NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**29th September 2026**
Title:	**Feedback and Annual Complaints Report**
Responsible Executive/Non-Executive:	**Dr Boyd Peters, Medical Director and Louise Bussell, Nurse Director**
Report Author:	**Laura Neil, Associate Director of Quality & Clinical Governance**

Report Recommendation:

The Board is asked to **approve** the Annual Complaints and Feedback Report for 2025/2026, for submission to the Scottish Government and publication on the NHS Highland website.

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Government policy/directive
- Legal requirement

This report will align to the following NHS Scotland quality ambition(s):
Safe, Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well	x	Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

All NHS Boards are required to submit and publish an annual report of feedback and complaints. The report for 2025/2026 is attached for approval by the Board before submission to the Scottish Government and publication on the NHS Highland website.

2.2 Background

This report highlights performance from April 2025 to March 2026.

2.3 Assessment

Key points to note from the report:

Care Opinion

- 1725 stories were received.

Complaints:

- Stage 2 complaints
  - There has been a 29% increase in Stage 2 complaints since 24/25, with 1047 recorded in 25/26
  - Nearly one third of these complaints related to concerns about treatment and approximately one fifth related to communication.
  - Approximately 60% of our Stage 2 complaints are considered to be at least partially upheld, with a further 23% considered fully upheld.
  - Performance against the 20-working-day response target improved during the year, increasing from 19% across Quarters 2 and 3 to 30% in Quarter 4.
- Stage 1 complaints
  - There has been a 17% increase in Stage 1 complaints since 24/25, with 495 received in 25/26.
  - There has been a reduction in Stage 1 cases escalated to Stage 2.
  - 51% were responded to within 5 working days.
  - 46% were considered fully upheld, 30% partially upheld, 24% not upheld.
  - The top three reasons for complaint are waiting times, delay and stress (29%), care, treatment and clinical decisions (28%) and communication, information and updates (15%).
- During 2025/26, complaint receipts consistently exceeded closures, resulting in increased correspondence and additional pressure across both the Clinical Governance Team and Operational Units.
- Performance against the prescribed timeline targets for both Stage 1 and Stage 2 complaints remains of concern. Combined Stage 1 and Stage 2 performance averaged 38% in 2025/26, down from 44% in 2024/25. No month achieved the target: combined monthly

performance ranged from 31% in December to 44% in April and February.

Compliments

- There has been an increase in compliments received.

Concerns

- There has been a reduction in concerns recorded.

The report notes that there are potential improvements to be made. A Short Life Working Group is currently reviewing current practice to review feedback mechanisms available for patients in order to agree a plan for a more coherent and systematic approach where both teams and the organisation can maximise learning from feedback from patients. The two main areas for improvement are:

- Responding to complaints more quickly
- Ensuring that we are fully maximising the learning from complaints – both for the teams involved but also in terms of identifying themes and opportunities for improvement across the organisation.

Further updates will be given to Board as this work progresses.

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance – A moderate level of assurance is proposed.

3 Impact Analysis

3.1 **Quality/ Patient Care** – Listening and acting on patient feedback can directly lead to improvements in patient care.

3.2 **Workforce** – It is important that teams learn from feedback. Positive feedback can improve morale within teams.

3.3 **Financial** – A satisfactory response to complaints may reduce claims submitted.

3.4 **Risk Assessment/Management** – Patient feedback can be seen as an early warning system for potential issues and risks within our system.

3.5 **Data Protection** – The complaints procedure abides by data protection guidelines. All complaints are stored on Healthcare Guardian (Datix up until August 2026)

3.6 **Equality and Diversity, including health inequalities** – The complaints process considers equality and diversity issues.

3.7 **Other impacts** – N/A

3.8 **Communication, involvement, engagement and consultation** – N/A

3.9 **Route to the Meeting** – This report has been compiled by the Clinical Governance team. It has been approved by the Clinical Governance Committee on 3rd September 2026.

NHS Highland Complaints Annual Report 2025/2026

1. Contents

2. Introduction

The NHS Highland Feedback and Complaints Annual Report 2025–2026 provides a comprehensive overview of feedback received during the period 1 April 2025 to 31 March 2026. It sets out key themes, learning identified, and improvements implemented in response to feedback. The report also outlines the proactive approaches used to encourage and gather feedback, supporting the continued review, refinement and development of local services.

2.1 Encouraging, Gathering and Responding to Feedback and Complaints

NHS Highland actively welcomes and encourages feedback from patients, carers and family members about the services it provides. Information on how to share feedback is available through the NHS Highland website at Contact the Feedback team | NHS Highland.

Feedback information leaflets are made available to patients, relatives and carers to encourage the sharing of feedback and to provide information on how to make a complaint. Signposting to Care Opinion and complaints information leaflets are displayed across NHS Highland patient areas to support accessible and visible routes for feedback.

NHS Highland gathers patient feedback through a range of established channels, including but not limited to:

- Patients, carers and family members can share feedback with any NHS Highland member of staff, who will provide appropriate support and guidance. Feedback may be submitted by letter, email, telephone or in person. Alternatively, individuals may contact the Feedback Team directly using the details below:
  - NHS Highland Feedback Team
    PO Box 5713
    Inverness
    IV1 9AQ
    01463 705997
    Nhshighland.feedback@nhs.scot

- Online feedback through Care Opinion www.careopinion.org.uk
- NHS Highland website Contact the Feedback team | NHS Highland
- Patient feedback provided by other organisations.
- Service, Department and Team surveys.
- National patient experience surveys.
- Letters and information from elected members of Parliament and Local Authority representatives on behalf of patients and families.
- Local feedback processes by individual Services.

We recognise that there are occasions when services may not meet the standards expected by patients, families and the organisation. Feedback in these circumstances is important, as it enables NHS Highland to identify areas for improvement, address shortfalls, learn from experience and continue to improve the quality of care provided.

To support accessible and straightforward routes for sharing experiences, NHS Highland has an established, centrally based Feedback Team. The team acts as a single point of contact, providing consistent advice, guidance and support to patients and members of the public. Alongside this, all NHS Highland staff are encouraged and empowered to respond to concerns at the earliest opportunity and, where appropriate, resolve matters directly at the point of service delivery.

To support patients to provide feedback the Patient Advice and Support Service (PASS) is delivered by the Citizens Advice Bureaus in:

- Argyll and Bute
  18 Argyll Street
  Lochgilphead, Argyll
  PA31 8NE
  Tel: 01546 605 550
  Email: https://www.abcab.org.uk/contact-us

- Inverness, Badenoch & Strathspey
  29-31 Union Street
  Inverness
  IV11QA
  Tel: 01463 237 664
  Email: https://www.invernesscab.org/contact-us

- Ross & Cromarty
  Suie House
  Market Square
  Alness
  IV17 0UD
  Tel: 01349 883 333
  Email: adviser@alnesscab.casonline.org.uk

- Skye and Lochalsh Citizens Advice Bureau
  The Green
  Portree
  IV51 9BT
  Tel: 01478 612 032
  Email: https://www.slcab.org.uk/contact-us

- Lochaber Citizens Advice Bureau
  Dudley Road
  Fort William
  PH33 6JB
  Tel: 01397 705 311
  Email: https://www.lochabercab.org.uk/contact-us

The Clinical Governance Committee receives both positive and negative patient stories, alongside complaints reports and Scottish Public Services Ombudsman (SPSO) reports, on a quarterly basis. This supports ongoing scrutiny of patient experience, complaints handling, learning and improvement.

SPSO reports set out the outcome of each investigation and summarise the actions taken by the Board in response to the findings and recommendations.

As an organisation we hugely value patient feedback, both positive and negative. Whilst this report outlines our current performance we are currently reviewing current practice to review feedback mechanisms available for patients in order to agree a plan for a more coherent and systematic approach where both teams and the organisation can maximise learning from feedback from patients.

3. Care Opinion Report 1 April 2025 to 31 March 2026

During 2025/26, NHS Highland received 1,725 Care Opinion stories across 29 services. A total of 1,403 responses were provided, giving an overall response rate of 81%. Responsiveness varied across services, with some areas achieving full or near-full response rates, while others reported lower levels of engagement.

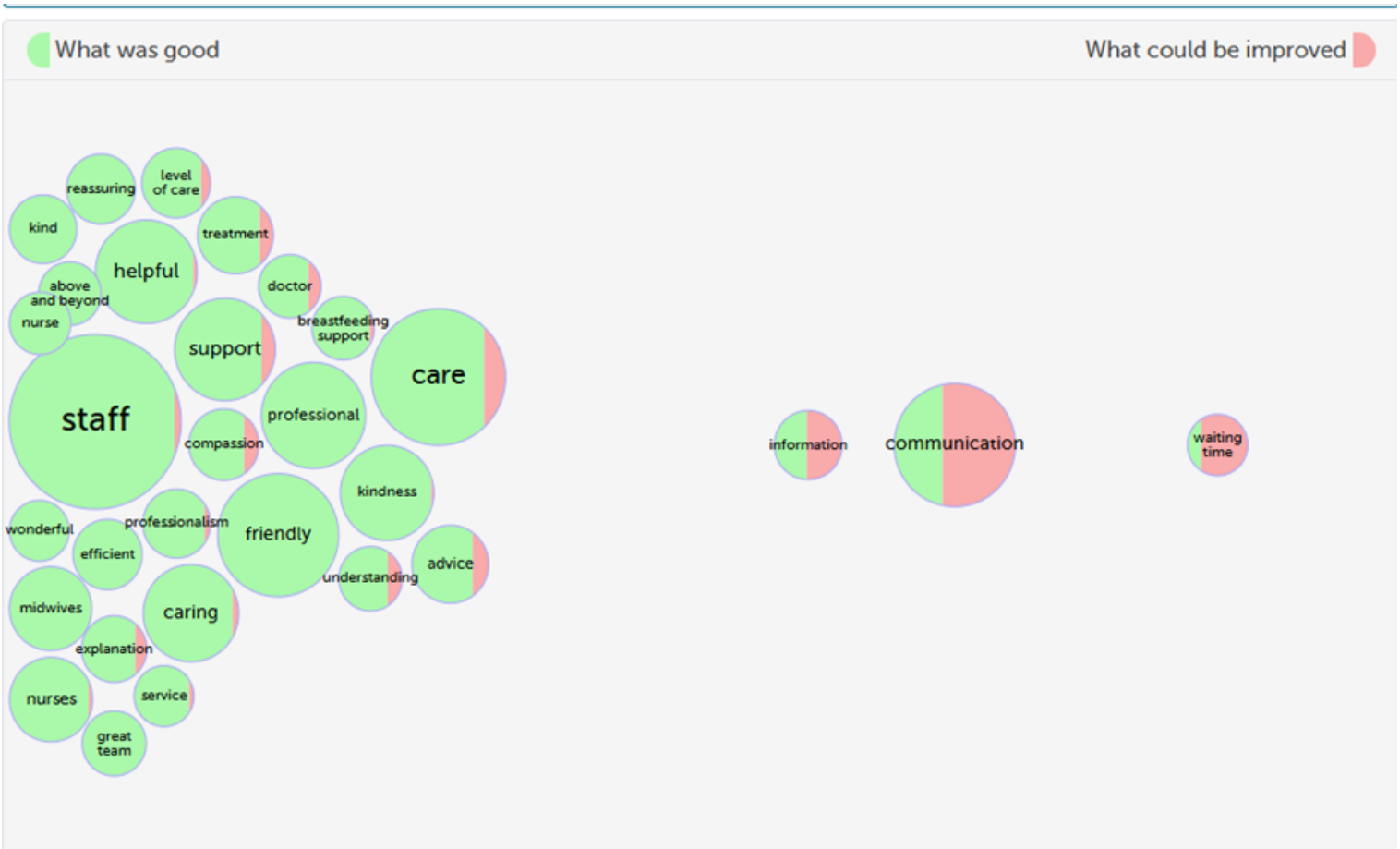
38% of stories were answered on the same day. In total, 59% received a response within five days, 67% within seven days and 79% within 14 days. The median response time was approximately three days.

While the majority of stories were responded to within 14 days, 21% took 15 days or longer. This included 194 stories where the response time was at least 28 days, demonstrating that a smaller but significant proportion of responses were subject to extended delays.

The data indicates generally positive responsiveness, with most responses issued within two weeks. However, the proportion exceeding 14 days highlights an area for continued monitoring and targeted improvement.

High-volume services had a material impact on the overall position. Raigmore Hospital accounted for 957 stories and achieved an 83% response rate, broadly consistent with the overall organisational response rate.

Helpfulness ratings were positive where feedback was provided, with 244 of 270 rated responses, or 90%, marked as helpful. Several services achieved 100% helpfulness among rated responses. Areas with lower or limited ratings should be interpreted with caution, particularly where response volumes or rating numbers were small.

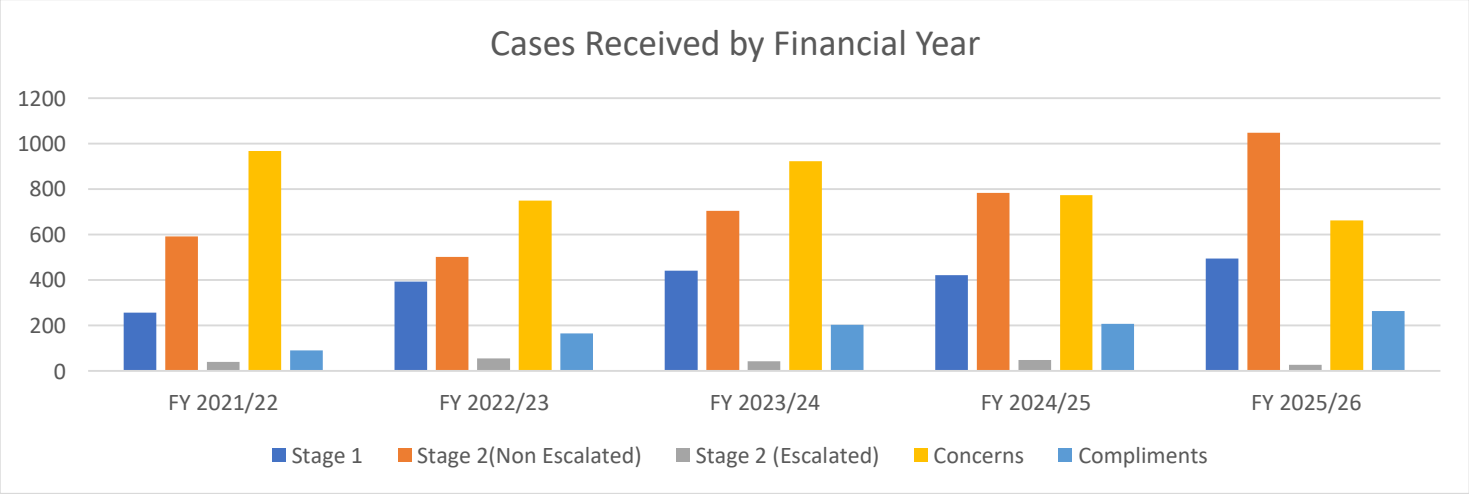


4. Learning from Complaints, Concerns and Compliments

4.1 Number of cases received

Cases received

495	1047	28	662	264
Stage 1	Stage 2 (non escalated)	Stage 2 (escalated)	Concerns	Compliments



There has been a significant increase in Stage 2 complaints received in 2025/26, with a 29% increase compared with 2024/25.

There are various reasons for the increase in complaints received, including staffing pressures, increased waiting times, higher awareness of rights and routes for raising complaints, post-pandemic strain, and the increasing complexity of care needs and care pathways.

Further increases have also been associated with care being provided outwith the Health Board area and the continued use of remote consultations.

There has also been an increase in complaints relating to communication and engagement where service changes affect patients, highlighting the importance of proactive and timely communication.

Stage 1 complaints increased by 17% compared with 2024/25, with 495 cases recorded during 2025/26. These complaints are generally suitable for early resolution, as they tend to require limited investigation and can often be addressed through direct engagement with the complainant by the relevant Service.

The reduction in cases escalated from Stage 1 to Stage 2 is notable, reaching its lowest level in five years. This suggests that early direct engagement by Services is supporting resolution by addressing complainants' concerns, improving understanding of the action taken, or explaining where specific actions have not been possible.

4.2 Independent Contractors – Primary Care Services

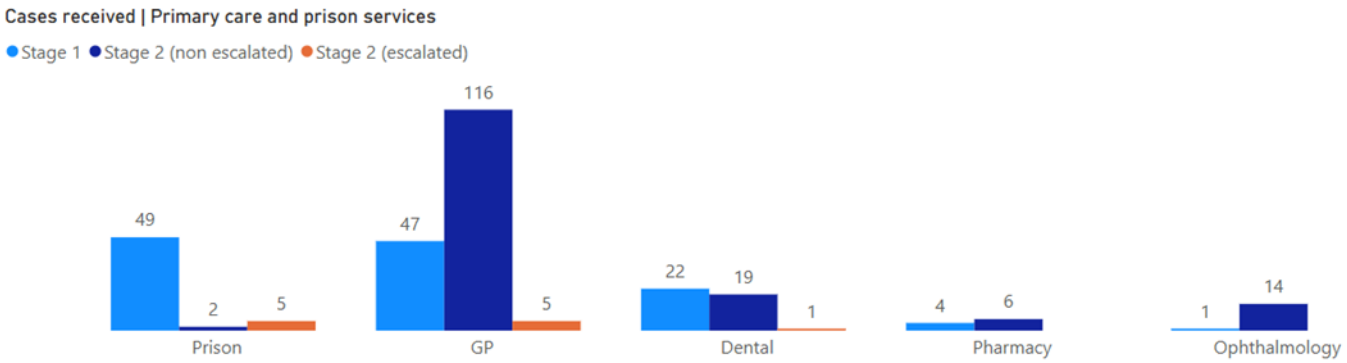
In accordance with the Patients rights (Feedback, Comments, Concerns and Complaints (Scotland) Directions 2017, NHS bodies have a responsibility to gather and review information from their own services and their service providers on a quarterly basis in relation to complaints.

Independent Contractors - Primary Care services;	**Total Received 2025/26**
4h. General Practitioner	**169**
4i. Dental	**7**
4j. Ophthalmic	**1**
4k. Pharmacy	**9**
Total – Independent Contractors (this total should be entered at 4b)	**186**

	Independent Contractors – Primary Care Services	
	Total Count of Number of stage 1 complaints closed	**Total Count of Number of stage 2 complaints closed**
Community Pharmacy	7	2
Dental Practice	4	3
General Practice	97	71
Ophthalmic Contractor	1	
Unspecified	2	1
Grand Total	**111**	**77**

Independent Contractors report a compliance rate of 100% for Stage 1 complaints closed within 5 working days and 100% for Stage 2 complaints closed within 20 working days.

4.3 NHS Board managed Primary Care Services (inc Prison Services)



NHS Highland records health-related complaints received from residents of HMP Inverness. The majority of these complaints are managed and closed at Stage 1, reflecting their suitability for early resolution.

4.4 Compliments

During 2025/26, 264 compliments were recorded on Datix, representing a significant increase compared with 2024/25. Each compliment is formally acknowledged by the Feedback Team and shared with the relevant Operational Unit to ensure feedback is communicated to the staff and teams involved.

NHS Highland values the time taken by patients, families and carers to share positive experiences of care and remains committed to providing a personalised response to every compliment received.

Compliment Examples: (as received)

- “I am writing to thank you for the excellent care I had in Ward 5c last week. The full spectrum of services was very good, from crispy toast for breakfast, clean toilets, an almost never-ending supply of tea and the attention of the staff. Talking of crispy toast may seem trivial, but it demonstrated the attentention to detail being carried out.
  In particular I would like to single out two key members of your staff who looked after me the day following my operation. Nurse Nicole and her right hand man, Andrew, could not have been more caring and attentive throughout their shift.
  Always done with the cheerful smile, not once did I see a hint of 'now what does he want?' cross their faces. They demonstrated a most professional standard of care, paying tribute to the training they must have received and their continued supervision.
  If you have 'employee of the week' awards then these two should be pretty close to the top of your list.
  Please also pass on my thanks to Mr Wilson for his proffesional approach to my case. He was sympathetic and caring about what he planned to do and then in his explaination on how the operation went.”

- “I was admitted along with my wife to the NTC Inverness on the 12th September approximately 11pm for an eye disorder with visual loss in my right eye.

I would like to offer my sincere gratitude for the excellent, professional and caring way that we were treated during our stay at the NTC. All the staff, the nurses, the caterers and doctors were so warm and friendly to both myself and my wife during a time of high stress for us both. The hospital and the accommodation are first rate and such a high standard we were really impressed both with the service and the facilities graciously offered to us, especially to my wife who was under a lot of stress at the time. We love visiting Scotland and although this was not the way we wanted to end our holiday we felt that we were in very safe and friendly hands and left reassured about my condition.
Please can you pass on my thanks to all involved, the people of Scotland are very lucky to have this facility and such caring staff."

- "I'm writing to express my thanks to Broadford Ambulance, Broadford Emergency Department, Raigmore Orthopaedics and Ward 3A after my recent (12/9/25-16/9/25) admission with an open right tibia and fibula fracture.
  The care I received throughout was superb and a credit to everyone involved.
  I would be grateful if this email could be passed onto to any other relevant parties, specifically the charge nurses at 3A and anyone else whom I may not have considered.
  And I will apologise in advance, I am terrible with names, so while everyone I met introduced themselves by name and role I failed miserably to recall names of anyone who I had not known before.
  Andrew, Catherine, Laura, Sarah-May and Kirsty - thank you all. I could not have had a better experience, I felt incredibly well looked after, everyone managed to blend professionalism with a (very) personal touch.
  Ward 3A/orthopaedics/anaesthetics - From arrival late on Friday night to discharge on Tuesday I received excellent care. Some specific highlights
    - the staff nurse who admitted me and promptly got me tea and toast was reassuring, welcoming and explained things well
    - the overnight orthopaedic registrar on Fri 12th September stood out of all the orthopaedic trainees. Clear, professional, knowledgeable.
    - Mr S/Mr B - information provision, explanations, pitching well to my own orthopaedic knowledge, thoroughness. It was a pleasure to be treated by both of you.
    - whoever suggested and assisted me in brushing my teeth pre-op - such a simple thing that made me feel much better
    - The anaesthetic team - the main thing I can say here is that I felt utterly safe from arrival in theatre to leaving recovery. My recovery ... I assume ODA? in particular was excellent in this regard.
    - the overnight nurse on 3A on Sat 13th September - reassuring, encouraging, kind and polite - the physiotherapist on Sunday 14th September who loaned me her own fan and who until today (Tue 23rd Sept) along with the physiotherapy assistant were the only people who got me to go UP a step, I have no idea how they managed that.
    - the physiotherapy assistant on Sunday 14th Sept who alongside being excellent at her job also was clearly willing to lend a hand wherever was needed on the ward
    - the general running of 3A on Sunday 14th - water jugs were always filled, personal care was attended to, things just flowed really well all day, despite what was clearly a challenging start to the day (and if I was not medical, I, like all the other patients would have been utterly unaware)
    - the nightshift nursing team on 3A on Sunday 14th who dealt with a distressed patient with compassion, grace and consideration of the rest of the ward

- the paramedic student on Monday 15th who comported herself well in challenging circumstances.
  Thank you to you all.

4.5 Concerns

The number of concerns recorded during 2025/26 reduced compared with the previous year. On average, more than 55 concerns and general enquiries were raised each month through the Feedback Team.

Concerns are recorded on Datix (now Healthcare Guardian) and shared with the relevant Operational Unit, which is responsible for responding directly to the patient or patient representative.

Although there are no SPSO-mandated timescales for responding to concerns, NHS Highland expects Operational Units to respond within five working days. Where a concern cannot be resolved informally, it may be escalated and managed through the formal complaints process.

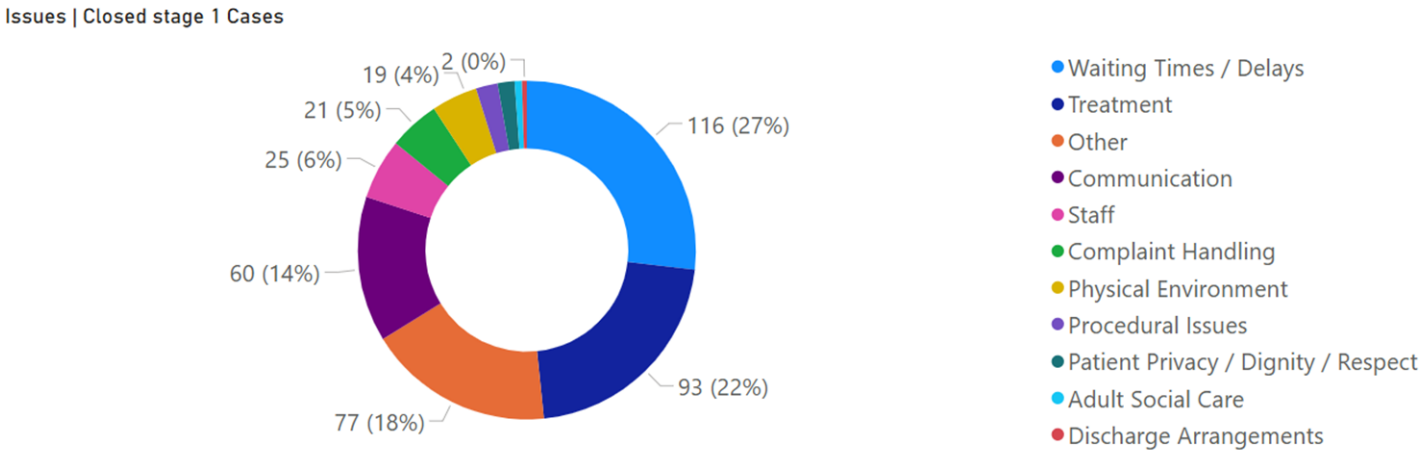
Concerns received cover a broad range of issues, including queries about waiting list position and matters relating to estates and facilities.

All concerns are acknowledged. Where a concern cannot be progressed through NHS Highland's complaints process, appropriate signposting is provided to support the individual in accessing the most relevant route for resolution.

4.6 Complaint issues for stage 1 and stage 2 closed cases

NOTE: Closed cases include an outcome of fully upheld, partially upheld and not upheld only

Stage 1



Where appropriate, complaints that are straightforward in nature and require limited or no further investigation are managed through the Stage 1 process. This enables early resolution, with responses provided as close as possible to the point of service delivery.

During 2025/26, 495 Stage 1 complaints were recorded. More than half of these related to waiting times or delays, and lower-level concerns regarding treatment.

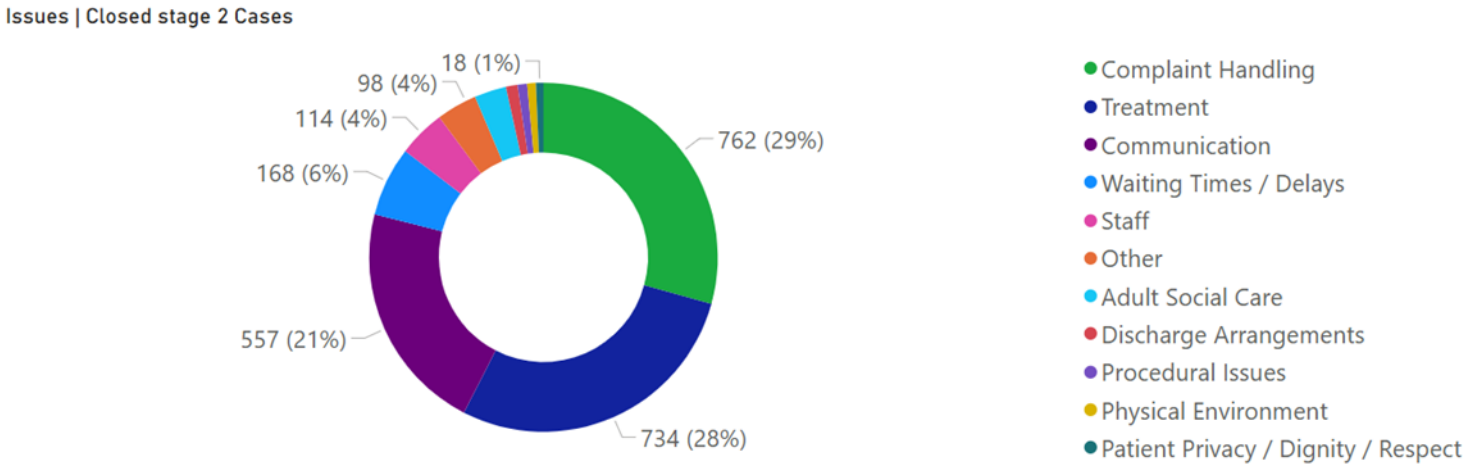
51% of our Stage 1 complaints are responded to within 5 working days.

46% of Stage 1 complaints are considered to be fully upheld, 30% partially upheld and the remaining 24% of complaints are deemed not to have been upheld.

Examples of Stage 1 complaints logged in year include:

- Waiting times, delays & access (included in approx 29% of Stage 1 complaints)
- Care, treatment & clinical decisions (low level) (included in approx 28% of Stage 1 complaints)
- Communication, information and updates (included in approx 15% of Stage 1 complaints)
- Staff attitude, behaviour and conduct (included in approx 6% of Stage 1 complaints)
- Administration, records and process errors (included in approx 5% of Stage 1 complaints)

Stage 2



Not all complaints are suitable for early resolution, and some matters require escalation where they cannot be satisfactorily resolved at Stage 1. Complaints managed at Stage 2 of the complaints handling procedure are generally more serious or complex in nature and require a more detailed investigation before a formal response can be provided to the complainant.

A total of 1,047 Stage 2 complaints were recorded during 2025/26. Nearly one third of these complaints related to concerns about treatment, while approximately one fifth related to communication from the organisation.

For reporting purposes, all responses issued outside the agreed timescale are recorded by the Feedback Team under the issue category of ‘Complaint Handling’. This accounts for the Complaint Handling data presented in the donut chart above.

Approximately 60% of our Stage 2 complaints are considered to be at least partially upheld, with a further 23% considered to be fully upheld.

Performance against the 20-working-day response target improved during the year, increasing from 19% across Quarters 2 and 3 to 30% in Quarter 4. While this represents progress, overall performance remains below the expected standard and continues to require focused improvement.

The ‘top 5’ Services for which Stage 2 complaints were logged were, in order:

- Mental Health Services – Adult Psychiatry
- Medical – Emergency Care
- General Practice Services – Salaried
- Surgical – General Surgery
- Surgical - Orthopaedics

4.7 Actions and improvements

Learning from complaints is being used to inform service improvement, strengthen governance arrangements and support safer, more consistent care. The actions identified through the complaints process, demonstrate a broad organisational response, with improvement activity progressed through operational teams and relevant governance routes.

This provides assurance that complaint learning is being reviewed and monitored, while also identifying areas where further consistency in recording outcomes and evidence of completion is required.

- Workforce-related learning resulted in strengthened induction, supervision, competency support, recruitment activity and changes to roles, rotas and workforce models.

- Governance arrangements were strengthened through oversight by committees and boards. Formal reviews, options appraisals and reporting routes supported scrutiny and escalation where required.

- Policies, procedures, clinical guidelines and standard operating procedures were reviewed, updated or introduced in response to identified learning. This helped clarify expectations, support consistent practice and embed improvements through appropriate approval and ratification processes.

- Training and communication actions were progressed to address identified gaps, including induction, workshops, supervision and stakeholder engagement. This supported shared learning across relevant teams and improved communication with patients, staff and partner organisations.

- Clinical, patient-safety and pathway improvements were implemented where concerns related to care delivery, medication controls, access, transfer, admission, discharge or follow-up arrangements. Reviews and assessments were used to identify risks, inform proportionate actions and strengthen safety measures.

5. Complaint Process Experience

During 2025/26, the complaint handling experience survey remained paused due to operational pressures and recognition that the previous approach did not provide sufficient assurance or meaningful insight.

A revised approach will be considered during 2026/27 to support a more robust understanding of the complainant experience and the effectiveness of NHS Highland's complaints process.

The intention is to develop a feedback mechanism that helps identify barriers within the process, informs where capacity and resources should be directed, and supports improvements that matter most to people using the service.

Feedback gathered through the refreshed process will also support staff learning by using real examples to strengthen communication with patients and their representatives. It will further provide an opportunity to review compliance with relevant regulatory expectations.

Child Friendly Complaints Process

The Scottish Public Services Ombudsman issued draft principles in 2023 to support complaints processes that are accessible and responsive to children and young people, reflecting the requirements of the United Nations Convention on the Rights of the Child.

In response, NHS Highland has introduced a simplified Child-Friendly Complaints Process to strengthen how children are supported, involved and heard when a complaint relates to them. Key features include a named Child-Friendly Facilitator within the Feedback Team, arrangements to seek informed consent where a complaint is made on a child's behalf, and an investigation approach that explains the process directly to the child, supports their involvement in defining the complaint, and adapts communication to their needs throughout the investigation and at closure.

The process continues to be refined with NHS Highland's Child Health Commissioner and a multidisciplinary group, including Highland Council colleagues, to support consistent and rights-based practice.

From March 2027, compliance with UNCRC requirements will be reported every three years, providing a further mechanism for assurance and oversight.

6. Staff Awareness and Training

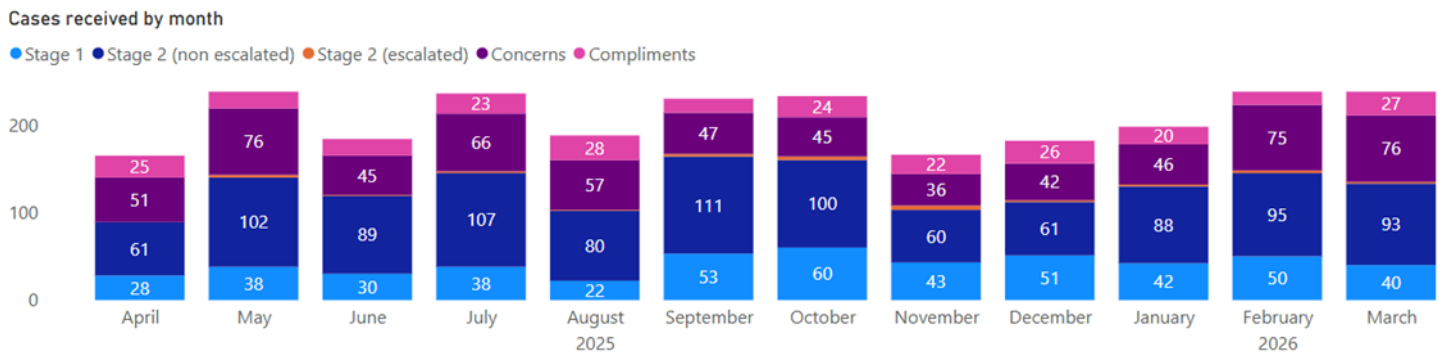
Complaints training has been disrupted in 2025-2026 by significant operational pressures and increased demand on the Feedback Team (see increase in complaints received).

Specific training sessions have been provided to Resident Doctors, along with bespoke sessions for handlers and investigators, and this continues into 2026/27.

Investigator Officer training sessions have been facilitated by the Clinical Governance Development Manager, NHS Highland, and will continue to be offered throughout 2026/27.

7. Performance Indicator – Complaint Cases Received

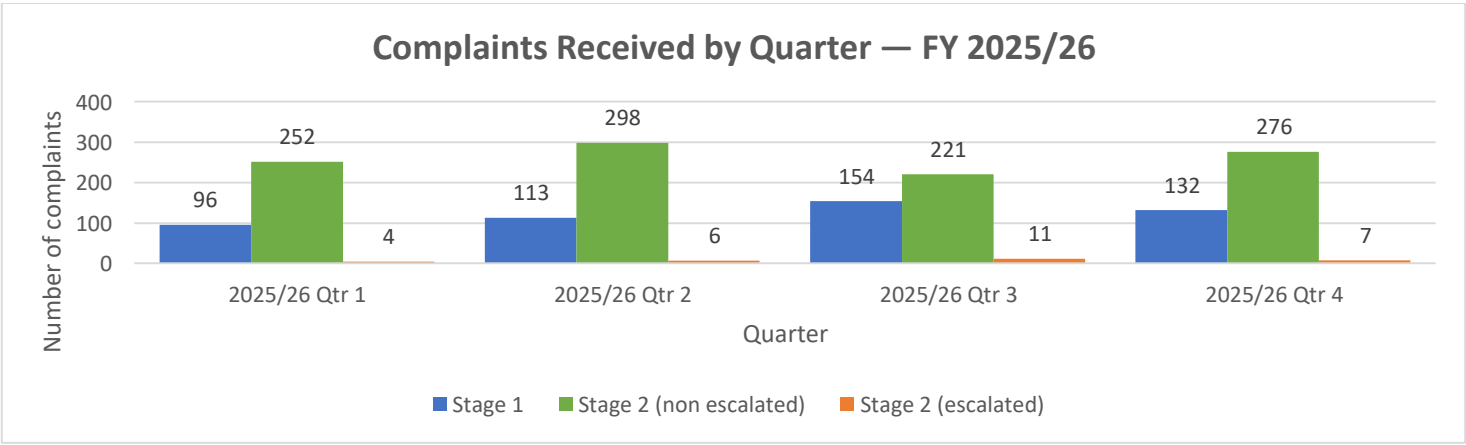
Breakdown of cases received



During FY 2025/26, 495 Stage 1 complaints were received, averaging 41 per month. Monthly volumes ranged from 22 in August to 60 in October. Activity increased sharply by 31 complaints between August and September, before reaching its peak in October. The standard deviation was 11.1, showing noticeable month-to-month variation. Following the October peak, volumes fell to 43 in November but remained relatively elevated through the remainder of the year.

1,047 Stage 2 complaints were received, averaging 87 per month. Monthly volumes ranged from 60 in November to 111 in September. The largest increase occurred between April and May, when complaints rose by 41, while the sharpest fall occurred between October and November, decreasing by 40. The standard deviation was 18.1, reflecting substantial monthly variation. Following comparatively low volumes in November and December, activity increased again from January and remained above 88 complaints per month through March.

Breakdown of complaint cases received



Quarter 2 complaint activity was notably influenced by an increased volume of cases relating to Adult Psychiatry, following correspondence issued to patients on their waiting lists.

Quarter 4 activity remained only marginally below Quarter 2 levels, indicating that the overall increase in complaints from 2024/25 to 2025/26 may continue into 2026/27. This presents a potential sustainability risk if complaint volumes remain elevated without additional capacity to support management of the increased demand.

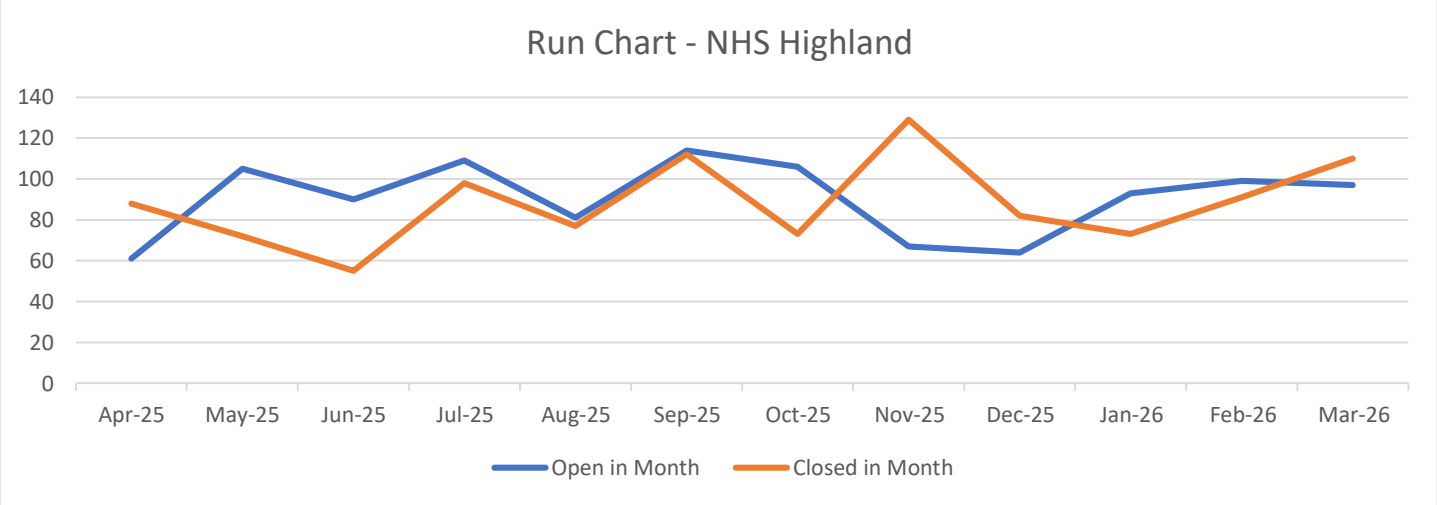
8. Performance Indicator – Complaint Cases Closed

NOTE: Closed cases include an outcome of fully upheld, partially upheld and not upheld only

Number of cases closed

Complaint cases closed | Stage 1 and Stage 2

491	1016	28	50
Stage 1	Stage 2 (non escalated)	Stage 2 (escalated)	Stage 1 extension authorised



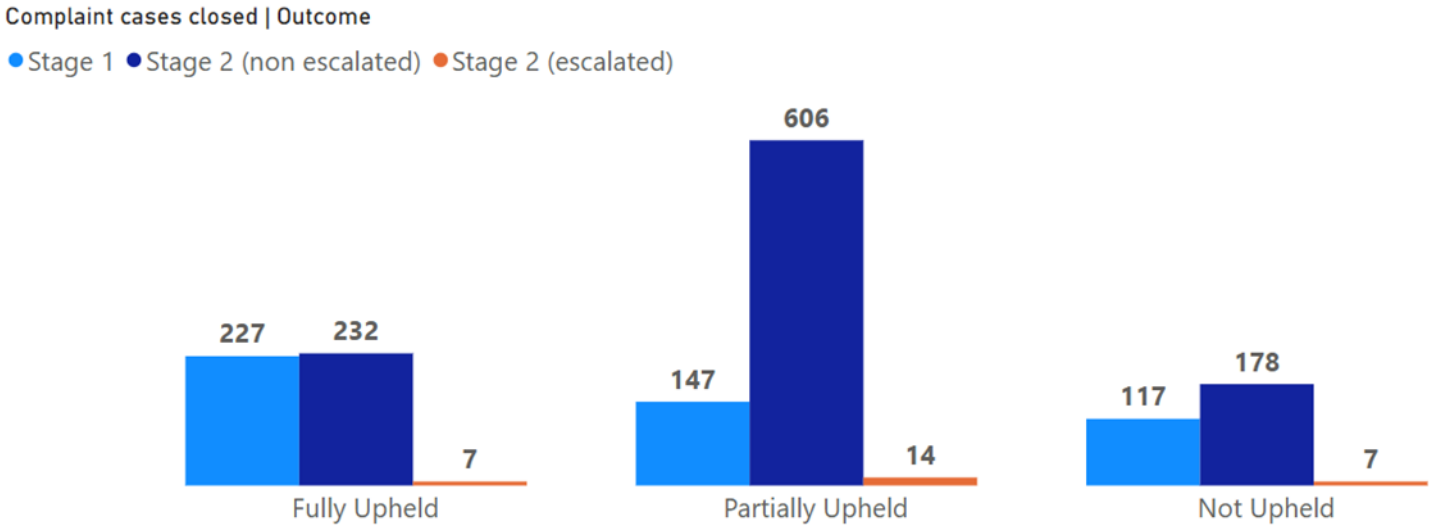
During 2025/26, complaint receipts consistently exceeded closures, resulting in increased correspondence and additional pressure across both the Clinical Governance Team and Operational Units.

Performance during 2026/27 has continued to fluctuate. In months where closures exceeded new complaints, operational pressure eased and the backlog reduced. However, this improvement was not sustained consistently, with several months seeing new complaints outnumber closed cases.

Across the year, complaint openings marginally exceeded closures. Although the position has improved compared with 2025/26, an ongoing backlog remains and continues to place pressure on the Clinical Governance Team and Operational Units. Sustained progress will require strengthened performance management at operational level, alongside a focused programme of work to reduce the existing backlog.

9. Performance Indicator – Complaint Cases Outcomes

Number of complaint cases closed by outcome



Complaint cases closed | Outcomes (%)

Outcome	Stage 1	Stage 2 (non escalated)	Stage 2 (escalated)
Fully Upheld	46%	23%	25%
Not Upheld	24%	18%	25%
Partially Upheld	30%	60%	50%

Complaint outcomes differed by stage. At Stage 1, 46% of complaints were fully upheld, 30% were partially upheld and 24% were not upheld. At Stage 2, the largest proportion of outcomes were partially upheld at 60%, with 23% fully upheld and 18% not upheld (rounding to 101%). This indicates that, across both stages, a significant proportion of investigations identified elements of valid concern.

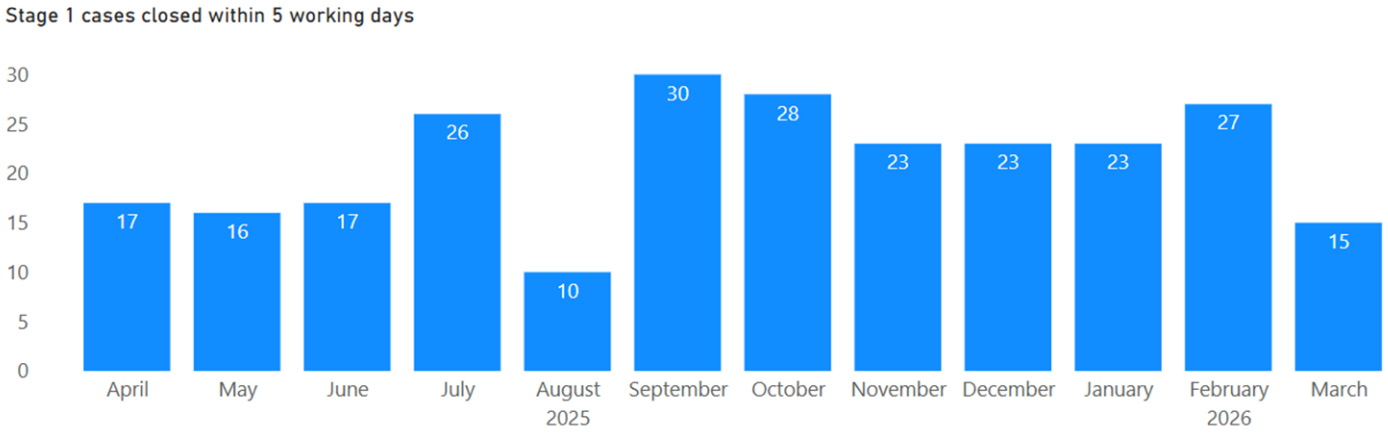
Overall, 76% of Stage 1 complaints and 83% of Stage 2 complaints were either fully or partially upheld. This provides evidence that many complaints raise issues requiring acknowledgement, explanation and/or improvement action.

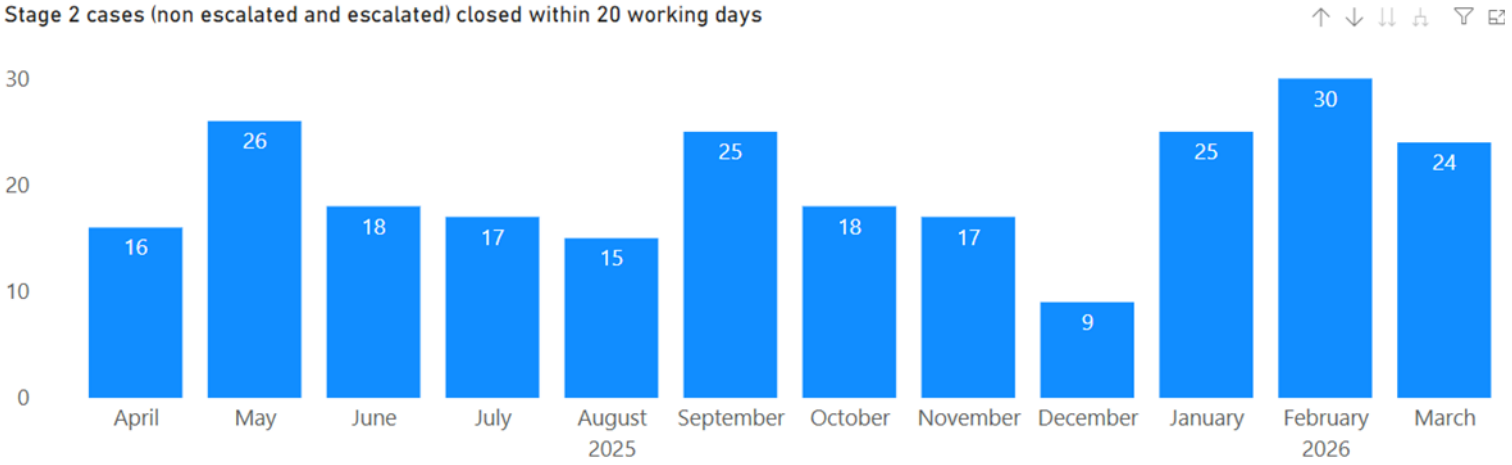
The higher proportion of fully upheld Stage 1 complaints reflects more clearly defined issues that can be addressed at an early stage. In contrast, the higher partially upheld rate at Stage 2 is consistent with the greater complexity of these complaints, where investigations may substantiate some aspects while not upholding others.

10. Performance Indicator – Complaint Cases Working Day Performance

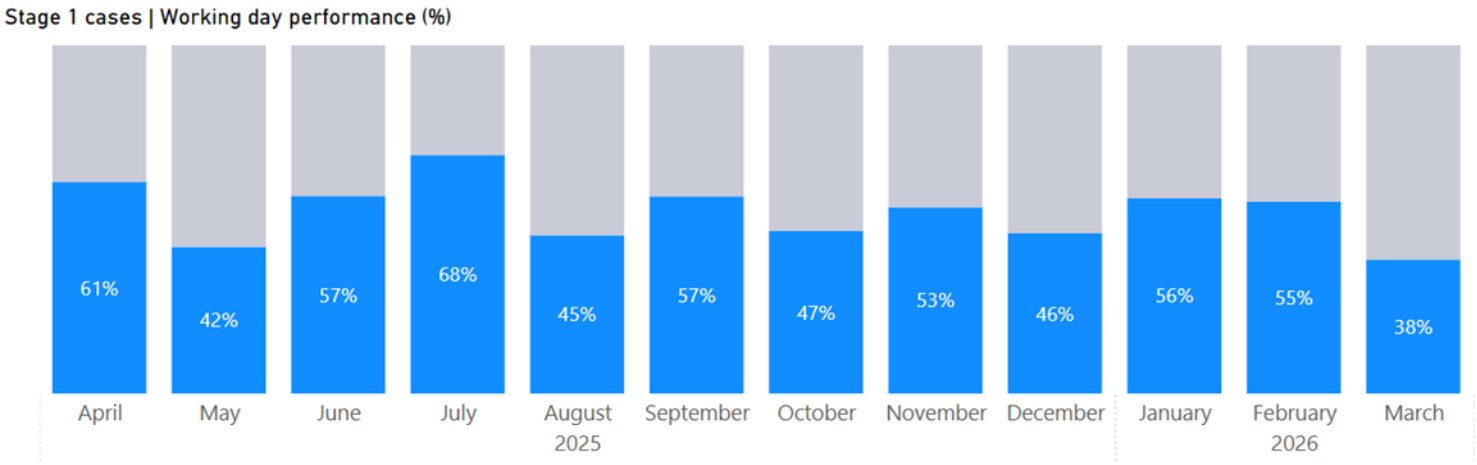
Number of complaint cases closed within the identified timescale

255	231	9
Stage 1 cases closed within 5 working days	Stage 2 (non escalated) cases closed within 20 working days	Stage 2 (escalated) cases closed within 20 working days





Working day performance of complaint cases



Performance against the prescribed targets for both Stage 1 and Stage 2 complaints remains of concern.

Combined Stage 1 and Stage 2 performance averaged 38% in 2025/26, down from 44% in 2024/25.

This decline occurred across both stages. Stage 1 fell from 57% to 52%, while Stage 2 decreased more substantially from 31% to 23%.

Against a nominal, achievable 60% target, overall 2025/26 performance was 22 percentage points below target.

No month achieved the target: combined monthly performance ranged from 31% in December to 44% in April and February.

The reasons behind this are multi-factorial and have been discussed at all levels of the organisation. The main reasons attributed to the poor reported performance are:

- Sustained growth in complaint volumes has increased overall demand on the complaints process.
- A number of cases require more detailed coordination, particularly where external, visiting or commissioned services are involved.
- Investigating Officers and Operational Units continue to manage complaints alongside wider service pressures and competing priorities.
- Delays in completing complaints within required timescales can create additional administrative activity, follow-up correspondence and process inefficiency.
- Responses sometimes require further amendment during review and approval, extending the time required to finalise and issue outcomes.

Appendix A: Performance Indicator data collection

Return to Scottish Government:

NHS Highland

Annual Report on Feedback and Complaints

Performance Indicator Data collection

2025/26

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	**1570**
4b. Number of complaints received by NHS Primary Care Service Contractors (*Territorial Boards only)*	**186**
4c. Total number of complaints received in the NHS Board area	**1756**

NHS Board - sub-groups of complaints received

NHS Board managed Primary Care services;	
4d. General Practitioner	**168**
4e. Dental	**42**
4f. Ophthalmic	**15**
4g. Pharmacy	**10**
Total - Board managed Primary Care services (this total should be included in 4a)	**235**
Independent Contractors - Primary Care services;	
4h. General Practitioner	**169**
4i. Dental	**7**
4j. Ophthalmic	**1**
4k. Pharmacy	**9**

Total – Independent Contractors (this total should be entered at 4b)	**186**
4l. Combined total of Primary Care Service complaints	**421**
4m. Total of prisoner complaints received *(Boards with prisons in their area only)* **Note: Do not count complaints which are unable to be concluded due to liberation of prisoner/loss of contact.**	**56**

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year *(do not include contractor data, withdrawn cases or cases where consent not received).*

Number of complaints closed by the NHS Board	**Number**	**As a % of all NHS Board complaints closed (not contractors)**
5a. Stage One	491	32%
5b. Stage two – non escalated	1047	66%
5c. Stage two - escalated	28	2%
5d. Total complaints closed by NHS Board (NOTE – outcomes must equal cases closed)	1570	

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	**As a % of all complaints closed by NHS Board at stage one**
6a. Number of complaints upheld at stage one	227	46%
6b. Number of complaints not upheld at stage one	117	24%
6c. Number of complaints partially upheld at stage one	147	30%
6d. Total stage one complaints	491	

outcomes (total must equal stage one complaints closed)		

Stage two complaints

Non-escalated complaints	**Number**	**As a % of all complaints closed by NHS Boards at stage two (non-escalated)**
6e. Number of non-escalated complaints upheld at stage two	232	23%
6f. Number of non-escalated complaints not upheld at stage two	178	17%
6g. Number of non-escalated complaints partially upheld at stage two	606	60%
6h. Total stage two, non-escalated complaints outcomes (total must equal stage two non-escalated complaints closed)	1016	

Stage two escalated complaints

Escalated complaints	**Number**	**As a % of all escalated complaints closed by NHS Boards at stage two**
6i. Number of escalated complaints upheld at stage two	7	25%
6j. Number of escalated complaints not upheld at stage two	7	25%
6k. Number of escalated complaints partially upheld at stage two	14	50%
6l. Total stage two escalated complaints outcomes (total must equal stage two escalated complaints closed)	28	

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	255	52%
8b. Number of non-escalated complaints closed at stage two within 20 working days	231	22%
8c. Number of escalated complaints closed at stage two within 20 working days	9	32%
8d. Total number of complaints closed within timescales (please check figures do not exceed numbers of cases closed at each stage)	495	

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised* .

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	50	10%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	n/a	n/a
9c. Total number of extensions authorised	50	

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.