NHS Shetland

Meeting: Board

Meeting date: 22 September 2026

Agenda reference: Board Paper 2026/27/38

Title: Annual Feedback and Complaints Report 2025/26

Responsible Executive/Non-Executive: Brian Chittick, Chief Executive

Report Author: Carolyn Hand, Corporate Services Manager

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The NHS Shetland Feedback and Complaints Annual Report for 2025/26 must be presented to the Board for consideration prior to submission to the Scottish Government, the Scottish Public Services Ombudsman and Healthcare Improvement Scotland before the end of September.

2.2. Background

The annual report covers the range of ways we gather feedback about our services and acts as a high level summary of the feedback and complaints received in 2025/26, and the actions that have been taken as a result of these. It also considers the ways in which the learning points arising from this valuable source of information are shared throughout the organisation.

2.3. Assessment

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

Small numbers mean each complaint has a reasonable amount of organisational scrutiny beyond the feedback and complaint handling service. There have not been significant amounts of repeat issues, however there has been an increase in complaints about cancer care and also due to delays in responding to requests for patient information. In terms of complaint handling, the capacity of complaint investigators to respond within the stage 2 deadline of 20 working days remains a challenge.

2.3.1. Quality / patient care

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

2.3.2. Workforce

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

2.3.3. Financial

Poorly handled complaints can lead to litigation.

2.3.4. Risk assessment/management

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

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

2.3.5. Equality and Diversity, including health inequalities

All complainants are treated equally. No new issues identified.

2.3.6. Other impacts

n/a

2.4 Recommendation

- Awareness – for Board feedback and assurance, noting onward submission to Scottish Government, the Scottish Public Services Ombudsman and Healthcare Improvement Scotland.

3. List of appendices

The following appendices are included with this report:

Annual Feedback and Complaints Report 2025/26

NHS Shetland

Feedback and Complaints Annual Report 2025/26

How we listen, respond and learn from what people tell us

Introduction

NHS Shetland wants people to feel able to tell us about their experiences of local health services. This includes compliments, comments, concerns and complaints. What people tell us helps us understand what is working well, where people have had a difficult experience, and what we need to improve. This report explains how we collect feedback, how we respond to complaints, what themes we saw during 2025/26, and how that learning is shared with staff, Board Members and external scrutiny bodies.

At a glance: In 2025/26 we handled 231 pieces of feedback. This included 24 thank you contacts, 2 comments, 85 concerns, 73 Stage 1 complaints and 47 Stage 2 complaints. Each contact gives us an opportunity to listen, respond and, where needed, make changes.

Types of Feedback

People contact us in different ways and for different reasons. Some people want to thank staff. Others want to raise a concern, suggest an improvement, or make a formal complaint. We use the NHS Scotland Model Complaints Handling Procedure so that complaints are handled consistently, fairly and with a focus on the person's experience. We also report against nine national complaint handling indicators, so that our performance can be reviewed and challenged.

Annual Report (1 April 2025 - 31 March 2026)

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 2025/26 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

Listening to feedback is one of the ways NHS Shetland improves services for patients, families and carers. We cannot always resolve every issue in the way a person hopes, but we can make sure concerns are heard, considered and used to support learning. This report is intended to show openly how feedback is handled, what we have learned, and how we share that learning across the organisation.

This report has been considered by the Board of NHS Shetland. A copy is shared with Scottish Ministers, the local Patient Advice and Support Service, Healthcare Improvement Scotland and the Scottish Public Services Ombudsman.

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

We encourage people to tell us about the care they receive, whether their experience was positive or did not meet expectations. Feedback helps us understand what matters to patients, families and carers. It also helps us recognise good practice and identify where services need to change.

During 2025/26, our Feedback and Complaints service handled 231 pieces of feedback: 24 thank you contacts, 2 comments, 85 concerns, 73 Stage 1 complaints and 47 Stage 2 complaints. The concerns and complaints are summarised in the appendices to this report.

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.nhsshetland.scot/rights/patient-feedback-complaints/4);
- By providing **feedback,** including **making a complaint** by speaking with any member of staff. If they cannot help you they should be able to signpost you to someone that can, such as the PASS service above, or by contacting NHS Shetland's Feedback and Complaints Team https://www.nhsshetland.scot/rights/patient-feedback-complaints/3.

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

Printed information leaflets and posters about Care Opinion, the PASS service and on our Complaints Procedure should be available in all our public waiting areas. You can also visit our website page on Patient Feedback, Comments, Concerns and Complaints at https://www.nhsshetland.scot/rights/patient-feedback-complaints to find out about ways to tell us 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.nhsshetland.scot/downloads/file/19/quick-guide-to-the-nhs-complaint-handling-procedure. This gives information on the sorts of things you can complain about, how the process will work, and the support available to help you make your views known.

Annual Review

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 last year's Annual Review can be found on our website at: https://www.nhsshetland.scot/us/nhs-shetland-annual-reports.

We will hold an Annual Review in November this year.

What happens when you tell us about your experiences?

We acknowledge feedback as quickly as possible and explain what will happen next. If feedback is anonymous, we still share it with the relevant department so it can be considered. If feedback is posted publicly, for example on Care Opinion, we may ask the person to contact us directly if we need more detail. This helps us respond properly while protecting patient confidentiality.

How feedback leads to learning: We log feedback, remove personal details for reporting, share themes with the right teams, and use findings to support service improvement, staff learning and Board oversight.

Where appropriate, we share anonymised learning through staff briefings and other internal updates. We may also use local media or public information channels to respond to issues that affect wider groups of people.

All feedback received centrally is logged by the Feedback and Complaints Team. Personal details are removed before information is reported to governance groups and the Board. This helps senior staff and Board Members understand what people are telling us, identify themes, and ask for assurance that concerns are being managed effectively.

We know staff also receive many positive comments, cards and verbal thank yous directly from patients and families. These are not always captured centrally, but they are an important part of understanding people's experiences.

Feedback is also considered through clinical governance work. The Feedback and Complaints Team and Clinical Governance Team discuss concerns, serious adverse events and duty of candour events where these are relevant. Findings are used to support learning in staff meetings, including GP practice meetings, ward meetings and community services meetings.

2) How we encourage and handle complaints

Complaints are an important form of feedback. They help us understand when something has gone wrong, when communication has not been clear, or when a person's experience has not been what they should expect. We welcome complaints because they give us a chance to respond, put things right where we can, and learn for the future.

People can contact us about complaints in several ways. The NHS Scotland complaints handling procedure encourages staff to speak with people who are unhappy about something. Where possible, we try to resolve concerns quickly and locally. This is called early resolution.

Some people choose to write or email us, while others phone or ask to speak with the Feedback and Complaints Team. The Team can help people describe their concerns, explain the process, and agree the complaint summary before an investigation begins. Where needed, a Complaints Officer may also meet people in hospital, care homes or at home if they cannot use the usual routes. This can help when people have immediate concerns about care or feel unable to raise issues directly with the team involved.

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 decide whether it can be resolved at Stage 1 or whether it needs a more detailed Stage 2 investigation. Stage 1 is for issues that may be resolved quickly and is known as early or local resolution. Stage 2 is for more complex complaints, for example where more than one service, team or Health Board is involved. Stage 1 complaints should be dealt with within five working days. Stage 2 complaints should be responded to within 20 working days and receive a written response. If someone is not satisfied with a Stage 1 response, they can ask for the complaint to be considered (or escalated) at Stage 2.

We acknowledge complaints as quickly as possible and identify the right person to respond or investigate. We encourage investigators to contact the complainant early so there is a shared understanding of the issues raised and the outcome the person is hoping for. If someone does not want to make a formal complaint but wants us to know about an issue, we may record this as a concern. Some concerns are serious and still need a detailed investigation and written response.

Board Members, the Scottish Public Services Ombudsman and Scottish Government review how we handle complaints, including whether responses are provided within

the five and 20 working day timescales. These measures are part of the nine complaint handling indicators in Section 4.

3) Thematic concerns and improvement measures

When people contact us to provide feedback, raise concerns or make a complaint, it is important that we listen carefully and respond appropriately. Complaints and concerns also provide valuable insight into areas where services can improve. By reviewing feedback collectively, we can identify recurring themes and take action to address underlying issues and improve patient experience.

While many complaints related to individual circumstances, several common themes emerged during 2025/26. The most prominent themes related to communication, delays in diagnosis and treatment, continuity and coordination of care, discharge planning, and maintaining dignity and person-centred care. These themes are outlined below.

Communication and Patient Experience

Communication remained the most common theme identified across complaints received during the year. Concerns included the way information was shared with patients and families, delays in providing updates, perceived lack of empathy, misunderstandings regarding treatment plans, and difficulties navigating services. Communication issues were identified across a range of services including acute hospital care, primary care, maternity services, paediatrics, gynaecology, community services and patient travel.

In many cases, clinical care itself was found to be appropriate, however opportunities were identified to improve how information was communicated, how concerns were acknowledged, and how patients and families were involved in decisions about their care. Learning from complaints has reinforced the importance of clear, compassionate and consistent communication, particularly during periods of uncertainty, diagnosis, treatment planning and end-of-life care.

Delays in Diagnosis, Treatment and Follow-up

A number of complaints related to concerns about delays in diagnosis, referrals, investigations, treatment or planned follow-up. These included concerns regarding cancer pathways, diagnostic imaging, specialist appointments, neurodevelopmental assessments, mental health support, dermatology, spinal referrals and ongoing monitoring of patients following investigations.

While investigations often found that clinical decisions were reasonable based on the information available at the time, opportunities were identified to improve referral management, tracking systems, escalation processes and communication regarding waiting times. Several complaints also highlighted the impact that delays can have on patient confidence, anxiety and overall experience of care.

Care Coordination, Continuity and Discharge Planning

A recurring theme involved concerns about coordination between services and continuity of care. Complaints highlighted situations where patients or families were unclear about who was responsible for ongoing care, where follow-up arrangements

were not communicated effectively, or where information was not shared consistently between teams.

Several complaints also identified shortcomings in discharge planning, including communication about discharge arrangements, support available following discharge and coordination with community services. Learning has focused on strengthening multidisciplinary working, improving documentation and ensuring patients and families are appropriately involved in planning for discharge and ongoing care.

Dignity, Compassion and Person-Centred Care

A number of complaints related to experiences of dignity, respect and compassion, particularly during periods of vulnerability such as hospital discharge, sensitive examinations and end-of-life care. Families highlighted the importance of being kept informed, having concerns acknowledged and ensuring patients are treated with dignity throughout their care journey.

Investigations identified opportunities to strengthen person-centred approaches, enhance support for families and ensure staff have the time, skills and support necessary to provide compassionate care, particularly in emotionally challenging situations.

Documentation, Record Keeping and Governance

Several complaints identified concerns relating to documentation, record keeping, tracking of follow-up actions and the recording of clinical decisions. In a small number of cases, failures in documentation contributed to communication difficulties or delays in care.

As a result, services have reviewed local processes, strengthened governance arrangements and implemented improvements to documentation standards, referral tracking and oversight mechanisms. These actions are intended to reduce the risk of similar issues recurring in the future.

Learning and Improvement

Across the complaints reviewed during 2025/26, many identified opportunities for learning even where complaints were not fully upheld. Improvement actions included reviewing policies and procedures, strengthening communication practices, improving referral and follow-up systems, enhancing staff training, reviewing documentation standards and supporting greater multidisciplinary working.

Examples of learning following complaints

1. Antenatal screening

A complaint was received about a lack of counselling and support from NHS Shetland following antenatal screening which led to changes being made. The investigation found that key support arrangements were too dependent on individual members of staff being available, and that there were insufficient safeguards in place when staff were on leave or working different duties.

The main learning was that women and families facing difficult antenatal screening results, decisions about termination, or pregnancy loss need clear, proactive and

consistent support from the service. This includes timely communication, clear information about procedures and travel arrangements, confirmation of where to attend, and planned follow-up after discharge.

The complaint also showed the need for better communication between NHS Shetland and NHS Grampian where care is shared across both services. Staff need to be confident that information has been passed on, that the patient knows what to expect, and that any gaps in support are identified and addressed quickly.

As a result, the service has identified the need to strengthen staff training, improve written information for families, develop a clearer pathway for pregnancy loss support, and ensure timely home follow-up after pregnancy loss. These actions are intended to promote more woman-centred, coordinated and compassionate care.

2. Treatment decisions for palliative patient

A complaint was received about decisions made during the care of a palliative patient in the community, and what was felt to be a lack of transparency about these.

To reduce the risk of a similar situation happening again, a number of actions were identified. Teams were asked to strengthen record-keeping, by ensuring all patient contacts, telephone conversations, advice given, decisions made and rationale are clearly documented in the relevant clinical record. There was also an ask to introduce clear assessment criteria, by developing and implementing formal Community Nursing criteria and assessment documentation for hospital beds, profiling beds and related equipment, particularly for palliative patients.

There was a need to clarify responsibilities between services so it would be clearer whether it should be Community Nursing or Occupational Therapy being responsible for assessing and providing different types of equipment. Other actions included addressing the “grey area” of in-bed mobility, improving communication between teams, triggering reassessment when patient needs changed and reviewing the waiting-list risk.

3. Delays in releasing records under Subject Access Requests

During Quarter 4 we received five complaints about delays with subject access requests, and in particular patient access to receive their hospital records. During the reporting period a revised process was approved and implemented to support the progression of long-standing requests whilst maintaining appropriate clinical oversight arrangements for the release of records. It is anticipated that there will be a gradual reduction in the number of overdue requests overall, and there are now monthly reports on overdue requests provided to the relevant service managers in support of improvements in this area.

The themes identified through complaints continue to provide valuable insight into patients’, families’ and carers’ experiences of NHS Shetland services. We remain committed to learning from feedback, using complaints as an opportunity to improve services and ensuring that patients and families are at the centre of the care we provide.

4) Performance against the nine model complaint handling procedure indicators

4.1) Indicator One: Learning from complaints

Learning from complaints is central to how we improve. The information below explains how complaints are reviewed, shared and used to support changes in practice.

We have a framework for collecting feedback, sharing results and reporting improvement work.

Senior directors meet regularly with feedback and complaints staff to review complaints. They also consider serious adverse events and duty of candour events where these relate to, or are identified through, a complaint. This helps make sure serious issues are understood, actions are agreed, and learning is shared with the right staff groups.

Individual complaints are discussed anonymously at departmental governance meetings. This allows investigation findings and agreed actions to be shared with frontline staff. Summary complaint data is also reported quarterly to the Clinical Governance Committee, the Integration Joint Board and the Board.

Debrief sessions are held when needed, particularly after adverse events or serious concerns. The learning from these sessions is reported to the Clinical Governance Committee or the Risk Management Group, depending on the issue.

Complaint performance against the nine indicators is reported quarterly. This includes a summary of complaint outcomes and examples of improvement work linked to patient feedback.

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.

NHS Shetland values Care Opinion as an independent way for people to share feedback. When feedback is posted, Board Members and Heads of Service receive an alert. They can see positive and negative comments and how we respond. We encourage staff to read this feedback and consider what learning may apply to their service. If feedback needs a personal response, we ask the person to contact us directly so we can protect confidentiality and respond properly.

4.2) Indicator Two: Complaint process experience

When we send written complaint correspondence, we include a link so people can tell us about their experience of the complaints process. Paper copies and stamped addressed envelopes are also available on request.

In 2025/26, we continued to ask people for feedback on the complaints process, but we did not receive any formal questionnaire responses. We did receive incidental feedback that feedback and complaints staff were approachable and supportive through the process.

Four Stage 2 complainants contacted us again after receiving their investigation response, either to request a meeting or ask for more clarity. To our knowledge no complaints from 2025/26 have been considered by the Scottish Public Services Ombudsman, however this could change, particularly given there are a small number of Stage 2 responses that remain open at the time of report writing.

The number of complaints needing follow-up is only one way to judge the quality of our response. We continue to work to make responses clearer and more complete. This can mean taking longer than 20 working days, particularly when a complaint is complex or involves several services.

4.3) Indicator Three: Staff awareness and training

To learn from feedback properly, staff need to understand why complaints matter and how to respond. They also need confidence to speak with people about concerns and to know when to direct them to the Feedback and Complaints Team.

Staff are offered 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 mandatory online modules on feedback and complaints. In 2025/26 over 300 staff completed the Valuing Feedback and Complaints module.

For those asked to carry out an investigation, staff should be made aware of the NHS NES Complaints Investigation Skills online learning resource. Two cohorts of staff (22 in total) have also undertaken Scottish Public Services Ombudsman investigation training in 2025/26.

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: Total number of complaints received

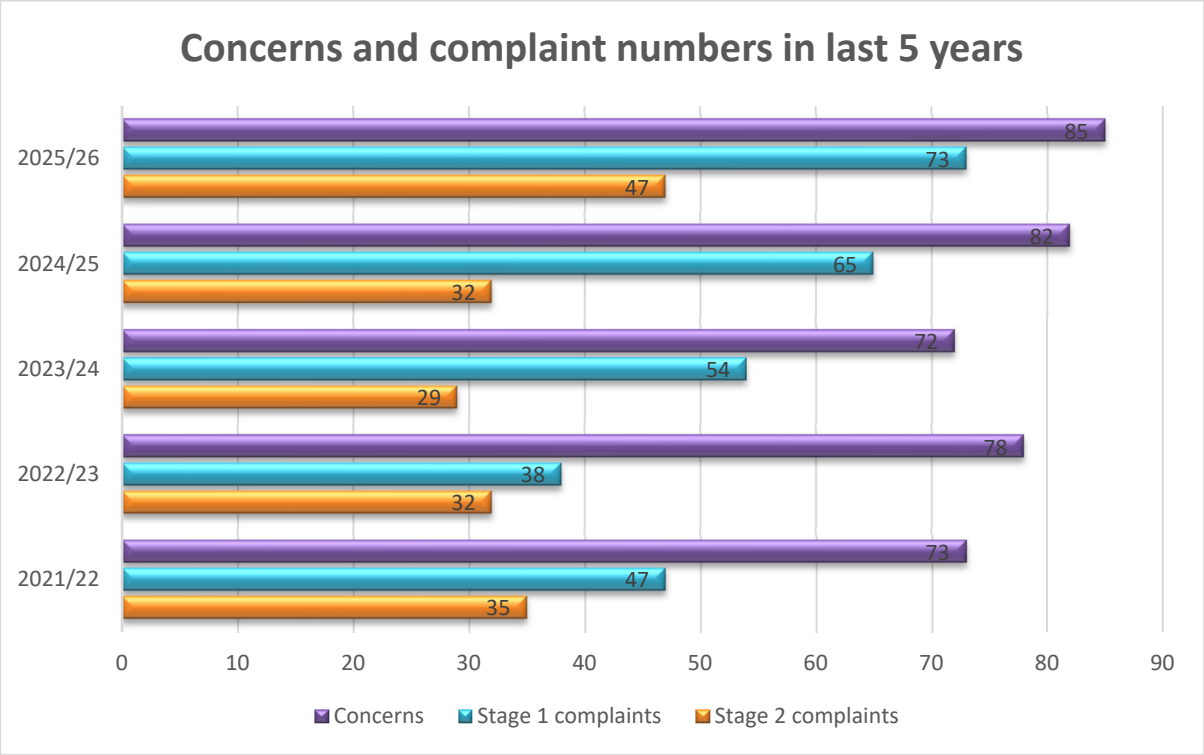
In 2025/26, NHS Shetland received 120 complaints. This included 73 Stage 1 complaints and 47 Stage 2 complaints. Five Stage 2 complaints had first been

considered at Stage 1. Overall, complaints increased by 24% compared with 2024/25.

Where possible, staff are encouraged to resolve less complex complaints early through frontline resolution. This can be quicker for the person making the complaint and they are often handled by staff involved in their ongoing care.

In 2025/26 we also received and responded to 85 concerns, which was a similar number to the 82 in 2024/25. This category includes queries raised on behalf of individuals by third parties such as MPs, MSPs and the Scottish Government.

In a small health system, feedback numbers can change from year to year, however, the chart below shows a general upward trend in the number of contacts with the service.



The complaints received in 2025/26 related to the following directorate areas:

	2025/26	
Service	**Number**	**Percentage**
Directorate of Acute and Specialist Services	43	36%
Directorate of Community Health and Social Care	57	47.5%
Acute and community	6	5%
Public Health	3	2.5%
Support Services	8	6.5%
Board (e.g. policy/estate)	3	2.5%
Totals:	**120**	

The Directorate of Community Health and Social Care is responsible for nine of the ten GP practices in Shetland. Complaints about these nine salaried GP practices are included in the NHS Shetland figures and the commentary in Appendices A, B and C.

We also requested complaint information from the remaining Family Health Services, including the independent GP practice, community pharmacies, opticians and the independent NHS dentist.

For 2025/26 we received the following information:

- The Hillswick Practice, iCare Shetland and Specsavers reported that they did not receive complaints in 2025/26.

- The Scalloway, Brae, Laings and Freefield pharmacies reported four Stage 1 complaints which were handled with an average response time of four days. All the complaints were received in a short time period and resulted in a change in locum input.

- Lerwick Dental Practice and Boots Pharmacy have not responded to a request for family health service complaint data for 2025/26.

4.5) Indicator Five: Complaints closed at each stage

The following calculations are based on 116 closed complaints handled directly by NHS Shetland: 73 at Stage 1 and 43 at Stage 2. Five of the Stage 2 complaints had been escalated from Stage 1.

Four Stage 2 complaints remained open at the time of report writing.

Complaints closed *(responded to)* at Stage One and Stage Two as a percentage of all complaints closed.		
Description	**2025/26**	**2024/25**
Number of complaints closed at Stage 1 as % of all complaints	**63%**	**67%**
Number of complaints closed at Stage 2 as % of all complaints	**33%**	**26%**
Number of complaints closed at Stage 2 after escalation as % of all complaints	**4%**	**7%**

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

The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed *(responded to)* in full at each stage.		
Upheld		
Description	**2025/26**	**2024/25**
Number of complaints upheld at Stage 1 as % of all complaints closed at Stage 1	**47% (34 of 73)**	**49% (32 of 65)**
Number of complaints upheld at Stage 2 as % of all complaints closed at Stage 2	**8% (3 of 38)**	**24% (6 of 25)**
Number of escalated complaints upheld at Stage 2 as % of all escalated complaints closed at Stage 2	**20% (1 of 5)**	**14% (1 of 7)**

Partially Upheld		
Description	**2025/26**	**2024/25**
Number of complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	**42% (31 of 73)**	**31% (20 of 65)**
Number of complaints partially upheld at Stage 2 as % of all complaints closed at Stage 2	**87% (33 of 38)**	**68% (17 of 25)**
Number of escalated complaints partially upheld at Stage 2 as % of all escalated complaints closed at Stage 2	**60% (3 of 5)**	**43% (3 of 7)**

Not Upheld		
Description	**2025/26**	**2024/25**
Number of complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	**11% (8 of 73)**	**20% (13 of 65)**
Number of complaints not upheld at Stage 2 as % of all complaints closed at Stage 2	**5% (2 of 38)**	**8% (2 of 25)**
Number of escalated complaints not upheld at Stage 2 as % of all escalated complaints closed at Stage 2	**20% (1 of 5)**	**43% (3 of 7)**

4.7) Indicator Seven: Average response times

The average time in working days for a full response to complaints at each stage			
Description	**2025/26**	**2024/25**	**Target**
Average time in working days to respond to complaints at Stage 1	**8.8**	**5.2**	5 wkg days
Average time in working days to respond to complaints at Stage 2	**54.4**	**52**	20 wkg days
Average time in working days to respond to complaints after escalation	**43.8**	**55**	20 wkg days

Performance against the five and 20 working day targets remains affected by system pressures. We know longer waits for complaint responses are not ideal. Our priority is to provide a full, clear response and identify actions where needed. If something immediate can be done to support a complainant or their carers, we will try to do that even if the final written response takes longer.

4.8) Indicator Eight: Complaints closed within timescales

The number and percentage of complaints at each stage which were closed *(responded to)* in full within the set timescales of 5 and 20 working days			
Description	**2025/26**	**2024/25**	**Target**
Number of complaints closed at Stage 1 within 5 working days as % of Stage 1 complaints	**56% (41 of 73)**	**58% (38 of 65)**	80%
Number of complaints closed at Stage 2 within 20 working days as % of Stage 2 complaints	**11% (4 of 38)**	**12% (3 of 25)**	80%
Number of escalated complaints closed within 20 working days as % of escalated Stage 2 complaints	**0% (0 of 5)**	**14% (1 of 7)**	80%

We will continue working to improve response times. Short complaints triage meetings between the Feedback and Complaints Team and the three clinical directors remain important. These meetings help identify the right lead investigator quickly and highlight where input from other colleagues is needed.

4.9) Indicator Nine: Extensions to response timescales

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	**2025/26**
% of complaints at Stage 1 where extension was authorised	44%
% of complaints at Stage 2 where extension was authorised (this includes both escalated and non-escalated complaints)	91%

5) How we report feedback and complaints

Feedback and complaints are reported at several levels so that learning is visible, actions are followed up, and NHS Shetland can be held to account by the Board and external scrutiny bodies.

1. Board level

The Board receives this annual Feedback and Complaints Report and considers complaint numbers, response times, themes, outcomes and actions taken. The Board also receives quarterly updates on feedback and complaints through the Quality Report, including information on key indicators, emerging themes and complaints reviewed by the Scottish Public Services Ombudsman.
This helps Board Members see:

- 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 use this information to seek assurance about service quality, complaint handling and improvement action.

2. Clinical Governance Committee and sub committees

Anonymised feedback and complaints reports are discussed at the Clinical Governance Committee. The Committee also considers serious adverse events and duty of candour issues where these are relevant.

Anonymised complaints may also be considered by the Joint Governance Group. This group includes senior clinical and care representatives from NHS Shetland and Shetland Islands Council.

3. National reporting

Anonymised complaints data is submitted to Healthcare Improvement Scotland, the Scottish Public Services Ombudsman and the Scottish Government each year. This allows national scrutiny and comparison with other Health Boards.

4. Executive Management

Senior members of the Executive Management Team meet with the Complaints Officer to discuss serious complaints, adverse events and duty of candour events. This helps make sure appropriate action is taken and learning is shared across the organisation.

5. Departmental level

At directorate and departmental level, anonymised adverse events, feedback and complaints are discussed where relevant. These meetings give teams the chance to review individual complaints, consider summary reports and identify learning that applies to their service.

Where appropriate, the Complaints Officer or relevant Executive Directors will highlight individual issues to these groups.

6. Individual clinician/members of staff

All compliments, concerns and complaints received centrally are recorded by the Feedback and Complaints Team. The information can be searched and reported where needed, including for medical appraisal and revalidation processes.

And finally...

Complaints and concerns make up a small proportion of the overall feedback we receive, and an even smaller proportion of the thousands of health and care interactions that take place each year.

We encourage people to share positive feedback as well as concerns. Much of this feedback is given directly to staff at the point of care and can be difficult to capture centrally. Staff are encouraged to record emails, cards and other comments so that good care is recognised and shared.

Positive feedback is also received through Care Opinion, thank you letters and cards, the Shetland Times newspaper and social media.

Examples of positive feedback:

- "I attended the Day Ward at GBH recently. I was treated with the utmost respect by the nurses on duty. Everything was explained to me in a clear and thoughtful manner. I would also like to thank everyone who works behind the scenes, the secretaries, the lab technicians and folk I never met but who have been involved in my care."

- "I would like to reflect and leave some feedback about my yesterday experience with the dentist. The dentist was absolutely amazing as always. She takes her time and explains everything and what was possible to show, she demonstrated what she was going to do. She was making sure I was ok with that etc, she kept reassuring me with everything she had done. It was the first dental treatment without general anaesthetic in the last 20 years….and showed bit by bit I can overcome my fear of the dentist."

- "During my recent holiday in Shetland I had the misfortune to break my ankle. I then had the good fortune to attend the Gilbert Bain Hospital A&E department where I was treated. After an x-ray confirmed it was broken, staff applied the plaster cast. Under normal circumstances you would expect to be sent on your way, but not in Shetland apparently. I travel alone in my campervan and obviously could not drive, but the staff member, in her own time, contacted Northlink ferries and arranged to have me and my van driven to the dock in Lerwick…. that is exceptional service far 'above and beyond'. That reflects not only the staff member's compassion and good nature, but also the modus operandi that the hospital obviously adheres to."

- "My daughter had an asthma review today and I just wanted to mention how brilliant the staff member was at explaining things clearly. She was really friendly and approachable for my daughter …. I am so impressed with the staff member's knowledge and professional abilities, but also her patient care was exemplary. Thank you."

We hope this report shows that NHS Shetland listens to feedback, learns from complaints, and uses what people tell us to improve services. We want people to feel able to work with us to shape and improve the care we provide.

NHS Shetland Annual Feedback and Complaints Report for 2025/26

Appendix A

Summary of Stage 1 Complaints in 2025/26

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
1	Pregnancy concerns felt dismissed during brief consultation.	N&AS / Midwifery	Part upheld	Apology given; feedback shared and midwife support strengthened.	1
2	Delay obtaining repeat medication created safety concerns.	CH&SC / Primary Care	Fully upheld	Prescription processes reviewed and medication reconciliation improved.	3
3	Confusion and delay around MRI appointment and referral.	N&AS / Medical Imaging	Part upheld	Scanning requirements clarified and follow-up arranged.	27
4	Unprofessional communication during vaccine booking enquiry.	PH / vaccination team	Fully upheld	Customer care expectations reinforced with staff.	4
5	Dissatisfaction with ANP consultation.	CH&SC / Primary Care	Fully upheld	Apology provided and reflective practice encouraged.	4
6	Felt concerns and abnormal results were not addressed.	CH&SC / Primary Care	Fully upheld	Triage process explained and onward referral arranged.	18
7	Poor communication and assessment during home nursing visit.	CH&SC / Community Nursing	Fully upheld	Apology provided and feedback given to staff and student nurse.	25
8	Staff failed to follow masking requests during visits.	CH&SC / Community Nursing	Fully upheld	Records flagged and staff reminded of requirements.	5
9	Delayed communication of biopsy results.	Medical	Part upheld	Handover and inbox arrangements reviewed.	6
10	Concern about paying for incomplete dental treatment.	CH&SC / Dental	Not upheld	Charging process explained and delay acknowledged.	1

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
11	Concern about discharge from mental health support.	CH&SC / MH	Fully upheld	Further discussion and review arranged.	3
12	Long delays and errors in dental treatment pathway.	CH&SC / Dental	Part upheld	Apology given and referral processes reviewed.	6
13	Health and safety concerns raised about ward environment.	Chief Executive / Estates / Health & Safety	Fully upheld	Repairs completed and issues addressed.	2
14	Delay and uncertainty regarding pain clinic follow-up.	N&AS / Medical Records	Part upheld	Waiting list position clarified and apology issued.	9
15	Poor communication regarding psychology and assessment services.	CH&SC / Mental Health	Part upheld	Meeting held and update arrangements agreed.	8
16	Unhappy with ANP consultation.	CH&SC / Primary Care	Fully upheld	Apology offered and GP review arranged.	1
17	Insufficient information about patient transfer arrangements.	Acute nursing / Patient Travel	Fully upheld	Leaflet developed and staff reminded about communication.	1
18	Delay providing subject access request records.	CH&SC / Primary Care	Fully upheld	Processes reviewed and apology provided.	8
19	Disagreement with travel reimbursement policy.	Finance / Patient Travel	Not upheld	Policy explained and guidance provided.	5
20	Concern about orthodontic care received.	CH&SC / Dental	Part upheld	Care reviewed and service shortcomings acknowledged.	23

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
21	Concerns about appointments, prescriptions and possible data breach.	CH&SC / Primary Care	Not upheld	No breach found; service concerns addressed.	6
22	Request for improved prosthetic eye service.	N&AS	Part upheld	Specialist appointment arranged.	10
23	Negative experience of reception and telephone systems.	CH&SC / Primary Care	Part upheld	Concerns discussed and apology given.	33
24	Felt spoken to inappropriately in A&E.	N&AS / A&E	Part upheld	Apology given and expectations reinforced.	2
25	Repeat difficulty obtaining pain medication.	CH&SC / Primary Care	Fully upheld	Dispensing process reviewed and GP follow-up offered.	1
26	Concern about discharge discussions while unwell.	Medical	Part upheld	Further apology given and matter resolved.	22
27	Concern vaccinators lacked medical information.	PH / vaccination team	Part upheld	Communication and notification processes reviewed.	1
28	Problems obtaining prescribed treatment.	CH&SC / Primary Care	Part upheld	Prescribing process explained and staff feedback provided.	2
29	Exposure to dog at dental practice triggered allergy concerns.	CH&SC / Dental	Fully upheld	Care plan and alerts added to records.	1
30	Consultation perceived as insensitive and dismissive.	Medical	Fully upheld	Apology issued and clinician reflected on interaction.	13

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
31	Delays and poor communication regarding children's care.	CH&SC / Primary Care	Fully upheld	Clinician workflow changed and learning event arranged.	5
32	Delay accessing asthma medication and review.	CH&SC / Primary Care	Part upheld	Apology given; staff learning identified.	1
33	Significant delay to Botox treatment.	N&AS / Elective Care	Fully upheld	Service pathway resolved and appointment arranged.	4
34	Lack of updates about Botox clinic delays.	N&AS	Fully upheld	Explanation provided and written update offered.	1
35	Loss of denture during hospital stay.	N&AS	Fully upheld	Apology given and reimbursement offered.	5
36	Concern prescription request was rejected.	CH&SC / Primary Care	Not upheld	Administrative error explained and communication improved.	15
37	Long wait for hearing assessment.	N&AS / Audiology	Part upheld	Recruitment progress shared and triage planned.	5
38	Complaint about communication with mental health staff.	Mental Health	Not upheld	Meetings offered; complaint subsequently closed.	38
39	Difficulty contacting dental reception for urgent care.	CH&SC / Dental	Part upheld	Voicemail process reviewed and information clarified.	5
40	Lack of community nursing cover caused distress.	Community nursing / Primary Care	Part upheld	Communication failures reviewed and service learning identified.	18

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
41	Delays obtaining records and billing information.	Support Services / Information Governance / Medical Records	Fully upheld	Documents reissued and required information provided.	10
42	Concern ongoing symptoms were not being fully investigated.	N&AS	Fully upheld	Alternative clinician appointment arranged.	3
43	Staff parking caused disruption to other premises.	Estates	Fully upheld	Staff reminded of parking expectations.	2
44	Operation cancelled due to administrative error.	N&AS	Fully upheld	Pre-operative processes reviewed and surgery rearranged.	6
45	Delayed communication of test results.	Medical	Part upheld	Pathway review and service improvement work initiated.	17
46	Confusion over travel reimbursement rules.	Patient Travel	Part upheld	Policy explained and individual circumstances reviewed.	1
47	Distress caused by how concerns were escalated internally.	Montfield Dental	Part upheld	Communication issues acknowledged and apology provided.	20
48	Delay arranging monitored medication packs.	CH&SC / Primary Care	Part upheld	Updates provided and alternative options explored.	1
49	Disagreement with travel reimbursement decision.	Finance / Patient Travel	Not upheld	Policy requirements explained.	2
50	Personal matters inappropriately raised during care.	CH&SC / Mental Health	Fully upheld	Complaint investigated and alternative staff support arranged.	2

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
51	Dispute over clinical opinions and record content.	Medical	Part upheld	Apology offered and alternative care options discussed.	3
52	Felt symptoms and possible infection were dismissed.	CH&SC / Primary Care / Community Nursing	Not upheld	Clinical rationale explained and future care advice provided.	22
53	Overdue subject access request.	Information Governance	Fully upheld	Records uploaded and access restored.	16
54	Incorrect referral pathway delayed specialist appointment.	N&AS	Part upheld	Correct referral arranged and learning identified.	19
55	Delay receiving requested GP records.	Primary Care	Fully upheld	Records sent and apology provided.	1
56	Delay obtaining child's prescription.	N&AS	Part upheld	Technical issue explained and prescription arranged.	3
57	Delay receiving medical records.	Medical Records	Part upheld	Records uploaded and GP informed.	3
58	Appointments not adapted to communication needs.	CH&SC / Primary Care	Fully upheld	Reasonable adjustments agreed and communicated.	16
59	Delay progressing specialist referral and pain management.	N&AS / Elective Care	Part upheld	Escalation with treating board continued.	19
60	Delay providing deceased relative's records.	Medical Records	Fully upheld	Records uploaded for access.	2

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
61	Difficulties obtaining COVID vaccination.	Vaccinations / Public Health	Fully upheld	Responsibility clarified and process reviewed.	1
62	Delay receiving GP records.	Primary Care Admin	Fully upheld	Records uploaded and access provided.	12
63	No response to medication query.	Primary Care	Fully upheld	Issue resolved and reviewed with pharmacist.	5
64	Concerns about diagnosis records and communication.	Mental Health / Information Governance	Part upheld	Appointment arranged to review concerns.	10
65	Lack of clarity regarding ADHD pathway.	CH&SC / Mental Health	Fully upheld	Pathway clarified and communication improved.	25
66	Unsatisfactory autism assessment experience.	Speech & Language Therapy	Fully upheld	Apology given and second opinion arranged.	1
67	Felt symptoms were dismissed and concerns minimised.	CH&SC / Primary Care	Fully upheld	New care plan, referrals and clinician change agreed.	2
68	Felt dismissed during emergency dental appointment.	CH&SC / Dental	Partly upheld	Explanation accepted and complaint handling reinforced.	1
69	Disagreement regarding escort travel reimbursement.	Patient Travel	Not upheld	Policy explained and escalation route provided.	12
70	Concerns about conduct of community psychiatric nurse.	CH&SC / MH	Part upheld	Meeting arranged to discuss issues.	10

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

Appendix A Summary of Stage 1 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/lessons learned	No of wkg days
71	Upset by comments made during fracture clinic.	Medical	Part upheld	Alternative clinician review arranged.	11
72	Concern about assessment occurring outside normal A&E processes.	Medical	Part upheld	Clinician reflected and agreed procedural changes.	33
73	Concern about inappropriate access to medical records.	Acute nursing	Not upheld	Audit completed and no improper access identified.	2

Key: N&AS Nursing and Acute Services; CH&SC Community Health and Social Care; PH Public Health

NHS Shetland Annual Feedback and Complaints Report for 2025/26

Appendix B

Summary of Stage 2 Complaints in 2025/26

Appendix B Summary of Stage 2 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/Rationale	No of wkg days
1	Housing and facilities concerns regarding staff accommodation management and communication.	Chief Executive / Estates and Facilities	Part upheld	• Apology provided; processes clarified, communication improvements identified, and meeting offered.	53
2	Concern about longstanding delayed diagnosis and treatment of a chronic condition.	Medical	Not upheld	• No evidence of missed diagnosis found; clinical reasoning explained and records review offered.	28
3	Concerns regarding end-of-life assessment, diagnosis and communication.	CH&SC / PC	Part upheld	• Clinical decisions explained; learning identified and family meeting facilitated.	65
4	Concerns about surgical care, documentation and ongoing treatment.	Medical	Part upheld	• Record-keeping and communication improvements required; second opinion arranged.	27
5	Complaint about nursing attitude and discharge experience during acute illness.	N&AS / Acute nursing	Part upheld	• Clinical care appropriate; apology given for insensitive communication.	20
6	Concerns about community and primary care management in a care home setting.	CH&SC / GPs / Comm Nursing	Part upheld	• Clinical decisions explained; communication and prescribing reflections undertaken.	40
7	Miscommunication regarding escort approval and expenses.	Acute nursing / Patient Travel	Part upheld	• Costs reimbursed and patient travel guidance for ward areas reviewed.	14
8	Failure to provide planned follow-up for abnormal scan findings.	Medical	Fully upheld	• Process failures acknowledged and tracking improvements introduced.	18
9	Concerns regarding delayed cancer diagnosis following repeated presentations.	CH&SC / PC	Part upheld	• Learning review undertaken and apology provided.	60

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care; AHP Allied Health Professional

Appendix B Summary of Stage 2 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/Rationale	No of wkg days
10	Concern about medication prescribed following assessment.	N&AS / Medical	Not upheld	• Assessment process explained; patient autonomy and treatment options clarified.	23
11	Lack of follow-up regarding diagnoses, imaging and referrals.	CH&SC / PC	Part upheld	• Historic gaps acknowledged; follow-up care arranged.	59
12	Concerns about condition and lack of dignity at hospital discharge.	N&AS / Nursing / Medical	Part upheld	• Apology provided and discharge communication improvements identified.	71
13	Concerns about emergency department processes and care of a young person.	N&AS / Nursing	Part upheld	• Triage improvements identified and communication shortcomings acknowledged.	59
14	Concern that a relative died without family present and was not presented with dignity.	N&AS / Nursing	Part upheld	• Family had been contacted as quickly as possible. Apology given and learning identified for end-of-life care.	20
15	Concerns about delayed support for neurodevelopmental and mental health needs.	CH&SC / Primary Care	Part upheld	• Apology for delays and missed follow-up; review arranged.	40
16	Concerns about venesection care and confidentiality.	N&AS / Nursing	Part upheld	• Practice reviewed and staff learning completed.	48
17	Lack of support and communication following adverse pregnancy findings.	N&AS / A&E	Fully upheld	• Service improvements and additional support pathways introduced.	42
18	Concerns about delays in spinal diagnosis and referral.	N&AS / AHP	Not upheld	• Pathway considered appropriate but learning identified regarding escalation and communication.	39
19	Complaint regarding staff attitude and subsequent handling of concerns.	CH&SC / Primary Care	Part upheld	• Process weaknesses identified; further training and policy review recommended.	87

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care; AHP Allied Health Professional

Appendix B Summary of Stage 2 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/Rationale	No of wkg days
20	Concerns about appointment delays, communication and referral management.	CH&SC / Primary Care / Medical	Part upheld	• Apology provided and processes clarified.	22
21	Concerns about end-of-life equipment assessment and access to records.	CH&SC	Fully upheld	• Failures in documentation and assessment acknowledged; service improvements identified.	80
22	Concerns regarding communication and professionalism during review.	N&AS / Medical	Part upheld	• Apology, mediation and alternative clinician offered.	24
23	ESC Concern that symptoms were dismissed prior to cancer diagnosis.	CH&SC / Medical	Part upheld	• Service improvement identified, however no significant diagnostic delay found.	44
24	Concerns about care placement decisions, medication management and communication.	CH&SC	Part upheld	• Clinical rationale explained and practice improvements implemented.	100
25	Concerns regarding procedure, pain management and consent.	N&AS / Medical	Part upheld	• Shortcomings identified in communication, consent, delay management, patient comfort and post-procedure support; no evidence of harm caused by the procedure.	115
26	Concerns regarding conduct and communication during sensitive examination.	N&AS / Medical	Part upheld	• No clinical fault identified; communication shortcomings acknowledged.	80
27	Concerns about care, communication and discharge arrangements for an elderly relative.	CH&SC / Comm Nursing / N&AS	Part upheld	• Shortcomings identified in communication, care coordination, discharge planning, safeguarding, escalation of concerns and person-centred care, contributing to distress for the patient and family.	103
28	Concerns about maternity transfer, communication and family support.	N&AS / Maternity	Part upheld	• Clinical care appropriate but communication improvements required.	38

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care; AHP Allied Health Professional

Appendix B Summary of Stage 2 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/Rationale	No of wkg days
29	Concerns regarding delayed recognition of recurrent cancer.	Medical – PC / Acute	Part upheld	• Apology given, and explanation of atypical presentation of cancer recurrence. • Learning identified regarding the taking and processing of clinical photos/videos	110
30	Concerns about incomplete imaging and delayed diagnostic pathway.	N&AS / AHP	Part upheld	• Communication learning identified and apology provided.	61
31	Concerns regarding delayed specialist support for severe skin condition.	N&AS / Medical	Part upheld	• Clinical care appropriate but delays and communication issues acknowledged.	32
32	Concerns about labour management, equipment availability and postnatal care.	N&AS / Maternity	Part upheld	• Learning identified regarding equipment readiness and person-centred care.	46
33	Concerns regarding prolonged steroid treatment and delayed recognition of side effects.	CH&SC / Medical	Part upheld	• Prescribing and review improvements identified.	77
34	Concerns regarding cancellation and delay of surgery.	N&AS / Elective Services	Part upheld	• Administrative error acknowledged and cross-board communication strengthened.	60
35	ESC Concerns regarding management of a pressure sore in the community.	CH&SC / Comm Nursing	Fully upheld	• Governance and communication improvements implemented.	59
36	Allegations of negligence, missed infection and poor treatment.	CH&SC / PC / and N&AS	Part upheld	• Clinical care appropriate; empathy and communication learning identified.	49
37	Concerns about management of ADHD medication and continuity of care.	CH&SC / Primary Care	Part upheld	• Communication and prescribing improvements identified.	74
38	Concerns about worsening symptoms and failed specialist consultation.	N&AS / Medical	Part upheld	• Clinical care appropriate but continuity and communication issues recognised.	26

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care; AHP Allied Health Professional

Appendix B Summary of Stage 2 Complaints 2025/26

	Summary of complainant concerns	Staff Group(s)	Outcome	Actions/Rationale	No of wkg days
39	Concerns regarding prolonged wait for autism assessment and diagnosis.	CH&SC / SLT	Open		
40	Concerns regarding delayed diagnosis and treatment.	Medical	Part upheld	• Documentation and referral process improvements identified.	62
41	Concerns regarding insulin management during hospital admission.	N&AS / Nursing	Open		
42	Concern that opportunities to diagnose heart failure were missed.	CH&SC / PC	Part upheld	• Some earlier diagnostic opportunities identified; referral arranged.	60
43	Concerns regarding assessment prior to death.	N&AS	Part upheld	• Clinical assessment considered appropriate based on presenting symptoms and information available; learning identified to strengthen documentation, history-taking and information-sharing between healthcare providers.	75
44	ESC Concerns regarding withdrawal of an incontinence product and lack of alternatives.	CH&SC / Paediatrics	Part upheld	• Alternative product sourced and procedures reviewed.	38
45	Safeguarding, confidentiality and professional conduct concerns raised.	CH&SC / PC	Open		
46	Concerns regarding neglect and dignity of care during final admission.	N&AS / Nursing	Open		
47	ESC Concerns about communication, consent and continuity within primary care.	CH&SC / PC	Part upheld	• Misunderstandings acknowledged and further review offered.	39

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care; AHP Allied Health Professional

NHS Shetland Annual Feedback and Complaints Report for 2025/26

Appendix C

Summary of Concerns received in 2025/26

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
1	CH&SC / Mental Health	**MSP:** Patient seeking local admission/out-of-area placement.	Remained inpatient; out-of-area referral under review.
2	CH&SC / PC	Difficulty booking GP appointments due to service closures.	Issue resolved after critical incident period ended.
3	CH&SC / PC	Concern about historic B12 deficiency management.	Records requested; may pursue complaint after review.
4	Public Health	Concern about risks from AstraZeneca COVID vaccine.	Reassured on risk profile and signposted to GP.
5	CH&SC / Dental	Four-year wait for dental crown treatment.	Treatment reviewed; service remains capacity constrained.
6	Finance	Request for explanation of overseas treatment bill.	Referred to Director of Finance for clarification.
7	CH&SC / Mental Health	Requested additional mental health support.	Existing team support confirmed; specialist criteria not met.
8	N&AS	Parent sought second opinion for family member with complex condition.	Specialist review ongoing; second opinion available.
9	N&AS / Finance / Patient Travel	Concern about unavailable exercise testing service and lack of funding for alternative private treatment.	Private service issue explained; local review ongoing.
10	N&AS / Medical	**MSP:** request regarding patient's care and second opinion.	Further specialist discussions and family updates arranged.
11	Medical	Concern about delays in cancer diagnosis and treatment.	Pathway reviewed; response provided.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
12	CH&SC / Dental	**MSP:** contact about dental treatment concerns.	Directed to appropriate dental provider complaints process.
13	Finance / Patient Travel	**MSP:** concern about patient travel booking arrangements.	Travel policy and booking rationale explained.
14	CH&SC / AHP	Concern over supplements and wait.	Prescription rationale and waiting times explained.
15	CH&SC / AHP	Concern about lack of follow-up.	Contact made; records requested and concerns ongoing.
16	Finance / Patient Travel	Concern about airport support for vulnerable traveller.	Airport complaint logged for investigation.
17	N&AS / Nursing	Bereavement delays affected funeral arrangements.	Learning identified around guidance and staff training.
18	N&AS / Medical	**MSP:** Query about delayed cardiac treatment pathway.	Local actions explained; treatment board signposted.
19	CH&SC / Mental Health	Concern about unauthorised access to health records.	Audit found no inappropriate access.
20	CH&SC / Primary Care	Concern about insensitive GP consultation.	Reflection and training commitments provided.
21	N&AS	Concern about delays accessing MRI and treatment.	Apology given; pathway explained and learning identified.
22	Finance / Patient Travel	Concern about airport staff awareness of hidden disabilities.	Apology given and refresher training requested.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
23	CH&SC / Dental	Dental appointment cancellation and communication issues.	Earlier appointment offered and accepted.
24	CH&SC / Community Nursing	Distress after running out of continence products.	Assessment offered to determine needs.
25	Chief Executive / Estates	**MSP:** Concern about condition of nurse accommodation.	Improvement works planned before occupancy.
26	Medical	Complaint about clinician communication style.	Further details requested; no response received.
27	N&AS / patient flow	Request for orthopaedic waiting time information.	Directed to FOI process.
28	N&AS	Concern about travel vaccination delays.	Appointment arranged and apology provided.
29	Finance	Dispute over travel repayment and overpayment recovery.	Financial position and rationale explained.
30	Finance	**MSP:** enquiry about repayment recovery.	Financial explanation provided.
31	Dental	Difficulty accessing orthodontic appointments.	Service changes explained; clinics planned.
32	Mental health	Mental health crisis support access concerns.	Immediate review and support arranged.
33	Public Health	Confusion over shingles vaccination eligibility.	Eligibility and service model explained.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
34	CH&SC / ANPs	Concern about staff social media comments on autism.	Matter referred for management review.
35	CH&SC / ANPs	Further concern about staff autism-related comments online.	Matter referred for management review.
36	CH&SC / Primary Care	Question about GP recruitment.	Recruitment campaign and support measures outlined.
37	Dental	**MSP:** request on dental access and waiting times.	Current position and future planning explained.
38	CH&SC / Primary Care	**MSP:** Concerns about appointment booking and practice closures.	Processes explained and improvement suggestions reviewed.
39	Finance / Patient Travel	Concern about patient travel staff interactions.	Staff unable to respond without specific details.
40	N&AS / Nursing	Concerns about care support after surgery.	Pathway explained and improvements identified.
41	Primary Care	Difficulty accessing domiciliary eye examinations.	Alternative arrangements being explored.
42	Public Health / Primary Care	Concern about flu vaccination access on outer island.	Local vaccination visit planned.
43	N&AS / Nursing	**MSP:** concern about delayed cancer treatment information.	Escalated with treating board; updates requested.
44	Public Health	**MSP:** Query about COVID vaccine eligibility changes.	National policy explained.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
45	CH&SC / AHP	Concern about assessment affecting housing needs.	Multi-agency meeting held to progress support.
46	Mental Health	Complaint about conduct during mental health phone call.	Meeting offered; escalation options discussed.
47	CH&SC / Mental Health	**MSP:** concern about patient's suicide risk.	Clinical review undertaken and support maintained.
48	N&AS / Pre-Op Clinic	Concern about delays before hip replacement surgery.	Response coordinated with treating hospital.
49	Primary Care	Feedback on medication review process.	Feedback shared for service learning.
50	N&AS / Nursing	Concern about lack of local specialist nurses.	Dedicated service now established.
51	N&AS / AHP	**MSP:** Request for patient to receive more frequent MRI monitoring.	Frequency remains consultant-led.
52	Public Health	Unable to access flu vaccination privately.	No additional local options available.
53	N&AS / Nursing	Concern about communication difficulties with staff.	Issue passed to directorate for review.
54	Primary Care	**FCC:** Community concern about cancelled GP island clinics.	Changes explained and alternatives offered.
55	Primary Care	**MSP:** concern about cancelled island GP clinics.	Service rationale and alternatives explained.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
56	Public Health	Query regarding COVID vaccination eligibility.	Eligibility criteria explained.
57	CH&SC / Primary Care	Difficulty using AskMyGP for medication review.	GP appointment arranged.
58	N&AS / Nursing	Concern about cancer diagnosis and follow-up.	Further discussion with specialists arranged.
59	N&AS / Children's Services	**MSP:** query on children's service waiting times.	Information request noted.
60	Medical	**MSP:** concern about child's complex care.	Treating board leading response with local support.
61	N&AS / Maternity	Concerns about delayed echocardiogram results.	Apology given; follow-up arranged.
62	N&AS / Medical	Concern about professionalism during terminal care.	Apology given and learning actioned.
63	N&AS / Patient Flow	Concern about long wait for cardiology follow-up.	Update provided; appointment expected soon.
64	N&AS / Maternity	**MSP:** concern regarding maternity transfer processes.	Complaint response issued and meeting held.
65	N&AS / Maternity	Maternity concerns linked to wider investigation.	Contact to be made regarding service provided.
66	Finance / Patient Travel	Complaint about maternity accommodation standards.	Transferred to responsible health board.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
67	N&AS / Maternity	Concern about colostrum storage mix-up.	Investigation completed and safety improvements made.
68	Medical	Request for NHS-funded laser treatment.	Request not supported following specialist advice.
69	N&AS / Nursing	Request for welfare check on inpatient.	Patient reviewed and support plan confirmed.
70	CH&SC / Mental Health	**MSP:** concern about mental health complaint handling.	Discussion held and alternative care offered.
71	Medical	Delay accessing reconstruction surgery.	Support offered to progress treatment options.
72	N&AS / AHP	Concern about staff conduct.	Feedback provided to agency and clinician.
73	CH&SC / Primary Care	Concern about GP access restrictions.	Meetings offered but not taken up.
74	N&AS / Patient Flow	Request for update on orthopaedic surgery pathway.	Treatment date anticipated shortly.
75	Medical	**MSP:** concern about reconstruction delays.	Support offered for appropriate referral route.
76	CH&SC	**MSP:** Questions about GP walk-in clinic impact.	Additional capacity planned without reducing existing services.
77	Dental	**MSP:** concern about NHS dental access.	Responsibilities and improvement plans explained.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care

Appendix C Summary of Concerns 2025/26

	Area	Summary of concerns	Outcome
78	CH&SC / Mental Health	Request for support resolving unpaid invoice.	Mental health team agreed to assist communication.

Key: CH&SC Community Health and Social Care; N&AS Nursing and Acute Services; PC Primary Care