



A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2017/18

NHS Shetland values and welcomes any feedback about the service or care we provide as this knowledge is important in supporting our aim of continuous improvement. We need to understand what you feel is, and is not, working well for you. If you think there may be a better way of providing services or care then please pass on your ideas. There are many ways in which you and your family can 'get involved' to help shape and improve your local health services.

We receive a lot of different types of feedback in a variety of ways (from compliments to serious expressions of concern) and some people are clear they wish to make a complaint about their health and care experience. A new NHS Scotland Model Complaints Handling Procedure was introduced in April 2017 which embraces a consistently person-centred approach to complaints handling across NHS Scotland. This introduced nine key performance indicators by which we should measure and report our performance. These indicators, together with information on actions taken to improve services as a result of all types of feedback should provide valuable performance information about the effectiveness of our feedback processes and the learning opportunities to support our improvement.

For the year 1 April 2017 to 31 March 2018, this report¹ comprises:

1. a summary of the range of ways we gather feedback, including complaints on our own services and those provided by our health service providers (e.g. GPs, Dentists, Opticians and Community Pharmacists);
2. how we encourage and handle responding to complaints received;
3. a summary of the themes emerging from our feedback methods in 2017/18 and examples of how we can demonstrate improvements to services as a result of feedback and complaints;

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

4. how we are performing against the nine model complaint handling procedure indicators, including training and development for NHS staff on responding to feedback and concerns; and
5. the way we report feedback and complaints to our Board Members and clinical teams to ensure we learn from these and make changes to improve our services.

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

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

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

During 2017/18 we have continued to encourage people to tell us about their experiences and the information that we have received through our Feedback and Complaints team is summarised within the appendices to this report. In 2017/18 the team has received and responded to 183 pieces of feedback: 10 thank you letters, 65 concerns, 66 Stage 1 (early resolution) complaints and 39 Stage 2 (formal investigation) complaints.

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

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

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

We have continued to work with the community section of BBC Radio Shetland in 2017/18 so that feedback and information on services in general has been provided to the public through a series of programmes called "Shetland's Heartbeat". These have involved a member of the former PPF interviewing health professionals and others about specific topics that included conditions such as liver disease, bipolar disorder and COPD (Chronic Obstructive Pulmonary Disease). These programmes have been a great tool for communicating important issues. The next cycle for 2018/19 is currently in the collation stage.

We hold our Annual Review meeting in public and invite people to attend in person or to submit questions to us. In recent years when we have not had a Scottish Government Cabinet Secretary / Minister in attendance, the review meeting has been aired live on BBC Radio Shetland. This has given a wider audience than those able to come along on the day and for them to get a real time response from key Board officials about service performance and the challenges that lay ahead. In 2017/18 Aileen Campbell, Scottish Minister for Public Health and Sport chaired the Annual Review meeting for NHS Shetland and you can see the outcome summary letter of the discussions about Board performance on our website at:

<http://www.shb.scot.nhs.uk/board/documents/AnnualReviewSummaryLetter2017.pdf>

Printed information leaflets and posters about Care Opinion, the PASS service and on our Complaints Procedure should be available in all our public waiting areas. You can also visit our website page on Patient Feedback, Comments, Concerns and Complaints at <http://www.shb.scot.nhs.uk/board/feedback.asp> to find out about ways to tell us about your experiences. There is always someone available to speak to you about the different ways you can provide feedback. You can contact us by phone on 01595 743064 or 743069. You can also contact us in writing at Corporate Services, NHS Shetland, Montfield Upper Floor, Burgh Road, Lerwick, ZE1 0LA.

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. You may also find the Feedback and Complaints factsheet helpful:

<http://www.shb.scot.nhs.uk/board/documents/FeedbackAndComplaintsFactsheet.pdf>

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

What happens next?

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

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

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

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

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

2) How we encourage and handle complaints

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

We can be contacted about complaints in a number of ways. From April 2017 we implemented a new NHS Scotland national complaints procedure which actively encourages our staff to speak with people. If possible we will resolve their concerns at a local or 'front-line' level. This is known as **early resolution**. Some people still prefer to write to us or send us an email documenting their concerns. Others prefer to come and speak with the Complaints Officer who will then offer to document the concerns raised, speak with them about the process and ensure there is an agreed complaint summary before the investigation process begins. The Complaints Officer will also speak with people in the Gilbert Bain Hospital, local care homes and on occasion people's homes when they are too unwell to make contact through the usual routes. This can be very useful when there are immediate concerns about treatment that patients feel unable to raise directly with their care team, or they feel they are not being listened to. The Director of Nursing and Acute Services, the Medical Director and the Director of Community Health and Social Care will also make themselves available whenever possible to speak with people who wish to give feedback, including making a complaint about their healthcare experience.

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

We always acknowledge complaints as quickly as possible. At the same time we route the complaint to an appropriate member of staff for resolution (either at the 'front-line' or by asking one of our Executive Management Team to carry out an investigation into the matters raised). We encourage all complaint investigators to make contact with the complainant at an early stage in their investigation process. This is so that there is absolute clarity about what the complainant is hoping will happen as a result of making a complaint. If someone contacts us and they are not sure if they wish to make a complaint but feel they need to let us know something, we will try to encourage a more direct discussion with the staff or service involved in order to achieve an earlier resolution of their issues. This type of contact will be logged as a **concern**.

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

3) Thematic concerns and improvement measures

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

Looking across 2017/18 at our concerns (including Care Opinion), Stage 1 and Stage 2 complaints, the top three areas that stand out as issues for people are:

- 1) Staff attitude
- 2) Access to services
- 3) Service change uncertainty

Staff attitude

During 2017/18 poor staff attitude featured in 23 types of feedback - six concerns and 17 complaints. A number of the concerns relate to doctors and dentists, but also on occasion to administrators such as reception staff.

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

Access to services

We received 20 types of feedback about access issues – six of which were concerns and 14 complaints. As we have seen in previous years, two areas come up most frequently – with seven about access to Lerwick Health Centre appointments and nine about access to dental appointments.

Whilst we anticipate access complaints to continue, particularly in light of recruitment challenges for some specialties, this figure has reduced from the 25 received in 2016/17. With regard to the two areas above, recent recruitment has increased the GP levels at Lerwick Health Centre, and we have recently been able to confirm the very good news about additional NHS dental capacity in Shetland through a second independent provider.

Service change uncertainty

In 2017/18 there were staffing changes in rheumatology and pain management where action had to be taken to provide continuity of care for service users. For the former this involved negotiating a redesign of service delivery with our partner Board NHS Grampian, and for the latter a recruitment drive to bring us back to our full complement of anaesthetists.

Service users were quite understandably concerned about when their next appointment would take place and with whom. There were 14 feedback episodes about this (12 concerns and two complaints). Staff were working hard behind the scenes to ensure re-provision would be safe, effective and of high quality, however there was a timing issue in that details of the new service could not be released quickly enough to allay some individuals' fears. The Director of Nursing and Acute Services has made herself available to speak with concerned service users whilst keeping an overview of changes in care pathways.

Other areas of concern and actions taken

We received a number of concerns and complaints about communication (nine) and diagnosis/treatment (five) which span different clinical pathways and areas with no particular themes emerging. There were learning points identified from some of these which are detailed in the appendices to this report. There were three areas where there were repeat concerns identified: Issues with patient escort approvals (4); issues with the continence service (4); and issues with paediatric care (3).

Patient escort approvals

When patients need to travel off island for their care, they sometimes need some additional support getting to and from their appointments. In such cases a family member or friend can be approved as a patient escort. Following some negative feedback both from clinicians and patients/carers, a review of the patient escort approval process took place. In September 2017 a revised process was launched which attempts to provide clearer criteria for the approval of patient escorts. When an individual does not meet the criteria for a patient escort but the reviewing clinician believes this is indicated, a request is made to the escort review team (the Executive Management Team). In 2017/18 we received two concerns and two Stage 2 complaints about patient escort approval decisions, however only one of these was following the introduction of the new system (during which time the review team has considered 55 requests).

Continence service

During the year we received four stage 1 complaints about the supply of continence products to individuals in the community which in part were triggered by a change to the delivery system. There have been concerns about communication and also the wrong products being issued. As a result of these contacts a customer satisfaction survey is being issued in the coming weeks to better understand how the service is working for people and where improvements might be made.

Paediatric care

A number of concerns have been raised regarding safe delivery of emergency paediatric services within NHS Shetland. One aspect of these is through patient feedback, with three Stage 2 complaints received about the case management of sick children. The complaints differed in terms of symptoms and presentation, but all ultimately ended up with emergency transfer to Aberdeen following a potential delay in diagnosis. We have responded rapidly to all three complaints. In each case we have met with parents, listened, learned and identified actions to be taken. One of the recommendations is a review of paediatric care pathways. A paediatric taskforce under the leadership of the Medical Director, and involving relevant clinical input from across primary and secondary care has been established to review future arrangements for the clinical management of children. This will consider all aspects

including clinical pathways and the training and continuous professional development required for relevant staff. We have already made some key advances with training and development, including recent training for 33 members of staff with ScotSTAR, the paediatric intensive care unit retrieval service, in the mobile training unit in May.

4) Performance against the nine model complaint handling procedure indicators

4.1) Indicator One: Learning from complaints

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

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

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

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

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

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

The presentation of real-time feedback, for instance creating a more rapid turnaround of inpatient survey data, remains a key priority for 2018/19. This goes along with evidencing that actions arising from complaints have been implemented so that we can demonstrate to staff and patients that improvements are being made across a wide range of health and social care services.

For examples of actions taken as a result of feedback and complaints, please see Section 3 above. Further information detailing the learning points and actions taken as a result of all concerns and complaints received is included in appendices A, B and C of this report or on our website at:

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

4.2) Indicator Two: Complaint process experience

In 2017/18 we have introduced a simple feedback questionnaire which we send to complainants a few weeks after their final response letter to try and better evaluate their experience of making a complaint to us. This is set up with a free post response service, however responses remain limited across the four quarters. The information we have received is included at Appendix D.

In 2016/17 a quarter of complainants got back in touch with us after our investigation findings letter was sent to seek additional clarity or advising they intended to escalate their complaint to the Scottish Public Services Ombudsman or to our MSP. We saw a similar figure in 2017/18, though only one case was escalated to the Scottish Public Services Ombudsman. This is a somewhat crude measure of the quality of our complaint responses but it continues to provide us with a benchmark figure that we aim to decrease.

4.3) Indicator Three: Staff awareness and training

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

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

feedback, actions are taken to improve services and that the learning is shared throughout the organisation.

In addition staff are encouraged to use a series of e-learning modules on feedback and complaints that have been developed by NHS Education for Scotland in order to further their knowledge in this area. The Complaints Officer recommends that **all** staff complete the first two of these online e-learning modules – ‘Valuing Feedback’ and ‘Encouraging Feedback and Using It’ as part of their induction training. The Complaints Officer is also ensuring that any new complaint investigators are aware of the NHS NES Complaints Investigation Skills e-modules resources.

Staff members receive a feedback and complaints factsheet as part of their Mandatory Refresher Training which has to be undertaken every 18 months. This has been developed by the Complaints Officer to remind existing staff about the importance of seeking and responding appropriately to feedback and complaints. It also aims to keep fresh in their minds independent services such as the Patient Advice and Support Service they are able to signpost service users to. This information is also to be included in a series of focussed management presentations on feedback and complaints which have been developed for 2018/19.

The Complaints Officer has attended a number of key staff meetings about complaint handling in 2017/18, including the Hospital Management Team, all Public Dental Service staff, the Consultants Group, Community Nursing, the Senior Acute Nurses Group and the Community Mental Health Team. This has been a useful exercise not only in explaining and reinforcing the changes to the procedure which came into effect in April 2017, but also in reminding staff about best practice in handling feedback and complaints. It has generated some useful debate and resulted in some tweaking to local documentation.

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

The increase in use of social media such as the Care Opinion website as a platform for providing feedback about NHS care is valued by NHS Shetland. When feedback is received through this route, an automatic alert is triggered to all Board Members and Heads of Service. They can see the positive and negative comments alike, and also how we respond to them. We try to actively encourage new staff to look

through the feedback we have received and to consider how any learning points can be applied in their areas. Such a transparent method of receiving feedback is not without its challenges. A number of service providers are concerned that open social media platforms are not appropriate forums to enter into dialogue about patient care. Whenever we receive feedback requiring a personal response, we encourage the individual to make contact offline for this purpose.

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

4.4) Indicator Four: The total number of complaints received

In 2017/18 we received 105 complaints (69 Stage 1 complaints with 3 of these escalating to Stage 2, and an additional 36 Stage 2 complaints). We have also received and responded to 65 concerns.

Whilst this is the first year of complaint reporting under the revised procedure, in 2016/17 we received 60 formal complaints and 96 pieces of feedback and the contacts are therefore comparable. What is different however is the lower number that have been handled through a formal investigation process, with a reduction from 60 in 2016/17 to 39 in 2017/18. This suggests a greater number of less complex issues being handled by staff at an early stage in a complaint (early resolution). This is beneficial to the complainant as they are more likely to receive a resolution to their concerns in a faster timescale, and often also from the people they are more likely to continue to interact with in terms of their clinical care.

With regard to the complaints received in 2017/18, these relate to the following service areas:

Service	2017/18	
	Number	%
Directorate of Acute and Specialist Services	40	38.1
Directorate of Community Health and Social Care	57	54.3
Acute and community	2	1.9
Corporate	6	5.7
Other	0	0
Withdrawn	0	0
Totals:	105	

It should be noted that the two service areas that have experienced greater access issues (Public Dental Service and Lerwick Health Centre) fall under the Directorate of Community Health and Social Care. This directorate now has responsibility for eight of the 10 GP practices in Shetland as they have become salaried practices.

Complaints relating to salaried GP practices (for 2017/18 these are Lerwick Health Centre, Whalsay Health Centre, Yell Health Centre, Unst Health Centre, Brae Health Centre, Scalloway Health Centre and Bixter Health Centre) are included in the figures and commentary (Appendices A, B and C) for complaints and concerns handled by NHS Shetland.

Complaint data for the remainder of Family Health Services has been sought through the year, however the return rate remains very low. These should be figures for the two independent GP practices, and should also include community pharmacies, opticians and NHS dentists.

Both Hillswick and Levenwick GP practices have provided a nil return. Brae Pharmacy reported one Stage 1 complaint that was handled within the five working days. This related to patient privacy and the complaint was upheld. Learning about the location and timing of discussions with service users has been taken forward.

Unfortunately, despite follow up there have been no further returns. The Complaints Officer will be speaking with NHS colleagues who act in a liaison role for the community services and will also make further approaches to improve this matter.

4.5) Indicator Five: Complaints closed at each stage

Complaints closed (<i>responded to</i>) at Stage One and Stage Two as a percentage of all complaints closed.	
Description	2017/18
Number of complaints closed at Stage One as % of all complaints	62.86%
Number of complaints closed at Stage Two as % of all complaints	34.28%
Number of complaints closed at Stage Two after escalation as % of all complaints	2.86%
Notes:- The escalated complaints referred to above were also responded to at Stage 1 during the period.	

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	2017/18
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	50% (33 of 66)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	50% (18 of 36)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	66.66% (2 of 3)

Partially Upheld	
Description	2017/18
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	22.73% (15 of 66)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	33.33% (12 of 36)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 3)

Not Upheld	
Description	2017/18
Number complaints not upheld at Stage One as % of complaints closed at Stage One	27.27% (18 of 66)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	16.67% (6 of 36)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	33.33% (1 of 3)

4.7) Indicator Seven: Average times

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

Performance against response targets has been a particular challenge in 2017/18. Some complaints were complex in nature (spanning more than one area or health board). We also had a six month period with interim Medical Director cover where the change in personnel prolonged a number of medical complaint investigations, more noticeably at the Stage 2 level. It is anticipated that these figures will improve in 2018/19.

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	2017/18	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	77.28% (51 of 66)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	47.22% (17 of 36)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	33.33% (1 of 3)	80%

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

The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.	
Description	2017/18
% of complaints at Stage One where extension was authorised	19.69% (13 of 66)
% of complaints at Stage Two where extension was authorised	52.77% (19 of 36)
% of escalated complaints where extension was authorised	66.66% (2 of 3)

5) How we report feedback and complaints

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

1. Board level

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

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

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

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

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

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

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

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

In addition this committee will discuss in more detail the outcomes of serious adverse events including anything which falls under our duty of candour. These can also be either complaints and/or feedback. These are discussed at some length.

Where appropriate the committee will review action plans and monitor progress against these.

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

3. National reporting

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

4. Executive Management

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

5. Departmental level

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

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

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

6. Individual clinician/members of staff

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

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

And finally...

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

Examples of positive feedback include postings on the Care Opinion website, the numerous thank you letters and cards that are received (including 10 formal thank you letters to Corporate Services) and through public acknowledgements such as in the Shetland Times newspaper and on social media sites. We will continue to work on ways to improve how we record positive feedback.

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

This report has been considered by our Patient Focus Public Involvement (PFPI) group, our Clinical, Care and Professional Governance Committee and the Board of NHS Shetland to inform what further work will be useful in this area.

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

June 2018

NHS Shetland Annual Feedback and Complaints Report for 2017/18

Appendix A

Summary of Stage 1 Complaints in 2017/18

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
1	Maternity	03.04.17	Existing medical condition; delivery must take place in consultant-led unit; patient wishes to deliver in Glasgow not Aberdeen	Escalated to Stage 2	Patient advised of SLA with NHS Grampian	2
2	Dental	03.04.17	Patient unhappy about wait for an appointment; had lost filling and tooth was sensitive	Upheld	Patient given appt to replace filling and a following check-up	1
3	Elective Services	04.04.17	Carer refused escort status to accompany family members for routine review appt at ARI	Not upheld	Booked and paid for flight, advising ward staff that a complaint would be made	1
4	Child Health	27.03.17	Parent wanted to self-refer child direct to paediatrician without going through GP	Not upheld	Patient had been discharged from paediatrics due to multiple DNAs. Patient unhappy when advised of correct referral procedure and ended call	2
5	Whalsay HC	05.04.17	Patient unhappy about waiting time for an appointment at OP clinic	Upheld	Patient offered appt with GP if in need of treatment in the meantime	1
6	Lerwick HC	07.04.17	Patient unable to make appt for follow-up injection 'for foreseeable future'	Upheld	Patient given appt as an 'extra' with GP who can give injection needed (14.04.17) Review of follow up appointments	1
7	Dental	07.04.17	Patient unable to make appt with regular dentist; advised to attend as emergency patient (broken tooth)	Upheld	Patient agreed to attend as emergency in order for treatment; concerns passed to dental management	1

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
8	Dental	11.04.17	Patient unhappy at not being able to see 'usual' dentist for review and ongoing treatment at SOSSt. Unhappy with explanation given re staffing and funding pressures on service	Not upheld	Patient indicated wish to escalate to Stage 2; ACO contacted Dental Director who agreed to speak to the patient. No escalation received	2
9	Dental	03.04.17	Patient concerned with continuity of care, pressure on service and staff causing follow-up appts recall to be delayed	Part upheld	Patient happy to register concerns as Stage 1 to be raised with management and complaints team	1
10	Dental	12.04.17	Patient frustrated at appt being cancelled at short notice due to staff illness. Attempts to contact patient (who does not have mobile phone) failed; patient attended appt unaware of cancellation	Part upheld	Patient re-booked into emergency slot next day; patient advised in future to phone in advance to check appointment to avoid wasted journey. Patient content to be re-booked appt for following day	1
11	Dental	01.04.17	Patient unhappy of changes to booking appointment system at Montfield; unaware of changes; suggested that patients should have been individually advised by letter/email of changes.	Part upheld	Agreement to pass concerns about communication to Dental Management	1
12	Dental	05.04.17	Patient reported lost filling, not in pain. Offered appt for 18/04; decided to go private to be seen sooner than 18/4	Upheld	Patient chose to go private owing to wait and cancelled appt made	1

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
13	Dental	04.04.17	Overdue recall for review appt	Not upheld	Patient advised of alternative (LDP or private) and decided to stay registered at Montfield; wishes feedback to be noted by management	1
14	Community Nurse	18.04.17	Patient unhappy with injection given by Community Nurse	Part upheld	Forwarded to Chief Nurse Community for Stage 1 resolution	10
15	Dental	18.04.17	Overdue 6 month recall appt (on notes) due to dentist on sick leave; but in Feb 2017 when advised of this, patient did not wish to receive treatment from any other dentist. Patient queried use of locums and transferability of patient notes	Part upheld	Patient given explanation of current situation in PDS and notes	1
16	Dental	20.04.17	Registered patient unable to book appointment; unhappy with advice given about accessing dental service options; also copied complaint to Scottish Commission for the Regulation of Care	Part upheld	Patient given full explanation of reasons for advice given. Advised that they may remain with preferred practice but that there is no guarantee how long they will have to wait for an appointment	5
17	A&E	05.05.17	Patient complained about attitude of treating doctor in A&E	Upheld	Staff member took advice from Chief Nurse; staff member spoke with doctor, and called patient back to report.	1
18	Child Health	08.05.17	Parent unclear about how to access child prescription issued by Child	Not upheld	Parent advised to call GP	1

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
			Health			
19	CMHS	18.05.17	Patient unhappy that re-referral to CMHS was to Consultant Psychiatrist and not Consultant Clinical Psychologist as anticipated; also queried potential conflict of interest between Consultant Psychiatrist and Specialty Doctor in Psychiatry	Upheld	Copy of filenote of conversation with complainant to Director of Community Health and Social Care for pick up through the service	7
20	Catering	18.05.17	Lack of provision of information about allergens in hospital servery and options available for staff and patients; attitude of staff member when challenged about this	Escalated to Stage 2	Discussed possible solutions with complainant inc better labelling etc. Agreed to forward to Catering Manager for comment	7
21	OP/O&G	10.04.17	Complainant waiting for procedure in Aberdeen; advised by Aberdeen not on waiting list	Upheld	Patient added to list at ARI, a date expected for August 2017, advised 30.05.17	36
22	Continence service	01.06.17	Continence service - mistakes and difficulty making contact	Part upheld	Difficult to look into properly without patient details (not willing to provide them). Feedback through Levenwick HC	4

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
23	Patient Travel	04.07.17	NHS Shetland did not advise Flybe that patient needed use of lift to access aircraft	Not upheld	NHS Shetland had advised Flybe of patient needs but had not happened. Copy of booking shared with PASS and sent on to Flybe	5
24	Ward 3	06.07.17	Email to consultant raising concerns about family member's care	Not upheld	Concerns for inpatient – discussed and resolved locally	1
25	Outpatient Clinic Letter	30.06.17	Letter addressed to child not to parent/guardian, not marked Confidential	Upheld	Clerical error; explanation and apology given	26
26	Ward 1	14.07.17	Staff attitude	Upheld	Discussed with clinician by Interim Medical Director	40
27	Service change, rheumatology	14.07.17	Patient concerned about onward clinical care	upheld	Forwarded to Interim Medical Director for further advice. Letter sent to complainant and new address forwarded to Information for inclusion in records	20
28	Child Health	14.07.17	Parent not advised that CP referral had been made before Social Work visited home	Upheld	Staff contacted to remind them that all parents/guardians should be informed of CP referrals at the time they are made	1

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
29	Continence service	21.07.17	Poor service re continence supplies	Part upheld	Levenwick Health Centre indicates negative feedback on regular basis, will increase reporting	1
30	Bixter HC	04.08.17	(1) Attitude of locum GP (2) procedure for approval of patient escorts	Part upheld	response sent 24.08.17: GP apology and detail of new patient escort arrangements sent	13
31	Dental StOS	11.08.17	Length of time taken to complete denture work; let Dental Management know	Part upheld	Dental Director met with patient – satisfactory resolution	5
32	Dental StOS	16.08.17	Unhappy at not being able to get dental appointment	Not upheld	Explanation of changes to dental service	5
33	Dental GBH	19.08.17	Patient travelled from Yell with family member to find appt cancelled.	Part upheld	Staff updated mobile contacts for family and advised of Complaints Handling Procedure (i.e. escalation to Stage 2).	1
34	LHC	18.08.17	Annoyed by reception staff attitude	Not upheld	Complainant requested an emergency appt within the next 45 minutes so GP could approve Patient Travel Escort. Advised why this was not possible. Triaging GP concluded that emergency appt was not clinically necessary.	8
35	Ward 3	02.09.17	Patient unhappy with change in medication regime by both GPs and consultant	Not upheld	Patient offered chance to speak with consultant and declined; second opinion from NHS Grampian specialist (declined) and/or alternate local physician	1

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
36	Montfield dental	07.09.17	Patient unhappy with abrupt telephone attitude of receptionist when calling to make a payment	Upheld	Dental Director advised for information and any appropriate action	1
37	LHC	07.09.17	Clinician did not perform procedure patient booked in to receive	Upheld	Lerwick Health Centre Manager advised and followed up with patient and clinician	1
38	SHC	12.09.17	Unhappy with attitude of locum GP	Upheld	Note added to records that patient does not wish to see the locum GP again. Appt booked with preferred GP	1
39	Maternity	11.08.17	Unhappy with post natal care returning to Shetland from Aberdeen	Upheld	Patients met with Child and Family Health Manager 17.08.17; letter confirming outcome of discussions with staff in Shetland and Aberdeen sent 19.09.2017	5
40	Ward 3 re: A&E	25.09.17	Poor staff attitude in A&E reported by patient's relative on admission to ward	Upheld	A&E SCN met with patient and family whilst still on the Ward with a satisfactory outcome	9
41	Child Health	29.09.17	(1) GIRFEC meeting issues; no discussion about outcomes & planning (2) concerns about AHP treating child	Upheld	(1) Child and Family Health Manager to contact GIRFEC lead admin to make contact with parent re: forward planning (2) and to ask AHP Head of Service to arrange face-to-face meeting to discuss input.	1
42	A&E	03.10.17	Staff nurse had phoned wrong person re patient in A&E; potential breach of patient data	Upheld	To be discussed at as a training and development issue at next dept meeting	2
43	Dental	06.10.17	Unhappy with attitude of Dental Officer to other staff present in	Escalated to Stage 2	Apology given - patient decided to re-register with another dental practice	1

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
			front of patient			
44	Child Health	02.10.17	Parent unhappy with screening appointment	Upheld	Parent happy for Child and Family Health Manager to progress with Health Improvement staff and to look at pathway; School Nurse to follow-up after school break	1
45	CMHS	11.10.17	Concerns about support for suicidal patient admitted to hospital	Not upheld	CMHS Manager confirmed that appropriate care planning had taken place in conjunction with family members who had POA for patient	1
46	Dental	19.10.17	Unpleasant attitude of dentist	Upheld	Patient wanted management to be aware of poor staff attitude; patient indicated intention to escalate to Stage 2 (not forthcoming)	4
47	Continence service/Supplies	19.10.17	Problems with distribution of supplies	Part upheld	Patient satisfaction survey planned	2
48	Continence service/Supplies	19.10.17	Problems with distribution of supplies	Not upheld	Patient satisfaction survey planned	2
49	Consultant	26.10.17	Attitude of visiting consultant & rough handling of patient	Part upheld	Apology given - complainant did not accept offer to speak direct to clinician involved	2
50	CMHS	22.11.17	Patient unhappy with medication, seeking change	Not upheld	Concerns discussed with patient's CPN; patient advised of and satisfied with this; patient aware of an appointment scheduled	5

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
51	Child Health	04.12.17	Parent unhappy with way information shared between clinicians; information inaccurate and form not signed	Upheld	Child and Family Health Manager to identify who completed form for further discussion. Improvements to form discussed and agreed with changes to make it clearer	12
52	CMHS	11.12.17	Patient unhappy with CPN	Upheld	Patient changed to CPN they had seen previously	2
53	CMHS	14.12.17	Family unhappy with advice given by clinician. Requested second opinion.	Upheld	Appt arranged with Locum consultant for 19.12.17	2
54	Patient Travel	12.12.17	Unhappy about decision not to reimburse taxi journey to airport	Not upheld	EMT decision supported Patient Travel Manager's decision making	4
55	LHC Access	21.12.17	Unable to access an appointment	Not upheld	LHC manager spoke with the complainant and explained the system	2
56	Service change	22.12.17	Patient advised that Dermatology Service from NHS Grampian had been withdrawn	Upheld	Chief Executive responded - addressed concerns and advised the service would be continued	1
57	Service change	03.01.18	Query re dermatology appt	Upheld	Response based on above reply; advised patient to contact GP	2

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
58	Dental	05.01.18	Patient unhappy with attitude of dentist during consultation with regard to taking medical history in surgery and comments on smoking and general health. Also felt dentist rushed	Upheld	Patient satisfied to have discussed concerns with Dental Manager and accepted the apology given	1
59	Whalsay HC	04.01.18	Complainant unhappy with locum GP attitude towards family member	Upheld	Discussed with locum GP; letter of apology to patient by locum GP & covering letter sent to complainant	7
60	Child Health	18.01.18	Patient requested reassignment	Upheld	New HV arranged by Child and Family Health Manager	1
61	Dental	22.01.18	Orthodontic treatment follow-up	Not upheld	Dental Manager made contact directly to resolve issues	1
62	LHC	13.02.18	Unhappy with appts booking system and inability to see named GP	Not upheld	Difficulty with availability for one named GP – LHC manager suggested additional GP	2
63	LHC	15.02.19	Unhappy with delay in test results	Upheld	Investigated with labs & GP; found that test request had not been clearly labelled by clinician therefore not requested. Learning taken forward by clinician	30
64	Pharmacy	06.03.18	Frequency of prescription dropped from 3 months to 2 months	Part upheld	One month standard practice now the practice is salaried, however 3 months supply re-instated due to remote location of patient	3

	Department	Date logged	Summary of concerns	Outcome	Actions/lessons learned	no of working days
65	DXA scanning	20.03.18	Prolonged wait for DXA scan	Not upheld	Looking into where letter came from but advised re correct wait	9
66	LHC nursing	21.03.18	Vaccinations issue at LHC	Upheld	Agreed to share investigation summary briefing	1
67	LHC nursing	23.03.18	Vaccinations issue at LHC	Upheld	Advice given and apology	4
68	LHC nursing	27.03.18	Vaccinations issue at LHC	Part upheld	Meeting 06.04.18 clinician satisfied complainant understood risks; complainant chose not to sign the consent form	8
69	AAA Screening	20.03.18	Patient incorrectly identified as DNA	Upheld	Apology given. Lessons taken forward: operative to advise patients of reasons for delay; also to use electronic system to record patient arrival	22

NHS Shetland Annual Feedback and Complaints Report for 2017/18

Appendix B

Summary of Stage 2 Complaints in 2017/18

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Actions
1	Escalated from Stage 1 complaint regarding wish to deliver baby out with the Board's Service Level Agreement	Board policy	Yes		Not upheld	<ul style="list-style-type: none"> Explanation provided for why the policy exists and the requirement to adhere to this owing to financial constraints and the equitable use of resources Maternity to undertake a review of cases as concerns noted about not being patient focussed <p>Case has been escalated to SPSO</p>
2	Staff attitude and lack of treatment	A&E	Yes		Partially upheld	<ul style="list-style-type: none"> Apology provided for delay in receiving treatment Explanation about services given that appeared to be lacking at the time (leading to poor communication) Redirection of services raised with NHS 24 Review of local documentation of the redirection of patients to other services from A&E to ensure there is an audit trail
3	Poor communication with patient	Consultant	No		Partially upheld	<ul style="list-style-type: none"> Care not found to be lacking although communication difficulties acknowledged Generic inbox for the ability to email appointments recommended for Medical Records
4	Staff attitude and lack of treatment	GP	No	Complaint was not logged by practice with Corporate Services correctly	Partially upheld	<ul style="list-style-type: none"> Explanation for actions given and sincere apology offered for misinterpretation Patient file note added requesting not to be seen by locum GPs

5	Inability to access appropriate support	Mental health	No	Annual leave of responder	Partially upheld	<ul style="list-style-type: none"> • Apology offered for delay in accessing support at a time of acute need • Service tasked with monitoring its routine and urgent waiting times so that they were better able to balance capacity with demand • Urgent referrals to be flagged and then treated as such, with those referrals being separated out and dealt with immediately after a decision was made by the team. • Exceptions to waiting times that fall outside the local target must be communicated to the patient's GP so they can consider if any other support needs to be made available
6	Staff attitude, poor communication, lack of ambulance transfer	Consultant / SAS	Yes		Partially upheld	<ul style="list-style-type: none"> • Meeting with Consultant Anaesthetist (as acting complaint investigator) to review medical records • Sincere apology for poor communication and misunderstanding • Response from NHS 24 and SAS included in final response • Staff to be reminded of the need for sensitivity when completing sharps questionnaires
7	Staff attitude	AHP	Yes		Upheld	<ul style="list-style-type: none"> • Investigation showed a clear difference of opinion between clinician and other professionals involved in patient's care. Second opinion expedited

8	Waiting time for appropriate support	Mental health	Yes		Upheld	<ul style="list-style-type: none"> Referral route update to be better communicated to staff Updating of the initial outcome letter to include advice to patients if circumstances change whilst on waiting lists
9	Non availability of fresh gluten free food in GBH canteen and reason given for this	Catering	No	Delayed to meet before response	Upheld	<ul style="list-style-type: none"> Further explanation of original concern response provided regarding the definition of a safe environment for this food preparation Signage to be optimised Work with Coeliac UK to improve choice
10	Difficulty in accessing primary care appointments – GP and Dental	LHC/PDS	Yes		Not upheld	<ul style="list-style-type: none"> Dental situation clearly explained in terms of choice of registering elsewhere Access to clinician provided Explanation of particular pressure points during the month and the mitigating actions taken
11	Suggested inappropriate request for note sharing between clinicians	Mental Health	No	Delay in making contact with two clinicians no longer in Shetland	Not upheld	<ul style="list-style-type: none"> Explanation provided about why the request had been made Confirmation no breach had occurred and safeguarding in place explained
12	Family not advised regarding patient transfer to care home	Ward 3	Yes		Upheld	<ul style="list-style-type: none"> Full apology offered – staff error

13	Staff attitude at outpatient clinic	Consultant	No	Handover of Medical Director responsibilities	Partly upheld	<ul style="list-style-type: none"> • Apology offered as clinician recognised the appointment had not gone as well as either party would hope • Disagreement remains that the procedure requested by the patient was the appropriate one in the circumstances
14	Frequency of orthodontic appointments	Dental	No	Delay in response from clinician	Not upheld	<ul style="list-style-type: none"> • Length between appointments found to be reasonable for the care required
15	Staff attitude	Dental	No	Delay in response from clinician	Partly upheld	<ul style="list-style-type: none"> • Concerns not recognised by others witness to the treatment, however clinician also noted irreconcilable breakdown of relationship and requested patient removed from list • Communication misunderstandings were unfortunate
16	Discharge information and OOH care	Primary and secondary	Yes		Not upheld	<ul style="list-style-type: none"> • Care found to have been delivered appropriately, despite perception this was less good than it had previously been
17	Changes to patient travel rules with extended stay in between	Patient Travel	Yes		Not upheld	<ul style="list-style-type: none"> • Application of Highlands and Islands Travel Scheme explained including the definition of 'reasonable duration' between travel and appointments
18	Attitude of two medical staff	A&E and Ward 1	No	Meeting with complainant and changeover in MD	Upheld	<ul style="list-style-type: none"> • Apology given and commitment to see other consultant wherever possible to accommodate patient request

19	Lack of appropriate examination leading to delay in diagnosis for a poorly child	A&E	Yes	Upheld	<ul style="list-style-type: none"> • Discussion with staff involved that if the A&E department is busy on a weekend night and a similar situation arises in future to speak with parents about how they would like to proceed, for example continue to wait or organise a planned appointment for the following day with the walk-in (out of hours) clinics so that NHS Shetland does not fall short of clinical standards that everyone would expect to receive for emergency care
20	Poor communication of lab results leading to delay in surgery	Labs	Yes	Upheld	<ul style="list-style-type: none"> • Systems that NHS Shetland has changed in order to prevent these types of delays: anaesthetists based at GJNH and the pre-assessment team at GBH have put in place a tele-health consultation on a weekly basis to have joint discussions about patients waiting for surgery • Apology from GJNH shared with complainant

21	Misdiagnosis of child who was later transferred to RACH	A&E	No	Meeting held with parents	Upheld	<ul style="list-style-type: none"> • Unreserved apology • Induction training for locum clinicians to include a clear understanding of pathways for paediatric emergency care and that clinician decisions made in conjunction with paediatric colleague in Aberdeen • Primary and secondary care clinicians to jointly review paediatric emergency care pathways and agree acceptable, safe pathways across the health and care systems including clear lines of responsibility • All primary care clinicians to be aware of travel arrangements and procedures in similar circumstances and that appropriate transport arrangements (including approval of an escort) are made relative to the clinical needs of the patient and are clearly communicated to all those involved in making the arrangements
22	Staff attitude and lack of process for complaint handling	Corporate	No	Meeting with complainant	Upheld	<ul style="list-style-type: none"> • Explanation offered and apology given for miscommunication • Meeting offered with ND and MD to discuss clinical concerns
23	Staff attitude	Consultant	Yes	Meeting with complainant requested in future	Partly upheld	<ul style="list-style-type: none"> • Apology offered for offense caused and explanation that there was no indication of this at the time of the consultation offered
24	Staff attitude to patient and another member of staff	Dental	No		Upheld	<ul style="list-style-type: none"> • Treatment appropriate but notes supporting diagnosis were lacking in evidence • Dentist has reflected on the impact of their behaviour • Apology given for the experience

25	Perception of being blocked from seeing GP of choice	LHC	Yes		Not upheld	<ul style="list-style-type: none"> Explanation offered about demand on clinical time and also that it would be safer to also establish a relationship with a further one or two GPs in the practice
26	Unhappy with management of ongoing care – second opinion requested	Consultant	No		Upheld	<ul style="list-style-type: none"> Second opinion in place and encouragement to see GP as the key link between a patient and consultants who may be involved in different aspects of a care plan
27	Access to Public Dental Service for outer island residents	Dental	Yes		Upheld	<ul style="list-style-type: none"> Pressure on PDS explained. Additional information included about adjusted skills mix within the team and the recent appointment of a dentist to work part of their week in the North Isles
28	Concern about consultation actions and referral to OT	GP	No		Partly upheld	<ul style="list-style-type: none"> Actions not found to have breached professional protocol as MDT pathway clearly understood, but apology given for communication issues Meeting offered with MD
29	Attitude and treatment of consultant	Consultant	No		Upheld	<ul style="list-style-type: none"> Referral for a second opinion supported by MD both from a clinical point of view and in acknowledgement of loss of confidence Apology given
30	Poor communication re x-ray result and clinic date	A&E / Medical Imaging	Yes		Upheld	<ul style="list-style-type: none"> Review of options for ensuring staff communicate key contact details more effectively in future including resourcing a text messaging service

31	Communication issues	LHC	Yes		Partly upheld	<ul style="list-style-type: none"> • Apology offered that communication had been seen as lacking empathy and understanding • Explanation given that a clinician is now on stand by to speak direct to callers if a receptionist indicates clinical support is needed to clarify a caller's needs
32	Challenge to Patient Travel ruling re 48 hour window of return	EMT	Yes		Upheld	<ul style="list-style-type: none"> • Case review overruled previous decision in interests of patient centred care for individual • Information provided about potential future changes in service
33	Post-operative complications / communication with Ward	Surgery / Ward 3	No	Annual leave of key personnel	Upheld	<ul style="list-style-type: none"> • Meeting held to explain clinical decision making • Patient concerns re fitness for discharge should be brought to the consultant's attention • Post operative patients should be seen by GPs if requested • To be discussed at Consultants Group and disseminated to GPs
34	Delay for orthopaedic surgery	GBH/GJNH	No	Retrieval of old IT systems required at both hospitals	Upheld	<ul style="list-style-type: none"> • Apology given regarding delay to procedure. Information understood to have been sent by GBH but no evidence of receipt at GJNH. Investigation into system issues continued
35	Parents felt not being listened to about poorly child (subsequently to Glasgow)	Child and Family Health	Yes		Upheld	<ul style="list-style-type: none"> • Child and Family Health Manager met with parents prior to complaint response • Outcome of independent review to be shared with family once available

36	Staff attitude	Consultant	No	Delay in clinicians meeting to discuss	Part upheld	<ul style="list-style-type: none"> • Medical Director met with Consultant regarding the complaint who has reflected on the poor feedback • Stressed the importance of noting who is present in a consultation as a support measure for both the clinician and the patient
37	Parents felt not being listened to about poorly child (subsequently to Aberdeen)	Primary and secondary care	Yes		Part upheld	<ul style="list-style-type: none"> • Discussion with one staff member about how their attitude was perceived • Paediatric pathway review by Taskforce
38	Failure to diagnose	Community nursing	No	Delay in letter sign off	Upheld	<ul style="list-style-type: none"> • Additional training for staff member • Supervisory structure reviewed and strengthened
39	Delay to referral to psychologist	CMHT	Yes		Upheld	<ul style="list-style-type: none"> • Explanation of waiting list provided • Meeting with Head of Service to discuss concerns

NHS Shetland Annual Feedback and Complaints Report for 2017/18

Appendix C

Summary of Concerns received in 2017/18

	Department	Date	Summary of concerns	Outcome
1	Ward 3	16.04.17	Patient care and dignity issue; needs help feeding	Dignity issue noted; family can help with feeding and can visit at any time; medical and treatment notes discussed with family; family happy with outcome
2	LHC	24.04.17	Patient unhappy at receiving a written warning for unacceptable behaviour	Appointment system explained. Patient advised to go through GP for referral for other issues
3	OP referral	24.04.17	in person: patient angry at delay in receiving date for 2nd opinion requested in Jan 2017	Patient advised face-to-face of date & advised letter to follow. Patient very happy. Patient called following day to confirm letter had been received. Patient requested transfer to alternative practice
4	Dental	25.04.17	Dental patient seeking to understand why St Olaf St practice advised that they could not book appointments as she did not fall into priority group & advised her to re-register with LDP	Explanation given that there are 3 types of dental service currently available; private, independent NHS Dental Practice and Public Dental Service (PDS), with detail of PDS remit. Waiting lists at Montfield and St Olaf Street now closed; those on waiting list will receive letter advising them to register with Lerwick Dental Service (independent NHS practice). Existing patients may, in future, need to be advised to move to independent NHS provision in line with rest of the country
5	LHC	26.04.17	Inability to access appointments for long term chronic condition	GP call arranged for the following morning. Process for registration at alternative practice explained and email contact address provided. Temp transfer arranged for 3 months
6	LHC	25.04.17	Access to appointments; staff attitude	Patient advised of help available to complete 'pink form' (triage details); appointment with ANP secured (patient unwilling to engage with LHC manager)

7	Patient Travel	22.05.17	via MSP: travel escort for child aged 16	Parent annoyed at being advised that 16 yr old should collect own tickets from Patient Travel: Patient advised that children up to 16 will automatically be granted escort but that there is not compulsory after the 16th birthday; but can continue until child is 18 where agreed and confirmed by 16 yr old. Learning point to improve communication to 16 year olds and parents
8	Physiological measurements	23.05.17	Cover arrangements for physiological measurements and delay to OP appointments	Gap in provision of service for physiological measurements; understood cover had been arranged but not yet in place; concern at effect of OP clinic date; patient referred for 24 hr ECG monitor
9	LHC	25.05.17	Behaviour of locum GP during consultation	Lack of response from LHC following written concerns; unsatisfactory verbal explanation. Escalated to Stage 2 complaint
10	LHC	25.05.17	Transfer from LHC	Dissatisfied with service and attitude of staff at LHC re appointments system; request to transfer to alternative practice
11	CAMHS	25.05.17	CAHMS diagnosis	Dissatisfied with service and is requesting 2nd opinion via GP
12	ADTC	20.06.17	Delay to decision - request for unlicensed med prescription	Wishes to discuss with consultant earlier involved in discussions about using the medication. Favourable decision made
13	Audiology	19.06.17	Unacceptable delays in Audiology service	Explanation of staffing & recruitment issues causing delays; not appropriate to intervene in clinical prioritisation of patients
14	OP (Gen Surgery)	23.06.17	(1) OP Gen Surgery - unacceptable behaviour of consultant;(2) letter sent to direct to minor, not via parent/guardian	(1) became stage 2 complaint (2) became stage 1 complaint

15	Bixter HC appts	29.06.17	Patient unable to make regular book-ahead appt; concerned that this because practice had become salaried	September template had not been loaded due to resource issues since resolved
16	Surgery	26.06.17	Patient seeks to understand how to access private surgery; GJH refusing surgery until target weight achieved; patient in pain and able to pay for private treatment	GP agreed to see patient to discuss ways forward
17	Non-doctor islands cover	13.07.17	Cover arrangements for non-doctor islands	Concerns raised re Skerries and Fair Isle – responses from senior nursing staff
18	Dental	24.07.17	Query re appts for children registered at Montfield	Dental Director in contact to explain current situation
19	OP Rheumatology	08.08.17	Service change - onward rheumatology care	Sent generic letter outlining ongoing arrangements for service provision
20	Community Nursing	09.08.17	Out of hours contact with community nurse	Confirmed 999 if emergency or NHS 24 was appropriate route (and not to make direct contact with nurse as this lacked resilience)
21	LHC	14.08.17	Patient in pursuit of definitive diagnosis in complex case; LHC not helpful	Interim Medical Director discussed with practice – GP identified for onward case co-ordination
22	LHC	21.08.17	Reception staff – poor attitude	Access issues explained
23	A&E procedure	17.08.17	Difficulties in getting needle aspirations through A&E – constructive feedback about how this could have felt better with appointment times	DN&AS spoken with appropriate staff to understand if this could be improved upon

24	Day surgery and generic waits	14.07.17	Not happy with generic waiting times given for DS appts	Anonymous feedback but learning point of instruction to be more explicit when patient arrives about how long expected wait will be and the reasons for this (clinical priority, emergency etc)
25	Dental SoS	28.07.17	Unhappy with St Olaf St and access to appointments	Dental Director met with patient
26	OP Rheumatology	18.08.17	Onward rheumatology care	DN&AS in direct contact
27	OP Rheumatology	28.07.17	Onward rheumatology care	DN&AS in direct contact
28	OP Rheumatology	28.08.17	Onward rheumatology care	DN&AS in direct contact
29	Travel Vaccs	29.08.17	Patient advised LHC no longer able to do travel vaccinations due to staffing issues	Being covered by community nurse – further discussion required
30	Travel Vaccs	28.07.17	Patient advised LHC no longer able to do travel vaccinations due to staffing issues;	Being covered by community nurse – further discussion required
31	Pain Clinic	21.08.17	Patient heard that Pain Clinic service is under threat	Response outlining challenges to service
32	CMHT	22.09.17	Family concerns about under provision/ communication from CMHT re family member's care	Service responded through DCH&SC

33	PC	25.09.17	In 2015 patient asked for his telephone number to be deleted; seeks reassurance that number has been deleted from all places in NHS Shetland system as he received a call from LHC	Original complaint investigation reviewed and appropriate action taken
34	GP	26.09.17	Patient unhappy with GP attitude but concerned they would be 'struck off' if concerns raised	Reassured patient that they would not be 'struck off' and that concerns would be noted
35	Levenwick HC	05.10.17	Patient 'told that the Board decided that fasting glucose tests are not to be performed (for diabetes)	Not a blanket NHS Shetland decision; Levenwick independent GP practice following national guideline recommendations. GP advised happy to speak to patient to explain
36	Opticians	13.10.17	Patient unhappy at not getting refund for second eye-test at different opticians	Letter reflects advice already given re eye test funding
37	GP/Physio	27.10.17	Unhappy with locum GP service & physio; why no referral to orthopaedics	Written response sent re care pathway
38	SC/PC	06.11.17	Patient concerns around competency of clinician in diagnosis (2013); ongoing care (GP) supporting therapies (CHSC, AHP)	Written response provided by Chief Executive and Interim Medical Director
39	OP referral	13.11.17	Patient not had VC consultation, expected in October; phoned Glasgow, told referral not received	Treatment clarified
40	CMHS	13.11.17	Patient seeking correct diagnosis	Closed in liaison with service directly
41	LHC	05.04.17	Access to appointments; staff attitude	Apology provided and assurance given regarding access

42	Rheumatology	03.11.17	Query re ongoing arrangements for rheumatology	CE responded directly
43	Pain Clinic	14.11.17	Query re ongoing arrangements for pain management	CE replied direct re ongoing arrangements
44	Anaesthetics	28.11.17	Concerns about outcome from day surgery procedure	Meeting with Medical Director. Became formal complaint
45	A&E procedure	14.12.17	Concerns about non-charging of non-EU patient in A&E (as seen on Island Medics 13.12.17)	Explained no charge in A&E for any patient (wherever domiciled) seen only in A&E. (Admission to ward is re-charged)
46	Pharmacy	15.12.17	Patient unhappy about prescription change which had unpleasant side-effects. Had been advised that change was to save money rather than general availability of previous meds.	Director of Pharmacy checked and confirmed shortage of previous meds; agreed that patient could revert to original meds for as long as available and that if not available, other meds to be considered as substitute as necessary
47	Rheumatology	18.12.17	Query re: rheumatology treatment pathway	CE responded directly
48	Orthopaedics	18.12.17	Query re: travel to ortho appts in Aberdeen rather than visiting consultant service	CE responded directly
49	Dental	09.01.18	Pursuit of apparently missing dental record	MJ gave assurance records being sought and re-examined. Subsequently dropped

50	GP	09.01.17	Concern over potential medical record breach by GP	GP named had not worked for NHS Shetland since 2016
51	Pharmacy	11.01.18	Concern over length of waiting time at hospital pharmacy & other concerns	Apology and explanation for delay given
52	OP Rheumatology	16.01.18	Concern re cortico-steroid injections	Patient to meet with Medical Director
53	Patient Transport	15.01.18	Concerns about poor service from SAS Patient Transport	Local SAS rep contacted for name of link person
54	OP Rheumatology	12.01.18	Update re OP Rheumatology	Reassured that arrangements are being put in place
55	Eye clinic ARI	19.01.18	Feedback for Grampian re cancelled OP clinic	Patient attended Aberdeen Eye clinic and appt was cancelled without reason. Wasted journey discuss with MD who arranged to see patient in Lerwick Eye Clinic
56	Follow-on care	30.01.18	Patient feels neglected by NHS Shetland services since leaving hospital	Post discharge arrangements and community health & care services reviewed
57	Rheumatology	05.02.18	Seeks clarity about rheumatology provision in NHS Shetland	Explanation about service plans provided
58	Contact for GP	04.02.18	Been told to contact GP but couldn't get able to get email address	Checked with GP and supplied email address
59	Audiology	04.12.17	Does not want to change hearing aid models	Written response issued - patient thanked respondent for letter

60	Rheumatology	16.02.18	Pain clinic injections: concerns over service disruption	Explained recruitment issues and service cover by locums including a Pain Specialist who will provide cover in the coming months while recruitment continues
61	LHC	13.02.18	Concern that GPs do not recognise CFS	Emailed with link to CFS website; GPs to get copy correspondence
62	LHC	22.02.18	Concerns about blood pressure medication	Ongoing discussions with Medical Director
63	Patient Travel	27.02.18	Escorted travel query	Ward 1 request made for patient travel; escort not approved. Review group agreed escort was appropriate and travel costs should be reimbursed
64	Patient Travel	02.03.18	Patient unable to find child care to attend ARI appt	Offered return boat trip to enable child to go at minimum cost – satisfactory outcome for patient
65	Psychological Therapies	06.03.18	Query over psychology therapy waiting times after referral	Current position explained

NHS Shetland Annual Feedback and Complaints Report for 2017/18

Appendix D

Complaint process experience results (key performance indicator at 4.2)

Description	2017/18	% (8 replies)
1. How satisfied were you that you were easily able to make your complaint?	Very Satisfied	25% (2 of 8)
	Satisfied	37.5% (3 of 8)
	Neither Satisfied or Dissatisfied	12.5% (1 of 8)
	Dissatisfied	12.5% (1 of 8)
	Very Dissatisfied	-
	Question Skipped	12.5% (1 of 8)
2. How satisfied are you with how you were treated when you were making your complaint?	Very Satisfied	25% (2 of 8)
	Satisfied	25% (2 of 8)
	Neither Satisfied or Dissatisfied	12.5% (1 of 8)
	Dissatisfied	25% (2 of 8)
	Very Dissatisfied	-
	Question Skipped	12.5% (1 of 8)
3. Do you feel that we showed empathy (an understanding of your feelings) when dealing with your complaint?	Yes	50% (4 of 8)
	No	37.5% (3 of 8)
	Question Skipped	12.5% (1 of 8)
4. Did we apologise for your experience?	Yes	75% (6 of 8)
	No	25% (2 of 8)
	Question Skipped	-
5. How satisfied were you that we responded to you in a timely manner?	Very Satisfied	12.5% (1 of 8)
	Satisfied	62.5% (5 of 8)
	Neither Satisfied nor Dissatisfied	-
	Dissatisfied	-
	Very Dissatisfied	12.5% (1 of 8)
	Question Skipped	12.5% (1 of 8)
6. Did the complaints response letter clearly detail the outcome of your complaint?	Yes	62.5% (5 of 8)
	No	12.5% (1 of 8)
	Question Skipped	25% (2 of 8)
7. Overall, how satisfied were you with the complaints procedure?	Very Satisfied	-
	Satisfied	25% (2 of 8)
	Neither Satisfied or Dissatisfied	25% (2 of 8)
	Dissatisfied	37.5 (3 of 8)
	Very Dissatisfied	-
	Question Skipped	12.5% (1 of 8)
8. Finally, do you have any other comments about how your complaint was handled or suggestions on how we may improve our service to customers?	Comments received relate to complaints outcomes rather than process issues	