

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>25 June 2026</b>
<b>Agenda reference:</b>	<b>Board Paper 2026/27/16</b>
<b>Title:</b>	<b>Feedback and Complaints Monitoring Report Q4</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Brian Chittick</b>
<b>Report Author:</b>	<b>Carolyn Hand</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

All NHS Boards in Scotland are required to monitor patient feedback and to receive performance reports against a suite of high level indicators determined by the Scottish Public Services Ombudsman (SPSO). This report outlines NHS Shetland's performance against these indicators for the period January to March 2026 (Q4).

The quarterly monitoring report is typically appended to the Quality Report. The Board is receiving the report for awareness and discussion.

### 2.2 Background

The Patient Rights (Scotland) Act 2011 requires all Boards to log, address, and support complaints, while using feedback for organisational improvement. NHS Boards must also

review complaint data. Since April 2017, all NHS Scotland Boards follow a national Model Complaint Handling Procedure with nine performance indicators for compliance.

## **2.3 Assessment**

Complaint numbers are relatively small owing to the size of the Board and trend analysis is less possible because of this. Low numbers can also skew performance statistics, however the narrative for the more significant Stage 2 complaints allows Board and Committee Members the ability to seek clarity and additional assurance as required.

Feedback activity increased significantly in Q4, with 89 items recorded and complaint volumes doubling compared with both the previous quarter and the same period the previous year. At the time of report writing, a substantial number of Stage 2 complaints remained open, which affects the completeness of current KPI reporting. Performance against response times has declined, particularly for Stage 2 complaints, where no investigations were concluded within the 20-working-day target. Ongoing delays are mainly due to the time taken to receive investigation reports and capacity pressures across drafting, review and final approval.

The report has been considered by the Clinical Governance Committee.

### **2.3.1 Quality/ Patient Care**

Learning from feedback and complaints is one of a number of ways of improving patient safety and the quality of patient care.

### **2.3.2 Workforce**

Staff involved in complaint investigations receive support as required. The high number of complaints has an inevitable impact on capacity across small teams.

### **2.3.3 Financial**

Ineffectual complaint handling has the potential to lead to litigation.

### **2.3.4 Risk Assessment/Management**

The ability of managers and clinicians to give complaint investigations the attention they require remains challenging due to service pressures.

### **2.3.5 Equality and Diversity, including health inequalities**

The Complaints Handling Procedure is operated in line with the Board's equality duties.

### **2.3.6 Other impacts**

N/a

### **2.3.7 Communication, involvement, engagement and consultation**

N/a

## 2.4 Recommendation

- **Awareness** – For Members' information.

## 3. List of appendices

The following appendices are included with this report:

App 1 - KPI Q4 Report

## NHS Shetland Feedback Monitoring Report 2025\_26 Quarter 4

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government. This report outlines NHS Shetland's performance against these indicators for the period January to March 2026 (Quarter 4).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2025 is provided (this allows an overview of types of complaints in year and also for any open complaints at the point of reporting to be completed in a subsequent iteration of the report). All Stage 2 complaint learning from 2024/25 is included in the [Feedback and Complaints Annual Report](#).

A summary of cases taken to the Scottish Public Services Ombudsman from April 2023 onwards is included at the end of this report, allowing oversight of the number and progress of these and also the compliance with any learning outcomes that are recommended following SPSO investigation.

### Summary

- Corporate Services recorded 89 pieces of feedback in Quarter 4 of 2025/26 (1 January 2026 – 31 March 2026). For clarity these figures include all salaried GP practices (note this is 9 of 10 practices in Shetland for the purposes of Quarter 4 reporting):

Feedback Type	01.01.26 – 31.03.26		01.10.25 – 31.12.25 (previous quarter)	
	Number	%	Number	%
Compliments	7	8	8	12.5
Concerns	31	35	31	48.4
Complaints	51	57	25	39.1
<b>Totals:</b>	<b>89</b>		<b>64</b>	

- The Stage 1 and Stage 2 complaints received related to the following directorates:

Service	01.01.26 – 31.03.26		01.10.25 – 31.12.25 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	20	39.2	9	36
Directorate of CH&SC	19	37.3	14	56
Acute and community	3	5.9	-	-
Other (e.g. PH, Patient Travel)	9	17.6	2	8
<b>Totals:</b>	<b>51</b>		<b>25</b>	

### Key highlights

- 89 pieces of feedback is a 39% increase from the previous quarter, and a 48% increase from the same reporting period the year before. The number of complaints has doubled for the same reference periods.
- 13 of 23 Stage 2 complaints from Quarter 4 remain open in late May 2026. At the time of writing the longest open stands at 87 days. The key performance indicator data at 1 – 4 below does not reflect the open complaints.
- Performance regarding the length of time to respond to Stage 1 complaints has decreased from the last quarter, with 15 of the 28 Stage 1 complaints handled within five working days. Responding to Stage 2 complaints within 20 working days remains challenging, and once again this quarter no Stage 2 complaint investigations met the target.
- The 20 working days target for responding to Stage 2 complaints is typically missed due to the time it takes for the Feedback and Complaints team to receive investigation reports. It has been missed more recently due to several factors including; the time taken for investigation reports to be received, capacity in the team to produce a draft response once received, time taken to evaluate and amend the draft and even time taken to approve the final response for sending.
- Each new Stage 2 complaint must be summarised into heads of complaint and formally acknowledged within three days of receipt. This can be a lengthy process, and there appears to be a developing trend of complainants using AI to draft correspondence. This means it can take far longer to distil the outcome/s the complainant is seeking, and also manage expectation as best as possible at this early stage. Where deadlines cannot be met, a formal holding letter must be issued every 20 working days to the complainant.
- The introduction of a new reporting system through 2026 will reduce capacity initially, with a requirement to develop and implement the feedback, complaints and claims modules with the software developers. Longer term this has the potential to be extremely beneficial, allowing focussed feedback and complaint reporting in departmental areas, and streamlining general report writing. We also anticipate implementing a Stage 1 reporting process for staff to input straight on to the system.
- Complaint returns from Family Health Service providers are being sought on an annual basis and for those areas that do submit returns the numbers of complaints recorded are low. This will continue to be picked up as a reporting requirement through professional leads.
- One litigation case previously reported regarding a delayed diagnosis is ongoing, with the possibility that it may be handled solely by a partner Board.

## Complaints Performance

<b>Definitions:</b>		
<b>Stage One</b> – complaints closed at Stage One Frontline Resolution;		
<b>Stage Two (direct)</b> – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);		
<b>Stage Two Escalated</b> – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)		
<b>1 Complaints closed (responded to) at Stage One and Stage Two as a percentage of all complaints closed*.</b>		
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)
Number of complaints closed at Stage One as % of all complaints closed	73.7% (28 of 38)	79.2% (19 of 24)
Number of complaints closed at Stage Two as % of all complaints closed	18.4% (7 of 38)	16.6% (4 of 24)
Number of complaints closed at Stage Two after escalation as % of all complaints closed	7.9% (3 of 38)	4.2% (1 of 24)
*S2 complaints (including escalated complaints) reduce from 23 to 10 for reporting purposes as 13 Stage 2 complaints from Quarter 4 remain open at present		

<b>2 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.</b>		
<b>Upheld</b>		
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	42.9% (12 of 28)	52.6% (10 of 19)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 7)	25% (1 of 4)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	33.3% (1 of 3)	0% (0 of 1)

<b>Partially Upheld</b>		
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	46.4% (13 of 28)	36.9% (7 of 19)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	100% (7 of 7)	75% (3 of 4)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	66.7% (2 of 3)	100% (1 of 1)

<b>Not Upheld</b>		
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	10.7% (3 of 28)	10.5% (2 of 19)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	0% (0 of 7)	0% (0 of 4)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 3)	0% (0 of 1)

<b>3 The average time in working days for a full response to complaints at each stage</b>			
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	9.5	8	5 wkg days
Average time in working days to respond to complaints at Stage Two	47	53.3	20 wkg days
Average time in working days to respond to complaints after escalation	45	44	20 wkg days

<b>4 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</b>			
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	53% (15 of 28)	63.2% (12 of 19)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	0% (0 of 7)	0% (0 of 4)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	0% (0 of 7)	0% (0 of 1)	80%

<b>5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.</b>		
Description	01.01.26 – 31.03.26	01.10.25 – 31.12.25 (previous quarter)
% of complaints at Stage One where extension was authorised	46%	36.8%
% of complaints at Stage Two where extension was authorised	100%	100%
% of escalated complaints where extension was authorised	100%	100%

### Staff Awareness and Training

Feedback and Complaints staff are available to speak to individuals or departments to try and empower more people to feel confident to handle a Stage 1 complaint or signpost effectively to the appropriate support, or to handle a complaint investigation at Stage 2.

After two cohorts of staff undertaking SPSO Investigation training it has become apparent there is a need to plan increased communication regarding complaint handling and to schedule in some regular drop-in sessions for additional support. A plan is being developed for wider discussion.

Staff are also able to access excellent national e-learning resources regarding feedback and complaint handling, including investigation skills, through TURAS Learn.

Stage 2 complaints received 1 April 2025 to 31 March 2026

	Summary from complainant's perspective	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Issues linked with neighbouring Board occupied properties	Estates and Facilities	No	Investigation not able to be completed in time	Part upheld	<ul style="list-style-type: none"> <li>Explanation offered for actions taken and apology offered for distress caused</li> </ul>
2	Misdiagnosis despite complainant suggesting what it might be	Medical	No	More time required for investigation	Not upheld	<ul style="list-style-type: none"> <li>No evidence to suggest a missed diagnosis in care – more likely, given the absence of key symptoms, there were other related issues causing pain</li> <li>Meeting offered with Medical Director to go through notes</li> </ul>
3	Delay in diagnosis and communication issues prior to family member's death	Medical	No	More time required for investigation as multiple reports required	Part upheld	<ul style="list-style-type: none"> <li>Explanation provided by treating clinicians about decision making</li> <li>Apologies offered that there was a feeling neither the patient nor their family were listened to</li> <li>Learning Event Analysis recommended</li> <li>Facilitated meeting with family offered</li> </ul>
4	Recent medical operations and ongoing patient care	Medical	No	Phone meeting with complainant prior to concluding investigation report	Part upheld	<ul style="list-style-type: none"> <li>Treatment found to be appropriate however clinical documentation needed improving to ensure accuracy and clarity throughout patient care</li> <li>Apology offered for shortcomings with medical records</li> </ul>
5	Staff attitude and being asked to leave when clearly unwell	Nursing	Yes		Part upheld	<ul style="list-style-type: none"> <li>Clinical care appropriate for self-limiting issue</li> <li>Apology offered that communication did not feel sympathetic or caring</li> </ul>
6	Care provided to family member by NHS staff	Medical and nursing	No	More time required for investigation	Part upheld	<ul style="list-style-type: none"> <li>No evidence of actual harm between treatment but apology given that action could have been taken sooner</li> <li>Clinicians involved had reflected on communication</li> </ul>

						<ul style="list-style-type: none"> <li>• Situation was considered and addressed at the point of the complaint being received, despite the delay in a written response</li> </ul>
7	Miscommunication about escort approval and reimbursement of accommodation costs	Nursing, Patient Travel	Yes		Part upheld	<ul style="list-style-type: none"> <li>• Could not evidence that the complainant had been made aware</li> <li>• Review of Patient Travel Escort leaflet and undertaking further communication with staff</li> <li>• Acknowledged communications on both sides were challenging, and reminded of need for respectful communication</li> <li>• Reimbursement provided</li> </ul>
8	Follow up care and treatment for family member	Medical	Yes		Upheld – Duty of Candour process triggered	<ul style="list-style-type: none"> <li>• Apology offered that family member did not receive follow up care or treatment as expected</li> <li>• Failed process and poor communication</li> <li>• Learning includes improved admin processes and tracking</li> </ul>
9	Delay in diagnosis over a three-year period	Medical	No	More time required for investigation	Part upheld	<ul style="list-style-type: none"> <li>• Timeline of events outlining clinical treatment used to explain patient pathway</li> <li>• Acknowledged these were not specific to rare condition</li> <li>• Apologies offered to complainant and a learning outcome review undertaken</li> <li>• Signposting to various organisations for additional support</li> </ul>
10	Inappropriate prescription for family member	Medical	No	Marginally missed 20 days	Not upheld	<ul style="list-style-type: none"> <li>• Age of family member meant they could consent or decline treatment</li> <li>• Second opinion declined by patient</li> <li>• Additional information about guidelines shared</li> </ul>
11	Lack of communication and follow up diagnosis/diagnostics	Primary Care	No	More time required	Part upheld	<ul style="list-style-type: none"> <li>• Earliest indication of diagnosis was from correspondence in 2006, however unfortunately a mistake had led to discharge from clinic</li> <li>• Treatment stood down in pandemic so further support was missed</li> </ul>

						<ul style="list-style-type: none"> <li>• Diagnosis now given and plan to see patient again for a follow up appointment</li> </ul>
12	Family member discharged from hospital in poor condition	Acute nursing	No	More time required	Part upheld	<ul style="list-style-type: none"> <li>• Apology for discharge and the way the patient was sent home.</li> <li>• Explanation provided that the patient was receiving the correct treatment and that admission symptoms had settled, hence the discharge, however the communication could have been better regarding the patient's state.</li> </ul>
13	Family member's treatment and care in A&E	A&E	No	More time required	Part upheld	<ul style="list-style-type: none"> <li>• Work undertaken with CPN and wider multidisciplinary team to develop a plan for future presentations</li> <li>• Failings from this episode shared to identify learning opportunities</li> <li>• Communication could have been improved</li> <li>• Changes made to the triage process to ensure there are no patients waiting in the department that the clinical team is not fully aware of</li> </ul>
14	Concern about family member's death and communication surrounding this	Acute nursing	Yes		Part upheld	<ul style="list-style-type: none"> <li>• Apologies offered for the way the situation had unfolded</li> <li>• Confirmed that family were immediately notified of the patient's death</li> <li>• Learning for the team from the family's experience</li> </ul>
15	Lack of support or treatment	GP	No	More time required	Part upheld	<ul style="list-style-type: none"> <li>• Apologies for delay in care – additional prompts to be implemented on GP IT systems to prevent further issues</li> <li>• Explanation of treatment pathways available and why a referral had been rejected</li> <li>• Apology for lack of follow up after medication prescribed</li> <li>• Review appointment booked</li> </ul>
16	Poor procedure experience and confidentiality concerns	Acute nursing	No	More time required for verification	Part upheld	<ul style="list-style-type: none"> <li>• Procedure outcome had been within normal limits, however there was learning identified</li> </ul>

						<ul style="list-style-type: none"> <li>• Standard Operating Procedure reviewed, observation in practice and written reflection by clinician</li> </ul>
17	Lack of support following test result	Maternity	No	More time required for verification	Fully upheld	<ul style="list-style-type: none"> <li>• Apology offered for areas where staff had fallen short in the care received</li> <li>• Training to be given and a leaflet created to inform patients about additional support available</li> <li>• Spiritual Care Lead to support by developing a pathway for patients who experience loss</li> <li>• Meeting offered</li> </ul>
18	Lack of urgency and support for diagnosis	Medical/Physio	No	More time required	Not upheld	<ul style="list-style-type: none"> <li>• Apologies for delay in treatment – explanation of pathway followed and why it was clinically correct</li> <li>• If details of worsening symptoms had been explained, referral would have been resubmitted with more urgency</li> <li>• Following up with partner Board regarding surgical prioritisation</li> </ul>
19	Attitude of staff member and subsequent related matters	Admin	No	Staff unavailability	Part upheld	<ul style="list-style-type: none"> <li>• Learning points identified regarding the interaction and subsequent complaint handling</li> <li>• Explanation given as to why further advice and action was taken</li> <li>• Review of application of policy across directorates to be requested</li> </ul>
20	Difficult consultation, and referral not actioned	GP	No	Marginally over due to final sign off	Part upheld	<ul style="list-style-type: none"> <li>• Delay offering appointment was due to low staffing.</li> <li>• Email not sent to another department due to confusion between clinicians, however it was explained it would not have expedited treatment as this was prioritised on clinical need.</li> <li>• Apology offered for upset caused, and meeting offered.</li> </ul>
21	Treatment decisions affecting end of life care and a lack of transparency of information	AHP and nursing	No	Complex investigation	Upheld	<ul style="list-style-type: none"> <li>• Staff reminded about the importance of documenting discussions in the relevant clinical notes</li> </ul>

						<ul style="list-style-type: none"> <li>• Formal criteria and assessment documentation to be developed for accessing specific equipment requested</li> <li>• Departmental waiting list to be reviewed to lower the risk of individuals with deteriorating health not having their needs met</li> <li>• Review of clinical pathway</li> <li>• Apology given for the lack of transparency regarding decision making and without the intended outcome</li> </ul>
22	Poor experience in appointment for family member	Consultant	No	Marginally delayed	Part upheld	<ul style="list-style-type: none"> <li>• Apology given for experience, with reflection and an explanation of matters discussed.</li> <li>• Mediation offered, and an appointment with an alternative consultant</li> </ul>
23	Delayed cancer diagnosis	GP	No	Investigating manager needed more time	Part upheld	<ul style="list-style-type: none"> <li>• Investigation did not identify evidence of a significant delay in diagnosis</li> <li>• Service improvement for vague symptoms/Rapid Cancer Diagnosis Service (RCDS) pathway to be taken forward through the Cancer Leads group to try and streamline the diagnostic process in this area</li> </ul>
24	Medical error and inappropriate patient placement	Medical/Community	No	Investigating manager needed more time	Part upheld	<ul style="list-style-type: none"> <li>• Explanation provided regarding decision making for placing.</li> <li>• Apology offered for the impact on the patient and family.</li> <li>• Additional training for staff member, and clearly identified lead for medication changes.</li> </ul>
25	Treatment – lack of adequate pain relief or information	Medical	No	Investigating manager needing more time	Open	
26	Treatment – painful examination and lack of respect	Medical	No	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>• Apology provided for distress caused.</li> <li>• No clinical issue identified but approach during a sensitive examination had fallen short.</li> <li>• Alternative arrangements made for follow up appointments.</li> </ul>

27	Care, treatment and support of family member	Community and Emergency Department	No	Complex investigation – more time required	Open	
28	Poor experience	Maternity	No	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>Care found to be clinically appropriate, however key information about a shared care pathway had not been clearly explained which added unnecessary anxiety.</li> <li>Offer made to discuss concerns further with senior staff.</li> </ul>
29	Delayed cancer diagnosis	Medical	No	Draft letter shared with investigating mgr	Open	
30	Avoidable delay to diagnosis and treatment	Medical Imaging	No	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>Investigation pathway confirmed as appropriate.</li> <li>Communication gaps identified.</li> <li>Apology provided, with learning focused on improving communication and patient understanding.</li> </ul>
31	Standard of care and treatment for family member	Child Health	No	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>Clinical assessments and escalation decisions appropriate in line with national guidance.</li> <li>Delays in accessing specialist care impacted for which an apology was given.</li> </ul>
32	Patient experience	Maternity	No	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>Care was appropriate overall, but earlier inpatient support could have been considered.</li> <li>Improvements needed in equipment readiness.</li> </ul>
33	Misdiagnosis and harmful treatment	Medical	No	Meeting arranged to discuss	Open	
34	Cancellation and delay of cancer surgery	Admin/acute	No	Investigating manager needing more time	Open	
35	Treatment of family member	Community nursing	No	Complex investigation – more time required	Upheld	<ul style="list-style-type: none"> <li>Acknowledged family distress and communication failures.</li> <li>Identified system weaknesses in documentation, communication and escalation.</li> </ul>

						<ul style="list-style-type: none"> <li>• Some care appropriate but standards not fully met.</li> <li>• Apology given – learning being used to strengthen governance and oversight.</li> </ul>
36	Poor patient care	Primary care	No	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>• Investigation found clinical care appropriate, however communication and empathy had been lacking.</li> <li>• Meeting recommended to rebuild trust.</li> </ul>
37	Mismanagement of medication and poor communication	Primary care	No	Report and letter drafting delayed due to capacity	Open	
38	Worsening symptoms and lack of treatment	Acute	N	Drafting of final response delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>• Clinical care found to be appropriate, but identified shortcomings in communication and continuity of care.</li> <li>• Learning identified, and a face to face follow up review arranged.</li> </ul>
39	Delayed diagnosis for child	Child health	N	Investigating manager needing more time	Open	
40	Delayed diagnosis and lack of treatment	Medical	N	Drafting of final response delayed due to capacity	Open	
41	Medicine management during inpatient stay	Ward 1	N	Investigating manager needing more time	Open	
42	Lack of investigation into health issues presented over a period of several years	Primary care	N	Report and letter drafting delayed due to capacity	Open	
43	Misdiagnosis and missed opportunities to identify issues	Medical	N	Investigation commenced, with offer to meet family member	Open	
44	Discontinued product causing distress	Child Health	N	Report and letter drafting delayed due to capacity	Part upheld	<ul style="list-style-type: none"> <li>• Apologised for experience.</li> <li>• Investigation highlighted a gap in care after transferring from another Board area.</li> <li>• Suitable alternative product sourced.</li> </ul>

						<ul style="list-style-type: none"> <li>Meeting held to learn from the experience to prevent reoccurrence.</li> </ul>
45	Conduct of staff member	Primary care	N	Complexity of investigation	Open	
46	Patient experience	Primary care	N	Report and letter drafting delayed due to capacity	Open	

### Cases escalated to the Scottish Public Services Ombudsman from 1 April 2023 to March 2026

Date notified with SPSO	Our complaint ref	SPSO ref	Area of complaint	Date of SPSO outcome	SPSO outcome	SPSO recommendations	Action update	Board/SPSO status
<b>Notified 2023/24</b>								
05.04.23	2021_22_08	202200363	Provision of physiotherapy	05.04.23	Will not take forward	None – advised timed out		Closed
22.02.24	2022_23_18	202302219	Cancer care waits and communication	25.03.24		Seeking early resolution by requesting a meeting takes place	Written to patient offering meeting – not heard back	Closed
11.03.24	23_24_02	20230680	Dental care	01.05.24	Will not take forward	The Board's investigation found to be thorough and response supported by evidence	Sent complaint file and clinical records	Closed
<b>Notified 2024/25</b>								
18.07.24	22_23_23	202402135	Delay in diagnosis for broken hip	18.07.24	Will not take forward	Cannot achieve outcomes sought. Advice given regarding legal action		Closed
20.03.25	24_25_22	20249992	Failure to follow correct process in diagnosis of UTIs, failure to evidence learning	30.04.25	Will not take forward	Response to complaint appeared reasonable, explanation provided as to why there was a different position. Accepted failings and taken the kind of action expected		Closed

Key:

Grey – no investigation undertaken nor recommendations requested by SPSO  
Green – completed response and actions  
Amber – completed response but further action to be taken at the point of update  
No colour – open case