

NHS Ayrshire & Arran



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| Meeting: | Ayrshire and Arran NHS Board |
| Meeting date: | Monday 11 August 2025 |
| Title: | Patient Experience: Feedback and Complaints – Quarter 4 January – March 2025 |
| Responsible Director: | Jennifer Wilson, Nurse Director |
| Report Author: | Geraldine Jordan, Director Clinical & Care Governance |

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Board is asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January – March 2025), and to note compliance with the complaint handling process.

2.2 Background

This report provides information in keeping with the NHS Complaint Handling Process and the annual requirements as laid out by Scottish Government. It provides information on our performance for Quarter 4 (January – March 2025), when responding to patient, carer and family complaints, including:

- Feedback and Care Opinion (CO) data
- Number of complaints each month
- Compliance and performance for all stages of the complaint process
- Scottish Public Services Ombudsman (SPSO) referrals and decisions
- Themes and Outcomes
- KPI Template outlining performance in accordance with SPSO requirements

2.3 Assessment

2.3.1 Quality/Patient Care

The approach to complaint handling ensures that learning and improvement is progressed for all upheld complaints and shared across all relevant services.

Learning from complaints, completing the learning cycle and feedback has the best evidence for bringing about sustainable change and forms the basis for any quality improvement programme. Patient complaints offer the opportunity to change practice and improve patient experience and outcomes.

2.3.2 Workforce

Clinical and management staff are under significant pressure due to the continuing high levels of activity across our services which is impacting on their ability to investigate complaints. The QI Lead for Patient Experience and the Complaints Team are working with operational teams to reduce pressure on clinical staff.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

Failure to have in place and to maintain an appropriate feedback, comments, concerns and complaints process could have a significant impact upon NHS Ayrshire & Arran's ability to demonstrate that it firmly understands the risks associated with complaints and the requirement for organisational learning.

2.3.5 Equality and diversity, including health inequalities

An impact assessment is not required as this is an internal document.

2.3.6 Other impacts

This will support the requirements of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

- Best value
 - Performance management
 - The delivery of an effective process for patient experience including feedback, comments, concerns and complaints will support the Board's commitment to safe, effective and person-centred care.
- Compliance with Corporate Objectives
 - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
- Local outcomes improvement plans, community planning
 - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

2.3.7 Communication, involvement, engagement and consultation

This is an internal report to update members on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January – March 2025), and compliance with the complaints process. There was therefore no requirement to consult with stakeholders in relation to the formulation of this report.

2.3.8 Route to the meeting

Site based reports are prepared and shared with the relevant management teams and the site-based governance groups. This information is then combined and shared with the Acute Services Clinical Governance Steering Group who will inform and approve agreed improvement actions. Health and Social Care Partners (HSCP) receive weekly reports to take through their governance structures. The above reports are shared on a monthly basis.

Quarterly performance is shared in this report for the Board.

This paper has previously been presented at the Healthcare Governance Committee.

2.4 Recommendation

Members are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January - March 2025), and to note compliance with the complaint handling process.

3. List of appendices

- Appendix No 1, Patient Experience: Feedback and Complaints – Quarter 4 (January – March 2025)
- Appendix No 2, KPI Template for Quarter 4 (January – March 2025)
- Appendix No 3, Complainant Satisfaction

Patient Experience: Feedback and Complaints - Quarter 4 (January – March 2025)

1. Complaint Handling Performance

This report provides details of all complaint activity across the organisation and the actions being progressed to ensure effective, person-centred complaint handling. This report will demonstrate performance in key areas of complaint handling, as well as highlighting outcomes and providing more detail on complaint themes.

1.1 Performance and Outcomes

Chart 1 demonstrates that the number of concerns and stage 1 complaints have reduced slightly since last quarter. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to the current waiting times position.

Chart 1: Concerns & Stage 1 Complaints

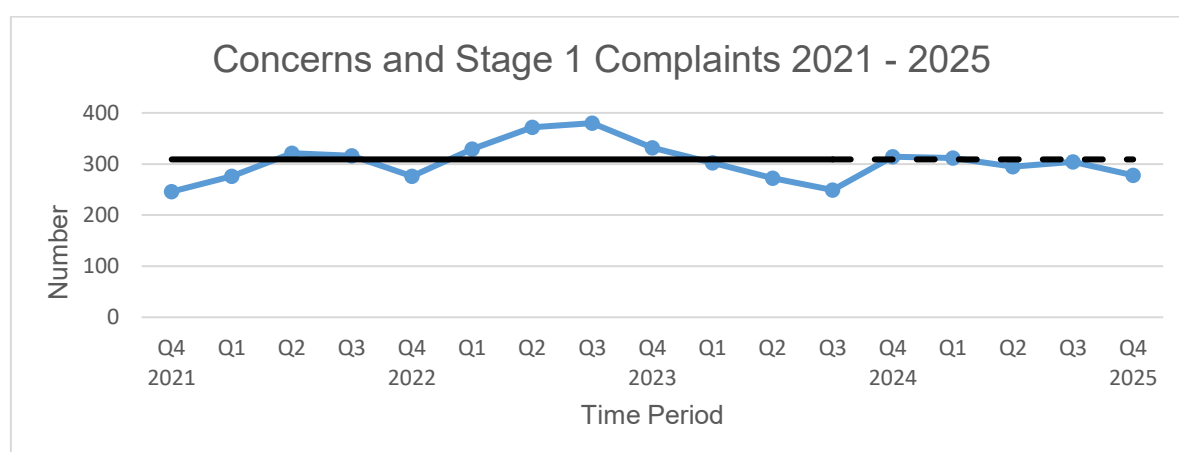


Chart 2 outlines the number of Stage 2 complaints received. The numbers highlight an increase in the number of stage 2 complaints since 2023. The numbers have remained relatively stable since Q1 2024.

Chart 2: Stage 2 Complaints

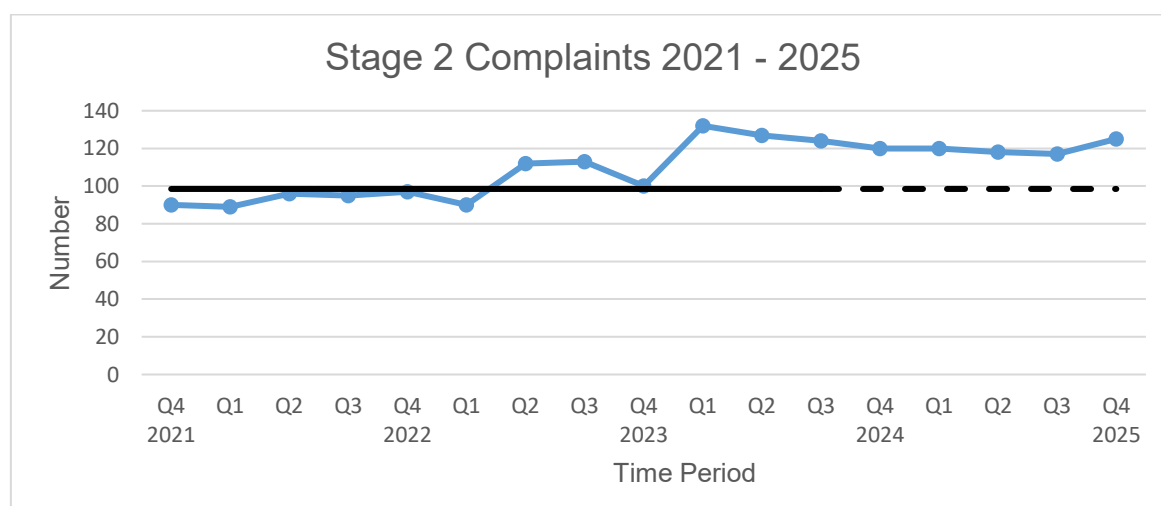
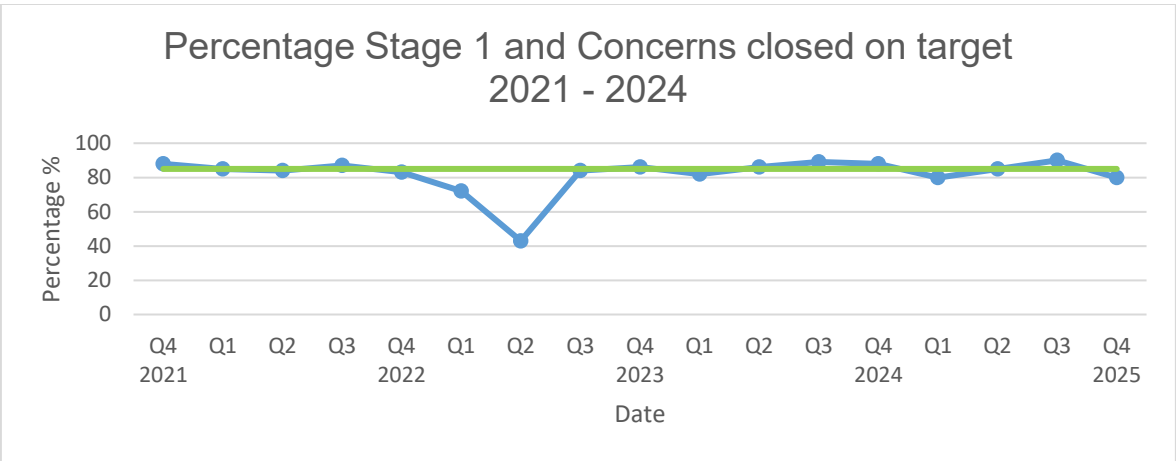


Chart 3 demonstrates that there has been a slight decrease (80%) for stage 1 performance in quarter 4. Boards are currently set a target of 85% compliance for closing stage 1 concerns within timescale (represented as green line on chart 3).

Over 90% of Stage 1 complaints are verbally resolved by the Complaints Team, who are often relying on service leads providing the information to support the responses. There can be delays in receiving this information and subsequent delays in reaching the complainants. The Complaints Team will continue to focus on improving timeliness to improving responses to complaints.

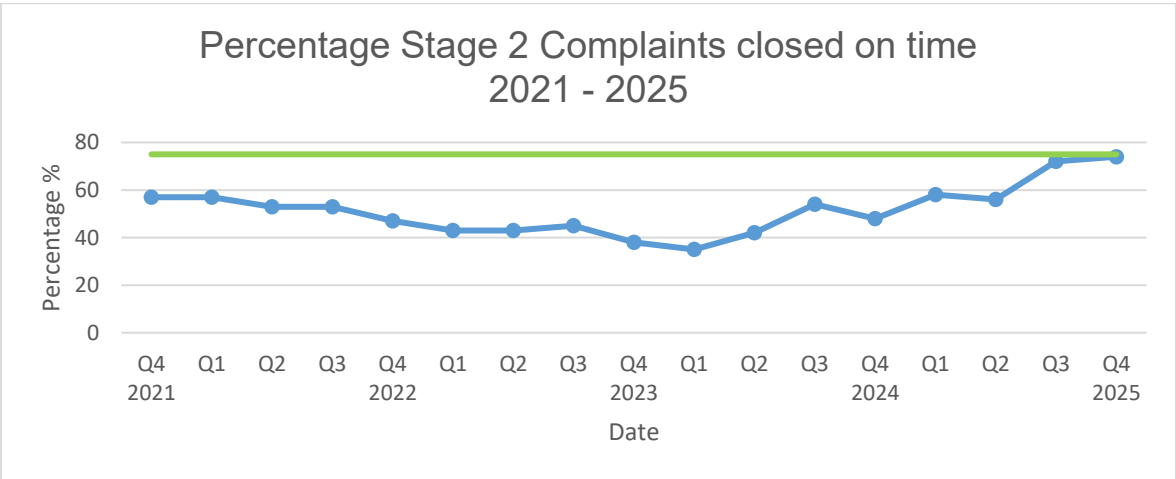
The QI Lead has recently been meeting with Divisional General Managers and Senior Teams to discuss all aspects of current complaint performance, including Stage 1 handling and it was agreed to explore the role of Assistant General Managers in resolving some of the Stage 1 complaints. Performance in this area will be monitored to establish the most effective approach.

Chart 3: Percentage Stage 1 and Concerns closed on target



Complaint handling performance for Stage 2 complaints is presented in **Chart 4**.

Chart 4: Percentage of Stage 2 Complaints Closed on Target



Boards are currently set a target of 75% compliance for closing stage 2 concerns within timescale (represented as green line on chart 4).

Performance in this quarter is up slightly at 74%. Despite still having a number of out of time complaints to close, the Complaints Team have continued to prioritise out of time complaints to ensure performance improves and this is evident from the data.

Drafting responses as outlined above is the team's priority at this time but there are often delays at this stage due to available resource. The quality of the complaint investigations often means that further information also has to be sought, holding up the response.

1.2 Complaint Review

In response to the performance with timely complaint handling, the Director of Clinical and Care Governance has concluded a review of the current complaint handling procedures within NHS Ayrshire and Arran. The review identified strengths, weaknesses, and areas for improvement. It also examined the governance framework, focusing on how complaints are recorded, monitored, reported, and how we learn from complaints. The findings from the review have identified improvement opportunities that will be progressed in collaboration with the Complaints Team and service colleagues to ensure improvements are embedded across all aspects of complaint handling

Using an improvement approach, the QI Lead and Complaint Manager are meeting on a weekly basis to review out of time complaint activity, escalation processes in place, and to agree priority weekly actions.

As part of this improvement work, the QI Lead is engaging with Senior Managers across all services to discuss potential improvements including;

- How to conduct more thorough and timely investigations
- Review of current Stage 2 checklist
- Training requirements
- Complaint reporting, including reports into divisional clinical governance meetings
- Complaint escalation processes

Other work being progressed as part of this review includes;

- Updating Standard Operational Procedure for Complaint Handling
- Publishing a Training Calendar
- Improved links when assessing complaints for adverse events
- New processes for evidencing learning and improvement from complaints

1.3 Complaint Outcomes

Chart 5 demonstrates the complaint outcomes for all complaints resolved in Quarter 4.

The data in **Chart 5** demonstrates that the number of complaint outcomes that are fully upheld are 25% for Stage 1 and 17% for Stage 2. The criteria now in use clearly defines how to categorise a fully or partially upheld complaint and this is outlined in the Standardised Operational Procedure (SOP). The outcomes are in keeping with previous quarters.

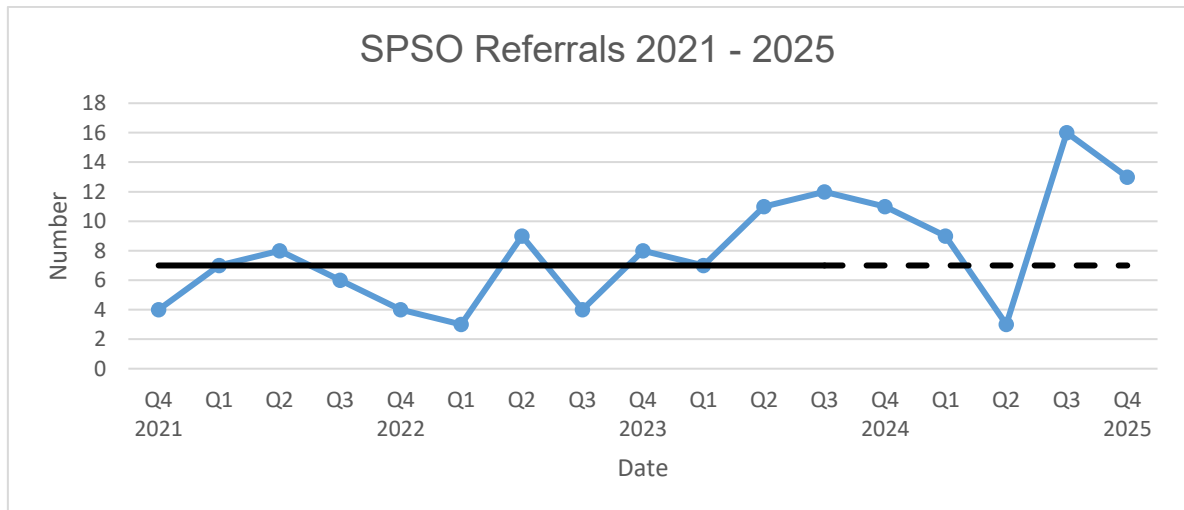
Chart 5: Complaint Outcomes

| Service | Not Upheld | Partially Upheld | Fully Upheld | Still Open |
|-------------------|------------|------------------|--------------|------------|
| Concern / Stage 1 | 175 | 34 | 69 | 0 |
| Stage 2 | 12 | 7 | 4 | 102 |

1.4 SPSO Referrals and Investigations

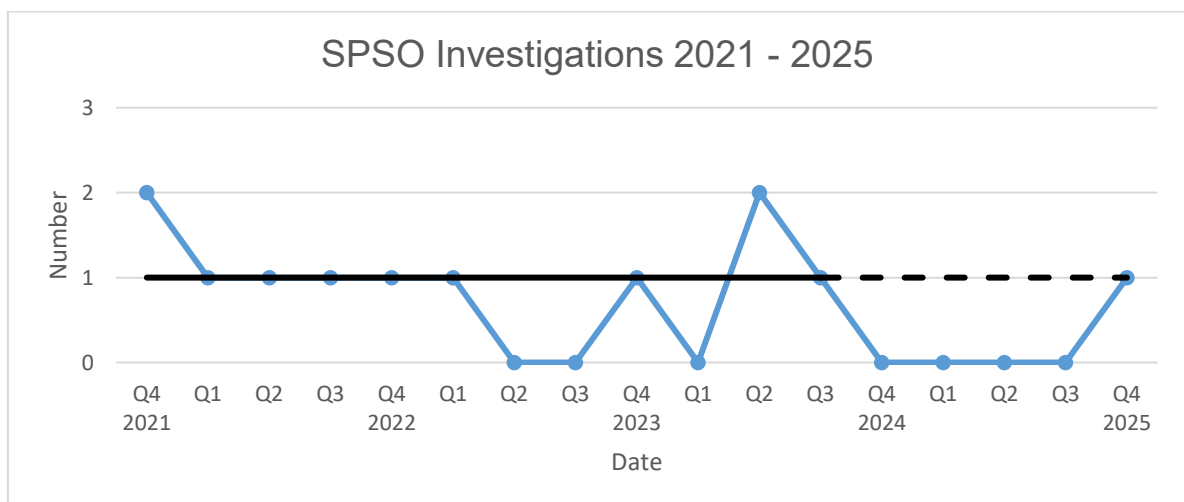
A clear indicator of complainant satisfaction can be derived from the number of complaints that are escalated to the Ombudsman.

Chart 6: SPSO Referral Rates 2020 – 2025



As demonstrated in **Chart 6**, referral rates for Q4 are 13. For the 16 reported in the previous quarter, only 2 to date have progressed to investigation.

Chart 7: SPSO Investigations 2020 – 2025



Despite the increase in referrals, a corresponding rise in investigation is not apparent. Whilst this is a good indicator that the quality of our responses has been maintained despite the challenges, it should be viewed with caution.

2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 8** outlines the main and subthemes of recent complaint activity. This level of detail is necessary to progress learning and improvement in a targeted manner.

2.1 Themes

Chart 8 shows the top themes and the most common subthemes. As a number of complaints contain more than one theme or subtheme, numbers have been removed.

Chart 8: Complaint Themes & Sub themes

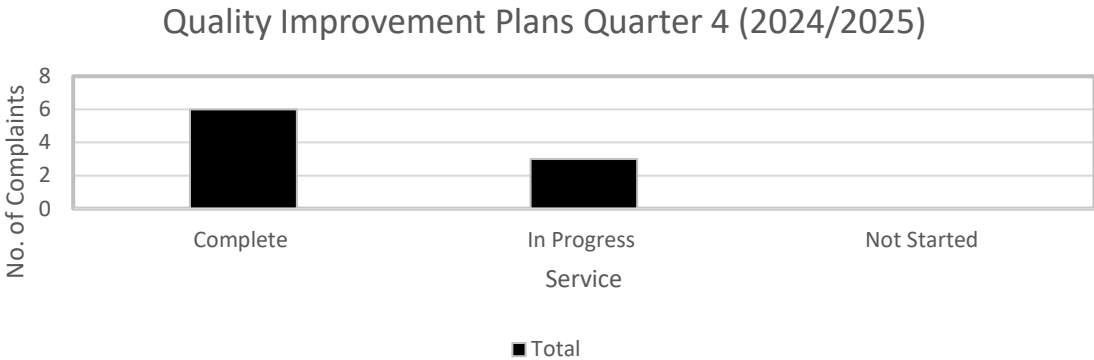
| |
|---|
| Clinical Treatment |
| Disagreement with treatment / care plan |
| Poor nursing care |
| Poor medical treatment |
| Co-ordination of Clinical treatment |
| Problems with medication |
| Lack of pain management |
| Waiting Times |
| Unacceptable time to wait for the appointment |
| Date for appointment cannot be given to patient |
| Waiting too long for test results |
| Cancellation of appointment /admission |
| Date for admission cannot be given to patient |
| Appointment date continues to be rescheduled |
| Communication |
| Attitude and Behaviour |
| Insensitive to patients needs |
| Lack of clear explanation |
| Patient not being verbally told things |
| Telephone |
| Conduct |
| Lack of support |
| Other |
| Lost property |
| Availability of items |
| Access to premises / parking issues |
| Availability of bed |
| Accuracy of records |
| Condition of items / premises |

Themes this quarter remain similar to previous quarters with no new emerging themes. Detailed information on complaint themes are discussed in the themed series presented to the Committee.

2.2 Quality Improvement Plans (QIP)

Chart 9 represents the QIPs developed by the Investigation Leads when a learning or improvement opportunity has presented itself as a result of feedback or a complaint.

Chart 9 – Quality Improvement Plans



A number of improvement plans are currently in progress and this is monitored by the QI Lead to see if any improvement support is required and to assure the quality of the QIPs in use.

New approaches to evidencing learning and improvement from complaints will be included in the updated SOP currently being produced.

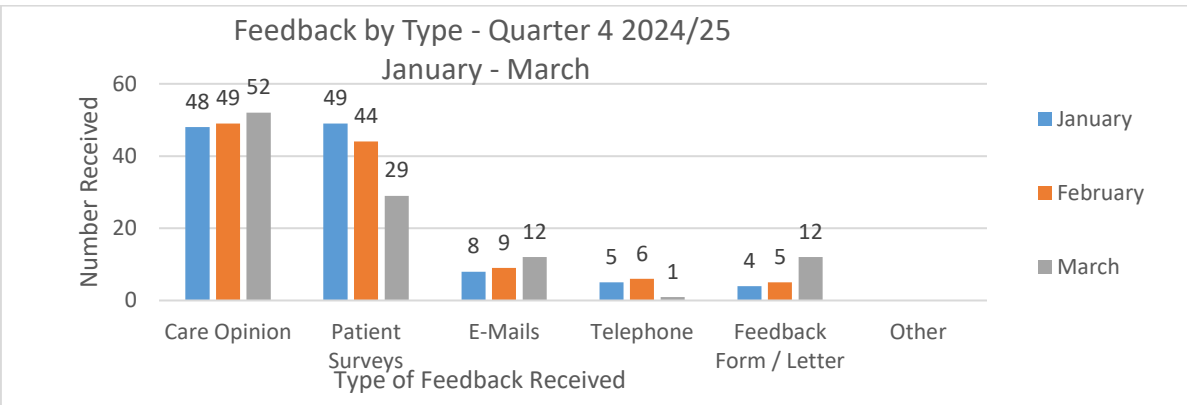
3. Feedback

3.1 Local Feedback

Local feedback and the form received is outlined in **Chart 10**.

Care Opinion remains the main source of feedback and it is reported below. Inpatient surveys are also ongoing with good results, ensuring we are receiving patient feedback at the point of care.

Chart 10 – Feedback from all sources in Q4 2025



In total, received 334 pieces of feedback in the various formats outlined above, 90% of which was positive.

3.2 National Feedback

Care opinion continues to be our main source of feedback. In Quarter 4 2025;

- 149 stories shared in Quarter 4.
- 74% of these stories were completely positive, with the remaining 26% having some level of criticality. These stories received 173 responses from staff, with a response rate of 98%, and the stories have been read more than 13,082 times.
- 4 new responders added in Quarter 4 2024/25 with relevant alerts created and basic training delivered.

4. Complainant Satisfaction

Below is the feedback from 60 complainants on their complaints experience. **Appendix 3 – Complainant Satisfaction Audits Q1 – Q4 2024-2025 presents run charts with this data** from Q2 (2022) to Q4 (2025). There are several areas identified for improvement.

| | Question | Yes | No | NA /NR |
|----|---|-----|----|--------|
| 1 | Did you have access to information on how to lodge your complaint? | 88 | 12 | |
| 2 | Was your complaint acknowledged? | 98 | 2 | |
| 3 | Did you speak to a member of the Complaints Team? | 92 | 8 | |
| 4 | Was the process explained to you? | 90 | 10 | |
| 5 | Did you receive an apology for your poor experience? | 95 | 5 | |
| 6 | Were you kept updated during the handling of your complaint? | 85 | 10 | 5 |
| 7 | Were you advised of any delays in advance? | 90 | 8 | 2 |
| 8 | Did you speak to any other staff regarding your complaint? | 25 | 69 | 6 |
| 9 | If you answered yes to Q8 – Was this conversation helpful? | 75 | 12 | 13 |
| 10 | Were you informed of the outcome of your complaint? | 90 | 5 | 5 |
| 11 | Did you agree with this outcome? | 62 | 30 | 8 |
| 12 | Did you feel your complaint was dealt with in a respectful and person centred manner? | 84 | 12 | 4 |

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 4 (January – March 2025). Members are asked to note the challenges evident in this quarter and the actions being progressed by the Complaint Team to improve the complaint handling performance.

Key Performance Indicators for Quarter 4

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: January 2025 – March 2025

Quarter: 4

Performance Indicator One:

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

| | |
|---|-----|
| 4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team | 403 |
| 4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>) | 0 |
| 4c. Total number of complaints received in the NHS Board area | 403 |

NHS Board - sub-groups of complaints received

| | |
|--|-----|
| NHS Board Managed Primary Care services; | |
| 4d. General Practitioner | 0 |
| 4e. Dental | 0 |
| 4f. Ophthalmic | 0 |
| 4g. Pharmacy | 0 |
| Independent Contractors - Primary Care services; | |
| 4h. General Practitioner | 163 |
| 4i. Dental | 22 |
| 4j. Ophthalmic | 1 |
| 4k. Pharmacy | 16 |
| 4l. Total of Primary Care Services complaints | 202 |
| 4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>) | 54 |

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting quarter

| Number of complaints closed by the NHS Board | Number | As a % of all NHS Board complaints closed (not contractors) |
|---|--------|---|
| 5a. Stage One | 278 | 94% |
| 5b. Stage two – non escalated | 9 | 4% |
| 5c. Stage two - escalated | 8 | 3% |
| 5d. Total complaints closed by NHS Board | 295 | |

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

| | Number | As a % of all complaints closed by NHS Board at stage one |
|---|--------|---|
| 6a. Number of complaints upheld at stage one | 69 | 25% |
| 6b. Number of complaints not upheld at stage one | 175 | 63% |
| 6c. Number of complaints partially upheld at stage one | 34 | 12% |
| 6d. Total stage one complaints outcomes | 278 | |

Stage two complaints

| Non-escalated complaints | Number | As a % of all complaints closed by NHS Boards at stage two |
|---|--------|--|
| 6e. Number of non-escalated complaints upheld at stage two | 3 | 30% |
| 6f. Number of non-escalated complaints not upheld at stage two | 4 | 40% |
| 6g. Number of non-escalated complaints partially upheld at stage two | 3 | 30% |
| 6h. Total stage two, non-escalated complaints outcomes | 10 | |

Stage two escalated complaints

| Escalated complaints | Number | As a % of all escalated complaints closed by NHS Boards at stage two |
|---|--------|--|
| 6i. Number of escalated complaints upheld at stage two | 1 | 12% |
| 6j. Number of escalated complaints not upheld at stage two | 4 | 50% |
| 6k. Number of escalated complaints partially upheld at stage two | 3 | 38% |
| 6l. Total stage two escalated complaints outcomes | 8 | |

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5-10 working days at stage one and 20 working days at stage two.

| | Number | As a % of complaints closed by NHS Boards at each stage |
|--|--------|---|
| 8a. Number of complaints closed at stage one within 5 to 10 working days. | 222 | 80% |
| 8b. Number of non-escalated complaints closed at stage two within 20 working days | 5 | 50% |
| 8c. Number of escalated complaints closed at stage two within 20 working days | 7 | 88% |
| 8d. Total number of complaints closed within timescales | 234 | |

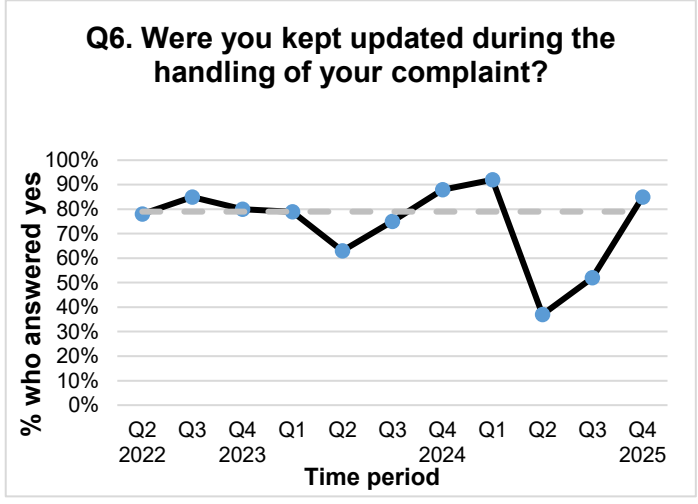
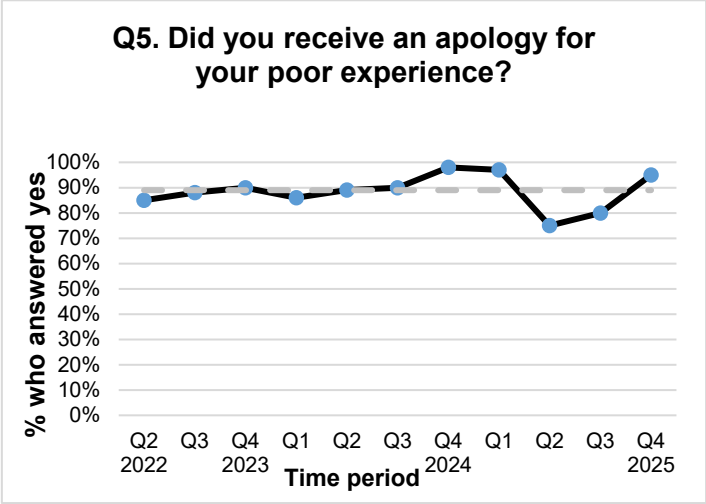
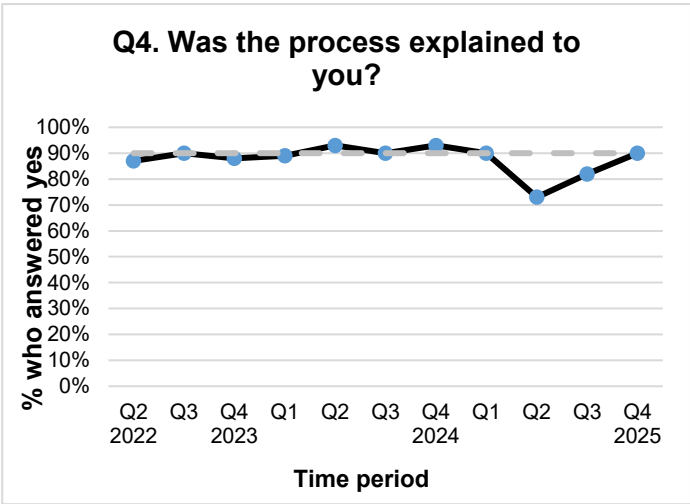
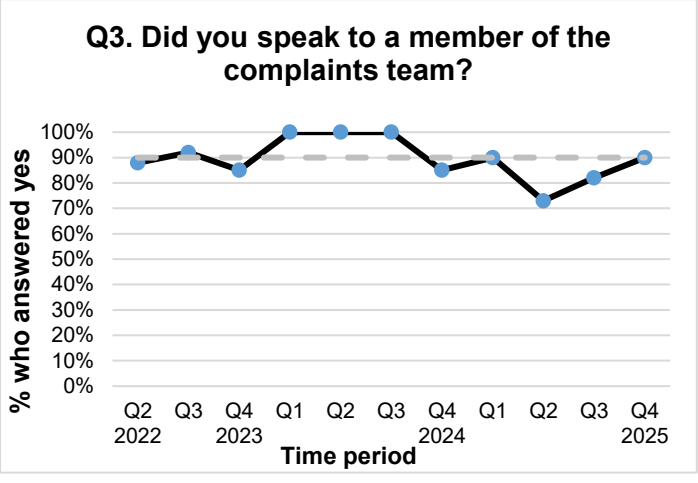
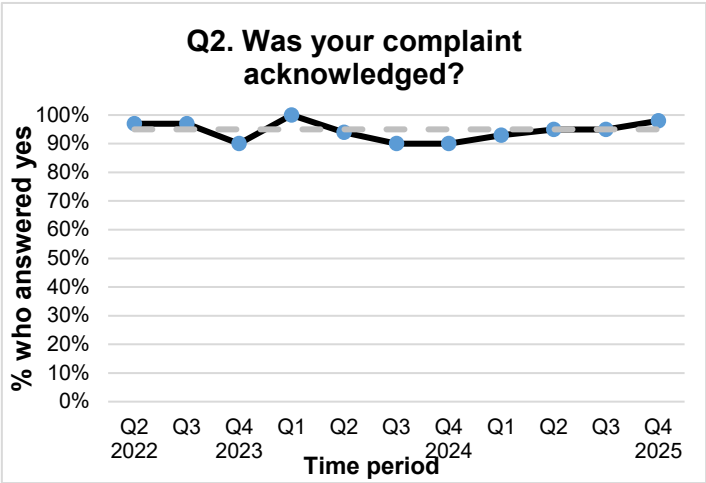
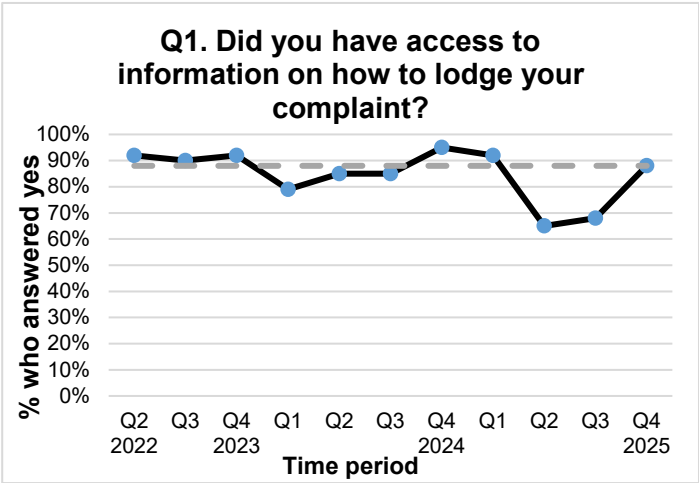
Performance Indicator Nine

9. Number of cases where an extension is authorised

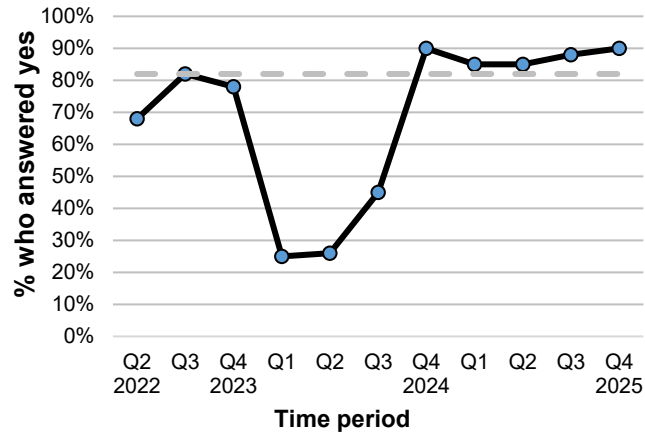
This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

| | Number | As a % of complaints closed by NHS Boards at each stage |
|--|--------|---|
| 9a. Number of complaints closed at stage one where extension was authorised | 130 | 58% |
| 9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints) | 8 | 67% |
| 9c. Total number of extensions authorised | 138 | |

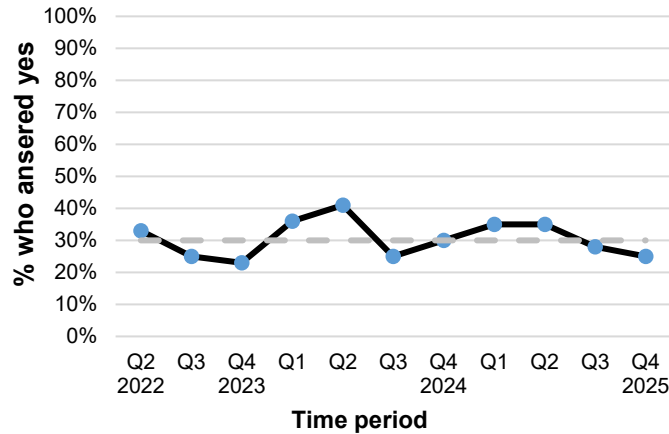
Appendix 3 - Complainant Satisfaction Audits Q2 2022 – Q4 2025



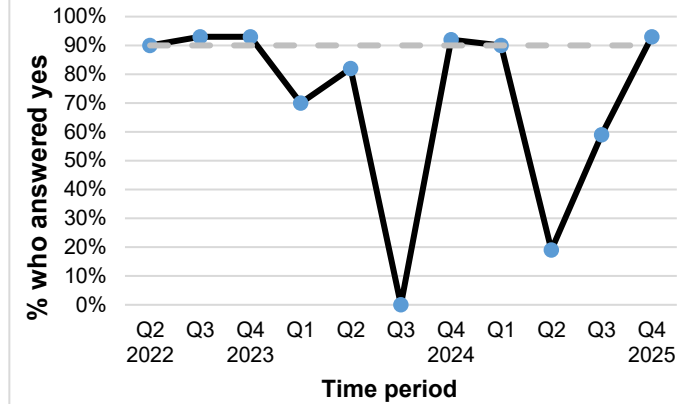
Q7. Were you advised of any delays in advance?



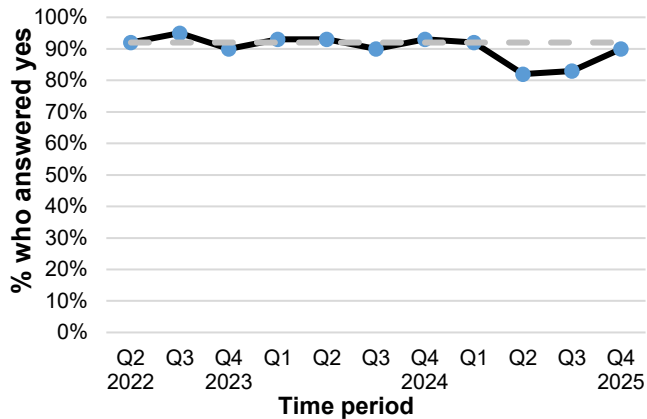
Q8. Did you speak to any other staff regarding your complaint?



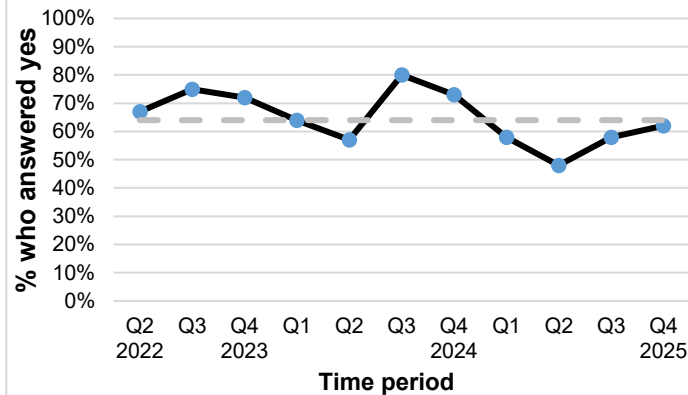
Q9. If you answered yes to Q8, was this conversation helpful?



Q10. Were you informed of the outcome of your complaint?



Q11. Did you agree with this outcome?



Q12. Did you feel your complaint was dealt with in a respectful and person centred manner?

