

Feedback and Complaints Annual Report 2024/25



NHS Shetland

Feedback and Complaints Annual Report 2024/25

Introduction

NHS Shetland values all feedback about our services. Your insights are vital for our continuous improvement. We want to hear from you about what works well and what doesn't. If you have ideas for better service delivery, please share them with us. There are many ways you can get involved to help shape and improve your local health services.

Types of Feedback

We receive various types of feedback, from compliments to serious concerns. Some people wish to make a formal complaint about their health and care experience. The NHS Scotland Model Complaints Handling Procedure ensures a person-centred approach to complaint handling across NHS Scotland. We measure and report our performance using nine key performance indicators. These indicators, along with information on actions taken to improve services, provide valuable insights into the effectiveness of our feedback processes and offer learning opportunities for continuous improvement.

Annual Report (1 April 2024 - 31 March 2025)

This report includes:

- **Feedback Collection Methods:** A summary of how we gather feedback, including complaints about our services and, where available, those provided by independent health service providers (GP, Dentist, Opticians, and Community Pharmacists).
- **Encouraging and Handling Feedback:** How we encourage feedback and respond to complaints.
- **Emerging Themes and Improvements:** A summary of the themes from our feedback methods in 2024/25 and examples of service improvements resulting from feedback and complaints.
- **Performance Against Indicators:** Our performance against the nine model complaint handling procedure indicators, including staff training and development.
- **Reporting to Board Members:** How we report feedback and complaints to our Board Members and departments to ensure we learn from these and make necessary improvements.

Commitment to Improvement

NHS Shetland is committed to improving services for all our patients and their families. One of the best ways to achieve this is by hearing directly from you about your healthcare experiences 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 encourage you to share feedback regarding the care you have received, whether your experience has been positive or has not met your expectations. Your insights are invaluable for assessing the effectiveness of our services and guiding future improvements. Positive feedback is also welcomed and greatly appreciated by our staff members.

During 2024/25 we have continued to encourage people to tell us about their experiences and the concerns and complaints that we have received through our Feedback and Complaints service are summarised within the appendices to this report. In 2024/25 the service has handled 217 pieces of feedback: 18 thank you contacts, 20 comments, 82 concerns, 65 Stage 1 (early resolution) complaints and 32 Stage 2 (formal investigation) complaints.

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

- Patients, their families and carers can **speak directly** to the person involved in the delivery of care;
- Through taking part in **departmental audits** of patient experience and satisfaction. Patient feedback continues to feature in our audit and service improvement programme, which means that all our clinical teams are asked to undertake an appropriate evaluation of the experience and satisfaction of their patients and service users on a regular basis;
- Through taking part in **patient surveys** (for inpatient stays and through national initiatives such as Health and Care Experience postal surveys);
- 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 a service currently hosted by the Citizens Advice Bureau where non-NHS staff are able to advise and assist <https://www.nhsshotland.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.nhsshotland.scot/rights/patient-feedback-complaints/3>.

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 to 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 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. The livestream from this year's Annual Review can be found on our website at: <https://www.nhsshotland.scot/us/nhs-shotland-annual-reports>.

What happens when you tell us about your experiences?

We strive to promptly acknowledge all feedback received and inform the individual or group of the actions we intend to take. On occasions where feedback is submitted anonymously, it is forwarded to the relevant department(s) for consideration. If feedback is provided in a public forum, such as the Care Opinion website, and further information is required to address the issues raised, we encourage individuals to contact us directly. This approach ensures that patient confidentiality is maintained.

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 explain where there has been a miscommunication, improve the outcome for an individual and make changes to maintain the quality and safety of our services.

We can be contacted about complaints in a number of ways. The NHS Scotland national complaints handling procedure 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**.

Rather than speak to staff directly, some choose to write or send us an email documenting their concerns, while others prefer to call or ask to come and speak with the one of the Feedback and Complaints Team. The Team can support individuals 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 service or team, 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 Public Services Ombudsman and 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.

We have strong performance with regard to some waiting times and less so where there are challenges in recruiting to specialties or we are reliant on another Board to help manage a patient pathway.

In 2024/25 we saw a number of feedback contacts about access, including continued frustration about the inability to receive routine dental or orthodontic care, and also for long audiology waits. We also saw a number of concerns and complaints about the Highlands and Islands Patient Travel Scheme and its local implementation, and issues relating to people suffering with Long Covid. These areas are expanded upon briefly below.

Access

NHS Shetland received 26 concerns or complaints regarding access to care in 2024/25. The provision of adequate dental services for Shetland residents continues to present challenges. While emergency dental care is consistently available through the Public Dental Service, access to routine dental and orthodontic services remains limited. This challenge is not unique to Shetland; however, with only one independent dental practice offering NHS care locally, additional pressure is placed on the Public Dental Service and issues with access persist. Work is ongoing to introduce additional capacity into dental services.

There has also been disruption in the provision of audiology services. We recognise that hearing loss creates lots of difficulties for people including communication difficulties, a sense of isolation and anxiety. Over the past 12-months (September 2024 - August 2025) it has only been possible to provide around 17 weeks cover across a 44-week programme of activity. Despite efforts to recruit to an audiologist post or provide cover with locum audiologists, there is a shortage of trained staff in the specialty, and particularly for generalists that are competent to assess both children and adults.

Audiology is a small professional group and in Scotland there is no undergraduate programme available to train new, prospective audiologists which is a key workforce risk.

Staff are clinically prioritising patients – children, referrals through ENT and any clinically urgent cases. If patients need escalation, then the route for this is via their GP. Options for independent sector provision have been explored, however the cost of contracting is prohibitive. The risks around Audiology and the impact on ENT

services has been flagged to Scottish Government as part of the development of proposals for our Planned Care Delivery Plan.

Improvement work has been undertaken, including the replacement of all of the audiology equipment – this means more assessments can be undertaken for children and provides opportunities for remote access clinics and services.

In partnership with colleagues from NHS Grampian and NHS Highland the Audiologist job description has been reviewed and adapted to widen the pool of Audiologists who may be interested in working in a remote and rural setting. We are actively attempting to recruit to the post, seeking candidates who are interested in part or full time and with flexible working options, including remote working.

Staff are working with the RNID established regular (volunteer led) clinics to provide hearing aid repairs, patient advice and signposting. This will be delivered through a partnership agreement and will help us to provide continuity. Role development opportunities are also being considered to support the development of an Audiology Assistant role.

Patient Travel

During 2024/25 we received eight concerns and complaints from patients or their representatives regarding travel and accommodation issues. The Highlands and Islands Patient Travel Scheme is operated through the local Patient Travel Policy which is in place to support patients that need to travel for appointments, both within Shetland and on to partner Boards on the mainland. There is a finite amount of money available for the service and the aim is to apply the scheme rules in an equitable and fair manner. There are however times when it feels difficult for patients due to their individual circumstances. Feedback has included issues relating to a 48-hour rule for patients returning to Shetland following appointments, escort approval, and staff attitude.

It is acknowledged that for some individuals the scheme is unlikely to ever be flexible enough to meet their desired requirements. Patient Travel staff do however do their utmost to support patients with their travel arrangements and while some concerns have been raised about the application of the policy, the service is also in receipt of many positive pieces of feedback. The Patient Travel Policy is currently being reviewed at Board level, including stakeholder input, with the aim of mitigating against the issues patients have raised. The revised policy is expected to be in place in 2026.

Long Covid Patients

In 2024/25, several concerns were raised about treatment for individuals with Long Covid. These included requests for information on how the Board had utilised its Long Covid allocation to support patients. Due to the national formula used to

determine NHS Shetland's portion of the Scottish Government allocation, the amount received was insufficient to establish a specialised pathway, and the small patient numbers did not justify a post dedicated solely to Long Covid. Instead, funding was allocated to a number of service areas including long term conditions, physiotherapy for joint and mobility issues, and primary care for other symptoms. It was noted that while specialist services are not feasible locally, patients can still access care through existing pathways.

One complaint highlighted challenges associated with caring for a family member affected by Long Covid. There was a delay before diagnosis, and although it was explained that improvement in symptoms could take months, there were extended periods without contact from clinicians and no psychological support offered. Concerns were also expressed regarding possible stigma related to Long Covid. A meeting between the complainant and relevant staff provided further insight into the effects of the illness on both the patient and their family. Several actions were identified for consideration to improve patient experience, including clarifying responsibility for following up with patients between appointments and increasing signposting to Long Covid resources via social media and the Board's website. The GIRFEC (Getting it right for every child) process is under review, and the feedback has been very helpful to factor in.

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.

Senior directors meet with feedback and complaints staff 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 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.

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. Complaint data is presented (in an aggregated/anonymised format) in the quarterly reports which are received by the Clinical Governance Committee, the Integration Joint Board and the 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 outcome 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.

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 lessons learned and actions taken as a result of feedback and complaints, please see Section 3 above. Further information summarising concerns and complaint outcomes is included in appendices A, B and C of this report.

The independent online platform Care Opinion is valued by NHS Shetland. When feedback is received this way, 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 contact us directly.

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 2024/25 we have continued to seek feedback on people's experience of making a complaint to us, but we have not received any formal responses. We have however received anecdotal feedback that complainants have found staff in the service to be very approachable and supportive in trying to resolve their concerns.

In the last year two Stage 2 complainants got back in touch with us after our investigation findings letter was sent to request a meeting or seek additional clarity. Two complaints from the year were considered by the Scottish Public Services Ombudsman. One was not taken forward as it was not possible to achieve the outcome being sought by the complainant. The second was closed with the explanation that the Board's response to the complaint had appeared reasonable and there was explanation provided as to why there was a different position. The Board was seen to have accepted failings and taken the kind of action expected in the circumstances.

We know that looking only at the number of complaints that need follow-up is not the best way to judge how well we respond. However, we keep working to reduce these cases so people have a better experience when they make a complaint. We try hard to make our final responses as clear and complete as possible, but to achieve this often means we do not manage to reply within 20 working days.

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.

Staff are given training and support to handle feedback and complaints, ensuring they know how to respond and direct people to the right channels. All new employees complete induction training, including a mandatory online module on feedback and complaints.

For those asked to carry out an investigation, staff should be made aware of the NHS NES Complaints Investigation Skills e-modules resources. There is also training planned for a first cohort of staff to undertake Scottish Public Services Ombudsman investigation training later this year.

We periodically use the intranet and staff newsletters to keep everyone informed about how to give feedback and examples of how it has led to improvements.

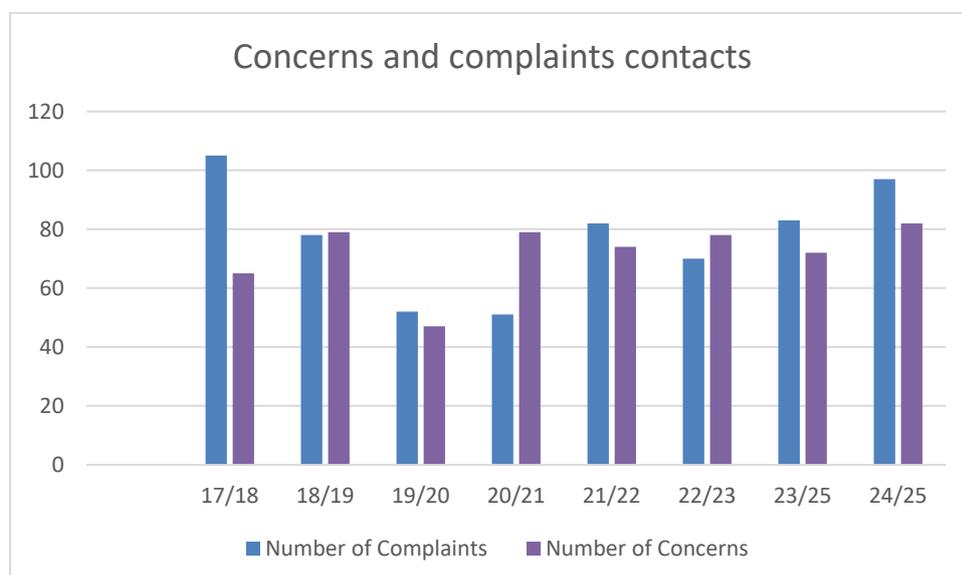
4.4) Indicator Four: The total number of complaints received

In 2024/25 we received 97 complaints (65 Stage 1 complaints and 32 Stage 2 complaints, seven of which escalated from Stage 1). This figure is a 17% increase in complaints from 2023/24 with all three categories of complaint being higher.

Within the year we also received and responded to 82 concerns (a 14% increase compared to 2023/24). 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.

Within a small system, the number of feedback episodes varies. The data indicates that, except for 2017/18 complaints, both complaints and concerns received in 2024/25 are greater than those recorded over the previous seven years. The elevated complaints figure in 2017/18 was attributed to an increased number of Stage 1 complaints, which coincided with widely communicated procedural changes that year and resulted in more Stage 1 frontline complaints being reported by staff.

As well as some of the thematic concerns covered in Section 3, we have seen sustained pressure on the provision of care for patients both in the hospital and in the community through 2025, which may be contributing to a higher number of feedback episodes.



Generally staff are addressing less complex issues early in the complaint process (frontline resolution). This approach can result in quicker resolutions for complainants and is often managed by staff who are involved in the complainant's ongoing clinical care.

With regard to the complaints received in 2024/25, these relate to the following service areas:

Service	2024/25	
	Number	%
Directorate of Acute and Specialist Services	37	38.14
Directorate of Community Health and Social Care	42	43.30
Acute and community	6	6.19
Public Health	3	3.09
Support Services	1	1.03
Board (e.g. policy/estate)	8	8.25
Totals:	97	

The Directorate of Community Health and Social Care has responsibility for nine of the 10 GP practices in Shetland. Complaints relating to salaried GP practices (for 2024/25 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 Levenwick Health Centre) are included in the figures and commentary (Appendices A, B and C) for concerns and complaints handled by NHS Shetland.

Complaint data returns for the remainder of Family Health Services have been sought. These provide complaint figures for the remaining independent GP practice, Shetland's community pharmacies, opticians and independent NHS dentist.

For 2024/25 we received the following information:

- The Hillswick Practice reported two Stage 2 complaints, one upheld and one not, with an average response time of nine days;
- The Scalloway, Brae, Laings and Freefield pharmacies reported six Stage 1 complaints which were handled with an average response time of two days. As a result of two complaints, changes were made, both in relation to patient confidentiality. A privacy screen was added to a PC and owings slips are now placed inside prescription bags;
- Lerwick Dental Practice reported 12 Stage 1 complaints, 10 of which were fully upheld and two partly upheld, with an average response time of 20 working days. These included communication issues and treatment costs, and the learning points identified ensuring treatment plans are printed and explained to patients;

- There was a nil return from Specsavers;
- There was no return from Boots Pharmacy or iCare Shetland.

4.5) Indicator Five: Complaints closed at each stage

Please note the total number of complaints for the following calculations is 97: 65 at S1 and 32 at S2 (seven 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	2024/25	2023/24
Number of complaints closed at Stage 1 as % of all complaints	67%	65%
Number of complaints closed at Stage 2 as % of all complaints	26%	32.5%
Number of complaints closed at Stage 2 after escalation as % of all complaints	7%	2.5%

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

The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed (responded to) in full at each stage.		
Upheld		
Description	2024/25	2023/24
Number of complaints upheld at Stage 1 as % of all complaints closed at Stage 1	49% (32 of 65)	50% (27 of 54)
Number of complaints upheld at Stage 2 as % of all complaints closed at Stage 2	24% (6 of 25)	29.6% (8 of 27)
Number of escalated complaints upheld at Stage 2 as % of all escalated complaints closed at Stage 2	14% (1 of 7)	50% (1 of 2)

Partially Upheld		
Description	2024/25	2023/24
Number of complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	31% (20 of 65)	22.2% (12 of 54)
Number of complaints partially upheld at Stage 2 as % of all complaints closed at Stage 2	68% (17 of 25)	63% (17 of 27)
Number of escalated complaints partially upheld at Stage 2 as % of all escalated complaints closed at Stage 2	43% (3 of 7)	50% (1 of 2)

Not Upheld		
Description	2024/25	2023/24
Number of complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	20% (13 of 65)	27.8% (15 of 54)
Number of complaints not upheld at Stage 2 as % of all complaints closed at Stage 2	8% (2 of 25)	7.4% (2 of 27)
Number of escalated complaints not upheld at Stage 2 as % of all escalated complaints closed at Stage 2	43% (3 of 7)	0% (0 of 2)

4.7) Indicator Seven: Average times

The average time in working days for a full response to complaints at each stage			
Description	2024/25	2023/24	Target
Average time in working days to respond to complaints at Stage 1	5.2	7.3	5 wkg days
Average time in working days to respond to complaints at Stage 2	52	39.7	20 wkg days
Average time in working days to respond to complaints after escalation	55	33.5	20 wkg days

Performance against the five and 20 working day targets remains compromised by system pressures. We are conscious that longer waits for complaint responses are not ideal. We try our best to ensure that when we respond we have covered all aspects of a complaint, and we have identified and progressed actions where appropriate. When something more immediate can be done to support a complainant or their carers, it will be, even if the complaint closing out with a written response then takes longer.

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	2024/25	2023/24	Target
Number of complaints closed at Stage 1 within 5 working days as % of Stage 1 complaints	58% (38 of 65)	59% (32 of 43)	80%
Number of complaints closed at Stage 2 within 20 working days as % of Stage 2 complaints	12% (3 of 25)	11% (3 of 27)	80%
Number of escalated complaints closed within 20 working days as % of escalated Stage 2 complaints	14% (1 of 7)	50% (1 of 2)	80%

We will continue working to meet all patient feedback deadlines. The brief complaints triage meetings should remain a priority for the Feedback and Complaints team and three clinical directors. This allows quick assignment of a lead investigator for new complaints and early identification of required colleague input.

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	42%
% of complaints at Stage 2 where extension was authorised (this includes both escalated and non-escalated complaints)	87.5%

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

The Board annually receives the Feedback and Complaints Report to review complaint numbers, investigation performance, themes, and actions taken. Quarterly, the Quality Report updates progress on key indicators, emerging themes, outcomes, and actions from complaints, including those reviewed by the Scottish Public Services Ombudsman (SPSO).

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 as a key performance indicator for service delivery.

2. Clinical Governance Committee and sub committees

Anonymised formal feedback and complaints reports are 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.

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.

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.

And finally...

To provide context for the concerns and formal complaints received, they constitute a small proportion of the overall feedback received, and an even smaller fraction relative to the thousands of health and care interactions occurring annually.

We encourage patients and service users to share positive feedback whenever possible. While much of this feedback is offered at the point of care, systematic collection remains challenging. Staff are being encouraged to record emails and cards received, ensuring that recognition from patients and the wider organisation regarding the quality of care provided is appropriately acknowledged.

Examples of positive feedback include postings on the Care Opinion website, 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.

Examples of positive feedback:

- *I cannot praise the Medical Centre staff enough for responding quickly and politely. They liaised with my home practice and kept me informed. The pharmacy was efficient and friendly too. Well done, Lerwick, and many thanks.*
- *The integrated system from GP - optician - A&E worked smoothly and highlighted the excellent services in Shetland. This whole intervention has enabled dad to access urgent preventative care to protect against stroke. I am so grateful to everyone involved.*
- *Genuinely a dental treatment unlike any I've had before, I had no anxiety at all and felt safe and looked after. [The dentist] even gave me a print-out of the x-ray to give to my dentist back home. Utterly fantastic service which is very much appreciated from somebody that suffers with autism and anxiety, it really makes such a difference when the staff are caring and understanding.*

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 is shared with 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 2024/25

Appendix A

Summary of Stage 1 Complaints in 2024/25

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
1	Complaint about wait for cataract surgery. Eyesight has deteriorated rapidly and is causing poor quality of life.	N&AS / Ophthalmology	Not upheld	No service level agreement with GJNH to receive Shetland patients for cataract surgery, causing the referral to be rejected. Neither the GP nor the Optometrist indicated increasing clinical urgency for surgery so treatment remains listed as routine. Referral to be vetted again by ophthalmologist for any recent changes.	4
2	Complainant trying to get a hearing test review for months - failure to provide service.	N&AS / Audiology	Part upheld	Staff shortage. Looking for an experienced locum to cover in the interim. Apologised for the disruption to the service.	12
3	HB property on sale 2+ years and going into disrepair. Property has been taken off the market but is still in urgent need of repairs.	Estates	Fully upheld	Received formal confirmation that the sale is not proceeding. A repeat survey will be undertaken. Externally the property needs attention and we are committed to seeing to this.	5
4	Complainant needed to cancel long awaited cataract appointment due to weather conditions and has now been put to the back of the list.	N&AS	Not upheld	Cataract assessment with Optometrist and was then put on waiting list for surgery. There are many people currently waiting for cataract surgery and a national shortage of ophthalmologists causing a delay on the waiting list.	5

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
5	Urgent request to be seen by Stoma nurse.	N&AS / Nursing	Fully upheld	The Stoma nurse made contact with the patient and helped resolve issue.	1
6	Complainant sent an 'AskMyGP' request due to bad pain and received no response. They feel let down and a sense that their welfare is of no concern.	CH&SC / Primary Care	Not upheld	The ANP received two 'AskMyGP' requests. One was blank and therefore deleted. The other was triaged and an appointment made for the following week.	1
7	Complainant was due to see Audiologist. Wants to know when they will be seen.	N&AS / Audiology	Part upheld	Staff shortage. Looking for an experienced locum to cover in the interim. Apologised for the disruption to the service.	3
8	Complainant told not to call health centre, despite them needing to call an ambulance more than once, due to pain.	CH&SC / Primary Care	Not upheld	Patient not at their usual residence when requesting a GP visit. Has since been seen and care is ongoing.	4
9	Complainant no longer wants to go to HC, following a tough personal year and a bad experience with the nurse. The GP also made unkind comments.	CH&SC / Primary Care	Not upheld	Written correspondence to complainant to apologise and offer a meeting, but not taken up.	-

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
10	Complainant told they had received an out of date Covid injection (by 1 day) and apologies were given. Complainant remains concerned.	Public Health / Vaccines	Fully upheld	Reassurance given to complainant that no harm will come from vaccine which had expired by a day. Expired vaccines become less efficient over time. There are procedures in place re expiry for vaccines and staff will be reminded to follow them.	6
11	Complainant's family member has an auto immune disease which they would like a specialist consultant to treat. They feel very little has been done.	Medical	Part upheld	The specialist for this auto immune disease is based in Glasgow and unable to see anyone from out-with the Board area. Nurse going to let the complainant know. Appointment made with Rheumatologist in a couple of weeks.	5
12	Discharge letter from hospital is not accurate.	N&AS / Nursing	Fully upheld	Deputy Director N&AS ensured an updated IDL was printed with accurate information and sent to complainant.	4
13	Complaint that vaccinating nurse did not use an alcohol pad to sanitise the area first.	Public Health / Vaccines	Not upheld	Evidence shows this process makes no difference and is no longer followed. Only need to clean skin - with soap and water if visibly dirty.	5
14	Complainant had a temporary filling whilst awaiting a crown during the pandemic. This was left in place until it fell out 3 years	CH&SC / Dental	Fully upheld	Whilst complainant did not fall into an emergency category, should have been seen sooner as the care provided needed further attention. Apology offered. Appointment to fix the tooth has been made and complainant happy with outcome.	2

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	later and they are still waiting to be treated.				
15	Complainant had undergone diagnostic tests at the hospital and had not received results.	Medical / Chest Pain Clinic	Fully upheld	The letter was authorised by a doctor and should have been available. Another copy was printed and sent. Also confirmed with Radiology that CT-Angio request has been received.	1
16	Complaint about NHS employee who moved but left no forwarding address.	Support Services	Fully upheld	The Complainant withdrew his complaint as this has now been resolved.	1
17	Family member needing travel escort to an operation in Glasgow was upset this was booked without travel assistance.	Finance / Patient Travel	Part upheld	Apology offered. Will ensure PT staff check booking on system. Some issues passed to Loganair to look at.	10
18	Complainant upset that they don't have strong enough painkillers. Has requested another named medication.	CH&SC / Primary Care	Part upheld	Challenging conversation with surgery. Patient seen later the same day and prescribed a different pain killer and some physio input.	1
19	Complaint about the difficulties that immunocompromised patients face with regards to accessing anti-viral drugs if they	Medical	Part upheld	Communication was not in keeping with level of experience seen for this non-urgent treatment pathway throughout its operation, highlighting an area for improvement. Should have recorded request at initial call, apologised that this was not	8

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	become ill over a weekend, as happened to complainant.			done. The decision to provide a Mon-Fri service was based on the assessment of demand and resource available.	
20	Complainant not happy with the manner of AHP.	CH&SC / AHP	Fully upheld	AHP Manager apologised for their experience. Treatment considerations explained further.	1
21	Complainant recently moved practice and upset they haven't received requested medications, despite chasing this up. Would like to return to previous HC.	CH&SC / Primary Care	Not upheld	Medications requested late on a Friday and only received the following Monday. It took four days to process and the complainant has now received medications.	3
22	Complaint about a CPN with no response from service.	CH&SC / Mental Health	Not upheld	MH Manager sent an email inviting complainant for a meeting (either in person or by phone) and suggested dates. Complainant has not responded. MH Manager has followed up.	2
23	Complainant wishes to be removed from all Podiatry letters, lists, appointments, diabetic foot assessments and screening.	CH&SC / Podiatry	Part upheld	Podiatrist has amended SCI Diabetes to state that complainant has declined this service. Has also informed the admin team to note this on Trakcare. NHS Grampian manage and issue appointment letters.	6

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
24	Complainant has problems with supply of eye patches.	N&AS / Elective Services	Fully upheld	The specific eye patches requested are out of stock. In the interim a supply to be posted to complainant directly. Long term, the stores team will add all ortopad eye patches to the outpatients routine stock list.	6
25	Complaint that LHC form filling is time wasting and a poor use of resources.	CH&SC / Primary Care	Fully upheld	PC Manager arranged for a phone call from a preferred GP (based on the information given), and that call took place.	13
26	Complainant not happy with lack of response to their complaint about GP not contacting them at specified time and then feeling blamed for 'missing' call back.	CH&SC / LHC	Fully upheld	The complainant did not miss a call, it is assumed the GP misdialled their number, and apologies offered. Asked staff to check that they are calling the correct phone numbers. Complainant should have been offered another call.	6
27	Complainant arrived early for their clinic appointment but waited over an hour before being told by a nurse that the clinic was closed and they were not on the register. No apology was offered; only another appointment was given despite their long travel.	N&AS / Elective Services	Fully upheld	Patient not clerked in properly on arrival. Tried to contact the specialist who had left after they realised the error, but couldn't get hold of them. Medical Records manager to discuss the importance of good communication, including appropriate apology.	6

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
28	Complaint about why it took so long for an MRI scan report to be sent.	N&AS / Radiology / MacMillan Nursing	Fully upheld	The request for reporting was added in error to the non-urgent list. Service was new and not fully operational and it was not apparent that a mistake had been made initially.	8
29	Complainant requested medical records from health centre which were not issued within one calendar month.	CH&SC / Levenwick	Fully upheld	Practice had been short staffed and the request not prioritised. Apology offered and records now ready to send out.	1
30	Would like to know when Shetland will resume Audiology service. Has been waiting a very long time for an appointment/check-up.	N&AS / Audiology	Not upheld	Unable to say presently where the patient is on the recall list, but if they need to see an audiologist urgently, there is locum cover and they can phone and request an appointment. Further email sent to explain current situation in Audiology.	4
31	Difficulty getting appointment with HCSW from outer isles. Appointment kept being rescheduled. Continuing concerns regarding prescriptions being collected from local shop.	CH&SC / Community Nursing	Part upheld	Issue with the templates for the booking system not being updated, which has now been rectified. Pharmacy colleagues are looking at the possibility of medications being posted. The drop-in sessions were being trialled following a request from the local community council – to be continued for another month or so and then review.	4
32	Complainant with history of gynaecological pain for many	N&AS / Medical	Part upheld	Doctor recommended treatment with GP and MH. The letters arrived in both cases, but no	14

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	years and serious anxiety - would like to see a specialist.			appointments were arranged. This will now be actioned asap.	
33	Complaint that a consultant forgot to make a referral, lost files and is missing video appointments. Patient is in a lot of pain and would like priority treatment.	N&AS / Medical	Fully upheld	Apologies sent to complainant as there have been increasing problems with connectivity issues, which cannot be supported at the weekends. Appointments will no longer be made at weekends. A referral was made by consultant and followed-up by GP.	6
34	Appointment made on a NHS public holiday. Complainant had travelled a long way on the bus to find the department closed. Very upset and angry with poor service.	CH&SC / Mental Health	Fully upheld	Complainant has been contacted and apologies given. Consultant review is booked. MH will communicate PH closure through the Communications Team and on social media.	5
35	Challenging conversation with member of staff.	N&AS / Admin	Fully upheld	Apologies offered for communication and perceived poor attitude. Appointment offered.	6
36	Complainant requested change of health professional as they felt they were unprofessional and hard to connect with.	N&AS / Child Health	Fully upheld	Apologies for communication issues, staff member will reflect on this. Points raised will be shared more widely with the team. A new member of the team has been assigned.	11

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
37	Complainant made a request for medical records which were not released within the 30-day deadline.	Information Governance	Fully upheld	IG confirmed unplanned staff shortages. Records have now been sent and apologies given for the delay.	1
38	Complainant de-registered by health centre without their knowledge. This has caused upset. Requested to be re-registered.	CH&SC / Primary Care	Part upheld	Apology given and will be re-registered. Complainant was sent letters as part of a review of the permanent registration list. They were given notice to advise if they were still living at the same address. As there was no reply, decision was made to remove the person from the patient list.	1
39	Complaint about staff attitude when phoning to enquire about family member. Not named as Next of Kin, but looking for some reassurance.	N&AS / Nursing	Not upheld	Staff Nurse was adhering to the code of conduct. Agreed as a family that they would share information with one another.	1
40	Complainant needing a GP letter is upset it is taking longer than two weeks to get an urgent letter. Repeatedly told it would be ready only to find it isn't.	CH&SC / Primary Care	Not upheld	GP wasn't advised what was required and had to read through the complete record, providing a letter based on findings. Concerned complainant will therefore not be happy with outcome.	10

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
41	Complainant's baby given wrong vaccination and looking for reassurance they will be ok and understand what was actually administered.	Public Health / Vaccines	Fully upheld	PH Director apologised for the wrong vaccine being given - baby received a 2nd dose of PCV. Assurance given that there is no harm from receiving two doses of this vaccine as until 2020 babies were routinely given this at 2 and 4 months. The nurse recorded the incident with PH Director and in Datix. Subsequent vaccinations explained.	2
42	Complainant had long wait to find out if they can be allocated to another therapist. Phoned today to find they are on the waiting list for a different one – feels there is a lack of communication.	CH&SC / MH	Fully upheld	Complainant had already received a verbal apology. MH Manager checked on appointment progress and also wrote a response letter to complaint.	3
43	Complainant with disabilities and living in the outer isles was refused patient transport and missed a diagnostic scan. Staff attitude.	Finance / Patient Travel	Part upheld	The staff member was not aware that the complainant was eligible for patient transport – travel costs to be reimbursed. Both parties felt it had been a challenging conversation.	1
44	Complaint concerning elderly family member with cancer staying on an outer Isle. Medication was sent to HC, but	CH&SC / PC / Pharmacy	Part upheld	Although patient had previously been registered with the outer island HC, they were currently registered with a Shetland mainland practice due to ongoing treatment. The Oncology dept. requested meds be	10

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	was almost returned. It was very stressful and upsetting.			sent to outer island, but the GP Practice was not informed of this. Apologised for the confusion.	
45	Complainant living on outer isle incurred costs related to transport to ARI that could not be reimbursed – no policy information received or explained.	Finance / Patient Travel	Fully upheld	Apologies offered. Accommodation costs were not eligible under the policy, as booked more than 24hrs from appointment, but as the patient had not received the policy it was arranged for them to be reimbursed. Apology also offered for difficult conversation.	4
46	Family member was hospitalised for one thing and during a follow-up call with the doctor they mentioned a heart attack, which was the first the complainant had heard of this, causing alarm.	Medical	Fully upheld	Consultant has since called complainant to explain the patient didn't have a 'heart attack' but a 'heart injury' (mild type 2 myocardial injury) due to presenting condition. Apologised for miscommunication. Complainant pleased and reassured with the information and the management plan.	8
47	Child had a cast in another Board area and was due to have splints. Local communication was poor and the parent had no idea about the treatment. The splints went missing and another	CH&SC / AHP	Fully upheld	The communication between Boards was not helpful. Acknowledged that the uncertainty was stressful and apologised for this, as could have been more proactive. Team reminded to follow up in future and communicate better with parents/carers.	4

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	service had to intervene to progress.				
48	Complaint about orthodontist appointments. Would like some help/advice on how to get orthodontist appointments in Brae along with a few other complaints around this issue.	CH&SC / Dental	Not upheld	Director emailed complainant to ask for more details and has not heard back. Is aware that they contacted the dental practice last week and was given an appointment straight away.	6
49	Complaint about family member diagnosed with terminal cancer and discharged with meds to take at home. Due injection from the community nurse, but there had been no nurse and no communication.	N&AS / Community Nursing	Part upheld	Parent had a face to face review by GP and injection was administered. The medication delay was down to a cold chain breach which resulted in the medication being quarantined. There would be no adverse effect with not having it but communication was not good. DN team plan to call weekly.	7
50	Family member has symptoms which have been worsening. Had a CT scan which showed no changes. They are concerned it may be MS and feel they haven't been taken seriously and are extremely anxious. Not happy	CH&SC / Primary Care	Fully upheld	Symptoms have been reviewed by Consultant, GP and Medical Director. Has been referred to the neurology team but there is currently a long waiting list. Consultant is offering to see family member at GBH. Has also advised some blood tests which would help to get as full a picture of health as	9

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	with doctor as suspect they didn't read any of their notes.			possible. Will arrange an appointment. Both happy with this outcome.	
51	Complainant with recurring headaches trying to get an appointment with a GP as advised previously. Had appointment with ANP and last week tried to make another appointment, but only heard back today. Feels the system is poor and staff impolite.	CH&SC / Primary Care	Not upheld	Previous consultations regarding headaches were all addressed and concluded when complainant advised that headache had resolved. Doctor gave worsening advice. Next contact after further headaches, GP triaged request and recommended appointment with ANP. Apologised that they felt staff had been rude.	6
52	Complainant moved to Shetland last year. Medical records still not on the system 6+ months later causing issues with treatment.	CH&SC / Primary Care	Fully upheld	Practice Manager phoned complainant to explain the delay for uploading medical records to the system. This has now been done and apologies offered that it took so long.	3
53	Orthopaedic Consultant GJNH said that without treatment from a Dietician, the patient will be unable to get an operation and will be removed from the waiting list. Complainant cannot get a	CH&SC / AHP / Dietetics	Part upheld	Complainant should have been offered a dietetics appointment before Christmas, but due to department illness, priority was given to patients on the ward. Apologised to complainant that their calls to department were not responded to for the same reason. Complainant will begin group treatment.	2

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	Dietician, despite two referrals and their own attempts.				
54	Complainant with ongoing back problems following surgery requested MRI, but was given x-ray. Eventually got private MRI. Report/MRI scans state complainant needs urgent spinal surgery.	CH&SC / PC	Not upheld	Practice Manager explained pathway a clinician has to make for an MRI and was satisfied staff had done what they could. The private MRI results had been shared with GP. Complainant remains unhappy they weren't given an MRI by NHS, but recognises this was not a practice decision.	5
55	Complainant requesting sick note via 'askMyGP' was told by doctor it wasn't possible to make an appointment for sick notes – found them sarcastic and unprofessional.	CH&SC / Primary Care	Fully upheld	Practice Manager phoned to apologise on behalf of the practice for GP's email. GP has reflected and will take more care with future communications.	7
56	Complainant requested medical records over 40 days ago and still has not received them.	Information Governance	Partly upheld	Complainant's records are with a GP who has gone on long term sick leave. Practice Manager has asked another GP to redact the notes promptly. Has called complainant to explain and apologise.	1
57	Complainant concerned that during every interaction with the NHS, they are asked about being	CH&SC / Primary Care	Fully upheld	Complainant met with GP who has listened and made the necessary changes to the record.	16

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
	an alcoholic, despite being sober for over 25 years. They would like an alert put on their notes asking staff not to do this unless for a valid reason.				
58	Complainant worried about the lack of information regarding referrals. Has had 3 different referrals, and still hasn't received any updates about them.	CH&SC / N&AS	Partly upheld	They are on a waiting list for two of the referrals. The third referral was declined by Radiographer from NHS Grampian. A discussion will be held between Consultant, diagnostic leads and NHS Grampian to prevent similar problems in future.	8
59	Complaint about doctor who was felt to be dismissive and wouldn't carry out an exam.	Medical	Fully upheld	Apologies offered for bad experience. Complainant has been offered an appointment with another consultant as requested.	13
60	Complainant suffers from epilepsy and has frequent falls - wants effective pain relief and more mobility.	Primary Care	Fully upheld	Doctor phoned complainant to discuss further medicines and pain management.	2
61	Parent expected a letter which was needed for a Child's Plan meeting, but had not received one.	Child Health	Partly upheld	Delay due to consultant not dictating letter before taking leave shortly after the appointment. Complainant assured the letter would be dictated as a matter of priority.	5

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
62	Complainant with high risk pregnancy needs to give birth in ARI and is upset birthing partner's accommodation will not be funded beyond 5 nights. Would like a change to the policy.	Patient Travel	Partly upheld	Travel policy explained to patient before travel with relevant documents sent, which is same advice all patients receive. Senior staff have asked that the Highlands and Islands Travel Scheme is reviewed to help better support islanders in future.	6
63	During a consultation with the secondary care team, the patient representative was informed that the GP may have used wording regarding care that was considered inappropriate. The representative indicated that such language did not reflect the patient's behaviour or attitude.	Primary Care	Not upheld	Phone call discussion held with the patient representative and with the GP. Completed a subject access request to provide details as requested by the patient. Important to document and can be followed up by the family as necessary.	4
64	Complainant told they had a priority referral for cataract surgery, but had been recently informed it was now a routine referral with a wait of 2-3 years, with no explanation of the change.	Medical	Fully upheld	Apologies given as referral was incorrectly made as a routine referral, which had now been changed to urgent. Cataract surgeons come to Shetland 3 times a year with extra irregular clinics throughout the year and they do not perform private treatment.	4

Appendix A Summary of Stage 1 Complaints 2024/25

	Summary	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
65	Dental patient travelled from outer isle to attend an appointment only to find on arrival it had been cancelled. Receptionist had left voicemail just 30 mins before, not received due to driving. Unsure exactly what this appointment was for.	Dental	Fully upheld	Apologies made for miscommunication and confusion about appointment. Team will review current communication processes. An offer to pay for travel to appointment has been accepted.	4

NHS Shetland Annual Feedback and Complaints Report for 2024/25

Appendix B

Summary of Stage 2 Complaints in 2024/25

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
1	Complaint regarding care and consultant's manner.	Maternity	N	Partly upheld	<ul style="list-style-type: none"> • Treatment appropriate including supporting a change in diet. • Communication could have been better. • Noted difficulties in interpreting results from the Libre monitoring system.
2	Missed request from Radiographer to follow up after scan revealed a large kidney stone – patient now needing surgical intervention which could have been prevented.	Primary Care	N	Fully upheld	<ul style="list-style-type: none"> • The kidney stone was confirmed on the USS report and apologies given for missing this (it wasn't clear on the report). • The pain suffered over the past two years is likely to have come from the stone and therefore the Medical Director triggered an organisational Duty of Candour process.
3	Stress and harm caused by involving social services after complainant discussed anxieties and intrusive thoughts.	Mental Health	N	Partly upheld	<ul style="list-style-type: none"> • Intentions were well meaning and followed the guidance all staff working in the public sector are given with regard to concerns for child safeguarding. The decision to refer to Children and Families Social work was regarded as the correct process, but this should have communicated more openly with the patient.
4	Complainant suffered trauma to their knee and went to A&E. Felt the doctor was quite	Medical	Y	Partly upheld	<ul style="list-style-type: none"> • A&E doctor's assessment of knee was appropriate at the time. Likely strained the Medial Collateral Ligament (MCL) and the x-ray did not show evidence of a fracture.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
	dismissive. Later an MRI showed a tear of the lateral meniscus.				<ul style="list-style-type: none"> • Subsequent MRI scan revealed a small tear but not conclusively related to recent injury. • Treatment would have remained the same for this injury too. • Apologises for manner during consultation. • Soft tissue knee injuries do not involve planned follow-up. • Surgeon concurs treatment was appropriate in A&E and would not rush surgery, but wait and give knee a chance to improve with rehabilitation.
5	SIGN guidelines not followed for Autism Assessment. Would like a second opinion with a doctor using guidelines.	AHP	N	Partly upheld	<ul style="list-style-type: none"> • The assessment was found to have been carried out professionally in a comprehensive and appropriate manner, and in line with the SIGN Guidelines. • Complainant entitled to a second opinion, which had already been considered as a viable option at the time of the assessment. This will now be organised.
6	Child had infection which became Sepsis. Symptoms dismissed by multiple clinicians until blood results provided.	Medical	N	Partly upheld	<ul style="list-style-type: none"> • Every clinician involved in child's care had acted appropriately and with their best interests in mind. • There was no evidence the child had not received the correct treatment for each stage of their illness as was presented to the staff examining them. • All staff members involved are sorry and will reflect on this.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
7	Attitude of doctor when discussing request for blood tests.	Medical	N	Fully upheld	<ul style="list-style-type: none"> • Doctor has reflected on the consultations and events that took place and has apologised for the distress caused. • Realises consultations did not go as well as would have been desired by either party. • The medical record has been amended to remove specific statement.
8	Private MRI scan revealed injury since childhood, which has been missed and misdiagnosed by all concerned. Prescribed unnecessary treatment over years.	Elective & Diagnostic Care	N	Not upheld	<ul style="list-style-type: none"> • No evidence that the clinical feature was overlooked, that there was a misdiagnosis or that pain was intentionally not investigated.
9	Child with additional needs requiring equipment adapted.	AHP	N	Fully upheld	<ul style="list-style-type: none"> • Poor communication. Poor record keeping of actions and uncertainty about what equipment has been reviewed. • There should be clear communication to explain closing an episode of care, to confirm the plan and who will be responsible for care from the team.
10	Delays to family member's dental treatment following	Dental	N	Partly upheld	<ul style="list-style-type: none"> • Much of the delay and problems were unavoidable, given the restrictions on the service and the specific challenges of the care required.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
	cancer treatment and impact this is having on wellbeing.				<ul style="list-style-type: none"> • Acknowledged the impact that time has had on health and wellbeing. • Communication could have been improved considerably, especially in relation to treatment provided, referrals and the impact on the time frame of care.
11	Escalated from S1: sharing of information between Consultant Psychiatrist and CPN.	Mental Health	N	Not upheld	<ul style="list-style-type: none"> • No evidence found that information about individual was shared beyond small MDT. • The wider CMHT MDT did not discuss complainant. • All of complainant's records in MH have been closed. • Complainant needs to contact the Data Protection Officer for complete record erasure in NHSS.
12	Complainant immobile with pain went to A&E by ambulance. Told staying wasn't an option. Physios tried to get them to walk, so they could leave. Eventually admitted to Ward overnight.	A&E	N	Partly upheld	<ul style="list-style-type: none"> • The medical team were trying their best to determine the cause of pain in order to provide the best treatment. • Had treatment plan been referred to earlier, a short stay on ward may have been considered for analgesia and physio. • Apologies that complainant felt they weren't being listened to or their condition taken seriously, which was no-one's intention.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
13	Escalated from Concern: Treatment in A&E and discharge. Poor communication between GP, A&E and family.	Primary Care / A&E	N	Fully upheld	<ul style="list-style-type: none"> • Doctor's initial assessment was that no intra-abdominal injury was likely due to test results. • Ultrasound would have been helpful as a DVT may have been present and treatment started. Apologies that this did not happen. • Apologies for misunderstanding and poor communication experienced when discharged from hospital. • Proper planning and support should have been provided. • Plans in 2025 to organise multi-professional training to focus on raising awareness of trauma in older people in ED.
14	Escalated from S1: Needs repeat tests. Awaiting MRI scan and confirmation of diagnosis. Complainant remains dissatisfied with response and still has a number of questions about partner's treatment and lack of communication.	Medical	N	Part upheld	<ul style="list-style-type: none"> • Meeting held with Medical Director and doctor to discuss concerns and apologise for poor communication. • Arranged an MRI in Feb 2025. • Doctor and secretary to maintain consistent contact.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
15	Escalated from S1: Requested 14 days prescription as going away and staff refused. S1 response did not answer why request was declined, when previously it has been accepted.	Mental Health	Y	Not upheld	<ul style="list-style-type: none"> • There is a process for requesting medicated assisted treatment which involves filling in 'alteration to treatment' form and then discussing at weekly MDT. • This needs at least 7 days' notice to allow time to make necessary arrangements. • SMRS and specialist pharmacist happy to meet and discuss this.
16	Complaint about the way family member was treated in hospital by A&E doctor.	Medical	N	Partly upheld	<ul style="list-style-type: none"> • No shortcomings found with the triage and Capacity Assessment the family member received in A&E or the actions taken by the doctor. • Doctor's communication with complainant about the family member's condition and the best treatment outcomes was not satisfactory. Doctor apologised and will reflect on this.
17	Lack of treatment and communication for ongoing medical issue. Complainant now recovering from major surgery after suffering serious complications and being taken to ARI by air ambulance.	Medical	N	Partly upheld	<ul style="list-style-type: none"> • Could not find any evidence that the GBH medical team had delayed surgery at the ARI. • Surgery considered earlier in the process, but had to take into consideration other health concerns. • Initial CT scans were not concerning and symptoms self-resolved. • Communication with patient and Health Boards could have been better. • Acknowledged how patient felt.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
18	Escalated from S1: Baby with ongoing symptoms finally received antibiotics but no follow-up. Recently symptoms have started again, but difficulty getting tested, treatment and no communication.	Medical	N	Fully upheld	<ul style="list-style-type: none"> • There is a need for consideration of another source of infection in children with fever and mild respiratory symptoms. • Doctor has reflected on this and will put in place further teaching. • The clinical team did not receive paper copy of results. • Results received after a patient has gone home should be filed in the OPD, but this has not been happening. Training will be provided.
19	Poorly for 3 weeks since an operation at GJNH. Advised by GP to go to A&E. Doctor in A&E suggested it was a winter bug and to go home. Further visits to A&E needed and same doctor dismissed them again.	Medical	N	Partly upheld	<ul style="list-style-type: none"> • The doctor has expressed their apologies for the way the family member was treated and for the poor communication. • Following further test information the Medical Director has requested communication between the Board and GJNH be improved.
20	Escalated from S1: Lack of action since S1 complaint about inadequate care family member received from health centre for UTI.	Primary Care	N	Partly upheld	<ul style="list-style-type: none"> • The Practice Manager did set out to address the actions, but omitted to ensure that the non-clinical staff, i.e. the receptionists were aware of these actions. This is now in hand.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
					<ul style="list-style-type: none"> • Further understanding for the team sought through a UTI teaching session with Professor Hawkey.
21	Young child with ADHD/neurodiversity requires extra security around the house – continued delays and poor communication.	AHP	N	Fully upheld	<ul style="list-style-type: none"> • Communication issues and a lack of clear process have been the main reason for the delays. • AHP records did not hold all the relevant information needed and new issues have since arisen. • Colleagues in NHSS and SIC to work together to resolve.
22	Considerable communication with Patient Travel causing extreme distress.	Patient Travel	N	Partly upheld	<ul style="list-style-type: none"> • NHS Shetland Travel Policy currently allows for more flexible travel bookings than any other NHS Board. Also meets SG criteria. • Medical Director unable to identify a clear underlying health reason to support a clinical need to travel earlier. • Going forward, shared info will be documented separately and patient to notify NHS in advance of any health conditions tbc.
23	Several health issues over many years. Referred to Rheumatology but has not had an appointment. Concerned about other serious conditions and is	Medical	Y	Fully upheld	<ul style="list-style-type: none"> • The Rheumatology appointment had been sent to NHS Grampian due to an admin error. • Other diagnostic report delayed from NHS Grampian's pathology lab.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
	still awaiting test results. Feels symptoms are being ignored.				<ul style="list-style-type: none"> • Prescription quantity has been increased and the process for repeat prescription ordering is being looked into to prevent difficulties.
24	Friend in need of support which is felt to be severely lacking. Awaiting a change in professional contact.	Mental Health	N	Partly upheld	<ul style="list-style-type: none"> • A new CPN will be allocated following a review with psychiatrist with specific goals in mind. • A care/support plan will be completed. • CPN is to provide awareness to everyone involved in care and with CMHT support.
25	Escalated from S1: Lack of treatment and poor care.	Medical	N	Partly upheld	<ul style="list-style-type: none"> • The care administered was found to be appropriate given the assessment outcomes, with the conclusion from these being that an emergency MRI was not indicated. • The guidelines are clear that management should involve mobilisation, pain killers and physiotherapy in the first instance. • Care was discussed with the multidisciplinary team and NHS Grampian trauma and orthopaedic consultants who also agreed with this approach. • The nursing notes did not include the necessary detail to allow confidence that the personal care provided was good enough – apologies were offered.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
26	Misdiagnosis and delays for injury		N	Partly upheld	<ul style="list-style-type: none"> • Explanation about MRI, treatment management given and reasons why there were delays. • Consultant thought they had mentioned severe bone bruising during multiple appointments. • Apology for MRI waiting time as implementing a new local service in Shetland. • Discussion to be held with NHSG to prevent further delays with triaging referrals.
27	Attitude to family member's care following surgery not considerate of dementia. Felt senior staff lacked feelings and were more interested in an empty bed. Delay contacting complainant regarding end of life, and delay and discrepancy in death certificate.	Nursing	N	Partly upheld	<ul style="list-style-type: none"> • Staff appreciated that there were times when communication had not been as good as it might have been. • Complaint upheld about the inaccuracies and delay with family member's death certificate.
28	Escalated from S1: Behaviour of a nurse during several days' stay. Lack of diet provision for coeliac disease patients.	Nursing	N	Not upheld	<ul style="list-style-type: none"> • While we have improved our provision of food for patients with coeliac disease, it is inevitable that the choice will not suit everyone. Staff will continue to try and make improvements. Toaster bags will be purchased and more information about coeliac disease will be accessible to staff.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
					<ul style="list-style-type: none"> Recognised the interactions with left the complainant feeling upset, but their perspective differs from the staff member and it was difficult to resolve without a witness to interactions. No other complaints received about attitude of individual.
29	Complainant stayed 2 weeks in hospital. Complaint about attitude and treatment by nurse.	Nursing	N	Not upheld	<ul style="list-style-type: none"> Appropriate procedures were followed by nursing staff with regard to physical ability, as assessed at the time by Physiotherapists and OT's. Apology for how complainant felt during their stay. Explanation for why certain actions were taken by staff and assured that dignity, respect and patient centred care was always at the forefront of minds.
30	End of life care for family member. Lack of nursing/doctor support on outer island. Wished to return home from hospital, but various delays. Returned home, but died same day.	Community nursing	N	Partly upheld	<ul style="list-style-type: none"> Suspected fracture had required hospital investigation which was the best course of action and correct procedure. Nursing input was available for palliative patients on outer isles, apologies offered that this was not clear. There were valid reasons for delays inc: leave, sickness, weather, but the ethos is to support palliative care at home so the issues will need to be considered for future patients.

Appendix B Summary of Stage 2 Complaints 2024/25

	Summary	Staff Group(s)	<= 20 wkg days	Outcome	Actions/Rationale
31	Patient with life changing disabilities placed in care home for reablement and is still there many months later. Would like to return home with appropriate care in place.	Physio / Social Work	N	Partly upheld	<ul style="list-style-type: none"> • Apologies for communication issues which caused delay getting referral for second opinion. • Support for discharge has been offered, but there has been a lack of consent for the changes and recommendations offered. • Received all physio that was clinically appropriate in local setting. Further specialist physio on mainland offered and is still available. • Communication could have been better.
32	Doctor dismissive toward complainant in A&E and following a scan sent them home. Returned the following day to A&E where another doctor correctly treated and diagnosed problem.	Medical	N	Partly upheld	<ul style="list-style-type: none"> • Both clinical evaluations were good. No reason for doctor to be reprimanded for actions. • A senior consultant was briefed on the complainants' symptoms. There was no clinical need for admission to the ward and patient was told to present again should the pain continue. • Second doctor used information recorded by first doctor to make their assessment to find out the underlying cause. • First doctor will reflect on communication to patients in future.

NHS Shetland Annual Feedback and Complaints Report for 2024/25

Appendix C

Summary of Concerns received in 2024/25

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
1	CH&SC	MSP: How has the Long Covid Support Fund money been spent? (£13,676). Why have NHS Shetland not asked people living with Long Covid for their views on spending priorities?	Long Covid Support Fund is divided between departments that treat symptoms, i.e. physiotherapy, occupational therapy and heart and lung conditions. There is no one specific Long Covid Department.
2	N&AS / Ophthalmology	MSP (Linked to S1): Constituent waiting for cataract surgery since assessment in March 23 and not on the surgery list for the foreseeable future. MSP would welcome an explanation for the ongoing delay and assessment of the wider picture for cataract patients in Shetland.	Neither the GP nor the Optometrists at Specsavers had indicated that there is an increasing clinical urgency for surgery and treatment therefore remains listed as routine. Will prioritise offering a date for surgery. If clinical condition has changed and is confirmed by Optometrist, then staff can ensure referral is vetted again.
3	N&AS	MSP: Constituent waiting for a thyroid operation for three years. Op cancelled last minute - MSP would like to know more about why and to get an understanding of the likely timescale.	Patient has now had operation. Apologies this was delayed first time as they ran out of theatre time due to complexities and complications for other patients on the same theatre list.
4	CH&SC / Primary Care	Concern over dismissal of GP from HC without any move to allow them to apply for the now vacant post or to appoint a locum.	Confirmed not able to comment on individual circumstances regarding staff.
5	N&AS	ShetNews: Story about the bed closure on the surgical ward generated a host of comments from people with negative	Explained had not needed to use surge beds which are opened if additional capacity is needed. Since the closure of the surgical beds in

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		experiences regarding the availability of beds in GBH generally and intensive care.	April 2024, bed availability had been maintained for new admissions. Explanation given of how this is possible.
6	CH&SC / Primary Care / HC	MSP (Linked to Concern): received representations from constituents regarding a petition against a decision to dismiss GP and not refill the post. Agreed to write once petition delivered, as it demonstrated the strength of feeling among the community, and by the patients of the practice, about the situation.	Confirmed that the petition was received and acknowledged its receipt. The Health Board Chair had been sighted on the petition and aware of the feelings from the community on this matter.
7	Finance / Travel	ShetNews: Elderly patient returning to Shetland after 3 weeks on life support in ARI had to get themselves onto the plane with no support (from a wheelchair). No information was available in the lounge and no refreshments made available.	The patient had a funded escort and support from a second relative. There was a delay to the flights and the assistance for boarding was not available when booked.
8	CH&SC / Mental Health	PASS: Sent email to MH requesting a meeting with complainant regarding their treatment and a lack of resources which has contributed to suffering trauma.	MH Mgr spoken to complainant twice on the phone this week. Advised that there is a meeting with Medical Director and Complaints Officer to discuss concerns and find a way forward. Also discussed options for support from Voluntary Action Shetland.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
9	CE / Chair	MSP: Would like updates about the stage the new hospital plans have got to. Would appreciate more frequent communication.	Letter from Board Chair: the Programme Initial Agreement (PIA) was 70% complete when spending was paused by SG. In good place to complete it as soon as pause is lifted and funding is reinstated. In the interim we are focussing on developing business continuity plans to ensure we can prioritise the known risks.
10	Public Health	Concerned about forthcoming retirement of the analogue phone-line (the 'copper line switch-off') and the impact this will have on the public.	Also written to the police and ambulance service and going to raise it at the Community Safety and Resilience Board. It is a partnership responsibility but PH Director will write a response. It is ultimately the responsibility of Government and BT as they are the ones turning off analogue.
11	Medical	Concern regarding a DNACPR form from complainant's admission last October to GBH. The DNACPR form has Part A ticked to say CPR treatment not an option and patient is aware. Complainant states they were not made aware of this decision and was lucid at all times during stay in hospital. De-escalated from a complaint to a concern on request of concerned.	Reassured complainant that the form is no longer in notes and the appropriateness of CPR as an intervention would be assessed if they were to be readmitted to GBH. Primary Care did not have any DNACPR recorded. Dr believes it was discussed but may not have been heard/understood. Patient happy to accept apology.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
12	Medical	Has proof that Covid was a scam and the vaccines were ineffective.	Thanked for contacting F&C. Explained we can't revisit a complaint more than a year old and already fully responded to.
13	N&AS / Nursing	Declined formal complaint following previous related S1. Is concerned and dissatisfied with condition and is desperately seeking second opinion.	Arranged for complainant to have a second opinion with the Grampian specialist nurses. Complainant very happy with outcome from this meeting.
14	CH&SC / Dental	MSP: Constituent's child missed a year of dental paste due to asthma and now has black cavities. The parent can't get an appointment and is very concerned about child's dental health.	Child was seen for Childsmile appointment. This involved application of fluoride varnish and comprehensive preventive advice. Had routine exam with the dentist and will be due another routine exam later this year.
15	Medical / SAS	Concerned would like a thrombolytic drug to be made available to medical staff on outer isles to help others who may not survive without it.	Meeting held with complainants. Follow up letter explained none of the primary care teams in Shetland undertake thrombolysis. Unless living close by a hospital that provides this service then it is unlikely that individuals would be able to get this definitive treatment within 2 hours which is what the European Society of Cardiology Consensus group recommends for the best outcomes. There is risk with the medications used. Not everyone who has a heart attack can have thrombolysis.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
16	CH&SC / Mental Health	Concerned that family member has been badly let down by MH, having tried another attempt on their life and sent home shortly after. Lack of treatment.	Family member had been admitted to specialist centre. CPN in contact with the family and specialist centre as part of routine support and follow up. Patient has advised that this complaint is not from them and they do not currently wish to complain.
17	N&AS	Concerned they had Covid and were immunocompromised and needed anti-viral drugs. They were redirected to another health centre near where they were staying and the deputy AS Mgr was contacted via GBH switchboard. Had to wait in a nearby cafe until it was sorted and they received their meds.	It was about 12.30 before the pathway was followed and the appropriate form completed. Pathway needs updating, as acute staff would now only become involved if looking at iv treatments in hospital.
18	Medical	Concerned is immunosuppressed and lives on outer isles and has recently needed to access treatment. They found access to treatment has now changed from 7 days a week to only 5 days Mon-Fri which they find very concerning.	Whilst there is access to Covid treatments 7 days a week, over weekends this would only be for patients that were severely unwell, accessing this through the 111 and 999 contact numbers.
19	Medical	Concern about the way family member, as a cancer patient, was given a terminal diagnoses and prognosis. Hoping to highlight the effect that ill-chosen words, assumptions	Apologies for distress caused during the consultation. Junior doctor had best intentions and is sorry they gave too much information and has learned a lot since that day. Concerns also

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		and the dissemination of too much information delivered in a negative way can have on a worried patient.	shared with consultant surgeons. Learning still needed with regard to language used during difficult conversations and impact this has on patients and their families.
20	Medical	Patient offered an appointment with a surgeon they had previously had a serious complaint about. Does not want this to happen again.	Apologised for the unfortunate coincidence. Will allocate patient to another colleague and ensure there is a note on Trak to prevent this happening again.
21	CH&SC / Mental Health	Request for all medical records since 2022. Would like these before submitting a complaint. Also requesting appointment with MH Doctor.	Not able to request medical records on behalf of complainant. Advised to follow the link to the website where it explains the process and how they can access the correct form.
22	Medical	Letter regarding the possibility of receiving specific cancer treatment in Shetland. They made this clear it is not a complaint.	The treatment pathway is returning to Shetland by the end of summer and it was confirmed they will be able to deliver the treatment through the team within current staffing.
23	Medical	MSP: Concern about change in access to anti-viral meds, from 7 days a week.	There is access to Covid treatments 7 days a week, over weekends this would only be for patients that were severely unwell, accessing this through the 111 and 999 contact numbers.
24	CH&SC / Mental Health	Former patient sending increasingly aggressive emails/letters to staff.	Response letter requested regarding former patient's behaviour. Not in service with CMHT as

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
			they do not want MH support. Reported to be well by the care teams who have contact.
25	Medical	MH patient raised concerns regarding treatment by doctor, saying they have a disturbing manner and refused to help, lacking understanding, compassion and empathy.	Medical Director reviewed care and advised patient to contact VoiceAbility Shetland for support. Signposted to partner organisation for part of the concern to be responded to.
26	Medical	Staff attitude	The complainant does not wish to raise it as a complaint, but just to make us aware of the situation. To be discussed with the consultant as part of their appraisal process.
27	CH&SC / AHP /	MSP: Regarding constituent's diagnosis of COPD and availability of pulmonary rehabilitation in NHS Shetland.	Explained unable to provide additional physio services e.g. pulmonary rehab or respiratory physio without more funding. Spirometry tests were not stopped during the pandemic and therefore there is no backlog. AHP's and ANP's are committed to support, working to maximise early intervention and prevention approaches where possible.
28	Medical	MSP: Delay in treatment for child, referred to ARI in 2021 for a procedure. Is first on the waiting list, but due to funding / provision of availability, the procedure has again been	The paediatric surgeon in ARI is working on a plan to resolve this asap. Scheduled keyhole operation this year.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		pushed back to the end of this year. Child in a lot of pain and not able to have normal life.	
29	Public Health	Concerns about adverse effect Wind Farm has on own health and the health of others in the community. Symptoms including; painful and popping ears, a sense of strong pressure in head, headaches, impaired balance and tinnitus lasting for over a week.	No evidence that there is a public health issue at present. Some evidence that some individuals with existing conditions may be more susceptible to the effects of sub-audible noise. Research is ongoing.
30	Finance / Travel	MSP: Constituent underwent a surgical procedure at ARI, then informed they needed to book their return flight within 48 hours of discharge in order for the travel to be paid for by the health board. They had booked a hotel for a week at their own expense in order to be closer to ARI in case of post op issues, which was seen as sensible by clinicians.	If ARI advise a patient is being discharged but is required to remain in Aberdeen for a time, they will advise us when they will be fit to travel and we will book travel/accommodation according to the clinical advice. Where there is no clinical advice provided, we permit 48 hrs to book flight, but the patient is responsible for their own accommodation costs. Patient Travel Policy to be reviewed.
31	CH&SC / Primary Care	MSP: Concerns from constituents around the booking process for GP appointments. One constituent had to wait for over 25 minutes to try and get an appointment. This ties in to an earlier concern raised by the MSP in person with the CE, in relation to a single day when there were 147 requests through 'askmygp'.	There are typically five or six admin staff in the practice, two of whom answer the phones in the morning. There is also the 'askmygp' system, online between 0815 and 1015, providing another means of accessing healthcare. Feedback on this online system would indicate that it is generally well received.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
32	Public Health	MSP: Constituents until recently were eligible for covid vaccination boosters every six months as they were living with an immuno-compromised person, but have been advised that this has now changed. They are concerned about passing covid to them. Also concerns for who feel they need a booster but can't travel South or afford to pay for a private jab.	The JCVI has changed guidance based on evidence and experience of the vaccination programme to date. They no longer recommend that the vaccine is given to unpaid carers or household contacts with a weakened immune system. It will still be offered to the elderly or immuno-compromised patients.
33	N&AS	Taken over a year to have a fitting appointment for hearing aid. Comparison with patient in England who had a fitting within a fortnight with the NHS funding SpecSavers. Would like to know why this can't be possible in Shetland due to backlog in service.	SpecSavers does not have an audiologist in Shetland. NHS Shetland does not currently have a substantive audiologist. There will be an interim service provided by a combination of visiting audiologists. Appointments will be allocated based on priority.
34	N&AS	Concerned would like a notice be put at the reception notifying everyone that the ward 1 lift is not working	GBH Receptionist said there is an out of order lift sign at reception, but acknowledge it won't be seen by everyone. They will look into this and see if there is a better location for the signage.
35	CH&SC / Comm Nursing, Estates, IT	MSP: Feedback from Skerries Community Meeting: Cover provided and the general poor provision at the nurse's house, including no generator and poor IT connectivity.	Community nurse will be going to an engagement meeting with Skerries Community Council on 18th October in person and will discuss the issues raised then. The IT team are

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
			aware of ongoing concerns and are currently looking into it.
36	CH&SC / Primary Care	Concerned feels 'askmyGP' has such short operational hours and thinks it should be available 24/7. It could also do with improved support.	Information passed on to Primary Care Service Manager.
37	CH&SC / MH	Concerned about the quality of forms being sent to patients with ADHD. Points out that family member is unable to read, process or action any of the forms sent as suffers from ADHD.	CMHT have addressed the issue directly with the complainant.
38	CH&SC / MH	Concern about how the CPN treated them and their child when they came to A&E. Child has high functioning autism and had been having uncharacteristic symptoms all day.	MH Mgr sent email to Concerned to arrange a meeting and has started an investigation.
39	CE / Estates	MSP: Constituents concerned about the state of the road leading to the nurse's house on Isle of Foula.	Head of Estates confirms contractors are planning temporary repairs using materials available to them on Foula. They hope this will be sufficient until the Spring when they will return to tarmac the road.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
40	CH&SC / MH	MH patient sent a series of emails looking urgently for support from service. Passed on to MH, as looking for support more than making a complaint.	MH gave assurances that the CPN will contact the patient. Arranging an MDT to discuss how best to support the patient.
41	N&AS / Electives	MSP: Concerns about delays to mail deliveries across Shetland and the impact this may have on time-sensitive mail affecting a number of missed appointments. Has any assessment been undertaken as to reasons given by patients for missing their appointments, e.g. ferry cancellations, or if delays with mail deliveries may be a factor.	We have not received feedback from patients to highlight any issues with receiving appointment letters without enough notice to make the journey to Aberdeen. Patient Travel are aware that some patients have received appointment letters from Grampian with only a few days' notice, but this has not caused any appointments to be missed. NHSG are very proactive at phoning patients to notify them of appointments if they think there is a chance the letter may not arrive in time which PT staff have found helpful.
42	CH&SC / Dental	Concern about recent decision by LDP to let NHS patients go. Feels that the Board needs to work with the practice in a more collaborate way for the good of the patients. Disappointed at lack of response from NHS Shetland. Believes patients should be told what is going on and their questions answered. Would like NHS to communicate directly with patients.	This is a Board concern. Unable to discuss the current position or steps being taken to find resolution with LDP or the predicted timescale for this, but can assure concerned that the interests of both the patients and the staff at LDP are at the forefront of aims to find a resolution to this situation.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
43	CH&SC / Dental	Concerned that as registered patients with the Brae dental practice, neither complainant nor spouse has had a check-up for at least 5 years. Today was told by the Brae clinic it will be months or perhaps years before offered a check-up.	We have successfully appointed a senior clinician to start in Jan 2025 and are hopeful of additional dentists joining and the return of existing dentists from long term leave.
44	N&AS / Electives	MSP: What is the treatment and care pathway for patients presenting with ME/CFS symptoms in NHS Shetland. Why are there no Clinical Leads for these conditions? What is NHS Shetland's approach to Long Covid and how does this fit with the approach to ME/CFS.	ME/CFS reviewed in primary care. Onwards referral depends on the symptoms. A personalised support plan is developed to support the individual. Psychological therapy can be referred to Glasgow's Centre for Integrative Care. Symptoms for Long Covid and ME/CFS are similar, so too is the way that we manage them. Cannot provide specific specialist services due to being a smaller and more remote Board. Therefore, unable to consider taking on a Clinical Lead for ME/CFS currently.
45	Medical	MSP: NHSG are unable to provide an estimate for how long constituent may have to wait for a hip operation, despite being told in 2023 that the procedure was necessary. How might they be referred to another health board for this treatment? Are there any steps	The Golden Jubilee National Hospital agreed in December to see constituent. Consultant will speak to the patient directly.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		NHSS can take to ensure constituent receives this care promptly?	
46	CH&SC / AHP	Concerned advised to start treatment - tried to make contact with department but despite leaving several messages on the answering machine, has not had any acknowledgement.	Mgr spoke to concerned and explained that one message was overlooked (responded to via email instead) and one message had a delayed response (due to AL). Concerned has a lot of treatment just now and is frustrated, but grateful for the contact and understands they are still on the waiting list for treatment.
47	Medical	Neurological treatment for family member in Grampian. NHSG will respond with our support.	Agreed to input any information if required to the NHSG response.
48	N&AS / Acute	MSP: Family member admitted to GBH for two weeks awaiting transfer to ARI for treatment. In that time had two further set backs – asking if patients in Aberdeen are prioritised over Shetland patients when a bed becomes available, making Shetland patients feel like second class citizens. MSP would welcome an overview of the process for transferring patients to Aberdeen.	NHSG holds a full list of all of the patients who are waiting at other Hospitals including GBH. The decision to transfer patients is made by the consultants at NHSG based on clinical priority, which they review daily with the local clinical teams. Therefore Shetland patients are included equally.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
49	CH/SC & N/AS	Concerned that confidential information has been shared to other organisation. Feels completely violated and has no trust.	Taken feedback very seriously and apologised sincerely for what happened. Acknowledged mistakes were made and staff member involved very sorry for this error in judgement. Fully upheld and reported to ICO whose investigation resulted in no further action, but recommendations were given.
50	Medical	MSP: Brae Health Centre writing a letter to Social Security Scotland (SSS) to state that they never received the letter requesting update of conditions in August and haven't received the second request either.	Not clear what had happened, but suspect there has been an issue with the address used as the letters have not been getting to us. Agreed to write a letter confirming the requests had not been received, and also email or call SSS. Will also advise SSS check mail has been received before making assumption that HC has nothing to add.
51	CH&SC / Dental	MSP: Regarding comments made by LDP on social media suggesting that all NHSS patients are now at risk of being de-registered by June 2025. What steps that are being taken to ensure a good working relationship between the health board and LDP?	MSP has been informed of progress regarding discussions with LDP.
52	Medical	Concerned disappointed and upset with treatment received since mid-April. Poor	Med Director spoke to complainant. Practice Mgr to respond.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		communication between health centre, consultant and patient.	
53	N&AS	MSP: Constituent whose family member has a muscle wasting condition highlighted a recent report by Muscular Dystrophy UK which made concerning findings. MSP would appreciate an indication of how NHS Shetland will work to address the points made in these recommendations.	Explained the use of READ codes to record all cases of Muscular Dystrophy in Shetland. GP & Primary Care team help manage the ongoing effects of the muscle wasting condition. Work with RACH to help identify sufferers of the condition at an early stage, specialists are available for complex needs of those with the condition. NHS Shetland is also participating with many Neurological networks for learning opportunities and to develop awareness.
54	CH&SC / Dental	MSP: There are now no dentists available in Yell to provide the treatment MSP's constituent needs. Patients in Unst are being told that emergency care in Brae and often Lerwick is now the only option, which brings additional challenges for island residents. What options are available to constituents? Provide an overview of the current arrangements for patients in the North isles.	Yell clinic is part of the overall service and therefore is subject to the same pressures. Staff shortage covered as best as possible. NHSS has made clear its position and for the foreseeable future, only emergency treatment is available.
55	CH&SC / MH	Ongoing concerns about the way they were treated. Clinician in question has apologised but concerned says they have never received	Clinician has offered an apology and a meeting to be arranged in due course. Meeting has since happened to discuss and try to resolve concerns.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		an apology directly and thinks it is important to receive a personal apology.	
56	Medical	MSP: Would like to know availability of faecal calprotectin tests in primary care in NHS Shetland for patients with suspected IBD.	Primary Care access this test and it is routinely used in the diagnostic pathway in Shetland.
57	Medical / Nursing	Concerns from parents about the treatment of their baby by a consultant in Aberdeen. They feel there should be an action plan in place if they present at the doctors or A&E.	Should the baby have increased discomfort or pain, they should present to A&E, firstly to rule out a new problem and then admission to Aberdeen Hospital as appropriate. There are specialist consultants on call. Family satisfied with this plan. Family feels there are periods of time without communication from health services. Agreed to look into this as a way of improving support.
58	CH&SC / Primary Care / HC	Concerned about health. Feels they have been receiving mixed messages about whether they can have surgery or not. Needs a hip operation and is in a lot of pain. Wants to know what the next step in their care is.	Concerned has an appointment with the Pain Clinic soon and they may be able to offer some help and guidance. The GP can also discuss the points raised.
59	CH&SC / MH	MSP: Notes that recently published National Drug and Alcohol Treatment Waiting Times indicate that NHS Shetland is performing second worst out of Scotland's NHS boards in terms of getting people seen by community-	SSRS Admin recently updated database and going forward the next publication will be more accurate. No patient will wait for more than 21 days for an appointment or contact from SSRS.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		based treatment within three weeks of referral. MSP would be grateful for any context to help understand these figures. Would also like to know why NHSS did not provide figures for the last two quarters.	The missing/inconsistent data was due to staff shortage.
60	Medical	MSP: Constituent had a suspected heart attack. No formal diagnosis has been provided to patient and there has been no progress in terms of treatment. Would like an update on this case and an understanding of what action will be taken in terms of diagnosis and treatment, including why an MRI could not be done locally.	S1 complaint response letter has been shared with MSP. Looked to arrange a meeting. We cannot perform the MRI in Shetland as it is a specialist procedure which our MRI service cannot do. It is not deemed an emergency and unfortunately this means there is a wait out with our control.
61	Dental	Unst CC: Shortage of NHS Dental Cover / Mid Yell Dental Services. Lack of dentist in Yell, but also now LDP delisting NHS patients. Only emergency cover available in Lerwick. Is there any progress with appointing a new dentist?	Dental services are being provided primarily from the Brae Health Centre. Dental challenges have been well documented. Locum dentist attending Mid Yell in January 2025 and first new dentist starting in Shetland in January.
62	Medical	Issue with DVLA medical - seems to be related to old issue noted in medical records.	Paperwork returned to DVLA, there were a couple of questions that needed further checking and the doctor has now done this. Paperwork due to be returned the week before but delayed by poor weather. The doctor has spoken to the

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
			concerned individual to explain and reassure them. There was just a misunderstanding.
63	Medical	MSP: Writing on behalf of a constituent who has complained to Albyn Hospital concerning a knee replacement and subsequent revision surgery. MSP enquiring about constituent's care over past 8 months and would like an indication of when they can expect further treatment for the chronic pain.	Explained that NHSS did not provide this service - referrals sent to NHS Grampian and NHS GJNH for all elective and most trauma orthopaedics. Difficulty in communication between NHS and private treatment. GJNH to answer regarding timings for any further treatment.
64	CE / DPO	Concern about receiving another patient's information when requesting their own medical records, which was included within their records.	DPO will investigate the incident and follow obligations under DPA 2018 / UK GDPR by informing the person who has had their medical information disclosed in error. Reported to ICO – no further action taken.
65	Public Health / Vaccines	Concern about administration of vaccine from nurse who injected arm much higher. The vaccine went into the tendon/shoulder rather than the appropriate part of the arm. Has ongoing inflammation and pain, recognised as SIRVA.	Explanation of learning outcomes and training taken to ensure this does not happen again. Apology for the experience during vaccination appointment.
66	CH&SC / Dental	MSP: Post on social media from the LDP, Constituents very concerned about the latest development, following LDP's social media post. Would like an understanding of the	MSP informed of progress with LDP.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		situation and a statement from NHS Shetland to share with those who have made contact. There has been no direct contact from the dental practice.	
67	CH&SC / AHP	MSP: Constituent's impression there is a shortage, and issues with one of the hospital's voice message lines. They were informed that the number had been for the 'wrong line', and ended up in a voice message machine that was unmonitored. MSP would like to know how GBH monitors numbers in use and steps taken to ensure they are correct. How are discontinued numbers removed from public access and what steps are taken to avoid this situation. Also asked about staffing numbers in this area.	We have similar numbers of AHPs in this area per head of population as the mainland but our local team is made of different grades to cover multiple areas of service. AL / absences affect the team's ability to provide a consistent service. Voice message systems are near impossible to monitor. We rely on departments and managers to tell IT when a number is discontinued so it can be removed from public access. No technical fault here, messages being left by patients were not being listened/responded to.
68	Dental	MSP: Constituent requiring urgent dental treatment from LDP has been deregistered soon after registering as they had not made an appointment. Constituent refused the private appointment offered by LDP, but received helpful treatment from Montfield instead.	Dental Director stated LDP may be correct in their decision to deregister the patient as no appointment had been made. Explained staff were working hard to maintain the dental health of Shetland's population and working on a solution for NHS Dentistry in Shetland.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
69	CE / Estates	Vehicle pulled out in front of a taxi while responding to an alarm, there was no collision but it was a near miss.	All staff have been reminded to drive with care and consideration to all road users even when responding to emergency situations.
70	Medical	Concern regarding the DLVA stress test (ETT medical), as they are getting worried due to a deadline and this service has not been sorted.	This is a private service, not provided by the NHS. Unfortunately unable to provide a timescale of when the patient is likely to be assessed due to an internal issue with DVLA Assessments, which is being addressed. In the meantime we have sent a letter detailing results from a recent scan, in the hope the DVLA will accept this.
71	Nursing & Acute Services	Concern about staffing levels of nurses at GBH, not including the current situation with sickness etc. Knows it is due to the budget, but concerned if things do not improve, there will be hardly any nurses left. Beds have been closed off and HCSWs have been reduced. Nurses have left due to pressure.	NHSS facing pressures. Reasons are multifactorial and include recruitment challenges, patients in hospital with more complex needs, challenges discharging patients back into the community and bed occupancy increases. Money is tight but that is not the main reason driving the pressures in the system. Continue to review and ensure provision of safe, quality care, staff well-being concerns and how we support staff who are at risk of burn out. Family member can raise concerns directly with Mgmt. Agency staff are being brought in to help alleviate

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
			pressure. Workload assessments will be carried out.
72	Medical	Concern on behalf of family member who is receiving treatment. Feels Doctor has given poor advice and will not investigate their health issues and appointments to see another GP are being cancelled by the Doctor. There is also a DVLA concern.	The complainant is very concerned for a family member that has been seen by the GP several times. The GP is very keen to see the complainant but they do not wish to make an appointment.
73	N&AS / Medical	Inaccurate information within medical notes. Wants notes updated correctly with an explanation as to how this error was made.	Apology for distress caused. Consultant hadn't reviewed whole medical history. Apologies for not checking properly. All copies of documents with incorrect info (physical and digital) to be destroyed. Has passed evidence to GP for review and records updated so won't happen again.
74	CE / Estates	Concerned states NHS Staff are parking outside their residence. They have experienced reoccurring issues with; staff parking, creating 'bottle necks' leading to the hospital car park and they parking on double yellow lines.	Email reminders are sent regularly to all staff. We are unable to stop staff from parking on this road as it is a public highway. Concerned has been advised to contact the council if any future vehicle obstructions and to ask for dedicated parking if applicable.

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
75	Medical	Concerned doesn't want to make an official complaint. States that family member's symptoms weren't taken seriously.	Letter sent to Concerned. It's unclear in records whether scan findings were spoken about in appointments. There could be confusion between the Consultant and the GP as to who would speak to concerned about scan findings. The clinical treatment at the time was found to be reasonable. The outcome for family member would not be affected. Communication lessons learned for Consultant & GP.
76	CH&SC / Community Nursing	Concern about an unadvertised public meeting on outer isle, to discuss matters related to the island's Nursing situation. Concerned asks that for all future public meetings residents are given advance notice of the meeting with a published agenda and venue so they have the opportunity to attend.	Community rep did not have complainant's contact details on their list. They have since been invited to share their contact with the community rep, in order that they are included in future. The meeting was attended online due to service pressure and seven out of eight attendees were at the meeting.
77	N&AS	MSP: Constituent suffering from epilepsy wondering why NHS Shetland do not have a dedicated epilepsy nurse. They feel support available to locals living with MS and Parkinson's disease creates an inequality in care for those living with epilepsy related conditions. Understands that telephone appointments with Aberdeen are available but	Children and Young people <16 years are assessed and seen for review face to face at RACH. They are also supported in the assessment, diagnosis stage and beyond by specialist paediatric epilepsy nurses from Aberdeen online. Our Community Children's Nurse will attend support meetings with the

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		would like face to face appointments for local support.	families as required or requested by the RACH team.
78	CE / Estates	A near miss incident was reported near the delivery bay.	Driver not a member of staff. A barrier and cones will be put up to prevent future incidents.
79	Finance / Travel	MSP: Relating to constituent's (related to S1 complaint) travel and accommodation for birth partner. It is unacceptable that this cannot be provided after following the advice of healthcare professionals to remain in hospital. The partner cannot simply return home and travel back to Aberdeen when needed, there must be room for some flexibility in our policy given the distance involved and practicalities of travel.	Travel policy was explained to patient before travel with relevant documents sent. They have been given the exact same advice that all patients receive when travelling. YPFF is covering the costs for a portion of time. Chief exec is advocating for a review of the Highlands and Islands Patient Travel Scheme to help support islanders better in future.
80	Medical	MP: Looking for NHS Shetland to consider providing a single point of contact for people living with Long Covid.	NHS Shetland is a small board and it is not practical for us to provide a specialist. Patients are treated for their symptoms rather than via specialist clinics.
81	CH&SC / Women's Health	MSP: Endometriosis diagnosis waiting times are very high compared to the rest of the UK (8 years and 10 months). What action is NHS Shetland taking to reduce these waiting times	We are not familiar with figures provided by MSP as our statistics are different. All urgent referrals are seen within 2 weeks and routine referrals will be seen within 10-12 weeks as specialists work on rotation. We work closely with GP's to ensure as much pre-work is done prior to gynaecology

Appendix C Summary of Concerns 2024/25

	Area	Summary of concerns	Outcome
		for gynaecology appointments and endometriosis diagnoses?	appointments to create a more streamlined referral/diagnosis process.