

NHS National Services Scotland (NSS) Feedback and Complaints Annual Report

2025 - 2026





Public Services Delivery Scotland

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Executive Summary

Overall Position

This report summarises feedback, compliments and complaints received by NHS National Services Scotland (NSS) between 1 April 2025 and 31 March 2026. It reports organisational performance against the NHS Model Complaints Handling Procedure (MCHP), highlights the experiences shared by service users, and describes how feedback has been used to inform service improvement.

During 2025/26, complaint volumes remained broadly stable compared to the previous year, while performance against complaints handling standards improved. Complaints continue to provide an important source of learning, helping services identify opportunities to improve communication, service delivery and user experience.

Performance and Outcomes

NSS received 627 complaints and 238 compliments during the reporting period. Complaint volumes increased marginally by 0.5% while the number of compliments received remained consistent with the previous year. Overall complaint volumes remain substantially lower than those reported between 2021/22 and 2023/24.

More than seven in ten Stage 1 and Stage 2 complaints were upheld or partially upheld, demonstrating the value of complaints as a source of organisational learning and service improvement. Performance against the NHS Model Complaints Handling Procedure improved during the year, with 92.9% of Stage 2 complaints responded to within the 20-working-day target.

Assurance and Governance

Six complaints were referred to the Scottish Public Services Ombudsman (SPSO) during 2025/26. None were upheld. This provides independent assurance that complaints were investigated appropriately and in accordance with the requirements of the NHS Model Complaints Handling Procedure.

Continual monitoring through established governance arrangements provided assurance that complaints were handled appropriately, performance was maintained, and learning arising from feedback informed local and organisational improvement activity.

Learning and Improvement

Analysis of complaints, compliments and wider feedback identified several recurring themes across NSS. Service users particularly valued responsiveness, professionalism, expertise and effective communication. Areas for continued improvement include communication, digital user experience and reducing delays where services experience



high demand. Learning from feedback has informed local improvement activity across directorates and continues to shape service development across the organisation.

Although the reporting period relates to NHS National Services Scotland, the learning, improvement activity and governance arrangements described within this report will continue to inform the development of Public Services Delivery Scotland (PSD Scotland). Strengthening how we listen, learn and improve through feedback will remain a key component of our organisational approach to quality management and service excellence.

Key Messages

- Complaint volumes remained stable during 2025/26 and continue to be significantly lower than those reported between 2021/22 and 2023/24.
- Performance against the NHS Model Complaints Handling Procedure improved, with 92.9% of Stage 2 complaints responded to within the 20-working-day target.
- More than seven in ten Stage 1 and Stage 2 complaints were upheld or partially upheld, demonstrating that complaints continue to provide valuable insight into service user experience and areas for improvement.
- Six complaints were referred to the Scottish Public Services Ombudsman. None were upheld, providing independent assurance regarding the quality and robustness of NSS complaints handling processes.
- Service users consistently valued responsiveness, professionalism, expertise and effective communication. Complaints identified opportunities to strengthen communication, improve digital user experiences and continue reducing response times.
- Feedback, compliments and complaints continue to support service improvement across NSS and will inform the development of PSD Scotland as a learning organisation committed to continuous improvement and service excellence.

Introduction

PSD Scotland Context

On 1 April 2026, NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) came together to form Public Services Delivery Scotland (PSD Scotland). This report relates to the period 1 April 2025 to 31 March 2026 and therefore reports on feedback, compliments and complaints received by NSS prior to the establishment of PSD Scotland.

Throughout this report, references to NSS reflect the organisational arrangements in place during the reporting period. However, the learning, improvement activity and governance arrangements described within the report will continue to inform the development of PSD Scotland as a new national organisation committed to delivering high-quality, person-centred services across Scotland.

As the reporting period relates to 2025/26, the report principally refers to NSS. References to PSD Scotland are used only when describing future arrangements, governance or improvement activity.

About NSS

NHS National Services Scotland (NSS) was established to provide services common to all Health Boards in Scotland. NSS began operating on 1 April 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974.

In 2013, the Public Services Reform¹(Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order extended NSS's remit to include services for local authorities and government departments. The Public Bodies (Joint Working) (Scotland) Act 2014² reinforced this requirement.

NSS works across Scotland. You can learn more about our budget, workforce and sites in the 2024/25 Annual Accounts³.

Table 1: Key facts about NSS

Aspect	Fact
Budget	£1,218 million
Workforce	3,354 Whole Time Equivalent (WTE) staff
Sites	19

¹ [Public Services Reform \(Scotland\) Act 2010](#)

² [Public Bodies \(Joint Working\) \(Scotland\) Act 2014: statutory guidance - gov.scot](#)

³ [Annual report and Accounts 2024–2025 | National Services Scotland](#)

Introduction to the Report

This report is the annual feedback and complaints report for 2025/26. The report provides information on our performance against the NHS Model Complaints Handling Procedure⁴.

NSS continues to work in partnership with the Community Engagement Team at Healthcare Improvement Scotland (HIS) to strengthen how feedback is gathered, analysed and used to support service improvement. As a National Board, NSS has a diverse range of service users and stakeholders. This partnership helps ensure that our approaches to engagement and feedback remain person-centred and aligned to national good practice.

NSS gathers insight from a range of sources to understand service user experience and identify opportunities for improvement. These include service user surveys, compliments, comments, concerns, complaints and operational performance data. Together, these provide a broader understanding of what is working well and where further improvement may be required.

These insights informed NSS's Service Excellence reporting to the Executive Management Team.

We follow best practice approaches, including the Planning with People guidance⁵, the Scottish Approach to Change⁶, the NHS Scotland Quality Management System Framework⁷ and the NHS Model Complaints Handling Procedure (MCHP).

The Model Complaints Handling Procedure

Introduced on 1 April 2017, the MCHP aims to:

- Take a consistently person-centred approach to complaints handling
- Implement a standard process across NHS Scotland
- Encourage learning from complaints to improve services

The MCHP includes nine key performance indicators. These indicators help measure effectiveness, decision-making quality, and continuous improvement. The detail can be found in appendix three.

The indicators provide assurance that complaints are managed consistently, fairly and within agreed timescales, while also helping organisations identify learning and improvement opportunities arising from complaints.

⁴ [The Model Complaints Handling Procedures | SPSO](#)

⁵ [Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot](#)

⁶ [Scottish Approach to Change – Healthcare Improvement Scotland](#)

⁷ [Quality Management System \(QMS\) – Healthcare Improvement Scotland](#)

Complaints Management Approach in NSS

Given the scale and diversity of NSS's national remit, ranging from clinical services to logistics, digital infrastructure, and legal support, NSS does not have a central complaints team. Each directorate manages its own complaints, with a designated complaints lead appointed. The directorate complaints leads are responsible for ensuring compliance with the MCHP within their own directorate. These leads meet monthly to share learning and best practice, whilst maintaining consistent standards through our governance structures.

Complaints are recorded on the ServiceNow⁸ portal, allowing us to identify common themes. Quarterly complaints data is included in the NSS Service Excellence report and discussed at the Executive Management Team meetings.

This approach ensures that complaints are managed by staff with detailed knowledge of the service concerned, supporting thorough investigation, timely resolution and meaningful learning. It also enables directorates to identify local improvement opportunities while maintaining consistency through corporate governance arrangements.

Encouraging and gathering feedback

We are committed to delivering high-quality services while protecting health and the environment. All feedback⁹ is welcomed and is viewed as an opportunity to learn and improve our services.

NSS is registered with Care Opinion¹⁰. However, stories related to national programmes (e.g. breast screening) are responded to by the local NHS Boards.

PSD Scotland is committed to strengthening how it gathers, understands and acts on feedback from service users. During 2025/26, work to develop a corporate approach to user experience and engagement was paused to ensure alignment with the establishment of PSD Scotland. Future work will focus on developing an approach that reflects the needs of the new organisation and supports meaningful engagement with service users and stakeholders.

Feedback plays an important role in helping PSD Scotland understand how services are experienced by those who use them. Feedback provides assurance when services are performing well and helps identify opportunities for improvement where changes may be needed. Learning from feedback is considered alongside complaints, compliments and operational performance information to inform service improvement and decision-making across the organisation.

⁸ [Customer Service Management - CSM - ServiceNow](#)

⁹ [NHS Scotland Complaints Handling Procedure – Definition of Feedback](#)

¹⁰ [Care Opinion](#)

Compliments

Compliments provide valuable insight into the aspects of service delivery that have the greatest positive impact on service users. They help identify behaviours, approaches and ways of working that are valued by users and highlight areas of good practice that can be shared across PSD Scotland. While compliments are often received informally and are not subject to mandatory reporting requirements, directorates are encouraged to record and reflect on positive feedback wherever possible.

Directorates are encouraged to record and reflect on informal compliments through team meetings, monthly feedback reviews, and reporting to the complaints leads network. While informal comments are not centrally logged, they contribute to local service insight and help identify recurring patterns of positive user experience

In 2025/26 NSS recorded 238 compliments, a marginal decrease from 239 compliments received in 2024/25.

The main themes from compliments recorded are:

Responsiveness and Efficiency

Typical responses included:

- Quick responses to enquiries
- Prompt turnaround of advice
- Fast completion of requests
- Timely communication
- Rapid problem solving
- Efficient organisation and administration

Teamwork and Collaboration

Typical responses included:

- Working together to solve problems
- Strong partnerships with Health Boards
- Integrated working across organisations
- Team support during challenging work

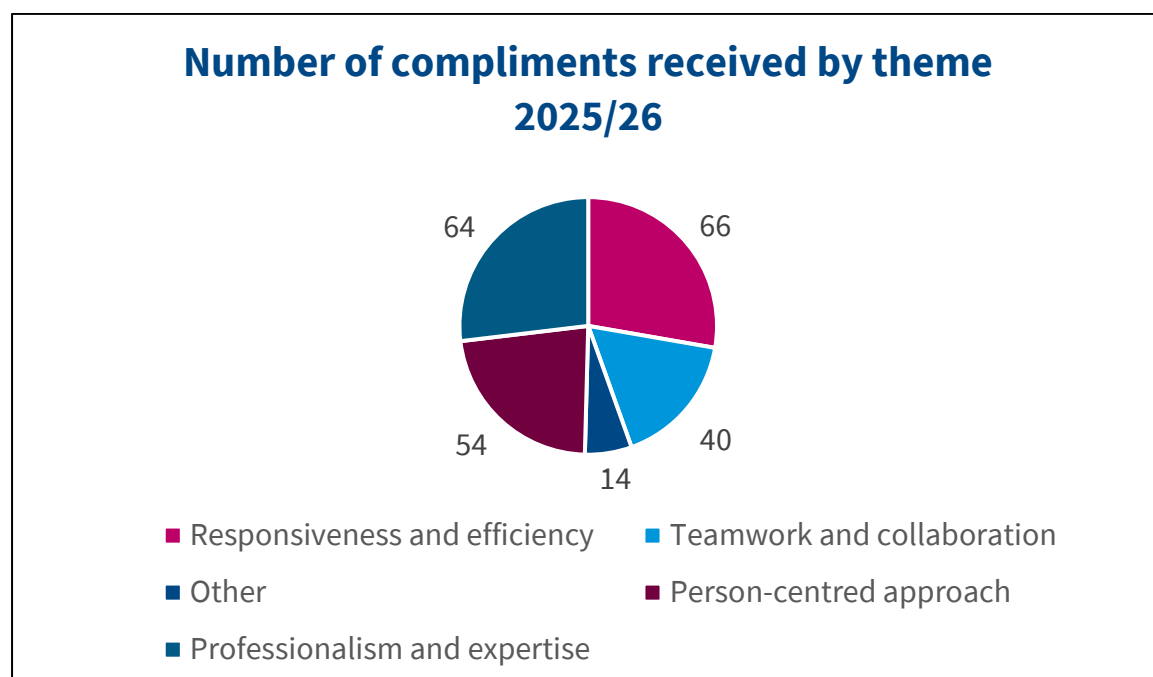
Person-centred Approach

- Typical responses included:
- Compassion
- Kindness
- Patience
- Reassurance
- Making people feel comfortable
- Treating people with respect

Professionalism and Expertise

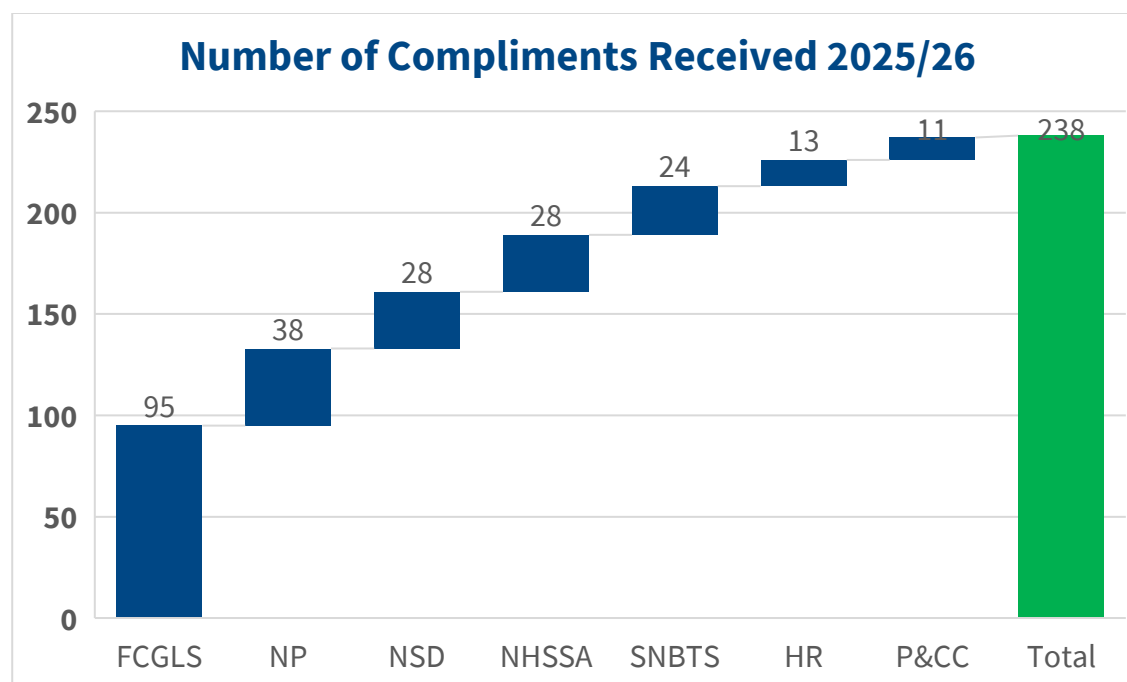
- Typical responses included:
- Specialist knowledge
- Professional conduct
- High-quality guidance
- Attention to detail

Chart 1: Number of compliments received by theme 2025/26



Analysis of recorded compliments identified responsiveness and efficiency as the most frequently cited theme, followed closely by professionalism and expertise. Service users particularly valued timely responses, effective problem solving, specialist knowledge and practical support. Compliments also highlighted the importance of person-centred behaviours, including kindness, compassion and treating people with dignity and respect. Together, these themes demonstrate that service users value both the quality of services delivered and the way in which those services are delivered.

Chart 2: Number of compliments received by Directorate 2025/26



The number of recorded compliments remained consistent with the previous year, suggesting that high levels of positive feedback continue to be received across a range of NSS services. Examples included feedback relating to responsiveness, professionalism, partnership working and compassionate support provided to service users and stakeholders. Further examples are provided in Appendix two.

Learning from compliments is used alongside complaints and survey feedback to identify good practice and support continuous improvement. Positive feedback helps services understand which approaches are valued by service users and can be used to inform staff recognition, service development and the sharing of effective practice across PSD Scotland.

Complaints Overview

Between 1 April 2025 and 31 March 2026, NSS received 627 complaints. This represents a small increase of 0.5% compared with 2024/25 (624 complaints). However, complaint volumes remain substantially lower than those reported between 2021/22 and 2023/24, when annual complaints exceeded 740 per year. Complaint levels therefore remained broadly stable throughout 2025/26 and continue to be lower than historic levels.

Complaints Volume and Outcomes

The combined total in 2025/26 includes:

- 156 stage 1 complaints
- 200 stage 2 complaints
- 271 complaints related to third party suppliers

Third party supplier complaints are complaints that are received from NHS Scotland Health Boards about services and products provided by third party suppliers. National Procurement support Health Boards resolve these complaints with Suppliers.

These third-party complaints continue to represent a significant proportion of overall complaint volumes, reflecting the nature of services delivered by NSS, particularly within National Procurement. These complaints are recorded and monitored separately to distinguish between concerns relating directly to NSS services and those relating to third party suppliers.

Of the 156 stage 1 complaints received:

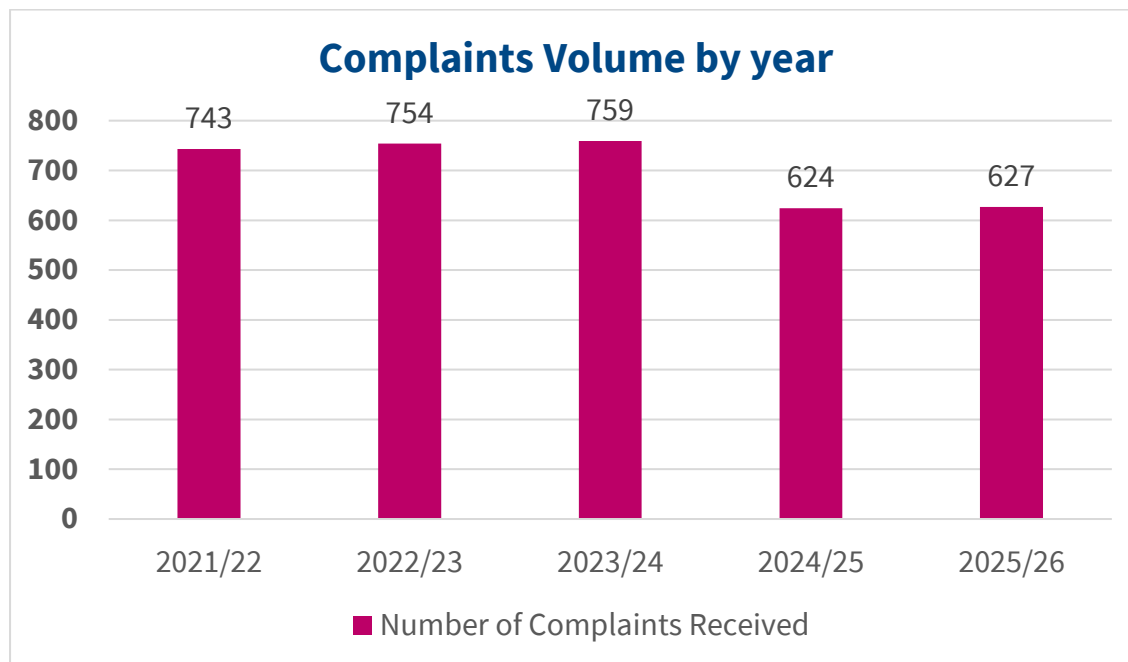
- 53 were not upheld
- 13 were partially upheld
- 90 were upheld

Of the 200 stage 2 complaints received:

- 51 were not upheld
- 46 were partially upheld
- 103 were upheld

The chart on the following page provides a comparison of total complaints received each year, from 2016 to 2026.

Chart 3: Total number of complaints received by year from the period 2021 to 2026



Although complaint volumes increased marginally during 2025/26, the longer-term trend remains positive, with complaint volumes substantially lower than those reported between 2021/22 and 2023/24. While the factors contributing to this reduction are likely to be multifaceted, the findings suggest that complaint volumes have remained broadly stable over the last two reporting periods. Continued monitoring will be required to determine whether this trend is sustained.

The table below shows the number of complaints received each quarter from 2023 to 2026.

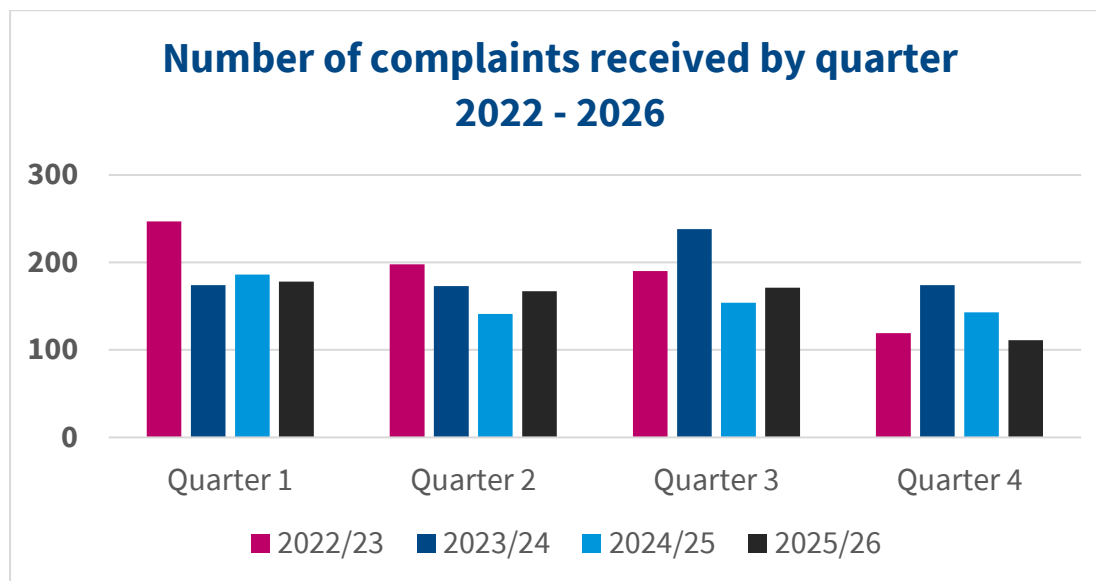
Table 2: Total quarterly and cumulative totals for 2025/26 with a comparator with 2024/25 and 2023/24

Reporting Period	Quarterly Total 2025/26	Cumulative Total 2025/26	Quarterly Total 2024/25	Cumulative Total 2024/25	Quarterly Total 2023/24	Cumulative Total 2023/24
Quarter 1	178	178	186	186	174	174
Quarter 2	167	345	141	327	173	347
Quarter 3	171	516	154	481	238	585
Quarter 4	111	627	143	624	174	759
Total		627		624		759

Complaint volumes remained broadly consistent throughout the first three quarters of the financial year, ranging between 167 and 178 complaints per quarter. Quarter 4 recorded a notable reduction to 111 complaints, contributing to the overall stability in annual complaint volumes. Further analysis of complaint patterns and causal factors is provided within the individual directorate summaries.

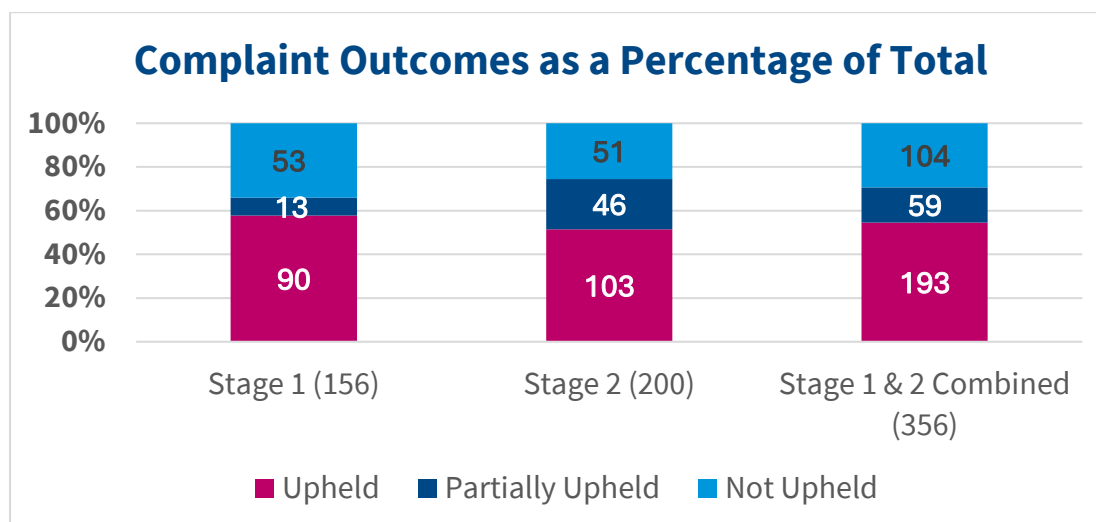
The chart below provides a comparison of quarterly complaints between 2022 and 2026

Chart 4: Quarterly complaints for the period 2022 to 2026



Across Stage 1 and Stage 2 complaints, 54.2% were upheld and a further 16.8% were partially upheld. This means that more than seven in ten complaints resulted in full or partial agreement with the concerns raised. These findings demonstrate the value of complaints as a source of insight, helping services identify issues, improve processes and strengthen service quality.

Chart 5: Stage 1 and Stage 2 Complaint Outcomes 2025/26



Performance against MCHP Requirements

NSS continues to commit to the requirements set out in the NHS MCHP. In our policy we acknowledge complaints within three working days, resolve less complex (stage 1) complaints within five working days and resolve more complex (stage 2) complaints within the 20 working-day timescale.

NSS' performance against the NHS Model Complaints Handling Procedure improved during 2025/26. Average response times reduced for both Stage 1 and Stage 2 complaints when compared with the previous year. A total of 92.9% of Stage 2 complaints were resolved within the MCHP target of 20 working days, an improvement on 89% in 2024/25, while the number of complaints exceeding target timescales reduced from 19 to 16. The average response time for Stage 2 complaints also improved slightly, reducing from 10.3 days to 10.05 days. These results demonstrate a continued focus on timely complaint resolution despite complaint volumes remaining broadly consistent throughout the year.

The table below illustrates the response times for stage 1 and stage 2 complaints.

Table 3: Handling complaints - Average response times for all complaints in days 2025/26 with an annual comparison with 2024/25.

Measure	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Annual 25/26	Annual 24/25
Average response time against target response time of five working days (less complex)	2.3	2.6	1.9	2.3	2.2	2.7
Average response time against target response time of 20 working days (more complex)	9	10.5	11.4	9	10	10.3
Responses within target (20 working days)	94.1%	86.7%	91.3%	97.7%	92.9%	89%
Number of responses out with target (20 working days)	3	8	4	1	16	19

Overall, complaint volumes remained stable during 2025/26, whilst performance against the NHS Model Complaints Handling Procedure improved. The high proportion of complaints that were upheld or partially upheld demonstrates the importance of listening



to service users and using complaints as a source of learning. Analysis of complaints throughout the year has informed improvement activity within individual directorates and will continue to support service quality improvement across PSD Scotland.

Referrals to the Scottish Public Services Ombudsman

The Scottish Public Services Ombudsman (SPSO) will look at complaints after a complainant has gone through the NHS complaints procedure. If they have already complained to the NHS and are unhappy, they can ask the SPSO to look at the complaint. This is referred to as the right to redress.

SPSO referrals provide an important source of independent assurance regarding the effectiveness and fairness of complaint handling arrangements. Where complaints are referred to the SPSO, their findings help organisations identify areas that complaint investigations, communication or decision-making processes may require improvement.

6 NSS complaints were referred to the SPSO in 2025/26. Of the six complaints referred to the SPSO during 2025/26, none were upheld. This indicates that the SPSO was satisfied that PSD Scotland had handled these complaints appropriately and in line with the NHS Model Complaints Handling Procedure.

The absence of upheld SPSO complaints provides assurance that PSD Scotland's complaint investigations, decision-making processes and responses continue to align with the requirements of the NHS Model Complaints Handling Procedure. Learning from SPSO referrals continues to be reviewed alongside internal complaints data to support continuous improvement and maintain public confidence in the complaints process.

Directorate Summaries

Each NSS directorate is responsible for managing complaints, identifying learning and implementing improvements within its own services. While overall complaint volumes provide an important organisational view, understanding the themes, causes and actions arising from complaints at a local level provides richer insight into service performance and user experience.

Each directorate's complaints data is summarised below, including:

- Scottish National Blood Transfusion Service (SNBTS)
- National Procurement (NP)
- Primary and Community Care (PaCC)
- Human Resources and Workforce Development (HRWD)
- Digital and Security (DaS)
- Finance, Corporate Governance and Legal Services (FCGLS)
- National Services Directorate (NSD)
- NHS Scotland Assure (NHSSA)

- Clinical

The following summaries describe complaint activity across each directorate during 2025/26, including complaint volumes, complaint themes, examples of learning and service improvements, and where relevant, assurance regarding complaint handling performance. Together these summaries demonstrate how feedback and complaints have driven service improvements in NSS.

Scottish National Blood Transfusion Service (SNBTS)

Scottish National Blood Transfusion Service (SNBTS) provides a national service to NHSScotland, supplying blood, tissues and cells to support patient care across the country. SNBTS also delivers specialist diagnostic and treatment services to ensure matched blood and platelets are available for patients 24 hours a day, 365 days a year, and provides training and support to colleagues across NHSScotland.

SNBTS received 126 complaints in 2025/26, representing a 22.3% increase in complaint volume compared with 103 complaints received in 2024/25. The table below provides a breakdown of complaint outcomes for 2024 - 2026.

Table 4: SNBTS complaints outcomes 2024 - 2025

Reporting Year	Total	Upheld	Partially Upheld	Not Upheld
2024/25	103	48	23	32
2025/26	126	66	34	26

Across the year, SNBTS recorded 66 complaints upheld, 26 not upheld and 34 partially upheld. These outcomes demonstrate that a high proportion of complaints resulted in full or partial agreement with the concerns raised, supporting the importance of complaints as a source of learning and service improvement.

Table X shows a breakdown of complaints for each quarter recorded by SNBTS across Donor & Transport Services, Patient Services and Tissues, Cells and Advanced Therapeutics, with a comparison from the previous year. Most complaints related to Donor & Transport Services; however, Quarter 3 also included two Patient Services complaints

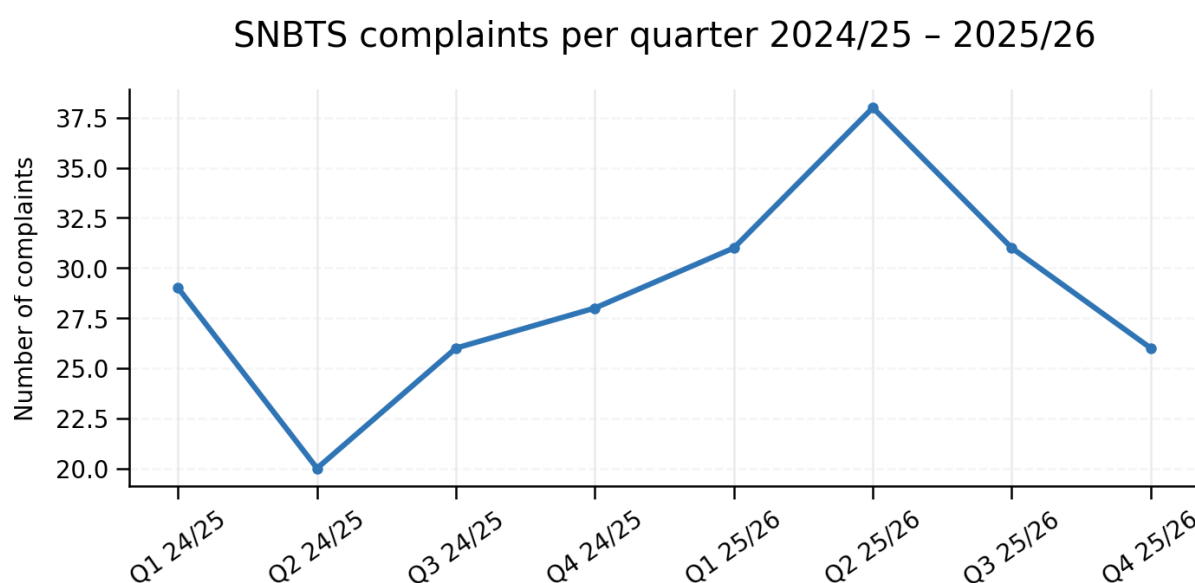
Table 5: SNBTS donor complaints: Quarterly comparison 2024 - 2026

Code/Type of Complaint	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
1 Anti-HBc Lookback	1	0	0	0	0	0	0	0
2 Appointment Availability	1	3	0	2	0	1	0	1
3 Appointments	3	3	5	2	4	3	1	1
4 Adverse Events	9	1	3	5	3	3	0	3
5 Disruption	0	0	0	0	0	0	0	0
6 Documents and Records	0	1	1	0	0	2	0	1
7 Donor Communications	2	5	1	6	4	4	5	6
8 Donor Selection	5	4	0	2	1	3	2	2
9 Donor Web Portal	4	1	1	4	2	6	3	3

10 Facilities (incl. Parking)	2	0	0	0	3	0	2	0
11 Health & Safety	1	0	1	2	1	0	1	0
12 Legal claim	0	0	0	0	0	0	0	0
13 New Regulatory Change	0	0	1	1	0	0	0	0
14 Opening Hours	0	0	0	0	0	0	1	0
15 Opportunity to donate	7	5	1	3	1	1	3	2
16 Special Needs (DDA)	0	0	0	0	0	2	1	0
17 Special Redesign/change	0	0	0	0	0	0	0	0
18 Staff Attitude & Behaviour	3	7	3	11	6	6	9	7
19 Vexatious	0	0	0	0	0	0	0	0
20 Voluntary Organiser Attitude & Behaviour	0	0	0	0	0	0	0	0
21 Waiting Times	0	1	2	0	1	0	0	0
Total	29	31	20	38	26	31	28	26

*SNBTS code their complaints categories one to twenty-one.

Graph 1: SNBTS complaints per quarter 2024/25 – 2025/26



Complaint volumes were highest in Quarter 2, before reducing in Quarters 3 and 4. The main complaint categories in 2025/26 were staff attitude and behaviour, donor communications, donor web portal, adverse events, donor selection and opportunity to donate.

While complaints peaked in Quarter 2, this should be viewed within the context of historical trends. Quarter 2 of 2024/25 recorded a comparatively low number of complaints (20), whereas Quarter 2 complaint volumes in previous years were considerably higher, including 45 complaints in 2023/24, 73 in 2022/23, 71 in 2021/22 and 45 in 2020/21. The 2025/26 Quarter 2 total of 38 complaints is therefore more consistent with longer-term patterns and does not represent an exceptional increase in complaints activity.

The largest category was staff attitude and behaviour, with 31 complaints in 2025/26. Donor communications was the next largest category, with 21 complaints. Donor web portal complaints totalled 14, and adverse events totalled 12. Donor selection and opportunity to donate each recorded 11 complaints.

Adverse event complaints accounted for 12 complaints during 2025/26 and were reported across multiple locations, including Edinburgh, Glasgow and Aberdeen, with one complaint relating to a medical issue. The majority of these complaints related to recognised complications associated with blood donation. It is also important to note that changes to donor adverse event definitions and the reclassification of serious donor complications by the Joint Professional Advisory Committee (JPAC) are likely to contribute to an increase in recorded adverse event complaints in future years as reporting practices evolve.

Appointment-related complaints remained an important theme. Complaints coded as appointments reduced when compared with the previous year; however, complaints about appointment availability increased, and social media feedback continued to

highlight frustration with booking access, walk-in availability and use of the donor web portal.

Across 25/26, there were a higher number of complaints relating to donor communications, staff attitude and behaviours, adverse events, and the donor web portal. Sickness absence in teams made it difficult to respond to all complaints in a timely manner. Processes have now changed to ensure that complaints are picked up by the whole team and not specifically allocated to one individual.

Table 6: SNBTS staff attitude and behaviour complaints: Quarterly comparison 2024 - 2026

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
3	7	3	11	6	6	9	7

Complaints relating to staff attitude and behaviour increased from 21 in 2024/25 to 31 in 2025/26. The quarterly reports show that these complaints were reviewed individually, with outcomes including supportive conversations, feedback to staff and teams, retraining, discussion with staff members, and escalation to line managers where appropriate.

In Quarter 1, staff attitude and behaviour complaints included upheld, not upheld and partially upheld outcomes. Actions included supportive conversations, further training, apologies, and reminders about professional appearance and conduct. In Quarter 2, five staff attitude and behaviour complaints were upheld and five were partially upheld, with follow-up through session managers, senior charge nurses, confidentiality review, training and observation where required.

In Quarter 3, staff attitude and behaviour complaints included cases where donor experience, professionalism and communication were addressed through feedback to staff, discussion with the individual involved, and reinforcement of courteous and professional standards. In Quarter 4, examples included inappropriate remarks, privacy and dignity concerns, procedural practice, and transition to plasma donation. Actions included apologies, team discussion, monitoring of practice, and review of internal processes.

In the context of the number of donation episodes, complaint rates remain very low. There were no major themes, however it is noted that some related to donor selection issues and waiting times. SNBTS have introduced specific training for staff on donor care standards which includes how we bring these standards to life in day-to-day work.

Table 7: SNBTS social media comments: Quarterly comparison 2024 - 2026

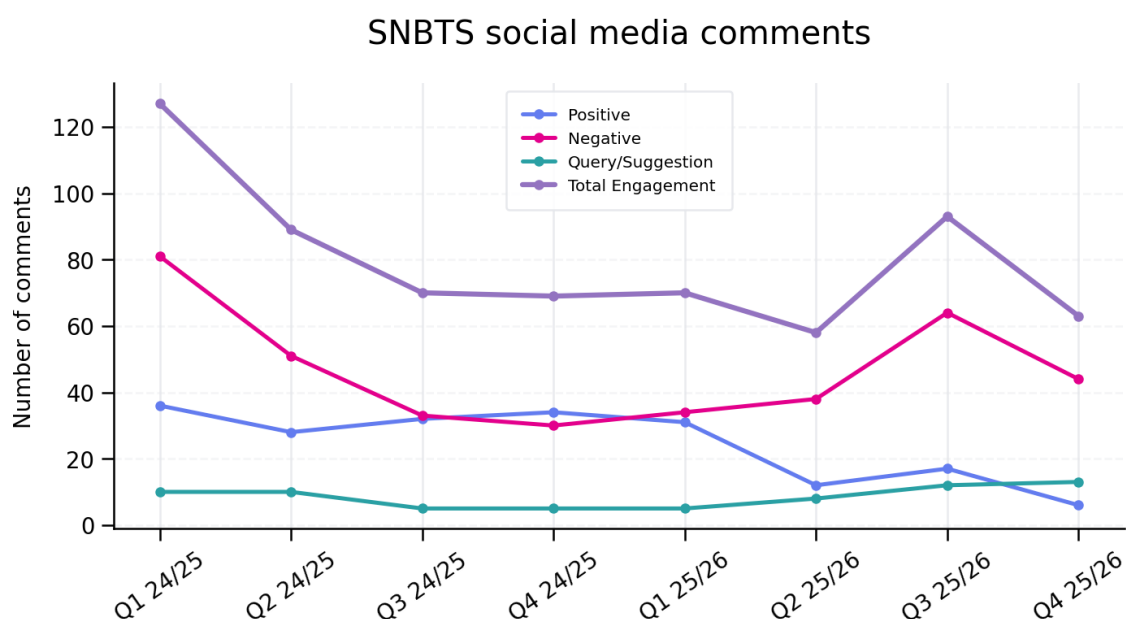
Type of Social Media Comment	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
Positive	36	31	28	12	32	17	34	6
Negative	81	34	51	38	33	64	30	44
Query	8	4	5	6	2	7	4	12
Suggestion	2	1	5	2	3	5	1	1

While overall social media engagement was lower than the high levels seen in earlier years, negative comments increased in Quarter 3 compared with 2024/25 and remained above the previous year in Quarter 4. The increase was largely associated with ongoing concerns regarding the Donor Web Portal and appointment booking processes.

Quarter 2 saw 38 negative comments, primarily relating to donor web portal functionality. Negative comments increased to 64 in Quarter 3, with recurring themes including the lack of walk-in appointments, difficulties booking appointments online, restrictions on booking close to session times, and the inability to make appointments several months in advance.

Quarter 4 recorded 44 negative comments, with continuing concerns relating to donor web portal functionality, including donors being locked out of accounts and consequently being unable to make appointments. SNBTS did not identify any specific communications campaigns or events that would explain these increases, suggesting that the comments primarily reflected ongoing donor frustrations with appointment access and booking systems.

Graph 2: SNBTS social media comments



The donor web portal remained a recurring theme in both complaints and social media comments. Concerns included difficulties booking appointments, being locked out of accounts, not being able to book online close to a session and not being able to book appointments months in advance. Walk-in opportunities were also repeatedly raised, particularly in social media feedback. Work is ongoing to make improvements to the donor web portal and the automatic password reset for donors has been switched off which should decrease the issues when donors are locked out of accounts. Live connectivity has been introduced into community sessions, allowing donors to book on the day and supporting the integration of walk-in appointments.

There continued to be positive feedback about staff, even where overall social media engagement was lower. In Quarter 3, staff accounted for the largest positive social media theme. In Quarter 4, positive comments were lower than usual, and the quarterly report noted that donors may be choosing to use Care Opinion in preference to social media; this will be monitored in future months.

Equality, diversity and accessibility

Equality and diversity complaints were low in volume but present across 2025/26. The quarterly reports recorded no equality and diversity complaints in Quarter 1, two in Quarter 2, two in Quarter 3 and one in Quarter 4. Themes included medical deferral processes, hearing loss and assistance during health screening, transgender awareness and donor record processes, and language barriers affecting health screening.

Quarter 3 had complaints relating to transgender donor experience, including the need to update processes to improve donor experience. There was also a complaint involving a language barrier during health screening and noted recent changes to UK guidance

relating to third party interpreters. SNBTS are committed to implementing this guidance to improve accessibility and to scope these changes in 2026.

All patient information leaflets have been reviewed this year and are being updated. Where there have been any complaints in relation to EDI/Trans issues, additional support is given to staff members. The majority of complaints seen, especially on social media, relate to men being frustrated at being asked if they are pregnant each time they come to donate, which is a requirement of our donor selection records and minimum mandatory question set. Once the semester patch is introduced there is work planned to review communications and processes to further support our transgender donors.

Response performance and escalation

Across the year, seven complaints were recorded as breaches of the 20-working-day response time: five in Quarter 1, four in Quarter 2, one in Quarter 3 and none in Quarter 4. There are several reasons for delay, including waiting for donor responses, annual leave, back-and-forth between case owners and other parties, access to records, staff availability, and the need to collate records for a subject access request.

Two complaints were referred to the SPSO during the year. In Quarter 1, the SPSO requested that SNBTS contact the donor directly in relation to an awards ceremony and no further action was required. In Quarter 3, a complaint relating to the pregnancy question was raised with the SPSO and the appeal was not upheld.

Learning and improvement

Learning and improvement activity is linked to specific complaints and feedback themes. Actions included staff conversations, retraining, observation and monitoring of practice, review of confidentiality and communication during screening, reinforcement of professional standards, review of contingency planning and donor communications, and review of internal processes for identifying donor suitability before plasma appointments.

In addition to improvements to appointment systems and the donor web portal, SNBTS has continued to embed learning through regular governance and operational forums. All complaints are reviewed within territory management meetings and are also discussed through the Senior Nurse Forum to ensure learning is shared across Donor and Transport Services, Patient Services and Tissues, Cells and Advanced Therapeutics. Complaint reviewers are encouraged to adopt a pragmatic and person-centred approach when determining complaint outcomes, helping to ensure that donor experiences inform service improvement activity across the organisation.

SNBTS is also now receiving further resource support from the National Contact Centre to assist with the volume of donor portal enquiries and account set ups.

In March 2026, SNBTS piloted Care Opinion within the Edinburgh Donor Centre and Glasgow Clinical Apheresis Unit. The pilot was introduced to maximise opportunities for



public engagement and feedback, provide direct feedback to individuals and teams, better understand what matters to donors, patients and stakeholders, support service improvement through real-time feedback, and celebrate positive experiences. During the first four weeks of the pilot, the Edinburgh donor team received 16 compliments through Care Opinion compared with eight compliments received through the ServiceNow platform during the whole of Quarter 2, indicating strong initial engagement with the new feedback mechanism. Staff feedback on the pilot was reported as overwhelmingly positive.

All territory management meetings review all complaints received. Complaints are also discussed at the senior nurse forum to share any learning across Donor and Transport Services, Patient Services and Tissues, Cells and Advanced Therapeutics. Reviewers of the complaints take a pragmatic and person-centred approach to upholding/partially upholding complaints.

Despite an increase in complaint volumes during 2025/26, complaint rates remain very low when considered against overall donor activity. Complaints continue to provide valuable insight into donor experience and have supported improvements to appointment booking processes, donor communications and staff training.

National Procurement (NP)

National Procurement (NP) is NHS Scotland's national procurement and logistics service. It provides commercial and supply chain services to Health Boards and health and social care organisations across Scotland, supporting the procurement of medicines, equipment, products and services required for patient care. NP also operates the National Distribution Service, which stores and distributes essential healthcare supplies to hospitals and community services throughout Scotland, ensuring that frontline services have access to the resources they need to deliver safe and effective care.

NP received 426 complaints during 2025/26, representing approximately two-thirds of all complaints recorded across NSS. The majority of these complaints related to products and services supplied through third-party suppliers, reflecting the scale and complexity of the national procurement and supply chain environment.

Of the total complaints received, 301 related to third-party suppliers and 125 related directly to NP services. Complaint volumes remained broadly consistent with the previous year and represented a very small proportion of overall service activity. Nevertheless, complaint trends continue to provide valuable insight into supplier performance, service delivery and opportunities for improvement across the procurement landscape.

Complaint rates remain very low relative to the volume of procurement, logistics and distribution activity undertaken during the year. Complaints therefore provide an important source of intelligence to support service quality, supplier management and continuous improvement.

Overview

Total complaint volumes decreased across the year, driven by a reduction in third party supplier complaints. Complaints relating to NP services remained relatively stable throughout the year, with a slight increase from 30 in Quarter 1 to 33 in Quarter 4.

Whilst National Procurement recorded 125 complaints relating directly to its own services during 2025/26, this should be considered in the context of service activity. The National Distribution Service processed over 4.6 million order lines during the year, resulting in a complaint rate of approximately 0.003%. This indicates that complaints represented a very small proportion of overall activity while providing valuable insight into areas for service improvement.

Quarterly position

Quarter 1 recorded 135 complaints in total, comprising 30 complaints relating to National Procurement services and 105 complaints relating to third party suppliers. In Quarter 1, the top issue was late, incorrect or no delivery (8 complaints relating to National Procurement services). In third party supplier complaints, the leading issue was products not performing as expected.

Quarter 2 recorded 112 complaints in total, comprising 31 complaints relating to National Procurement services and 81 complaints relating to third party suppliers. In Quarter 2, the top issue was product out of date (11 complaints relating to National Procurement services), although this typically related to products approaching the end of their shelf life rather than being supplied after expiry.

Quarter 3 recorded 104 complaints in total, comprising 31 complaints relating to National Procurement services and 73 complaints relating to third party suppliers. In Quarter 3, the top issue returned to late, incorrect or no delivery (14 complaints), while the most common third-party supplier issue remained products not performing as expected.

Quarter 4 recorded 75 complaints in total, comprising 33 complaints relating to National Procurement services and 42 complaints relating to third party suppliers. In Quarter 4, the top issue was product out of date (13 complaints), with no consistent trend identified across specific products, suppliers or health boards.

Key themes

Analysis of complaint causes across the year indicates that many issues were isolated rather than systemic. For example, late or incorrect delivery complaints were typically distributed across multiple health boards and did not indicate a recurring pattern. Similarly, complaints relating to product shelf life were often associated with a range of products and suppliers, suggesting that issues were individually investigated rather than driven by a single underlying cause.



Complaints relating to National Procurement services were largely handled within target timescales throughout the year. Quarterly returns indicate that in several quarters all complaints were closed within target, with only a small number of exceptions in later quarters. This demonstrates a generally consistent level of performance in complaint handling.

Learning and improvement

Across the year, NP adopted a consistent approach to corrective action, with learning activities directly informed by complaint trends identified in quarterly returns. These included targeted reviews of late or incorrect delivery issues, detailed investigation of product shelf-life concerns, and proactive engagement with suppliers in response to product quality issues.

In many cases, complaints were found to be isolated and distributed across multiple suppliers or health boards, therefore actions focused on individual investigation, feedback to suppliers, and reinforcement of existing processes through staff briefings and retraining. Where recurring issues were identified, this informed wider improvement activity, including supplier management and quality assurance processes.

Examples include targeted review of late or incorrect delivery issues, individual investigation of product shelf-life concerns. The reduction in complaints in quarter 4 may have been influenced by an increase in precautionary Customer Alert Notices and Product Recalls, which support the early identification and communication of product issues to Health Boards, helping to mitigate concerns before they result in formal complaints.

Complaint trends have also informed improvements within warehouse operations. In recent years, complaints relating to contaminated products have reduced, coinciding with an increased focus on warehouse hygiene and the introduction of dedicated staff responsibilities for cleanliness and quality management within warehouse environments.

Where patterns of concern were identified locally, National Procurement engaged directly with Health Boards to review operational processes, strengthen working relationships and support service improvement initiatives.

Overall, the data indicates that while complaint volumes fluctuate, most issues continue to arise from third party supplier performance rather than National Procurement services. The reduction in complaint volumes towards the end of the year suggests that corrective actions and supplier engagement may be having a positive impact, although continued monitoring will be required to confirm whether this represents a sustained trend.

Table 8: NP complaints by cause (excluding third party): Quarterly complaints volume 2025/26

Cause	Q1	Q2	Q3	Q4	2025/26 Total
Late/Incorrect/No Delivery	8	2	14	5	29
Product Out of Date	7	11	3	13	34
Wrong/confusing/missing information	6	7	9	5	27
Other	9	11	5	19	35
Sub Total	30	31	31	33	125

Table 9: NP Third party supplier complaints by cause: Quarterly complaints volume 2025/26

Cause	Q1	Q2	Q3	Q4	2025/26 Total
Product not performing as expected	62	55	44	32	193
Damaged product	4	1	5	1	11
Late/incorrect/no delivery	8	5	5	1	19
Other	31	20	19	8	78
Sub Total	105	81	73	42	301

Complaints relating to product out of date and late or incorrect delivery were the most common issues affecting NP services, although these fluctuated between quarters. Product out of date complaints increased in Quarter 4, while late delivery issues peaked in Quarter 3 before reducing. These complaints were spread across multiple products, suppliers and Health Boards, with no recurring pattern identified. National Distribution Service continues to proactively manage stock through shelf-life monitoring and stock rotation processes, while increasing the number of products for which date codes are captured electronically to improve oversight and reduce the risk of future occurrences.

The “Other” category includes a range of less frequently reported issues such as packaging, incorrect product, and system-related concerns.

Chart 6: NP number of complaints each quarter

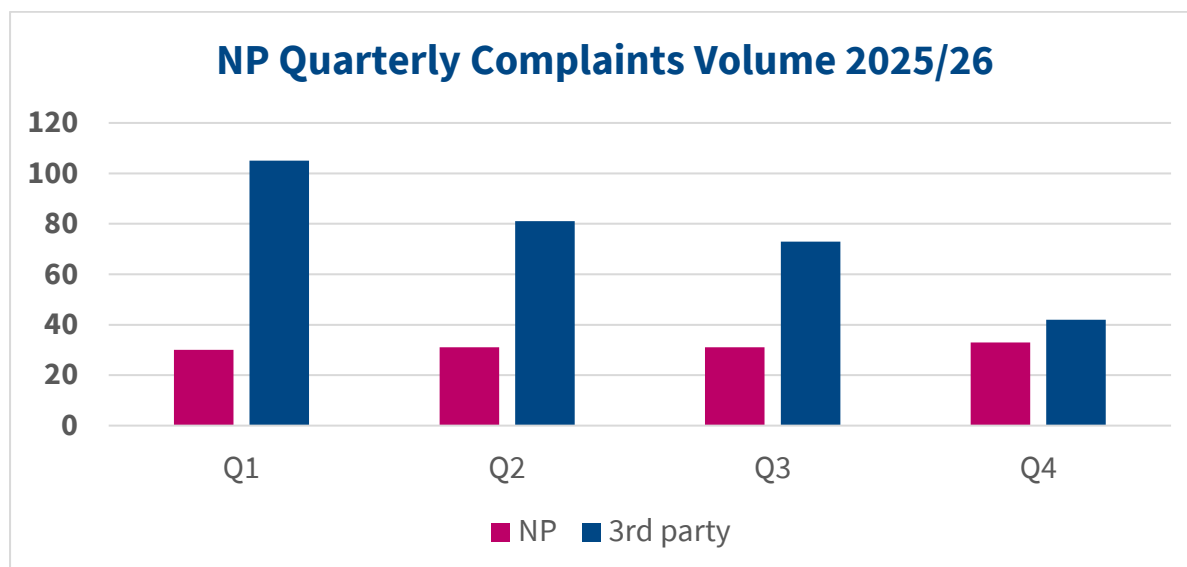
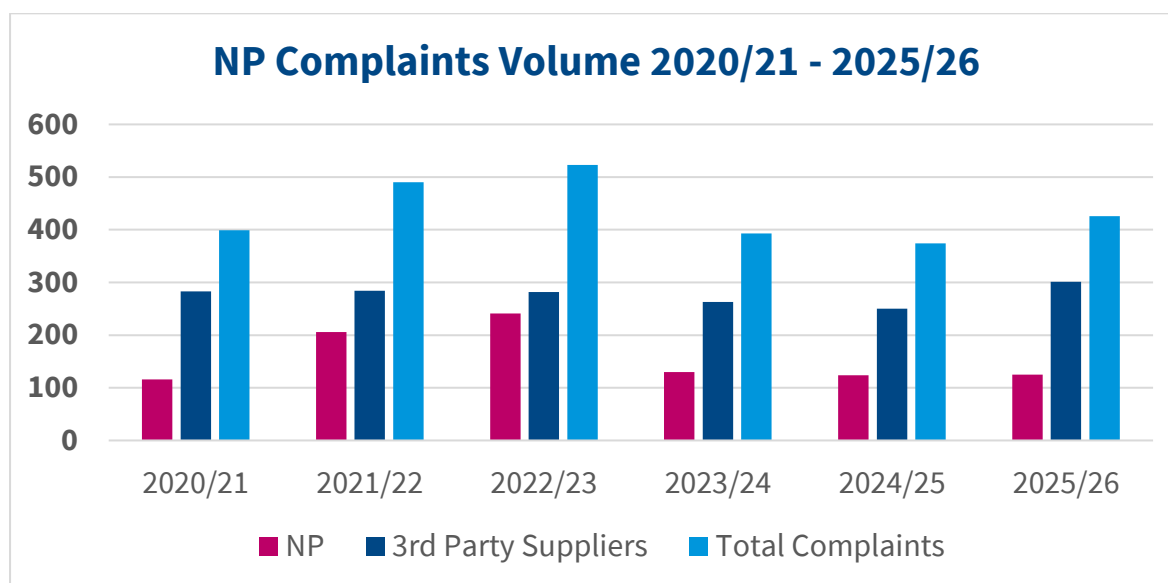


Chart 7: NP total number of complaints each year from 2021 - 2026



Primary and Community Care (PaCC)

National Contact Centre (NCC)

The National Contact Centre (NCC) delivers call centre services to the people of Scotland, supporting access to health and care services. This includes booking and rescheduling vaccination appointments, and providing information, guidance and signposting to other NHS services. NCC also supports callers with access to digital services, including the vaccination booking portal.

NCC received 44 complaints in 2025/26. A comparison to last year's total complaints (59) shows a reduction of 34%. Complaint volumes increased during Quarter 2 and Quarter 3, reflecting increased call volumes associated with vaccination campaigns, before reducing in Quarter 4 following completion of the winter vaccination programme.

During the 2025/26 reporting period, NCC continued to deliver support aligned to national vaccination programmes. Activity levels and complaint volumes were closely aligned to seasonal demand, with higher volumes observed during active vaccination campaigns.

Of the complaints received, 12 were upheld, 6 were partially upheld and 26 were not upheld. Most complaints not upheld were associated with issues out with the direct control of NCC, such as local health board matters - vaccination clinic delivery, eligibility decisions and appointment scheduling. In context, the 12 upheld complaints represents 0.0024% of the total call volume, Total complaints represent 0.009% indicating low levels of complaints relative to the 502,000 calls received in 2025/26.

All complaints were acknowledged within three working days across all quarters, with most less complex complaints resolved within five working days. No complaints were referred to the SPSO and no extensions were required during the reporting period.

NCC continues to support ongoing service improvement through its Call Quality Review process and targeted staff training. Focus has been placed on the onboarding and support of short-term contractors during peak campaign periods, ensuring that staff are equipped with the necessary knowledge and skills to deliver a consistent and high-quality service.

Learning from complaints and feedback continues to inform improvements in training materials, processes and call handling approaches. These actions support NCC in maintaining a high-performing service while responding to fluctuating demand and the complexities associated with national programmes.

Table 10: NCC complaints outcomes: Comparison 2024 – 2026

Reporting Year	Number of Complaints	Upheld	Partially Upheld	Not Upheld
2024/25	54	19	3	32
2025/26	44	12	6	26

NCC handled a total of 44 complaints between 1 April 2025 – 31 March 2026. 21 (47.7%) of these complaints were directly related to NCC, the remaining 23 (52.3%) were for external services.

Chart 8: Breakdown of NCC feedback categories

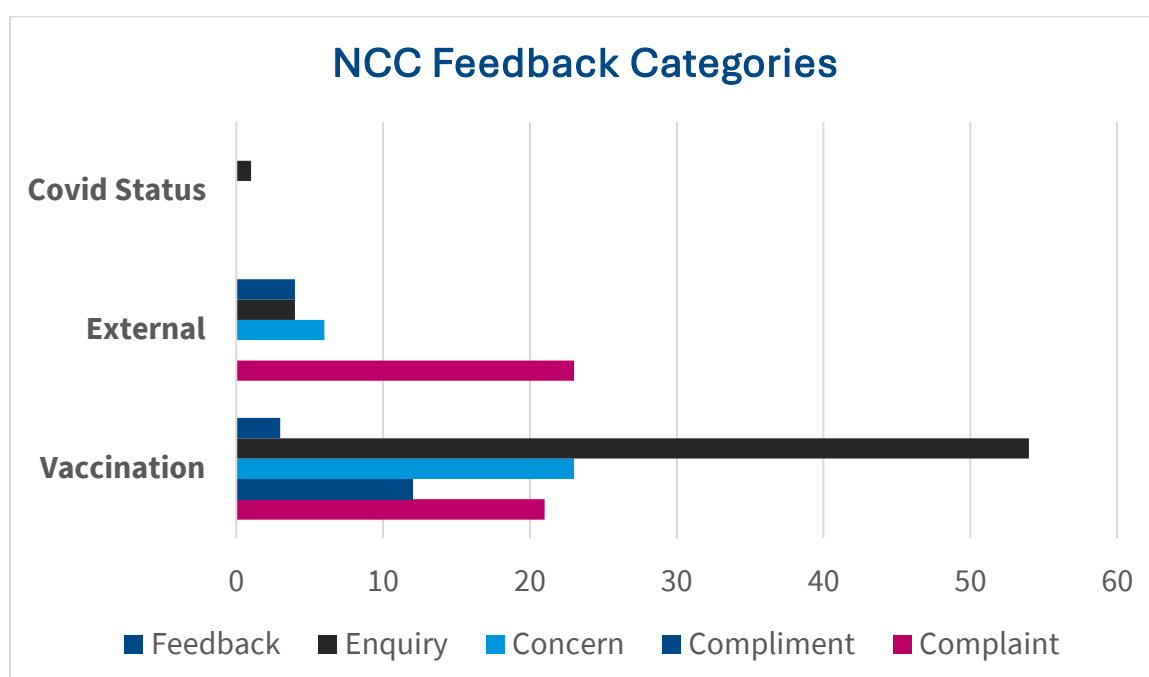


Table 11: Number of NCC complaints by service area and theme

Compliment Theme	Vaccination	Testing	Warm Scottish Welcome	Child Health	NECU (National Elective Coordination Unit) Support
Professionalism – Staff Behaviour	5	0	0	0	0
Eligibility	6	0	0	0	0
Portal	3	0	0	0	0
No appointment communication received	2	0	0	0	0
Misinformation	1	0	0	0	0
Total	21	0	0	0	0

Complaint themes during the year were consistent with previous reporting periods. Where complaints were attributable to NCC services, these primarily related to call handling, including communication style, adherence to processes and provision of accurate information. In these cases, appropriate actions were taken, including targeted coaching, retraining and enhanced call monitoring.

Table 12: Number of NCC external complaints and organisation

Complaint Themes	NHS Lanarkshire	NHS Forth Valley	NHS GGC	NHS Tayside	NHS Fife	NHS D&G
Clinic location/Clinic venue	1	0	0	0	1	0
System Error	0	0	0	0	0	0
Staff behaviours	2	0	0	1	0	0
No appointment communication	0	0	0	0	0	0
Scheduling	1	0	2	0	0	1
Eligibility	1	0	0	1	0	0
Section 47 process	0	0	1	0	0	0
Total	5	0	3	2	1	1

Complaint volumes reduced despite continued delivery of national vaccination support services and more than 500,000 calls being handled during the reporting period. This indicates that complaint volumes remain low relative to service demand.

Table 13: Yearly Call comparison split between NCC workstreams

Helplines	Yearly Totals		
	2023/24	2024/25	2025/26
Vaccination	509k	448k	452K
Covid Status	15k	0	0
Contact Tracing	0	0	0
Testing	8k	5k	2.5K
Warm Scottish Welcome	176	82	12
NECU	0	2.5k	277
Payroll	0	0	14.5K
Outbound across NCC	100k	67.5k	171K
Total Call Interactions	632k	523k	640K

Practitioner Services (PSD)

Practitioner Services (PSD) supports the delivery of primary care services across Scotland, including general medical, dental and pharmacy services. Key functions include patient registration, medical records transfer, processing prescriptions and supporting contractor payments.

In 2025/26, PSD received 7 complaints, which is consistent with the 7 complaints reported in 2024/25.

Complaints were received in Quarter 1 (3 complaints), Quarter 2 (1 complaint) and Quarter 4 (3 complaints). No complaints were recorded in Quarter 3.

Complaints primarily related to medical records and patient information, contractor and payment processes, and issues linked to third-party systems. A small number of complaints also related to communication and service experience. In response to issues raised through complaints and service enquiries, PSD reinforced guidance with staff regarding the provision of accurate information about available GP practices within a patient's local area to help improve consistency and support positive user experiences.

All complaints were acknowledged within target timescales and closed within the required timescales where applicable. No complaints were referred to the Scottish Public Services Ombudsman.

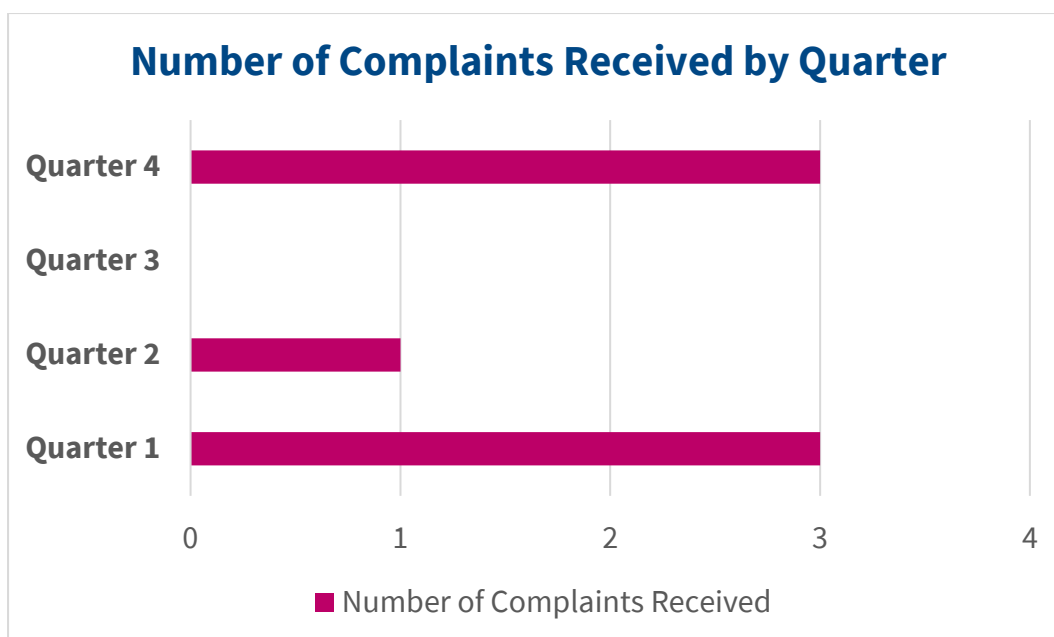
Table 14: Number of complaints received by status 2025/26

Reporting Year	Number of complaints	Upheld	Partially upheld	Not upheld
2025/26	7	2	0	5

Two complaints were upheld. One was relating to Pharmacy, a delay in response from a third-party service provider. Following investigation, an apology was issued and a full review was undertaken with both the contractual service provider and network provider. Learning from the investigation has been used to strengthen arrangements and help minimise the risk of similar issues occurring in future.

The additional upheld complaint related to a patient's experience of registering with a GP practice. The investigation found that incorrect information had been provided regarding local GP practices, which delayed registration. The correct information was supplied, enabling the patient to register with an appropriate practice. Following a review, actions were taken to strengthen processes and improve the accuracy of future communications.

Chart 9: PSD Number of complaints received each quarter



For other complaints received, investigations confirmed that PSD processes had been followed correctly, with issues arising from external systems or providers.

Due to the low number of complaints, no consistent trends were identified. However, individual complaints highlighted the importance of clear communication, effective management of service user expectations and continued collaboration with external partners to resolve system-related issues. Learning arising from complaints and service enquiries was shared with operational teams during the year, including reinforcing the importance of providing accurate information to service users and working closely with third-party providers to improve service responsiveness where issues were identified.

Table 15: PSD number of complaints by status 2024 - 2026

Service area	Number of complaints		Upheld		Partially upheld		Not upheld	
	24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
Dental	2	3	1	0	0	0	1	3
Medical	5	3	2	1	0	0	3	2
Pharmacy	0	1	0	1	0	0	0	0
Total	7	7	3	2	0	0	4	5

PSD received 7 complaints in 2025/26, unchanged from 2024/25.

PSD continues to manage a high volume of service queries alongside formal complaints. These relate mainly to GP registrations, dental services and general enquiries, and are responded to through business-as-usual processes.

Human Resources (HR)

Human Resources (HR) provides a range of shared services to Public Health Scotland and Occupational Health Services to Healthcare Improvement Scotland and the Scottish Ambulance Service. During 2025/26, HR received no formal complaints, compared with one complaint in 2024/25 and five complaints in 2023/24. This continues a positive downward trend in complaint volumes.

HR continues to take a proactive approach to customer feedback and service improvement across its externally delivered services. A post-enquiry customer satisfaction survey is issued through ServiceNow following PHS interactions with HR services, enabling service users to provide real-time feedback on their experience. This allows any constructive feedback or areas for improvement to be identified and addressed promptly.

HR maintains a strong focus on customer experience and service improvement through the routine collection of user feedback. Following enquiries received through ServiceNow, service users are invited to complete a customer satisfaction survey, enabling HR to monitor service quality and identify opportunities for improvement. Survey feedback is reviewed regularly by managers and used to inform ongoing service development and performance improvement activity.

During 2025/26, HR continued to refine its systems, processes and guidance in response to user feedback. Improvements included enhancements to enquiry handling processes, updates to customer-facing guidance and forms, and continued development of digital tools designed to improve the user experience.

The absence of formal complaints, alongside consistently positive customer satisfaction feedback, provides assurance that HR services continue to meet the needs of service users while maintaining a strong focus on continuous improvement.

Digital and Security (DaS)

Digital and Security (DaS) operates as a centre of excellence for digital, security, data and technology services in Scotland. Working collaboratively with public sector partners, DaS develops, manages and delivers secure digital solutions that help make public services simpler and more efficient. The service supports the infrastructure underpinning NHSScotland through the provision of secure technology, digital services and future-focused solutions, while also supporting local authorities, the Scottish Government and third sector organisations.

During 2025/26, DaS recorded no formal complaints through its complaints process. However, customer feedback is regularly gathered through a range of channels to support service improvement.



DaS receives customer feedback across its national and internal services. A post-enquiry customer satisfaction survey is issued through ServiceNow following interactions with DaS services, enabling users to provide real-time feedback on their experience. This helps identify opportunities for improvement and supports ongoing service development.

DaS also provides a range of national digital services used by NHS Boards across Scotland. These services are supported by established user groups, programme boards and stakeholder forums that provide regular opportunities for engagement and feedback. Improvement opportunities are identified and managed through these arrangements, with some services maintaining formal annual improvement plans or initiating change projects. Service Managers and Business Partners maintain ongoing relationships with customers to help manage and resolve issues alongside supporting continuous improvement.

Finance, Corporate Governance and Legal Services (FCGLS)

The Finance, Corporate Governance and Legal Services Directorate (FCGLS) brought together the previous Financial Services and Corporate Governance Departments, along with the Central Legal Office (CLO) and Counter Fraud Service (CFS).

Finance delivers a broad range of financial services such as financial support to Directorates, transaction processing and Payroll to NSS and other NHSScotland Boards through shared services arrangements. The CLO provide a national shared legal service to NHSScotland and the wider public sector across all relevant areas of Scottish and UK legislation. Each area has its own lead for coordinating the handling of complaints, and the results for each area are reviewed on a quarterly basis.

In 2025/26, FCGLS received 23 complaints. This is slightly higher than the 18 complaints reported in 2024/25. The increase was mainly due to complaints received within Contractor Finance and Counter Fraud Services during Quarters 2 and 3. The highest number of complaints was received in Quarter 3.

Review of individual complaints did not identify any recurring themes or systemic issues. The increase appears to reflect a higher number of isolated complaints raised across a range of different services and topics rather than being driven by a specific trend.

A number of complaints related to transactional processes, including contractor payments, pension opt-out arrangements, CPD grant claims and Patient Claims activity. In many cases, the complaint response confirmed that the relevant process had been followed. However, some complaints identified areas where communication, administrative checks, or system processes could be improved.

Complaints received by the Central Legal Office mainly related to how legal processes were understood or experienced by individuals involved in claims or proceedings. These

complaints often reflected the complexity of legal processes and the importance of providing clear explanations about roles, responsibilities, and timescales.

Where complaints were upheld or partially upheld, local action was taken. This included strengthening checks before information is shared externally, improving mail handling processes, reviewing Patient Claims system issues, and reminding staff of the checks required before issuing information.

Table 16: Number of complaints received within FCGLS by status 2024/25 and 2025/26

Reporting Year	Number of complaints	Upheld	Partially upheld	Not upheld
2024/25	18	6	3	10
2025/26	23	4	5	14

The reasons complaints were upheld or partially upheld provide insight into the main areas of learning identified during the year. Upheld complaints related to issues such as inappropriate use of personal data, breaches of confidentiality and instances where established processes had not been followed. Partially upheld complaints generally related to communication issues, including inaccurate information in correspondence, delays affecting service users and opportunities to provide clearer or more timely communication. These findings informed local improvements and reinforced the importance of robust information governance, process compliance and effective communication.

Table 17: FCGLS total number of quarterly complaints received by service

Quarter	CLO	Finance	CF	CFS
Q1	1	1	1	0
Q2	1	0	3	2
Q3	0	0	5	4
Q4	1	0	2	2
Total	3	1	11	8

Table 18: FCGLS number of complaints received by quarter and status

Quarter	Complaints	Upheld	Partially upheld	Not upheld
Q1	3	0	0	3
Q2	6	2	1	3
Q3	9	2	3	4
Q4	5	0	1	4
Total	23	4	5	14

Although Quarter 3 recorded the highest number of complaints during the year, analysis did not identify any common causes or emerging pattern to explain the increase. The additional complaints received during the quarter related to a variety of unrelated issues across different service areas.

Complaints highlighted the importance of robust information governance, clear communication and administrative quality assurance checks. Learning has informed local process improvements and reinforced expectations regarding confidentiality, correspondence and transaction processing.

National Services Directorate (NSD)

The National Services Directorate (NSD) commissions more than 60 national designated specialist services on behalf of the Scottish Government and NHS Scotland Health Boards. These services support patients with rare conditions or specialist needs and are delivered by highly skilled multidisciplinary teams across Scotland.

In 2025/26, NSD received two complaints. This is a reduction compared to the six complaints reported in 2024/25 and reflects a continued low level of complaints within the Directorate. The reduction may in part be attributable to improvements made following the introduction of a new process to co-ordinate patient travel reimbursement arrangements. The implementation of the process initially resulted in an increase in complaints while arrangements were embedded and expectations clarified. Subsequent process improvements and clearer communication have contributed to a reduction in complaints in this area.

Both complaints were categorised under ‘wrong, confusing or missing information’. One complaint was not upheld and one complaint was upheld. Both were closed within target timescales.

One complaint related to a service delivered by a territorial NHS Board. As NSD commissions these services, it worked with the relevant Board to review the concerns and consider findings through appropriate governance arrangements.

Due to the low number of complaints, no overarching trends were identified, and no complaint-driven directorate-wide improvement actions or training needs were identified during the year. However, NSD has continued to strengthen its approach to quality assurance and performance oversight. During 2025/26, all NSD screening commissions were brought fully into the NSD commissioning performance monitoring framework. This has improved consistency in performance monitoring, supported earlier identification and escalation of risks and issues, strengthened accountability across commissioned services, and provided more robust information to support continuous quality improvement and decision-making.

Table 19: NSD number of complaints received by status 2024/25 - 2025/26

NSD	Number of complaints	Upheld	Partially upheld	Not upheld
2025/26	2	1	0	1
2024/25	6	3	2	1

NHS Scotland Assure (NHSSA)

NHS Scotland Assure is responsible for several services and consists of:

- Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland
- Assurance Services
- Climate Change and Sustainability
- Engineering
- Facilities Management
- Property and Capital Planning
- Research and Intelligence

During 2025/26, NHSSA received one complaint. The complaint was investigated and was not upheld. Due to the low volume of complaints received, no trends or recurring themes were identified.



NHSSA's customers are predominantly NHS Boards and partner organisations, with whom it maintains close and established working relationships. Issues and concerns are often addressed and resolved through routine engagement and collaboration before escalating to the formal complaints process. In addition, many NHSSA services have limited direct interaction with end users and members of the public, which contribute to the low number of complaints received.

Alongside the low number of complaints, NHSSA continued to receive positive feedback from stakeholders. Some examples of compliments received can be found in Appendix 2.

Clinical

The Clinical Directorate provides trusted leadership, assurance and expertise in clinical and care matters. Working collaboratively with teams across NSS, the health and care system in Scotland and wider partners, we ensure that NSS services deliver for Scotland's citizens, patients and clinical community.

Within NSS, the Clinical Directorate leads on and has overall responsibility for:

- Clinical governance
- Clinical quality improvement
- Research, development and innovation capability
- Healthcare associated infection
- Caldicott Guardian – safeguarding patient confidentiality while enabling appropriate sharing of patient information to the highest standards
- Medical Device Regulation
- Public Protection and Safeguarding
- Screening Oversight and Assurance Scotland

The Clinical Directorate reviews complaints and feedback through its clinical governance processes to support learning and continuous improvement. No formal complaints were received during the reporting period. The Directorate seeks feedback from service users, stakeholders and staff to identify areas of good practice and opportunities for service improvement.

User Feedback Driven Improvement

Good practice

Understanding the experiences of those who use our services is fundamental to delivering high-quality, person-centred public services. Feedback provides an important source of assurance about what is working well, while also helping identify opportunities for improvement, innovation and organisational learning. By listening to users, stakeholders and partners, we are better able to understand what matters most to people and ensure our services continue to evolve in response to changing needs.

Across NSS, services used a range of approaches to gather and act on feedback from service users, stakeholders and partner organisations. Feedback was received through formal complaints, compliments, service user surveys, Care Opinion, social media, operational service enquiries and direct engagement with users. These different routes helped services understand what was working well, identify concerns at an early stage and recognise opportunities to improve how services are delivered.

Feedback was reviewed and used locally by directorates to inform learning, service development and improvement activity. Examples included post-enquiry customer satisfaction surveys in HR and Finance, call quality reviews and targeted training in the National Contact Centre, donor feedback through Care Opinion and social media in SNBTS, and complaints learning used by directorates to strengthen communication, processes and staff guidance. This demonstrates that services are using feedback in different ways according to their operating context, while continuing to build a more consistent organisational approach to listening, learning and improvement.

Transformation and Improvement

Valuing all forms of feedback, whether positive or critical, is essential to continuous improvement. Feedback helps services understand what matters most to users, assess whether changes are having their intended impact, and identify opportunities to improve quality, accessibility and experience. Insights gathered through complaints, compliments, surveys and engagement activities are routinely used to inform service planning and quality improvement activity across NSS.

To improve the quality of the feedback we receive from our service user surveys, some of our directorates continuously collect feedback throughout the year following the delivery of specific services. These services include Digital and Security (DaS), Human Resources (HR), and Finance.

All directorates record complaints using the Service Now platform. This allows us to monitor complaints activity across the organisation. Training on the online portal has been provided to complaint leads across the organisation.



Real-time monitoring and reporting of complaints will not be possible for all our services as some directorates are not able to record and update the system in real time. This is due to the nature of the service and a lack of access to the online tool or secure internet connection in some locations where they interact with service users. For example, if a complaint were to occur in a mobile blood donation unit in a remote location the complaint could not be logged in the moment if there is no secure internet access.

NSS directorate and service complaint leads meet monthly to discuss good practice, share learning, and are provided with tools, guidance, and templates to ensure that there is a consistent approach across NSS. The meetings provide the leads with an opportunity to network and creates a community of interest for those leading on complaints reporting for their area.

User feedback is a central component of our Quality Management Framework. We are committed to continually improving how we ask, listen to and act on the feedback received. Complaints, compliments, concerns and user experience feedback data are routinely analysed alongside operational performance, with findings reported to directorate leadership teams. This integrated approach has continued to support targeted service improvements.

This also aligns with the Scottish Approach to Change, which is underpinned by the principles of quality management and supports services to deliver change in a structured, person-centred and sustainable way. Feedback is essential to this approach because it helps services understand people's experiences, identify what matters most to service users and stakeholders, and use that learning to inform change. As we continue to embed the principles of both the Quality Management Framework and the Scottish Approach to Change across the organisation, strengthening how we ask for, listen to and act on feedback will remain central to improving service quality and supporting meaningful, evidence-informed change.

Accountability and Governance

The executive lead for feedback and complaints is the Director of Strategy, Performance and Service Transformation. Complaints are reviewed at multiple levels:

- Directorate level
- Executive Management Team
- Audit and Risk Committee
- Staff Governance Committee
- Clinical Governance Committee (for clinical complaints)

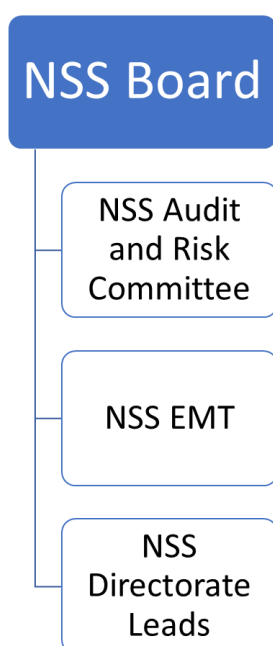
All NSS complaints are first reviewed by designated complaints leads within the directorates. A quarterly report is then reviewed by the directorate senior leadership team, to help identify any opportunities for improvement whilst identifying any trends at an

early stage. The annual Feedback and Complaints reports are scrutinised by the Executive Management Team, Finance, Audit and Risk Committee, and the Board of Directors.

Staff related complaints are integrated into the People Report presented to our Staff Governance Committee.

The governance arrangements described in this report reflect the organisational structures that were in place during the 2025/26 reporting period. Governance arrangements for feedback and complaints are currently being reviewed as part of the transition to PSD Scotland and will continue to evolve to support effective oversight, organisational learning and continuous improvement.

Hierarchy of governance arrangements for feedback and complaints reporting in NSS



Appendices

Appendix one: Our Services

Our Services Information

We provide services and advice to the NHS and wider public sector.

This section outlines the scope of NSS's operational services, each of which is responsible for capturing, managing, and acting upon user feedback in accordance with the Model Complaints Handling Procedure.

Since its inception, NSS has provided a wide range of national services that ensure Health Boards and other health, and care partners can deliver their services with confidence.

Digital and security

Our expertise includes delivery and management of national digital platforms, supporting services and cyber security. Our innovative and person-centred scalable technology is delivered through local and national digital solutions, providing clinical informatics and information security and governance.

National Contact Centre

We provide call centre services to the people of Scotland. This includes appointment booking and rescheduling and providing advice, support and guidance to support them with access to health and care services.

Primary care support

We support general practitioners, dentists, opticians, community pharmacies and dispensing contractors to deliver primary care across Scotland. This includes managing contractor payments, maintaining an up-to-date patient registration database, medical record transfers and clinical governance for dental services.

Specialist healthcare commissioning

We commission a range of specialist and rare condition treatments supporting NHSScotland to ensure equitable and affordable access to these services when needed. We also commission a range of screening programmes.

Population screening

From April 2024, a new team brought together the different national screening functions delivered by NSS. They are responsible for oversight, quality assurance and coordination at the national level of the six population screening programmes.



Legal

We provide specialist legal advice and assistance in most areas of law relevant to the public sector. With a wide range of experience, the Central Legal Office (CLO) provides clients with a comprehensive legal service. We have close links to Scottish Government and its legal service and counsel clients on a wide range of policy issues.

Programme management

We act as a national delivery provider and work with our partners to offer total solutions in portfolio, programme, project management and transformation services. By equipping our clients with the right people and approaches, we can support the delivery of complex and challenging change programmes.

National procurement

We provide procurement services to NHSScotland. We work collaboratively to provide best quality, fit for purpose and best value commercial solutions – weighing up cost, added value and sustainability. Our expert logistics services include distribution, supply chain, warehouse operations and fleet management. We also provide national eProcurement solutions.

Fraud prevention

We work in partnership with NHSScotland and across the Scottish public sector to provide a comprehensive service to reduce the risk of fraud and corruption. We are responsible for checking patient exemptions in respect of NHSScotland patient charges and collecting payments for incorrectly claimed exemptions.

Blood, tissues and cells

The Scottish National Blood Transfusion Service (SNBTS) provides blood, tissues and cells to NHSScotland, ensuring they are available 24 hours a day, every day of the year. We also provide specialist treatment and therapeutic solutions, specialist testing and diagnostic services appropriate for Scottish patient needs.

Corporate services

We provide corporate services to other health boards in vital areas such as finance, HR, digital, facilities, procurement, and business support. This includes managing payroll for eight NHSScotland boards and delivering a full corporate shared services solution for Public Health Scotland.

NHS Scotland Assure

We deliver a co-ordinated approach to the improvement of risk management and quality in the healthcare environment across NHSScotland. We encompass services provided by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and Health Facilities Scotland (HFS). Our goal is to promote excellence, protect patients from the risk of infection and support better health outcomes for all.

The wide range of services outlined above leads to variability in the types, volumes and channels of feedback received, all of which are reflected in the directorate summaries presented later in the report.

For more information about our services, visit our website at www.nss.nhs.scot

Appendix two: Examples of Compliments Received 2025/26

The table below Includes verbatim quotes from service users across SNBTS, NP, HRWD, FCGLS, NSD and NHSSA. These are the words of those providing the compliments and are verbatim.

Table 1: Examples of compliments received

Directorate	Compliments
Scottish National Blood Transfusion Service (SNBTS)	A positive experience during breast screening: “The staff were lovely and made the whole experience comfortable and stress free.” (breast screening patient) Feedback collected through a Medical Physics customer survey: “We have a fantastic working relationship with the Medical Physics team. We find them extremely supportive.” (Staff member from a territorial health board)
National Procurement (NP)	Services provided by the National Distribution Service over the festive period: "Hi Team, I just wanted to say thanks for the fantastic service you've provided all year, but particularly this peak period. There's still a bit to go so I don't want to jinx it, but the feedback from our teams is that they've never experienced such a smooth peak period and that communication has been really effective. I feel there have been really good levels of positive collaboration between the separate boards and NDS too, which should provide a good foundation to build upon in 2026. One of my top priorities is for our teams to step away for the break happy, safe and without having to worry about work and I'm confident this has been achieved.” (NHS Lanarkshire) Procurement support and guidance provided: “I found their patience, kindness and sense of humour to be extremely beneficial to me when I was working through the complexities of the system.” (NHS Greater Glasgow and Clyde)

	Support with a tendering process: “I can't be more positive about him and the NSS team. I think they are brilliant and they have walked us through the whole process perfectly.” (NHS Golden Jubilee) National Distribution Service support over the festive period: “There has been a massive improvement this year. On behalf of Forth Valley, I would just like to thank you and the team for all your hard work.” (NHS Forth Valley)
Primary and Community Care (PaCC)	Assistance resolving an enquiry: “Thank you so much, I appreciate all your help and support.” (NCC caller) Quality of customer service: “Quick responses and helpful advice.” (NCC caller) Quality of service received: “Prompt and detailed responses to any queries” (PSD service user) Positive service experience: “Very helpful and approachable.” (PSD service user)
Human Resources and Workforce Development (HRWD)	Feedback on service provided: “Recently, all of my contact with HR has been great and they have replied really promptly with guidance or advice. Their messages are also friendly and supportive which really helps”. (HR service user) Quality of response to a query: “I was provided, very quickly, with a comprehensive answer to the query I had. The HR reply also had links to all the relevant guidance and supporting documents. Fast, efficient service”. (HR service user)
Finance, Corporate Governance and Legal Services (FCGLS)	Commercial contracts team support: “Commercial Contracts team are excellent - always provide responsive service, are approachable, helpful, accessible and really good to work with.” (Commercial contract client) Feedback on legal advice and support (CLO): “Legal advice/reports always well-structured and broken down into straightforward explanations without losing accuracy.” (NHS Fife) Feedback on CLO services: “Always receive excellent service and sound advice.” (Health Improvement Scotland)

National Services Directorate	Feedback following an external assessment: "The IMS team of NSD are worth their weight in gold." (External auditor) Feedback on customer support provided: "Everybody at NDS have been so kind, friendly, and supportive which has made work easier." (NHS Orkney Procurement Manager) Feedback on education and improvement sessions: "The sessions were very useful, well-organised, and highly relevant to my practice." (NHS Lanarkshire Neonatal Consultant)
NHS Scotland Assure	Feedback on developing national guidance: "Congratulations to you both - and to the whole team - on finalising the document. It is excellent, and it's already driving positive change across the system." (NHS Grampian Dietetic Lead) Feedback on equipping services support: "The team were incredibly responsive and intuitive." (NHS Grampian Project Manager)

Appendix three: Scottish Government Performance Indicator Form. NSS Submission 2025/26

NSS's submission to the Scottish Government for 2025 – 2026

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	627
4b. Number of complaints received by NHS Primary Care service contractors (<i>territorial boards only</i>)	n/a
4c. Total number of complaints received in the NHS Board area	627

NHS Board – sub-groups of complaints received

NHS Board managed Primary Care services:	
4d. General Practitioner	n/a
4e. Dental	n/a
4f. Ophthalmic	n/a
4g. Pharmacy	n/a
Independent Contractors - Primary Care services:	
4h. General Practitioner	n/a
4i. Dental	n/a
4j. Ophthalmic	n/a
4k. Pharmacy	n/a
4l. Total of Primary Care Services complaints	n/a
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>) Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	n/a

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	156	43.82%
5b. Stage two – non escalated	196	55.06%
5c. Stage two – escalated	4	1.12%
5e. Total complaints closed by NHS Board	356	100%

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	90	57.69%
6b. Number of complaints not upheld at stage one	53	33.97%
6c. Number of complaints partially upheld at stage one	13	8.33%
6e. Total stage one complaints outcomes	156	100%

Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6f. Number of non-escalated complaints upheld at stage two	103	51.50%
6g. Number of non-escalated complaints not upheld at stage two	47	23.50%
6h. Number of non-escalated complaints partially upheld at stage two	46	23.23%
6j. Total stage two, non-escalated complaints outcomes	196	98.00%

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS boards at stage two
6k. Number of escalated complaints upheld at stage two	0	0.00%
6l. Number of escalated complaints not upheld at stage two	4	100%
6m. Number of escalated complaints partially upheld at stage two	0	0.00%
6n. Total stage two escalated complaints outcomes	4	100%

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within five 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 five working days.	151	96.8%
8b. Number of non-escalated complaints closed at stage two within 20 working days	181	92.3%
8c. Number of escalated complaints closed at stage two within 20 working days	3	75%
8d. Total number of complaints closed within timescales	335	94.1%

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the Complaints Handling Procedure (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	0	0.00%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	0	0.00%
9c. Total number of extensions authorised	0	0.00%

***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.