who will then contact the CPN if needed.
70	Dental	Annual checks for teeth required due to existing health condition, but hasn't been able to get an appointment now for 3 years. Doesn't believe the reasons for this is all due to Covid.	Due to limited GDS services in Shetland, the PDS is currently overstretched, in part due to Covid. Emergency care is provided, but there are no appointments for routine care/check-ups at this time.
71	Physio	MSP Re-opened: Would like an update on physio case requested.	Continuing to liaise with partner organisations and family.
72	Elective Care	Current waiting time for a cataract operation.	The current waiting times for cataract operations in the NHS is around 6 months.
73	Dental	MSP: Constituent difficulty with reasonable adjustments for dental appointments.	Request to communicate via email being looked in to. Like all public bodies we are duty bound to make reasonable adjustments to support those with disabilities and our policy can be accessed via our webpage. The Dental Clinic does not have its own version as this is a corporate policy.
74	Secondary Care	Re-opened: Felt bullied by staff	Director phoned to discuss concerns. Concern had previously had Police input.

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Appendix D

Complaint process experience results (key performance indicator at 4.2)

Description	2020/21	
1. Who did you complain to?	At the point of service (e.g. to nurse, allied health professional, receptionist)	1
	Centrally (e.g. to Complaints Officer/Chief Executive/Corporate Services/MSP)	5
2. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	1
	Satisfied	3
	Neither Satisfied or Dissatisfied	1
	Dissatisfied	-
	Very Dissatisfied	1
	Question Skipped	-
3. How satisfied are you with how you were treated when you were making your complaint?	Very Satisfied	1
	Satisfied	2
	Neither Satisfied or Dissatisfied	-
	Dissatisfied	1
	Very Dissatisfied	2
	Question Skipped	-
4. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Yes	3
	No	3
	Question Skipped	-
5. Did we apologise for your experience?	Yes	4
	No	1
	Question Skipped	1
6. How satisfied were you that we responded to you in a timely manner?	Very Satisfied	-
	Satisfied	2
	Neither Satisfied nor Dissatisfied	0
	Dissatisfied	2
	Very Dissatisfied	1
	Question Skipped	1
7. Did the complaints response letter clearly detail the outcome of your complaint?	Yes	2
	No	3
	Question Skipped	1
8. Overall, how satisfied were you with the complaints procedure?	Very Satisfied	-
	Satisfied	2
	Neither Satisfied or Dissatisfied	-
	Dissatisfied	2
	Very Dissatisfied	2
	Question Skipped	-

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

Only one additional comment received:

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