

Feedback and Complaints Report 2023/24





A report on the learning, action and improvements made or proposed in response to feedback and complaints about NHS Shetland health care services in 2023/24

NHS Shetland welcomes and values 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 2023 to 31 March 2024, 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 GP, 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 2023/24 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 2023/24 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 2023/24 the service has handled 183 pieces of feedback: 18 thank you contacts, 10 comments, 72 concerns, 54 Stage 1 (early resolution) complaints and 29 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.nhssheland.scot/rights/patient-feedback-complaints/4>;
- By providing **feedback**, including **making a complaint** by speaking with any member of staff. If they cannot help you they should be able to signpost you to someone that can, such as the PASS service above, or by contacting NHS Shetland's Feedback and Complaints Team <https://www.nhssheland.scot/rights/patient-feedback-complaints/3>;
- By becoming part of the **Shetland Public Engagement Network (SPEN)**. This is a network made up of patient groups, members of the public, carers and voluntary organisations that work in partnership with NHS Shetland. The network is open to individuals or groups who have an interest in health and

care related issues. This group has evolved from our Public Participation Forum and now offers the ability to engage with people in an on-line forum (<https://www.facebook.com/ShetlandPEN/>).

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

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

If you wish to make a complaint please see our website at the address above for further advice on how to do this, or you can write to us at the above address or email. You may also find helpful a summary of the Complaint Handling Procedure: <https://www.nhsshotland.scot/downloads/file/19/quick-guide-to-the-nhs-complaint-handling-procedure>. This gives information on the sorts of things you can complain about, how the process will work, and the support available to help you make your views known.

Annual Review

Our Annual Review meetings are held in public and people are invited to attend or to submit questions to us before hand (although patient specific questions are not answered in an open forum). This is another way we hear from patients about their experiences. We will be publicising details about this year's annual review and how you can get involved shortly.

What happens next?

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

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

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

We know that staff receive many more instances of positive feedback through verbal and written thank yous than we are able to capture as this is mostly given at the point of service.

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

2) How we encourage and handle complaints

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

We can be contacted about complaints in a number of ways. We have now completed a seventh 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 can support them to document the concerns raised if this is needed, 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.

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). Where people feel their complaint has not been satisfactorily resolved at Stage 1 they have the option to ask that it is escalated to a Stage 2 complaint.

We always acknowledge complaints as quickly as possible. At the same time we route the complaint to an appropriate member of staff for resolution (either at the 'front-line' or by asking one of our Executive Management Team to carry out an investigation into the matters raised). We encourage all complaint investigators to make contact with the complainant at an early stage in their investigation process. This is so that there is absolute clarity about what the real issues are and also what

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

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

3) Thematic concerns and improvement measures

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

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

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

In 2023/24 we saw a number of feedback episodes about access, including frustration about inability to receive routine dental care/orthodontic care, visiting specialist waits and for treatment in partner boards. While small overall numbers can distort emerging themes, staff attitude and communication also continue to feature in the top three themes as seen in each annual report.

Access

NHS Shetland received 16 concerns or complaints about access, and as in previous years routine dental care continues to feature in these. Emergency care is always available and is provided by the Public Dental Service but access to routine dental or orthodontic care remains a concern. This has received much national and local media interest in recent months. It is not an issue that is unique to Shetland, however with only one independent dental practice providing NHS care locally this brings additional pressure to the Public Dental Service, with access remaining a challenge.

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

Staff attitude and communication issues

During 2023/24 poor staff attitude featured in 11 feedback contacts, with five of these handled as Stage 2 investigations. We received 17 pieces of feedback about poor communication either at an individual or system level.

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

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

There are examples where poor communication can lead to a serious outcome. In one complaint it became apparent an error made at a partner Board led to a significant piece of information not being communicated to the local team, which was likely to have detrimentally affected the patient. The partner Board carried out their own internal investigation and offered an explanation and apology as part of the wider response from NHS Shetland.

Improvements

Complaint outcomes can be very specific to an individual, and whilst there is not really any wider organisational learning to be disseminated, working to resolve the complaint for the complainant can have a truly positive impact. A complainant in 2023 was very unhappy with a surgical outcome and wanted referring back to a related service off island. There was a lengthy exchange of correspondence trying to determine what really mattered to the patient, and at a time it felt it may not be possible to resolve the matter to their satisfaction. Rather than escalate their complaint to a Stage 2 formal response, the complainant asked for a second opinion, which, although out with contracted arrangements was made possible in liaison with the NHS Grampian team. Since that appointment the complainant has gotten back in touch to express their sincere gratitude for the support and understanding shown.

In some complaints there are learning points which apply much more broadly to the organisation. These are often ones that span services, and sometimes other health boards, and by nature are more likely to be investigated through a formal Stage 2 complaint handling process. In early 2024 a complaint was received about the care

provided to a deceased family member. It involved acute and community teams and was complex to investigate. The complaint response was delayed a number of times because the investigating team were trying to ensure that when it was sent to the family it covered everything they had raised in as complete a way as possible. The family asked to meet with the team who were keen to understand their perspective further.

At the meeting the family were appreciative of the steps taken to provide an in depth response, but wished to provide feedback and question whether all staff had acted without bias and prejudice as they felt their loved one had experienced this during parts of their care. It was very powerful to hear how this had impacted on them. The investigating team confirmed their commitment to continue to try to tackle stigma and inequality for other patients and their families moving forwards.

Since the meeting took place there has been a meeting debrief with service leads, and confirmation that additional staff training is already planned. The feedback will also feed into an organisation wide briefing taking place in the near future. This complaint is a strong example of why we welcome complaints and feedback so we can seek to understand the complainant's perspective, especially at times when care may not have been provided to the standards we hold ourselves to.

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.

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/anonymised 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 have had 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. The review report summarised the complaint details and the extent to which actions have been completed and lessons learnt disseminated. The report should be 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. It has been challenging to keep the review meeting prioritised in 2023/24, with conflicting priorities across the team, and there is a need to try and refocus this work in 2024/25.

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

We issue 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 is sought without delay from individuals following their contact with the team. Paper based copies of the feedback service questionnaire and self-addressed envelopes are available on request.

For 2023/24 we have continued to seek feedback on people's experience of making a complaint to us but unfortunately we have not received any responses.

In the last year four Stage 2 complainants got back in touch with us after our investigation findings letter was sent to seek additional clarity or advising they intended to escalate their complaint to the Scottish Public Services Ombudsman (SPSO). This is down five from 2022/23. One complaint from the year was considered by the Scottish Public Services Ombudsman and not taken forward to investigation.

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 in the hope of it being a better experience for complainants. Effort is put into getting the final response as thorough and complete as it can be, however a consequence of this is often a failure to meet the 20 working day response target.

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

The Complaints Officer previously met individually with Family Health Service managers to go over the national changes to the complaint handling procedure in the hope of increasing Family Health Service returns. Initially this was beneficial but unfortunately this year once again the number of returns is low, and for those that have there are no complaints logged. The outstanding returns are being followed up.

The Director of Nursing and Acute Services, the Medical Director and the Director of Community Health and Social Care try to 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 should ensure 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 beneficial.

The increase in use of social media and digital platforms such as the Care Opinion website is valued by NHS Shetland. When feedback is received through Care Opinion, an automatic alert is triggered to all Board Members and Heads of Service. They can see the positive and negative comments alike, and also how we respond to them. We try to actively encourage new staff to look through the feedback we have received and to consider how any learning points can be applied in their areas. Such a transparent method of receiving feedback is not without its challenges. A number of service providers are concerned that open social platforms are not appropriate forums to enter into dialogue about patient care. Whenever we receive feedback requiring a personal response, we encourage the individual to make contact offline for this purpose.

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

4.4) Indicator Four: The total number of complaints received

In 2023/24 we received 83 complaints (54 Stage 1 complaints and 29 Stage 2 complaints, two of which escalated from Stage 1). This figure is 13 higher than the 70 complaints we received in 2022/23. We saw an increase in Stage 1 complaints (16 more) and a small decrease of Stage 2 complaints (three less).

Within the year we also received and responded to 72 concerns (similar to the 78 in 2022/23). 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 2023/24, these relate to the following service areas:

Service	2023/24	
	Number	%
Directorate of Acute and Specialist Services	33	39.76
Directorate of Community Health and Social Care	39	46.99
Acute and community	4	4.82
Public Health	2	2.41
Support Services	1	1.20
Board (e.g. policy/estate)	4	4.82
Totals:	83	

The Directorate of Community Health and Social Care now has responsibility for nine of the 10 GP practices in Shetland. Complaints relating to salaried GP practices (for 2023/24 these are Lerwick Health Centre, Whalsay Health Centre, Yell Health Centre, Unst Health Centre, Brae Health Centre, Scalloway Health Centre, Walls Health Centre, Bixter Health Centre and half a year for Levenwick 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 remaining 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 incomplete and being followed up.

Boots Pharmacy registered a nil return with no complaints identified in year.

iCare Shetland and Specsavers recorded no complaints in year.

4.5) Indicator Five: Complaints closed at each stage

Please note the total number of complaints for the following calculations is 83: 54 at S1 and 29 at S2 (two of which were escalated from Stage 1). 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	2023/24	2022/23
Number of complaints closed at Stage 1 as % of all complaints	65%	55%
Number of complaints closed at Stage 2 as % of all complaints	32.5%	45%
Number of complaints closed at Stage 2 after escalation as % of all complaints	2.5%	0%

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	2023/24	2022/23
Number of complaints upheld at Stage 1 as % of all complaints closed at Stage 1	50% (27 of 54)	39.4% (15 of 38)
Number of complaints upheld at Stage 2 as % of all complaints closed at Stage 2	29.6% (8 of 27)	25.8% (8 of 31)
Number of escalated complaints upheld at Stage 2 as % of all escalated complaints closed at Stage 2	50% (1 of 2)	0% (0 of 0)

Partially Upheld		
Description	2023/24	2022/23
Number of complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	22.2% (12 of 54)	36.9% (14 of 38)
Number of complaints partially upheld at Stage 2 as % of all complaints closed at Stage 2	63% (17 of 27)	45.2% (14 of 31)
Number of escalated complaints partially upheld at Stage 2 as % of all escalated complaints closed at Stage 2	50% (1 of 2)	0% (0 of 0)

Not Upheld		
Description	2023/24	2022/23
Number of complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	27.8% (15 of 54)	23.7% (9 of 38)
Number of complaints not upheld at Stage 2 as % of all complaints closed at Stage 2	7.4% (2 of 27)	29% (9 of 31)
Number of escalated complaints not upheld at Stage 2 as % of all escalated complaints closed at Stage 2	0% (0 of 2)	0% (0 of 0)

4.7) Indicator Seven: Average times

The average time in working days for a full response to complaints at each stage			
Description	2023/24	2022/23	Target
Average time in working days to respond to complaints at Stage 1	7.3	5.61	5 wkg days
Average time in working days to respond to complaints at Stage 2	39.7	35.1	20 wkg days
Average time in working days to respond to complaints after escalation	33.5	-	20 wkg days

Performance against the five and 20 working day targets remains compromised by system pressures. Both investigators and complaint response contributors have often been otherwise tasked and because of this a number of complaints took much longer to close than we would wish for. There were two Stage 2 complaints that unfortunately received a number of repeat holding letters while more information was sought to be able to respond to all the points raised in the complaints. This is clearly not good for the people raising complaints and does of course impact negatively on the average response times.

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	2023/24	2022/23	Target
Number of complaints closed at Stage 1 within 5 working days as % of Stage 1 complaints	59% (32 of 54)	71% (27 of 38)	80%
Number of complaints closed at Stage 2 within 20 working days as % of Stage 2 complaints	11% (3 of 27)	23% (7 of 31)	80%
Number of escalated complaints closed within 20 working days as % of escalated Stage 2 complaints	50% (1 of 2)	0% (0 of 0)	80%

Performance against response targets for Stage 1 and Stage 2 complaints has deteriorated in 2023/24. A number of the Stage 2 complaints spanned more than one area/service or health board. For complaints where a number of staff members are required to provide statements and/or a meeting between the complainant and key personnel is warranted, the 20 working day timescale remains very challenging.

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

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

The number and percentage of complaints closed at each stage where an extension to the 5 or 20 working day timeline has been authorised.	
Description	2023/24
% of complaints at Stage 1 where extension was authorised	41%
% of complaints at Stage 2 where extension was authorised (this includes both escalated and non-escalated complaints)	86%

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 2023/24 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.

Care Opinion feedback example snippets:

- *.....truly, this is such a special hospital. Every member of staff is so valued, so kind, every member of staff stands out in a different way and they're incredible.*
- *I was then triaged via ask my GP, I found this to be very slick and was impressed by how quickly I received a message and was offered an appointment.....I can't express how grateful I am to the practice nurse for her friendly, calm and professional nature. She was absolutely excellent and I felt reassured leaving my appointment.*

We will continue to work on ways to improve how we record and share positive feedback.

We hope this report demonstrates that we are a listening and learning organisation and that you will feel encouraged and able to work in partnership with us to help shape and 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.

NHS Shetland Annual Feedback and Complaints Report for 2023/24

Appendix A

Summary of Stage 1 Complaints in 2023/24

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
1	Complainant felt GP shrugged them off due to their weight.	CH&SC / Primary Care	Part upheld	Apologies given and explained locum GP had been very concerned but did not stop to listen. Will see another GP.	15
2	Complainant concerned their data has been shared with NECU and DrDoctor without consent.	N&AS / PFB / DPO	Part upheld	This is a new Scotland-wide initiative, which has not run smoothly, so have provided feedback to NECU. DrDoctor has only been given patient contact details and the data can only be used for the reason identified.	7
3	Complainant upset with CPN and felt they were not interested and dismissive about their weight.	CH&SC / Mental Health	Fully upheld	Apologies given and offered another assessment appointment with the preferred CPN.	4
4	Complainant upset about the lack of service their family is receiving from NHS Shetland OT department.	CH&SC / AHP	Part upheld	Visited at home and a full environmental assessment completed. Staffing fragility needs to be addressed.	5
5	Complainant contacted by text to ask if they still required appointment. They had not received an appointment and are now concerned they will not be given one.	N&AS / Med Records / PFB	Part upheld	Another NECU validation campaign text. Complainant now due to be seen in July. The text messaging service caused some confusion for the complainant and others and the issues have been fed back to the national team. Apologies given.	2

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
6	Complainant who lives remotely needs regular injections which have a time-sensitive nature and refrigeration requirements. Due to delays on more than one occasion, the medications have expired and needed to be discarded.	CH&SC / Pharmacy	Fully upheld	Head of Pharmacy is working with the company via pharmacy team to agree a logistics model that works.	5
7	Complainant trying to get help for partner who has diagnosed condition and feels desperate.	CH&SC / MH	Not upheld	Patient has clinical issues which can only be resolved by Consultant.	6
8	Complainant with a long history of dental problems registered as an NHS patient at LDP. They would now like to transfer to the dentist on the outer isle where they live.	CH&SC / Dental	Fully upheld	Complainant has been identified as a patient in the priority group and can register locally, but advised LDP may be able to offer routine examinations and a more comprehensive service.	3
9	Complainant's partner's appointment has been cancelled yet again and at short notice.	N&AS / Outpatients / Medical Records	Fully upheld	The partner has now been offered an appointment to discuss results. Apologies for short notice cancellation due to Consultant being sick.	1

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
10	Complainant unhappy about trying to make an appointment at LHC or order a repeat prescription.	CH&SC	Not upheld	Apologies given for the AskMyGP portal being switched off during a period of high demand, due to staff shortages. It is now running as normal. All prescriptions have been issued on time.	29
11	Complainant not happy prescriptions are being sent to local shop run by first responders after the community nurse left.	CH&SC / Primary Care Yell	Fully upheld	Complainant wasn't looking for an outcome, but wanted to register their complaint.	1
12	Complainant with weight loss issues trying to conceive for many years without adequate help.	N&AS / Midwife	Fully upheld	Complainant offered an appointment with consultant. A scan has been requested from the fertility clinic.	2
13	After 20 years of being a patient at St Olaf's dental practice, complainant would like to know why they were not told it was closed or invited for a check-up.	CH&SC / Dental	Not upheld	All patients were advised of transfer to Montfield for their continuing care by letter and in the media. Responsibility to make appointments is with patient.	7
14	Complainant upset with attitude of CPN.	CH&SC / MH	Fully upheld	Complaint discussed with CPN. The team will reflect on communication and how duty staff communicate with people in crisis.	5

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
15	Complainant's elderly parent with health issues has found barriers to accessing community nursing out of hours.	CH&SC / Community Nursing	Fully upheld	Apologies for upset caused. Patient to be placed on the OOH list at GBH which can be accessed via community nursing team without going through NHS24.	4
16	Annoyed about long delay for partner receiving their scan results, which were only received after contacting the dept at GBH.	CH&SC / Primary Care LHC	Not upheld	Not happy with the response that the normal time given for routine results would be between 6-8 weeks. Felt they had been led to believe they would receive results within 1hr.	5
17	Complainant concerned about the consultant attitude towards their weight and being told they are too big to be operated on. Consultant also posted a patient list with confidential information in error and suggested the complainant needed an urgent review for cancer.	Medical / Consultant	Fully upheld	IG breaches taken seriously and appropriate action taken out with the complaint process. MDT planned to discuss best way forward with complainant's care. Complainant happy with the response.	1
18	Poor communication following contact with single point of contact.	CH&SC / OT	Not upheld	Information had been passed on appropriately and appointments actioned.	6

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
19	<p>Prescription not ready. Complainant felt LHC at fault.</p> <p>It took seven days to issue prescription again and patient did not have tablets for a few days.</p>	CH&SC	Not upheld	<p>Explanation given about what had happened and that it had been actioned within publicised timescales.</p> <p>Actioned within three days, which is again within limit.</p>	5
20	Complainant does not want contact with a certain doctor when phoning OOH, which had been recorded previously. They would like a separate number to call OOH.	CH&SC / Primary Care / OOH	Not upheld	Doctor would have had a duty of care to respond to complainant. There is just one GP available OOH. If urgent, complainant advised to go to A&E or if not, phone doctor in morning. No guarantee can be given that OOH call will not be this doctor.	8
21	Complaint regarding referral for procedure. They have been waiting to hear back for over a year.	N&AS / Surgical Doctors	Part upheld	Referral received and the doctor wrote to the GP explaining that there is no routine service for the procedure. Complainant explained that not doing the procedure is affecting partner's sight and confidence. Advised to see GP again and ask if this information can be put on referral.	5
22	Complainant lives in semi-detached house attached to a Health Board property that has been under offer for over two years. It is falling into disrepair	Estates	Fully upheld	Estates team have carried out an internal condition check and also arranged for the gardens to be tidied and cut back.	10

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	and having an impact on their B&B business.				
23	Child first referred to NHS Orthodontal Clinic in 2016. Just been told it will be years before they will be seen and has been moved to the "Routine Patient List" as there are too many patients in the system.	CH&SC / Dental	Part upheld	Not clear why there were no follow up appointments arranged after the extractions in 2019. In May 2022 it was necessary to undertake a fundamental review of the orthodontic service. Child confirmed to be on the waiting list.	31
24	Couple unhappy with some aspects of mother and baby care. Concerns include; no continuity of postnatal care, lack of documentation, time delay at discharge and antenatal appointments.	N&AS / Maternity	Fully upheld	An apology has been issued with assurances that the midwives involved will reflect on the comments. Existing records cannot be changed.	5
25	Complainant should be receiving weekly calls from CPN as promised and from a designated person.	CH&SC / MH		Would be happy to meet with complainant and talk things through.	5

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
26	Concerns about lack of physio services received. Referred by GP and has had 4 appointments with 3 different physios. Why has it taken so long to be seen, why was an x-ray ordered with no follow-up and why wasn't an ultrasound done to begin with when treating a soft tissue injury?	CH&SC / AHP / Physio		Apologised to the person and explained what has happened.	1
27	Poor services and discriminatory abusive language and manner at health centre. Tried to get a repeat prescription and was told by the receptionist they would need to bring meds with them from England.	CH&SC / GP	Not upheld	As a temporary resident, the practice does not have access to full medical record. When medication was requested, the GP requested an up to date record in order to prescribe. The GP correctly had to check that there had been no substantial change in health before the medication could be dispensed.	45
28	Patient receiving rehabilitation on Ward 3 GBH is unhappy with staying in hospital and wants to go home. It is too noisy and too disruptive. Patient discharged	N&AS / Nursing	Not upheld	Despite advice to not discharge and stating the reasons, the patient filled in the discharge form. An ambulance was arranged to assist them home and advice given.	1

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	themselves against the advice of the medics.				
29	Complainant concerned health centre staff are behaving unprofessionally, as they have not moved and should not have received a letter saying that they had.	CH&SC Health Centre Admin	Not upheld	Staff received notification that all household members were moving, but needed this clarified before deleting records for individuals over 18 yrs. The complainant informed them they were staying at the practice.	8
30	Complainant has been waiting for months to see an audiologist. In April they saw an assistant who liaised with the consultant online and in July the appointment was cancelled. They request to see the other audiologist who comes to Shetland.	N&AS / Audiology	Part upheld	Apologies for having to wait so long. A new audiologist is due to start in a permanent position in Shetland in January. In the meantime trying to secure additional clinics in Aberdeen. Complainant is on the waiting list and will be offered an appointment as soon as possible.	3
31	Complainant registered with Montfield and last appointment was a long time ago. They have urgent work to be done and would like an appointment.	CH&SC / Dental	Fully upheld	The complainant was not formally referred to the dental therapist for fillings at their last appointment, which was a break down in our care and we are very sorry for this. They will now need an updated	3

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
				examination and referral and has been offered an appointment.	
32	After an initial appointment with ANP, complainant was told the surgeons have refused the procedure, due to their age, which feels like they are being discriminated against.	Medical / Consultant	Not upheld	Information provided by the referrer led the consultant to conclude that the procedure would not go ahead. This was based on the information provided in the referral and not purely their age. Consultant judged that there is a greater risk of harm than benefit currently.	5
33	Complainants frustrated with their first experience of the vaccination service. The location was not properly identified on the booking site, which caused frustration.	Public Health / Vaccination	Fully upheld	Apologies for experience. A more accurate map was used to identify where the vaccination centre is and to correct the misdirection to another building. This was added to the national booking portal the same evening the complaint was raised and seems to be operating effectively.	1
34	Informed wouldn't be seen in ophthalmology until July, but couldn't attend due to family commitments. They were assured they would be seen in October and then discovered they had been phoning to check availability when the clinic was actually on and they were not	N&AS / Ophthalmology	Part upheld	The clinic was always scheduled for June, not July - apologies for misinformation. October clinic was completely full, but this should have been communicated, especially as they were phoning the service asking for information.	5

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	told this and so missed the ophthalmologist.				
35	Partner got a call to collect complainant's results, but is very unwell. Complainant wants to know why results aren't available over the phone or sent by email.	CH&SC / Primary Care	Not upheld	It was recorded on complainant's file that partner had permission to make appointments. This has now been removed. NHSS has a SAR process to follow when patients request copies of their records. It is an easy process to set up encrypted email and link has been provided.	9
36	Complainant who receives dental care at the hospital has needed treatment. They want to know why only a temporary filling was given. Don't want to see the same dentist again.	CH&SC / Dental	Not upheld	The treatment provided at each visit was appropriate and sound. No pain recorded at time of temporary filling. The pain may be non-dental in origin.	1
37	Complainant had made a complaint in writing to Mental Health. Ten weeks have passed without a response.	CH&SC / MH	Fully upheld	A response letter was drafted but then not sent in error, due to high pressure in department.	2
38	Concerns about privacy at the Grantfield Vaccination Centre Lerwick. Concerned feels that the privacy, dignity and safety of	Public Health / Vaccination	Fully upheld	Apologies given. We have endeavoured to protect the privacy of patients with the resources available. Screening curtains are not able to be used in the current temporary set up.	1

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	patients using this site has been compromised and would like changes to be made.				
39	Complainant contacted duty CPN to talk about thoughts and say CPN did not respond appropriately.	CH&SC / MH	Fully upheld	CPN is very apologetic and recognises their care of complainant was not supportive. In future, named CPN will be contacted if available.	5
40	Concerns about supply issue for catheter tube.	N&AS / Finance	Fully upheld	Head of Pharmacy will sort with CNs and then speak to the family. It appears to be a supply issue.	5
41	Parent concerned their child has a serious ear condition which may affect hearing. Why no referral for specialist treatment?	Medical / Consultant	Fully upheld	The ear infection was repeatedly referred to in the notes as otitis media, a more serious condition than otitis externa, which is what the child actually has and has been provided with correct treatment. As this has now been going on for some time, the child is now being referred for further investigations.	11
42	Complainant in Aberdeen for a procedure sent home due to infection. Tests had been done locally, but complainant wants to know why the original test had come back negative when it was	CH&SC / Unst HC	Not upheld	Considered to be potentially a matter of timing. The GP had consulted with ARI prior to the patient going and was advised that the patient should travel.	1

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	picked up immediately in Aberdeen.				
43	Complainant with injury in a lot of pain has been referred for surgery in Aberdeen but has been informed of long waiting times. They were told that a pre-op assessment would be arranged, but nothing through.	N&AS / PFB	Fully upheld	The request from pre-assessment has now been received after orthopaedic secretary contacted the team. Complainant has now been booked in.	5
44	Staff not available for a pre-arranged appointment or a planned home visit. Also unhappy with the manner of the consultant saying they had not read the notes prior to the telephone consultation.	N&AS	Part upheld	Complainant advised they did not wish to have any further consultations or contact with this consultant.	1
45	Complainant saw a private doctor who instructed LHC to give child genetic testing. They have not followed this suggestion and a referral has not been received.	CH&SC / AHP / Paediatrics	Not upheld	Several attempts to contact complainant regarding the referral were made. When GP did make contact, they arranged simple blood tests and referred to Paediatric Clinic.	25

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
46	Complainant has had undiagnosed medical issues for over a year. They feel if it was not left so long the condition wouldn't have got to this point. Would like to understand the issues.	Medical / GPs	Fully upheld	Doctor has referred to Neurologist Consultant. Complainant happy with this.	14
47	Following an ultrasound in October, patient was to be referred, but with worsening symptoms discovered this did not happen. The wait is now 18 weeks, which they find unacceptable.	CH&SC / Primary Care	Part upheld	Not clear why referral was not made. The patient has been given an appointment with the Consultant who specialises in this condition and they are not available until date given. Advised to return to GP for better pain relief and/or to request another consultant who may be available to be seen sooner.	16
48	Complainant took partner to GP for post-surgery check-up. They found the GP to be inexperienced, unprofessional and uncaring.	CH&SC / Primary Care	Fully upheld	Complainant is happy with the apology given on behalf of the GP, and advised that partner is now much happier having seen the Practice Nurse.	6
49	Complainant has an awful lot of pain and would like to know where the x-ray referral has got to as it has been a month since	CH&SC / Primary Care/	Fully upheld	Complainant has now received their appointment time for the x-ray. Also check to see if a referral was made to the dietician.	6

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	the GP requested it. Also frustrated not to have heard back from the Dietician despite trying to contact the department.	N&AS / PFB			
50	Complainant said they developed complications waiting for surgery. The GP promised that a nurse would come and show the method to use to help with relief, but hasn't.	CH&SC / District Nursing	Fully upheld	District Nurse already aware of this patient and will make contact to offer help.	3
51	Despite several conversations between the NHS and the Fair Isle community about the importance of the nurses' accommodation being in a good condition for the incoming nurse, this has not happened. Community disappointed opportunity for renovations has been missed and the open fireplace is now in disrepair.	CH&SC / Nursing	Part upheld	An opportunity to rectify some of the issues and ensure the house was in as best a condition as possible was missed during the period when the house was unoccupied. By the time Estates prioritised the work it was at a time of year where travel and getting contractors is more difficult. Also it was towards the end of the financial year when most maintenance spend had already been allocated for the year. In future, we will be more proactive with maintenance earlier to prevent major issues occurring.	7

Appendix A Summary of Stage 1 Complaints 2023/24

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
52	Complainant saw GP and was not happy with their manner or attitude. They have never needed to complain previously and doesn't wish to be treated by this GP again.	CH&SC / Primary Care / GP	Fully upheld	Apologies for complainant's experience with the GP. An alert has been placed on record to say they will not see this GP in future. Complainant happy with this outcome.	11
53	ANP took swab and prescribed antibiotics. Then GP phoned to change antibiotic and then phoned back and said to wait 2 weeks. This has left parent with questions and they want child's ear to be seen before travelling at the end of the month.	Medical / Consultant	Fully upheld	The ANP reviewed the swab result which showed a sensitivity to Ampicillin and thought a change of antibiotic was required. However following a debrief with the GP found that Amoxicillin was same family as Ampicillin, therefore no need to change.	8
54	Complainant with a medical condition received an 'asthma review' by phone and found their manner upsetting. Shouldn't be allowed to speak to patients, particularly vulnerable ones and they were very unprofessional.	CH&SC / Primary Care	Fully upheld	Apologies for the complainant's experience. Staff member has not changed anything in notes and an alert has been added so that contact isn't made again. Will discuss complaint with staff member when return from annual leave.	7

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Appendix B

Summary of Stage 2 Complaints in 2023/24

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
1	Complaint about maternity department and named midwife.	Maternity	Y	Part upheld	<ul style="list-style-type: none"> • A full perinatal review was conducted in which did not identify that the practice of any of the midwives or other clinicians was negligent or that an adverse event had occurred which could have been prevented. • There was important learning about guidance adherence and where key clinical information was recorded. Also, because the Maternity Unit was busy, the on call Midwife should have been called in to support the staff on duty.
2	Complaint about lack of action received from dental service.	Dental	N	Part upheld	<ul style="list-style-type: none"> • It is acknowledged that patient is able to give informed consent to the requested procedure, however multi-disciplinary team agree that performing such extensive surgery without clinical indication will not lead to permanent resolution. • It was found there were opportunities to handle patient's concerns more appropriately. The treatment had not been person centred and there had been a breakdown in communication and shared decision-making.
3	Complaint regarding a lack of consideration or appropriate facilities for wheelchair users who require changing facilities in NHS Shetland's estate.	Estates / SIC	Y	Fully upheld	<ul style="list-style-type: none"> • Apologies offered. Acknowledged that the Hospital is an older building and is not well equipped to provide suitably adapted changing/toilet facilities. Steps will be taken to improve the current facilities with short and longer term solutions.

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
4	Delay in treatment	Nursing / Medical	N	Part upheld	<ul style="list-style-type: none"> • There is no record of attendance in A&E and staff do not recollect complainant, therefore unable to verify what happened for which an apology was provided. • Measures will be put in place to ensure policies are upheld and staff will be reminded of the importance of entering data for each patient visit to A&E.
5	Concerns about the lack of dental care available	Dental	Y	Upheld	<ul style="list-style-type: none"> • Explanation given about dental services and additional fixed term funding received which it is hoped will alleviate the pressure on a short term basis.
6	After attending A&E at GBH complainant was surprised to be contacted by the Occupational Health doctor from work, who said they had information from the Gilbert Bain. Patient clear no consent was provided to share information.	Medical	Y	Part upheld	<ul style="list-style-type: none"> • Explained the GMC advises that doctors must disclose information in certain circumstances, including 'public interest'. • Assumptions were made by the medical staff re consent, based on what was said. Only the minimum necessary information from a patient's medical records should be disclosed. • It was found all information about complainant obtained in hospital was sent and apologies given for this. • Failure to uphold the data minimisation principle of the UK GDPR and self-reported to ICO.

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
7	Patient felt confidentiality had been breached	Information Governance	N	Fully upheld	<ul style="list-style-type: none"> Unfortunately unapproved data was inadvertently available on the Board's website – not specific to an individual but accepted it ran the risk of patient identification. Apologies offered and self-referred to ICO. Steps taken to ensure it does not happen again.
8	Staff attitude regarding lifestyle assumptions	Nursing / medical	N	Part upheld	<ul style="list-style-type: none"> Apologies offered. Handover between clinicians not complete which led to repeat questions. No evidence of any deliberate assumptions being made. Doctors reminded to take a more sensitive approach.
9	Complainant unhappy with delay in treatment	Medical	N	Part upheld	<ul style="list-style-type: none"> Junior doctor acted appropriately, ensuring worsening advice on leaving hospital, but could have highlighted test and imaging results to a Senior. Apologies this didn't happen. Current illness investigated and not related to the time taken to diagnose condition.
10	Staff attitude	Primary Care	N	Part upheld	<ul style="list-style-type: none"> Apologies given. Doctor regrets complainant was unhappy with the consultation as it was not their intention to cause distress but recognised it had been difficult and had recorded their own concerns about the consultation.

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
11	Complaint regarding lack of support for family member with disabilities.	AHP	N	Upheld	<ul style="list-style-type: none"> • Explanation about what could be offered by the service and what could be done by carers after training. • Suitable assessment had not happened and on the whole the record keeping, documentation and communication did not meet the standards expected. • There was a lack of clear process to receive a medical review from a GP.
12	Complaint regarding missed diagnosis and treatment of close relative	Medical	N	Part upheld	<ul style="list-style-type: none"> • Apologies offered. Patient was to receive a CT scan, but as the clinical picture was different several hours later the decision was made to cancel it. A fracture was later revealed. • Apologies also offered for a long and frustrating wait in hospital on second visit.
13	Treatment and care in Gilbert Bain Hospital	Nursing	N	Part upheld	<ul style="list-style-type: none"> • There were no omissions of care found, but there was some evidence of poor communication which may have led to feelings that expectations had not been met. • Apologies from nurse for communication, no intention to be dismissive or uncaring. • It is recognised there is a gap in the provision of third sector/volunteering support for people who need assistance to travel for health appointments when family are not available and this will be discussed.

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
14	Feels there is false information in hospital discharge summary	Medical and Nursing	N	Fully upheld	<ul style="list-style-type: none"> Both the doctor and the nurse prescribing and administering should have asked what had been taken by the patient first. Apologies offered for distress caused by some of the content in the discharge letter, which could be read as insinuating the complainant was at more risk than others of becoming addicted to medication.
15	Delay in x-ray which later showed as a fracture.	Medical	N	Not upheld	<ul style="list-style-type: none"> Even if complainant had received an x-ray immediately, the course of treatment would not have altered greatly. There are no obligations for the NHS to provide a fit note to the employer for the first seven days of absence and the employee can self-certify during this time.
16	Parent requested a scan, which was denied. Child ended up in high dependency unit in RACH only after parent took action.	Medical	N	Part upheld	<ul style="list-style-type: none"> The RACH Multi-Disciplinary Teams (MDT) initiative for a more comprehensive plan for the patient will help improve the team's response if there are further admissions to the Gilbert Bain Hospital. Consultant sorry for less than reassuring response to complainant on the ward round. Explained the risk of harm from CT needs to be balanced in each presentation.
17	No clear route for assessment for Children's ASN pathway	AHP	N	Fully upheld	<ul style="list-style-type: none"> Apologies for experience. The issues described have already been recognised across departments and

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
					<p>progress to implement improvements to the service are underway.</p> <ul style="list-style-type: none"> The biggest change to managing waiting times for assessment will be recruitment to two new posts.
18	Complainant has several health concerns and preference for health practice	Medical	N	Part Upheld	<ul style="list-style-type: none"> Medical Director found that conditions has been well managed and in timely manner. Apologies for experience of being passed between primary and secondary care. Apologies for perceived staff rudeness in A&E. Apologies for ambiguity of reasons for delayed transfer of HC. Complainant had suggested a return to HC boundary, but ultimately had moved to new area and therefore transfer of HC required.
19	Staff attitude	Medical	N	Part upheld	<ul style="list-style-type: none"> It was found that the complainant's underlying concerns were indeed of a dental nature. Apologies offered for the way complainant felt the consultation had gone. The Doctor recognises they could have explained decisions for assessment in a better way and will reflect on this.
20	Repeated visits for issue and concern about delays and loss of earning	Medical	N	Part upheld	<ul style="list-style-type: none"> The treatment and advice complainant received was appropriate

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
					<ul style="list-style-type: none"> Medication prescribed did not follow a fully informed conversation. The NICE guidelines were referred to and followed.
21	Staff attitude	Medical	N	Fully upheld	<ul style="list-style-type: none"> Consultant apologises for manner. The results from the laboratory took a little longer than normal, due to the requirement for a more in depth visualisation of the sample provided. Consultant will reflect on actions in appraisal and better communication to patient when there will be a delay of results from lab.
22	Complaint regarding care for family member during and after discharge from the Gilbert Bain Hospital – also prejudice experienced	Medical, nursing and Substance Misuse and Recovery Service	N	Fully upheld	<ul style="list-style-type: none"> Apologies and deepest sympathies offered for the loss. Explanation offered for the care provided and decisions taken Additional assessment tool to be introduced for inpatient stays Offer to meet accepted by family who felt patient had experienced prejudice during part of their hospital stay. Review meeting planned regarding patient care where family feedback will be included. Awareness raising of prejudice through additional training and other opportunities committed to by senior team.

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
					<ul style="list-style-type: none"> Inequalities regarding discharge processes also being considered.
23	Staff attitude	Medical	N	Part upheld	<ul style="list-style-type: none"> 'Urgent suspected cancer' referral had been received and treatment was based on this. Whilst the intention to rule out cancer cannot be faulted, the manner of the consultation was poor and apology given.
24	Care provided to family member	N&AS / Medical	N	Not upheld	<ul style="list-style-type: none"> Questions answered. Staff all did the best they could for the patient, and treatment would not have differed off island.
25	Delay in x-ray	Medical	N	Fully upheld	<ul style="list-style-type: none"> Examination should have been more thorough and included an x-ray, particularly given medical history. Should not have been sent home with assurances. Apology given
26	Complainant very disappointed about treatment partner received from various areas	AHP / Mental health services	N	Part upheld	<ul style="list-style-type: none"> Complainants were incorrectly advised that a referral had been made to one service (as documented), when in fact it had been sent elsewhere – apologies offered. Evidence CAMHS had a plan in place for transition to Adult mental health services. Apologies for lack of joined up thinking between professionals trying to find the best outcome for both complainants.

Appendix B Summary of Stage 2 Complaints 2023/24

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
27	Staff attitude	Medical	N	Part upheld	<ul style="list-style-type: none"> There were different recollections of the exact words used, but apologies offered for how the consultation made complainant feel. Recognised it was a difficult conversation regarding the child's health
28	Lack of response from service	Adult Mental Health	N	Part upheld	<ul style="list-style-type: none"> Team had responded to requests for help appropriately, however an error from a partner Board meant key information was not passed on which led to a very difficult outcome. Continuity of care addressed with changes at service level
29	Delay in treatment	Primary Care	N	Part upheld	<ul style="list-style-type: none"> The examination findings did not initially point to a more concerning diagnosis. Patient should have been given clear "safety netting" advice on what to do if symptoms got worse or changed and apology offered that this was not the case.

NHS Shetland Annual Feedback and Complaints Report for 2023/24

Appendix C

Summary of Concerns received in 2023/24

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
1	CE	MSP: Family living with alcohol addiction. On several occasions, attended A&E but with no available beds nor safe alternative have had to return home. Is there any service that could provide such a safe space?	The accepted view is that admission to hospital for a patient would be detrimental to their needs unless they are experiencing significant harm issues. Alternatives are all based around the patient remaining in their own home with additional support.
2	CE	MSP: What is NHS Shetland's plan to continue funding hybrid closed loop systems to ensure that all who want, and are eligible, can access this technology?	In Scotland each health board is responsible for the commissioning and provision of pumps within a finite financial envelope. We are waiting on an announcement that will allow NHS Shetland to expand its offer to patients locally as the long-term value of these devices has been recognised.
3	Medical/CE	MSP: Constituent has Age-related Macular Degeneration (AMD) and believed they would be having a cataract operation at GBH. Daughter of constituent has learned that there will be no cataract operations in GBH or ARI this year. Please clarify the situation and would also like to know how many other patients 80+ require cataract operation in Shetland.	Constituent does not have a date for surgery yet, but will hopefully take place in July or August 2023. We have a relatively small waiting list with 82 patients waiting for eye surgery in Shetland, including those for cataract surgery.
4	CE	MSP: Constituent received e-mail for a Covid-19 vaccine spring booster. They are unclear if	We will post on social media communication regarding the Covid spring booster vaccine and

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
		it is genuine or a scam and are reluctant to click on any of the links to book.	the various ways the public may expect to receive this, which includes messages by text.
5	N&AS / Medical Records	Concerns about the waiting list validation exercise, the lack of communication and lack of clarity about what to do.	Emailed local lead and asked to feed back to national team. Comms locally should have been made aware sooner.
6	CE / Estates	MSP: Concerns about disabled parking and access to services at Montfield, particularly for those with limited mobility.	The lift is beyond repair due to age and a lack of available parts. The building does currently have disabled access at the rear. There will be a review of the two disabled car parking spaces to ensure that they are compliant.
7	CH&SC / AHP	MSP: Concerns faced by people with long Covid in accessing specialist care in rural and island communities. What policy is in place to pass on information to long Covid patients about support available, both from the NHS and externally?	We will review how awareness is raised for this service but would not intend to write a specific policy around this. People can self-refer into AHP services and access services like anyone with long term conditions.
8	CH&SC Dental	Issues first highlighted at primary school. Complainant received private treatment from 2015. Suddenly invited for a consultation. Treatment expected to be regular once started for 2 years. Complainant very dissatisfied with service.	Complainant given treatment but did not comply with it so it was stopped in 2014. All options were discussed but the preferred option would appear to have been the private route.

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
9	N&AS / Nursing	MSP: Understands from CHSS that their Hospital to Home service does not operate in Shetland and not clear if there is still a stroke nurse in Shetland. Outline the support available to Shetland patients leaving hospital with a chest, heart or stroke condition. How prevalent are strokes in young people in Shetland, and what support is available that is geared towards young people?	We provide fast stream (in hospital) and slow stream rehabilitation (in the community) to support people following a stroke. CHSS provides really valuable training support for staff in Shetland, but do not have a service presence in the islands. We have a Neurology Nurse Specialist involved in supporting patients who have had a stroke. All patients with a potential diagnosis of stroke are managed locally by the on-call Medical Consultant initially. Thrombectomy patients will be prioritised for transfer by SAS to mainland.
10	CH&SC / Primary Care	MSP: Constituent has highlighted the current availability of clinical staff and would like to know what action is being taken by NHS Shetland to resolve this matter?	MSP given a tour and discussed demand, impact on capacity due to increasing patient illness, Pharmacy First, impact following Covid and lack of resilience amongst the wider population (which leads to more requests for appointments).
11	CE	MSP: understands NHS Shetland is considering charging junior doctors working in Shetland from August 2023 for accommodation costs. Concerned that such a change in policy will make it less likely for junior doctors to want to train in the isles.	HMRC consider the provision of accommodation a benefit in kind and tax staff heavily for the privilege. We mitigate against this by placing them in Board owned rooms with a very low charge rate which doesn't trigger the HMRC threshold for BIK taxation.

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	Area	Summary of concerns	Outcome
12	CE	MSP: understands that concerns were raised with NHS Shetland earlier this year about the delivery of prescription medications to Fetlar and that the Director of Pharmacy was exploring what options may be available to address the concerns of residents.	Exploring posting patient's medication directly to them, dispensed by a local pharmacist. This would require a few days buffer for repeat prescriptions to be delivered.
13	CH&SC / Dental	Whalsay CC: Would like to know when services at the dental practice on Whalsay can be resumed.	Director of Dentistry sent a letter to Whalsay CC to explain the current situation with dentistry in NHSS and outline the Phase 3 plan to ensure the service is robust in the future.
14	Chief Exec	MSP: The planned junior doctors' strikes may have a "more serious impact in the Highlands and Islands" due to difficulties in organising cover in rural and island areas. Will there be any contingency planning undertaken by NHS Shetland in relation to the strikes?	It is possible that there will be some disruptions however we are working to minimise these. If the strikes go ahead we will contact each patient individually if their planned treatment is disrupted.
15	CH&SC / MH	MSP: patient sectioned for three weeks at RCH and then returned to Shetland. Patient would like to return to RCH but family are not sure this can happen. Would welcome an assurance that patient continues to receive all the support required.	In order to understand the support provided, a timeline of the hospital admissions and rehabilitation placements offered has been included.

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
16	CH&SC / Primary Care	Complainant upset they were referred to Aberdeen for another specialised scan. Complaint about lost data/multiple records and being treated as a new patient appears to be with Grampian.	Forwarded concern to complaints team NHSG, as they are best placed to answer.
17	CH&SC	MSP: Constituent concerned some staff are leaving. MSP would like an understanding of current resourcing across that service and what plans may be in place regarding any staffing recruitment to ensure patient waiting times do not increase.	Linked to 10.
18	N&AS / A&E	Patient has requested taking their own bedding into hospital for their condition as this will help with that. They have also requested a pressure relieving cushion.	The introduction of additional cushions affects the image quality and radiation dose for patients. Four members of the Radiography team attended to patient's needs. Personal bedding can be brought in to individual cubicle in ED, but not to the wards, due to infection control. Extra pillows, blankets can be provided for comfort.
19	CH&SC / Dental	Concern about ongoing wait for orthognathic surgery. Due to the wait since last treatment, concerned feels that any orthodontic work carried out at that time has now been undone. Why have they waited so long for this	Two separate dental issues at play. The first is the orthagnathic surgery and delays in treatment are due to a lack of consultant for many years. A new consultant started in May 2023 and complainant is on the list to be seen in November. The second issue relates to a

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
		treatment and can assurance be provided that an appointment in August will be kept?	wisdom tooth. The appointment in July was cancelled due to the dentist being sick. It has since been rescheduled for September.
20	CH&SC / Dental	MSP: Concerned requires a new set of dentures as current set is worn and no longer fitting correctly. What options are available?	There is no record of this patient so unable to assess if they are in a priority group. If they are, then they could be added to treatment waiting list for new dentures. Even if they are in a priority group, there may be a considerable delay before being treated.
21	Medical/Consultants_GPs	Complainant remains dissatisfied with S2 response. Recently seen consultant in Aberdeen, but was not given a scan or treatment. This is third attempt to be seen.	Apologies for long wait to get a definitive diagnosis, but cannot see that anyone has acted inappropriately. The benefit of surgery is reduced. Both orthopaedic surgeons emphasise that they could not have organised for an MRI before their assessment.
22	CH&SC / Dental	MSP: Complainant is still asking via MSP why they cannot receive treatment for a troublesome tooth and when they might be seen by an NHS dentist?	Upheld regarding routine dental care but complainant advised to request an appointment for the pain they are in.
23		MSP: Patient returned to QEUH as part of a study which involves non-invasive spinal chord stimulation combined with activity-based therapy. It is expected they will require	No action required - just recording for information.

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	Area	Summary of concerns	Outcome
		physiotherapy as part of ongoing care when they return to Shetland.	
24	Finance / Patient Travel	The problem is patients having to find accommodation for £65 a night, when going to get treatment on the mainland.	99% of our patients are accommodated at the GJNH. If no room availability on date given, the patient can ask for the appointment to be rescheduled to a date there is availability.
25	Finance / Patient Travel	Linked to C24 above. Has NHS Shetland given any consideration to raising the accommodation rates?	No requirement to raise accommodation rates at this stage, but will review at a later stage.
26	CH&SC / Pharmacy	MSP: Constituent has ongoing care & cycle of chemotherapy tablets and regular blood tests. Any problems with the delivery of the medication may delay their next course of treatment. Appreciate there are complexities in how such drugs are handled more generally, but in their case, the medication is in tablet form and stored at room temperature and therefore hope this will offer more solutions.	The specific issues related to oral chemotherapies cannot be standardised for all patients receiving chemotherapy. Will test supplying the specific medication required from the GBH Pharmacy. Principle Pharmacist will work with the team to test on island dispensing and they are confident this will work safely.
27	CH&SC / GPs	Correspondence with challenging patient and advice sought.	Advice provided – recording for information.
28	CH&SC / AHP / Orthotics	MP: Constituent has Polyneuropathy and requires special shoes. They were fitted for	Apologies given. Replacement shoes now received. The Orthotics Service has needed to

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
		shoes, but after waiting several weeks to receive shoes, they couldn't get feet into them. What future service will be provided following retirement of orthotist.	change, following the retirement of the previous post holder. Patients can now self-refer. Wait time is about 12 weeks.
29	Public Health / Vaccination Team	MSP: Difficult registering online for vaccines and constituents have failed to register. They tried calling the helpline number provided on two occasions and no one has got back to them.	Constituents have been booked in and apologies given. The service was very busy with over 200 voice messages a day.
30	CH&SC / Community Nursing	NHS patient in the end stages of MND soon will need fluid replacement treatment, but there are no available drip stands.	A new drip stand was ordered and has arrived.
31	Medical	Concern requesting a referral for parent to specialist secondary care for a specific issue. Forwarded to doctor for action.	Doctor requested consent. The patient was due a follow up and requested this in person, but it wasn't added to the waiting list correctly. They will be added to another consultant's list. GP to contact the patient and review as required and liaise with consultant. Currently under Haematology.
32	Medical	MSP: A Letter has been sent to NHS Grampian regarding the waiting time for an operation for a child. If NHSG has a long	Recognised the difficulty of the wait for the child, however this was based on clinical priority and there was no guarantee this would be expedited

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
		waiting list is it possible for child to have the operation at another health board area.	at a different Board. Assurances sought about current condition.
33	Public Health / Vaccination Team	Concerned due to have winter vaccines missed the appointment because it was not clear where it was to take place.	Appointment has been rebooked. The clinic is sign posted where entrance is.
34	Finance / Patient Travel	Cancer patient requiring urgent travel to Aberdeen for MRI scan needed to change travel plans due to adverse weather. They were told the costs would not be covered as not same day.	The Patient Travel policy clearly states that only unavoidable overnight accommodation can be refunded. The exception for travelling the day before only applies to flights as the first flight does not arrive in Aberdeen until 9:20.
35	CE / Information Governance	Concerned expecting a SAR also received information which can reveal NHS Shetland patients.	DPO requested the secure return/disposal of the NHS Shetland patient information received in error. Concerned waiting instruction from ICO. From ICO: the office of Ariane Burgess MSP have infringed their data protection obligations as they appear to have disclosed special category health data of third parties to you and not fully resolved complainant's SAR after almost four months.
36	N&AS / Medical Imaging	Concerned had MRI scan and still hasn't received the results which is impacting their ability to progress at work, as OT require the results before they can be redeployed.	MRI scanner is funded separately. The images were to be sent weekly. The new member of staff did not realise that they were to send these images separately and instead pooled them with

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
			all of Grampians MRI's, causing a significant backlog in reporting.
37	Finance / Patient Travel	Concerned has had major surgery on their hand, is unable to drive and lives on an outer isle. They need to fly to Aberdeen for further treatment and asks if Patient Travel will pay for the taxis required between their home and the airport.	Concerned had contacted patient travel by e-mail and been told taxis were only authorised in exceptional circumstances but not mentioned that their hand was in a cast. They have subsequently authorised travel.
38	N&AS / Audiology	Concerned had an audiology appointment at GBH but lives on an outer isle and the ferry was cancelled due to weather conditions. Concerned about another 3 month wait to see about faulty hearing aid. Requested either early appointment in Shetland or Aberdeen.	The next available clinic will be within the next 6-12 weeks and they are on the list to be seen. Aberdeen waiting times are longer at over a year.
39	CE	Concerned does not want to make a formal complaint but would appreciate the chance to speak with the CE in-person to discuss their poor experience of care.	Concerned relayed their journey through our services and there was some learning about our communications to people receiving news about a cancer diagnosis. CE will reflect this learning back into services, possibly via MCN work.
40	Finance / Patient Travel	Concern raised by company who transport Shetland patients from ARI to Aberdeen airport. They received a request from a patient to collect them from a café at the beach as the patient could not secure their	Patient Travel manager wrote to the patient to explain that the company was acting out of good will on this occasion, but that this will not be acceptable in future. Patients need to arrange their own transport or alert Patient Travel if they

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
		own transport in time for the flight. A driver was sent on this occasion, but wish to make it clear that it was not acceptable and will not be repeated in future.	are going to miss a flight 90 mins before departure. Should they miss a flight without notifying PT, then they will be invoiced the full amount.
41	Public Health / Vaccination Team	Concerned not on the Covid booster list even though it is in notes they have long Covid. The nurse gave the injection this time, but wants us to ensure the name is on future Covid booster lists and that long Covid is still active on the notes.	Confirmed concerned is on the 'at risk' list and is eligible to receive the Covid booster. We're not entirely sure why this wasn't picked up by the nurse.
42	Medical	A student on the Access to Nursing course waiting for doctor to complete medical. Despite chasing up, the doctor hasn't completed it for Occ Health. The student is devastated they have missed three weeks of placement.	This is non-NHS work which means that the GPs do not prioritise it. The report was done earlier this month and we are sorry that it took so long and we are looking at ways to help GPs with this.
43	Estates	Parking suggestion for LHC. Many of the lines are completely faded leading to some poor parking. Could there be two spaces made into family friendly spaces where there is room to get out the car.	Head of Estates will review the existing car parking arrangements, however this is likely to lose one/two spaces from an already in demand car park.

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	Area	Summary of concerns	Outcome
44	Facilities	Complainant diagnosed with a high level of autistic spectrum disorder and difficulties with noise disturbances, feels having difficult relationship with worker in NHS accommodation next door.	Facilities Manager has assured us that any incoming tenants are informed regarding various issues flagged.
45	CH&SC / Optician / Care Home	Elderly relative who is fragile and has mobility issues needs new glasses. No one in Shetland provides a visiting eye test service. Concerned distressed that people in care homes are being denied proper eye care due to their mobility issues.	Independent opticians currently unable to provide domiciliary visits as unviable for business. Opticians will review this once waiting lists reduced.
46	Finance / Patient Travel	Concerned argues that Fair Isle should be treated differently as it is different with travel overwhelmingly difficult and with frequent delays.	Fair Isle patients cannot be treated any differently from other outer island patients with concerns about travel and weather disruption. All steps possible taken to try and support access.
47	CH&SC / MH	Concerned requesting a referral to NHS Highland or NHS Glasgow and Clyde Valley for treatment not currently available in Shetland. Partner has a personality disorder condition that there is not a dedicated service for here.	Discussed within service. Referral not necessarily appropriate.

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	Area	Summary of concerns	Outcome
48	CH&SC / Dental	MSP: Complaint from parent about the wait that both their children have encountered to be seen for orthodontic treatment.	Both children are on the list (TWL) and will be offered treatment in line with the current assessments and capacity of the service.
49	Finance / Patient Travel	MSP: Concerns raised from parents of baby born with cleft palate regarding patient travel which they anticipate will be an ongoing issue. They can't both travel to Glasgow for consultations with the surgery and cleft teams. Finding accommodation to fit in with flight times to Glasgow is a struggle. They also have another 7 yo child. It was indicated that it is possible to consider such situations on a case by case basis and would appreciate that consideration.	Policy states that a second escort for a child will only be approved where there is a medical need i.e. both parents require training in self-management or the child's needs are such that both parents are required to provide the necessary care/assistance. We have advised that we will not authorise a blanket approval for both parents to be funded as escorts for out-patient appointments and that each appointment will be considered on a case by case basis. If the appointment is such that it is necessary for both parents to be in attendance, then the request will be approved.
50	N&AS	MSP: Constituent raised concerns about the use of 'Physician Associates' (PAs) by NHS Scotland. MSP asked questions relating to NHSSs use of PAs.	NHSS does not currently employ PAs, largely due to the fact that in remote and rural settings, we need generalist clinicians who can work independently in a wide range of settings.
51	Medical	GPs have stopped meds several times in the year without warning and with no chance for concerned to get required blood tests in	Complainant has agreed to a meeting with GPs and staff from the health centre to find a way forward and get support.

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	Area	Summary of concerns	Outcome
		advance, causing relapses in condition. Communication is poor.	
52	CH&SC / N&AS	Concerned dissatisfied with complaint response from SIC re husband's care and includes aspects of health care received. They have detailed areas of dispute.	Concerned is revisiting the original S2 investigation with a level of detail/specificity that only colleagues in the HSCP will be able to answer. Will review any new concerns about partner's care in a healthcare setting. Advice is to approach SPSO.
53	CE / Finance / Patient Travel	Following five cancellations of scheduled flights, not all due to the weather, the questions is: is Sumburgh Airport able to continue in the same manner with managing charter and doing justice to scheduled flights? This issue does affect the resources of NHS Shetland and NHS Grampian.	Fed into wider discussions regarding flights/Loganair service.
54	N&AS / PFB	MSP: Concerned received a referral to get hip replaced and attended a virtual pre-op at the GBH. They have not had any updates as to when the procedure will be carried out and is in an incredible amount of pain.	Waiting to hear back from GJNH about a possible date for surgery. As they have been cleared for surgery, would expect there will be a date fairly soon.
55	N&AS	MSP: Health issues complainant has been experiencing and the treatment received at the Gilbert Bain Hospital. In addition to the physical issues experienced, they also were	Prescription changed to something more effective, but not available at pharmacy and would need to be ordered. Instead the duty Pharmacist changed the Doctor advised patient

Appendix C Summary of Concerns 2023/24

	Area	Summary of concerns	Outcome
		embarrassed due to the sensitive nature of these symptoms.	could not be seen that day and to refer back to GP.
56	Finance / Patient Travel	Staff member raised issues regarding transport back to Shetland for patients discharged from GJNH Glasgow. Patients frail and having just had hip operations unable to board the Loganair plane safely to return home.	Airport issues fed back, but there also needs to be discussions with GJNH about discharge of patients when the transport is not available.
57	Public Health / Vaccination Team	Concerned found they weren't eligible for vaccination despite one day cut off and now has to wait four years for vaccination.	Public Health Director said to direct any concerns about policy to Scot Gov. Med Director said if they are very concerned, then speak to GP.
58	CH&SC / Dental	MSP: Concern regarding wait for an appointment with a dental hygienist. Constituent was scheduled to have two appointments with a hygienist but these have not happened.	Constituent has regularly accessed the service both for emergency/urgent care and for the visiting specialist oral and maxillofacial service from NHS Grampian. No change presently to be able to offer any more than an emergency/non-routine service. Constituent does not have an increased risk of periodontal (gum) disease and so visits to the therapist/hygienist would be considered routine.
59	Medical	MSP: Constituent has been experiencing chronic pain for the past two years. The condition is relatively rare and as a result the	Complainant was referred for CT/ MRI in 22/23 and requested referral to specialist service. Consultant wished to wait for MRI to rule out

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	Area	Summary of concerns	Outcome
		diagnosis and planning for treatment has been slow. MSP would welcome an understanding of NHSG and NHSS's diagnosis of condition, as well as the planned course of treatment that is being proposed.	other more likely causes. Also requested a radiologist opinion privately and then referred by GP to ARI. MDT agreed there were some indications, but not overriding and suggested to wait a year for further MRI.
60	N&AS / Ophthalmology	Concerned has been trying to contact NHS ophthalmology for two weeks and not even been acknowledged. Needs to know when appointment might be to plan travel.	Email address used is obsolete and an up-to-date email address was provided, which was successful.
61	Medical	Concerned requesting a 2nd opinion for cancer diagnosis/treatment. They feel that no one is listening or providing a holistic view. Consultation with doctor was unpleasant.	Medical Director confirmed request has gone back to GP - tried to contact individual but was unable to get a response. This was later concluded in C_64 below.
62	CH&SC / Primary Care	MSP: concerned about response to S1 complaint about attitude of locum GP, feeling there was a lack of professionalism and care from the answers they received. Practice has not had a permanent GP for over three years which has impacted on "patient trust and continuity of care". MSP would like to see reply and any comments on the wider situation at the surgery.	Apologies on behalf of the GP, who had been trying to explain that the Practice Nurses (PNs) are best placed to deal with wound dressings. On a wider basis, ongoing work looking at staffing models to include Advanced PNs and more pharmacy time.

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	Area	Summary of concerns	Outcome
63	Medical	MSP: Concerned requesting a 2nd opinion for cancer diagnosis/treatment. They feel that no one is listening or providing a holistic view. Consultation with doctor was unpleasant. (Linked to another concern 61).	The GP explained the individual is happy to be referred back to Gynaecology with a few stipulations; they must take a fresh look at the problem with a clear diagnosis plan and proper honest explanations. Doctor acknowledged their misunderstanding about the letter, believing it was a complaint letter and did not realise that it was a request for a 2nd opinion.
64	Public Health / Vaccination Team	Complainant does not want daughter to receive the MMR vaccine.	Daughter does not have to receive MMR vaccine. Information sent as to why it is a good idea to vaccinate.
65	Medical	MSP: Constituent has ongoing treatment for chronic pain. Been refused surgery for condition “because of the NICE guidelines” and would like this decision reviewed, noting that the condition can leave them immobile and in pain for several hours. MSP would like to understand the treatment options available and an explanation for the decision not to offer the surgical procedure.	There is nothing on the medical records system at the moment but only recently had a consultation. We do not provide back surgery locally so most likely a decision of NHS Grampian. It would be helpful to understand more of the details around the consultation; where/with whom did they receive this decision? We can then understand who to speak to or how to point in the right direction (if it is, indeed, for NHS Grampian).
66	Medical	Complainant wants bariatric surgery as they can't walk anymore.	Dietician has made follow up arrangements to support concerned and has emailed the initial

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	Area	Summary of concerns	Outcome
			suggestion made and will follow up on agreed points.
67	CE / Medical	Looking for support for using an existing oxygen chamber in Shetland (such as the hyperbaric centre in Aberdeen) to be used for conditions such as MS, Long Covid, stroke, broken bones and dementia to name a few. They had 13 appointments in Aberdeen hyperbaric centre which helped greatly.	Although there is some evidence that people with long COVID might have benefit from this therapy, studies are understandably small. There are concerns from peer reviewers there is a placebo effect. More research is needed. There is some risk with hyperbaric treatments including trauma to the lungs, ears and nerves so this needs to be balanced with that.
68	CH&SC / Dental	Various Community Councils: Requesting update of dental services in their respective communities.	We continue to operate in very challenging times which is affecting all aspects of the NHS. In addition to this, the dental profession is experiencing a workforce and access problem across the whole of the UK. We work closely with the Scottish Government to re-align their financial allocation. Still only have ability to provide an emergency/non-routine service, but work is ongoing to secure additional clinical workforce in 2024.
69	CH&SC / Primary Care	MSP: Situation at HC and concerns about the standard of care that patients will see going forward after recent staffing changes.	General public response issued.

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	Area	Summary of concerns	Outcome
70	CH&SC / AHP	MSP: Mother trying to get help for her son who has ongoing long Covid symptoms. Why is there no multi-disciplinary pathway of care for children with long Covid in Shetland and what support and treatments could be offered to support recovery. Will child be eligible for the Covid pathway in Aberdeen, and if not, what support can be offered in Shetland in lieu of the Aberdeen pathway?	Board position still under review in terms of support possible.
71	CH&SC / Primary Care	MSP: The AskMyGP service is very good and constituent has always been given a same day appointment with an Advanced Nurse Practitioner. They feel it is something that the NHS should highlight and communicate to the public.	Thanked MSP for sharing her constituent's positive feedback. Explained AskMyGP service has been well promoted in the past and continues to be referred to on LHC phone message. Communications Officer keen to promote further on social media.