

RCS Quarterly Complaints Report - AY25/26 Quarter 3

Introduction

This report summarises the complaints received and the complaints closed between March 1st 2026 and May 31st 2026. Complaints are handled under the SPSO's Model Complaints Handling Procedure for Higher Education.

Rounding Methodology

To protect personal information and individual identification, this data is presented using rounding methodology, including:

- All numbers are rounded to the nearest multiple of 5
- Any number lower than 2.5 is rounded to 0
- Halves are always rounded upwards (e.g. 2.5 is rounded to 5)
- Percentages based on 5 or fewer individuals are suppressed
- Averages based on 5 or fewer individuals are suppressed

A reserved report with exact figures is submitted each quarter to the Conservatoire's Senior Management Team.

Part A - Quarter 3 Key Performance Indicators

KPI 1: Total number of complaints received

This section includes the total number of complaints received at Stage 1 (including those which were subsequently escalated to Stage 2), and the number of complaints received directly at Stage 2.

Table 1: Number of complaints received at each stage

Stage	Number of complaints
Stage 1: Frontline Response	5
Stage 2: Investigation	5
CHP not applicable	5

10 complaints were raised this quarter. 5 complaints were received at Stage 1.
5 complaints were received directly at Stage 2.

5 additional complaints were assessed as unsuitable for handling under the published Complaints Handling Procedure and were subsequently closed at an early stage. The reasons for unsuitability included:

- Complaint about antisemitic content appearing in an advertisement which was published by another institution and was unrelated to RCS
- Complaint about student misconduct raised via complaints channels which was diverted into student disciplinary and safeguarding procedures

- Complaint about the conduct of an offer-holder which was diverted into safeguarding and admissions procedures
- Complaint about the conduct of a graduate which fell outside of the Conservatoire's jurisdiction

These cases are excluded from the data analysis in this report.

Table 2: Status of Stage 1 complaints

Status of Stage 1 complaints	Number of complaints
Total received at Stage 1	5
Total closed at Stage 1	5
Total escalated to Stage 2	0

All Stage 1 complaints were fully closed at Stage 1 and did not require escalation to Stage 2.

KPI 2: Adherence to published timescales

This section includes the number and percentage of complaints at each stage that were fully closed within the published timescales. The number of complaints closed during this quarter may be different to the number of complaints received. This is because some complaints may have been raised in previous quarters or academic years.

The published timeframe for responding to a complaint is:

Stage 1 – 5 working days

Stage 2 – 20 working days

In some circumstances, these timeframes may be extended in agreement with the complainant and/or when authorised by a manager.

Where a complaint is initially handled at Stage 1 and is escalated to Stage 2, the date of escalation marks the date of closure at Stage 1 and the beginning of the 20-working day timescale for completion at Stage 2.

Table 3: Number of complaints closed within the published timescale

	Number of complaints closed	Number closed within published timescale	% closed within published timescale
Stage 1: Frontline Response	5	0	--%
Stage 2: Investigation (after escalation from Stage 1)	0	0	--%
Stage 2: Investigation	0	0	--%

10 cases in total were closed this quarter.

Of the 5 cases closed at Stage 1, around half were closed within the published timescale. Where the timescale was exceeded, a timeline extension of up to 10 working days was granted. In one case, the process was paused for a short period of time exceeding 10 days in agreement with the complainant. Reasons for extension included:

- The availability of the complainant and the timeframe for the complainant providing additional information required to progress the complaint.
- The availability of key staff required to respond to the complaint, as a result of annual leave, staff absence, and part-time work patterns.

Of the 5 cases closed at Stage 2, 0 were closed within the published timescale. In each case, the complainants were informed of the reasons for delay, which included:

- Staff capacity within the complaints team which was impacted by competing demands relating to student misconduct cases.
- Capacity of academic staff assigned to investigate complaints, considering the competing demands of their primary roles.
- Annual leave of key staff over the Spring break.
- Scale and complexity, particularly in cases which involved a number of witnesses and multiple points of complaint.
- Additional steps required surrounding the appointment of external investigating officers, and additional steps required surrounding review and decision-making on cases investigated by external investigating officers.

KPI 3: Average time in working days to fully respond at each stage

This section includes the average time in working days to fully respond to a complaint at each stage. This relates only to the number of complaints closed during this quarter. Open cases are excluded from this dataset.

Table 4: Average time in working days to fully respond to a complaint

	Average number of working days to fully respond	+ / - compared to published timescales
Stage 1: Frontline Response	13 working days	+ 8 working days
Stage 2: Investigation (after escalation from Stage 1)	-	-
Stage 2: Investigation	91 working days	+ 71 working days

The average time required to fully respond to a complaint at Stage 1 was 13 working days. On average, the timeframe to respond to a Stage 1 complaint exceeded the published timescale by 8 days. This average was influenced by one case in particular which was paused for a small period of time in agreement with the complainant under extenuating circumstances.

The average time required to fully respond to a complaint at Stage 2 was 91 working days. On average, the timeframe to respond to a Stage 2 complaint exceeded the published timescale by 71 days. While all Stage 2 complaints exceeded the published timescale, this average was influenced by one case in particular which required 6+ months to fully conclude. This was a result of the scale and complexity of the issues raised, and the

additional steps required when investigations are undertaken by external investigating officers.

KPI 4: Outcome of complaints at each stage

This section reports the outcomes of complaints closed during this quarter. This includes the number and percentage of complaints resolved, upheld, partially upheld, not upheld, withdrawn, or not progressed by RCS.

One complaint may be made up of several points of complaint, and these points may have different outcomes. Where some points of complaint are upheld or partially upheld, and other points are not upheld or resolved, this complaint is recorded as partially upheld.

Table 5: Outcome of complaints at each stage

	Stage 1: Frontline Response	Total %	Stage 2: Investigation (after escalation from Stage 1)	Stage 2: Investigation	Total %
Resolved	5	--%	-	-	-
Upheld	-	-	0	-	--%
Partially Upheld	-	-	0	-	--%
Not Upheld	-	-	-	0	--%
Withdrawn by complainant	-	-	-	-	-
Not progressed by RCS	-	-	-	-	-

All complaints closed at Stage 1 were resolved.

Of the 5 complaints closed at Stage 2, a small number were upheld; a small number were partially upheld; and a small number were not upheld.

Part B - Quarter 3 Trend Analysis

Category breakdown

This section includes a breakdown of the complaints raised and complaints closed during this quarter by category. The number of categories indicated may be greater than the number of complaints raised. This is because one complaint may relate to more than one category.

Table 6: Key of complaints categories

Number	Category Title
1.	Quality and standard of service provision
2.	Failure to provide a service
3.	Policy, procedure, or administrative process
4.	Programme delivery, teaching, and assessment
5.	Pastoral support needs
6.	Special needs requirements

7.	Staff attitude and/or conduct
8.	Facilities and resources (excluding student accommodation)
9.	Student Accommodation
10.	Fees or funding
11.	Box Office or Front of House
12.	Other

Of the complaints raised during this quarter, 14% related to policy, procedure, or administrative process; 29% related to programme delivery, teaching and assessment; 29% related to special needs requirements; and 43% related to staff attitude and/or conduct.

Of the complaints closed this quarter: 25% related to policy, procedure, or administrative process; 13% related to programme delivery, teaching, and assessment; 13% related to special needs requirements; and 50% related to staff attitude and/or conduct.

Comparison to previous years

This section compares the number, stage, and category of complaints raised during quarter 3 to those raised during the same quarter across the previous 5 academic years.

From AY2526, the number of complaints relating to each category may be greater than the number of complaints raised in the relevant academic year. This is because one complaint may relate to more than one category and may therefore be recorded against multiple categories.

Complaints were previously assigned one main category, and this is what has been reflected in previous quarterly and annual reports. This change has been made moving forward because assigning only one category may obscure true figures, making it difficult to identify trends in the data. This is especially the case where one complaint includes multiple points of complaint relating to two or more distinct categories.

The number of complaints raised in Q3 this year was slightly higher compared to previous academic years. The number of Stage 1 complaints raised in Q3 dipped over the past 3 years and has increased again this year to around 5. The number of Stage 2 complaints raised in Q3 has fluctuated year-on-year and has increased slightly overall, totalling around 5 in the current quarter and academic year.

Across the past 5 academic years, the category breakdown of Q3 complaints is as follows: 5 complaints related to quality and standard of service provision; 5 complaints related to policy, procedure, or administrative process; 5 complaints related to programme delivery, teaching and assessment; 5 complaints related to special needs requirements; 15 complaints related to staff attitude and/or conduct; and a small number of complaints related to box office or front of house. All other complaint categories received 0 complaints.

A trend analysis will be included in the annual report at the end of the 2025-26 academic year. This will include the identification of any new patterns that may arise in the quarterly reports and a discussion around root causes and learnings.

In the reserved report only, further information about individual complaints is included in Appendix A.

Quarter 3 Learnings and Action Plan

Learning points noted as a result of complaints closed in this quarter include:

Action / Learning	Staff Responsible	Completion Date
Update documentation on Ethical practice on MA/MFA Acting / Directing CCT, clearly outlining expectations, covering power imbalances, physical contact, consent process, professional boundaries and student privacy.	Director of Stage and Screen	AY2627
Resourcing and capacity. The Conservatoire should review its methods for resourcing investigations, particularly over the summer period, to minimise delays. Staff undertaking complex investigations should be provided with formally allocated time within their activity plans, rather than absorbing this work within existing pro rata contracts.	AAS / HR	AY2627
EDI risk assessment. CSMT should review the impact of the Anti-Racism Action Plan's requirement for diverse investigatory panels. Currently, this may be placing a disproportionate and unsustainable burden on a small number of staff of colour. A structural solution is needed to make sure these investigations are staffed equitably.	CSMT / EDI	AY2627
Staff training and support. The Conservatoire should consider implementing specialist training for staff appointed to investigate serious or gross misconduct. This may include guidance on quasi-judicial principles, weighing evidence and handling counter allegations. Access to legal support should be formalised to assist staff managing highly complex cases.	HR	AY2627
Policy clarity (SARD). AAS staff should review the SARD policy to clearly define the threshold for its application (distinguishing between misconduct and criminal behaviour). Clear guidance should also be produced defining what 'good faith' and 'zero tolerance' means in practice, to manage student expectations early in the process.	Student Community Conduct Officer	Summer 2026
Alternative resolution. The SARD policy should be updated to embed an informal stage that allows for initial conversations or mediated dialogue regarding behaviours before they escalate to formal, prolonged investigations.	Student Community Conduct Officer	Summer 2026

• Post-process support. The Conservatoire should review its methods for supporting individuals following the conclusion of disciplinary processes, ensuring that risks to the learning environment are mitigated and students are supported to reintegrate into their cohorts.	Student Community Conduct Officer	AY2627
• Two apologies were issued by RCS in response to complaints raised this quarter.	AAS / HR	Immediate / Complete
• One case was referred through appropriate channels for consideration of financial compensation.	HR / Finance	Immediate / Complete
• A refund was issued in resolution to one complaint.	Short Courses	Immediate / Complete
• In two cases, staff were provided with feedback, and an explanation was provided in resolution to the complaints.	Complaints Team / HR	Immediate / Complete
• Production Department should review the assessment criteria relating to MAMFA Production applications to better match candidate experience to the demands of the Programme.	Head of Production	AY2627
• Production Department should consider having less Design students on the MAMFA in the future to decrease demand on resource allocation.	Head of Production	AY2627
• Production Department should consider hosting a social event for Production and CCT postgraduate students at the beginning of future academic years.	Head of Production	AY2627
• To add clarity to the roles and responsibilities of key academic support contacts, the Production Department should consider defining the terms “tutor”, “mentor”, and “supervisor” in the Programme Handbook.	Head of Production	AY2627
• Ushering team to consider lighting levels for future performances, and the health and safety risks involved when visibility is reduced.	Audience Operations Coordinator	Immediate / Complete

An update on outstanding actions will be included in the AY2526 annual complaints report.