

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 11 August 2025
Title:	Feedback & Complaints Annual Report 2024/2025
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Geraldine Jordan, Director of Clinical Care & Governance

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Scottish Government policy/directive

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Board is asked to receive and discuss this Annual Report on organisational activity in relation to patient, carer and family feedback and complaints in 2024 – 2025 and to note compliance with the complaint handling process.

2.2 Background

This annual report provides information in keeping with the NHS Complaint Handling Process and the annual requirements as laid out by Scottish Government 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

The full Annual Report for 2024/25 is provided at **Appendix 1**.

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

This annual report has no workforce implications for the organisation.

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 has not been completed as not relevant.

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 etc
 - Effective feedback, comments, concerns and complaints handling supports the delivery of the NMAHP Strategy and the Excellence in Ayrshire Quality Strategy

2.3.7 Communication, involvement, engagement and consultation

Details of engagement with minority groups is included in the 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 reports are tabled at the Healthcare Governance Committee and Board meetings.

The annual report paper has previously been presented at the Healthcare Governance Committee on the 4 August 2025.

2.4 Recommendation

Members are asked to receive and discuss this Annual Report on organisational activity in relation to patient, carer and family feedback and complaints received in 2024/25 and note the key objectives identified for the coming year.

3. List of appendices

- Appendix No 1 – NHS Ayrshire and Arran Feedback & Complaints Annual Report 2024/2025



FEEDBACK & COMPLAINTS ANNUAL REPORT 2024/2025



INTRODUCTION

The last twelve months have been challenging for NHS Ayrshire and Arran (NHSAA) for a variety of reasons, from the ongoing pandemic recovery to increased system pressures. In addition to a rise in complaints, there is also more complexity which reflects the patient journey through the healthcare system, often involving a number of specialties and services. Throughout this year however, the Patient Experience Team has firmly kept their focus on delivering person centred and compassionate support to anyone raising a concern or complaint.

Over the last year, the out of time complaint activity has risen and it has been challenging to improve the timeliness in response to complaints and also maintaining regular contact with the complainants. Despite the challenges, the Complaints Team have remained focused on supporting service colleagues and maintaining contact with complainants, and to reach resolution as quickly as possible.

Due to the challenges, NHSAA embarked on a recovery project to reduce out of time activity whilst ensuring improved engagement with operational services and maintaining the quality of the complaint investigations. Over the last two years, NHSAA has seen a marked reduction in Ombudsman referrals and investigations, and we consider this to be a good indicator of the quality of the complaint handling. As a result of the current challenges, we are now seeing an increase in referrals, and we will continue to monitor this moving forward.

Following on from the recovery project, it was recognised that further work would be required to ensure the improvements made were sustained. A full review of all the complaint handling processes was undertaken in 2024 and the findings from the review identified improvement opportunities that are being progressed in collaboration with the Complaints Team and service colleagues to ensure improvements are embedded across all aspects of complaint handling.

In addition to the improvement work being progressed, there is also a new focus on training in all aspects of complaint handling. Training will ensure that everyone involved in complaint handling is working to the same standard and that in particular, the investigation processes continue to be open, honest and transparent.

NHS Ayrshire and Arran is committed to using the lived experiences of patients and their families to improve services and consider responding positively to feedback and complaints as an integral part of the improvement journey. We look forward to learning and developing in the year ahead.

Laura Harvey
Quality Improvement Lead
Patient Experience

1. Feedback

NHS Ayrshire and Arran are committed to providing safe, caring and respectful care for everyone using services and in order to honour that commitment, we actively encourage feedback from service users and their loved ones to help inform us on the lived experiences of patients.

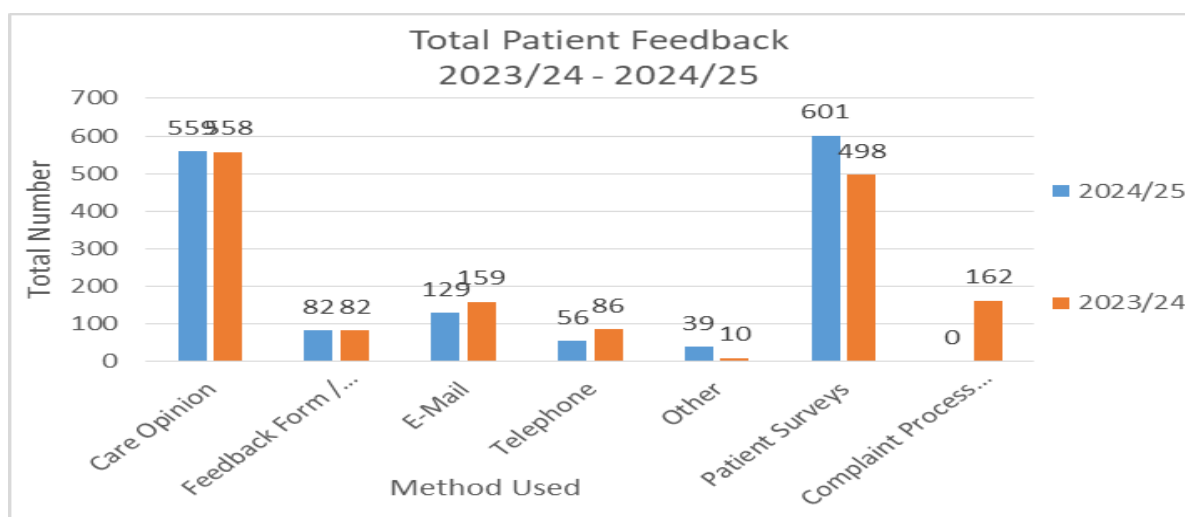
In addition to promoting feedback at a local and national level, we also carry out interviews with patients in our care and produce healthcare stories in a variety of formats that illustrate real, lived patient experience.

Feedback gained from all these approaches in 2024/2025 are presented here.

1.1 Local Feedback

There were a total of 1466 instances of feedback gathered and shared during 2024/2025. This demonstrates a decrease of 5.5% on feedback activity from 2023/2024. Chart 1a demonstrates the methods by which feedback was received and compares it to the previous year.

Chart 1a – Patient Feedback 2023 – 2025



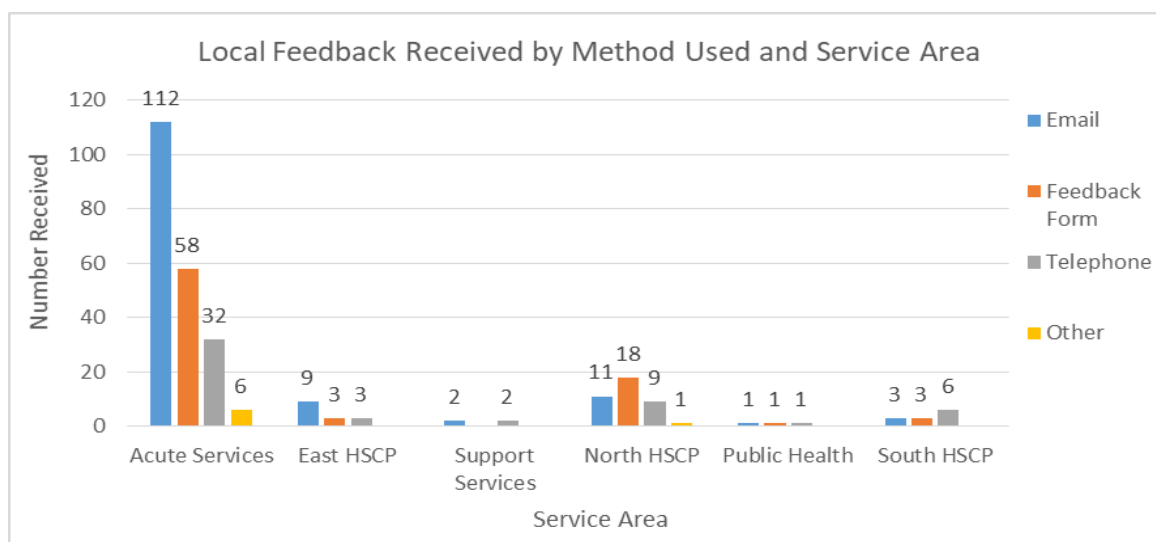
Care opinion remains the most popular method of feedback, whilst we have also increased the number of patient surveys being carried out as part of a rolling acute programme for all inpatient areas.

In 2024/25, there were 281 patients / relatives / carers who contacted us to provide feedback locally. This is a decrease of 16.5% on 2023/24 activity

- 138 via email
- 83 via feedback form or letter
- 53 via telephone
- 7 via other methods

Which service the feedback pertains to is outlined in chart 1b. The highest relate to Acute Services with the majority of the feedback relating to the North Health and Social Care Partnership is with regards Mental Health Services.

Chart 1b – Feedback per service



1.2 Inpatient Surveys

Inpatient surveys are carried out using three different interview schedules as outlined below:

- Inpatient survey for all inpatient areas, including CAU
- Discharge lounge survey (including realistic medicine measures)
- Day Surgery Unit survey (Bespoke interview schedule developed with the staff)

A total of 601 surveys were completed in 2024/2025. The survey currently in use is presented below:

Ward Inpatient - Patient Experience Survey

NHS
Ayrshire & Arran

We are continually striving to improve our services and would be grateful if you could provide us with some detail on your experience whilst in the ward.

1. Date:

2. Which Ward were (are) you in?

3. Which age bracket do you fall into?

18 - 30 ☐ 31 - 50 ☐ 51 - 70 ☐ 71 or over ☐

4. Whilst you were in the Ward - to what extent did you feel that you had been supported to understand your health issues?

1 2 3 4 5
Did not feel well supported Slightly supported Satisfied with support Support Met Expectations Support Exceeded Expectations

5. Whilst you were in the Ward - to what extent did you feel you were listened to about what matters most to you regarding your health issues?

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither dissatisfied or satisfied Satisfied Very Satisfied

6. Whilst you were in the Ward - to what extent did you feel you were included in decisions about your care and treatment?

1 2 3 4 5
Never felt included Rarely felt included Sometimes felt included Felt included most of the time Felt included all of the time

7. Thinking about involving you in decisions about your care, what feedback can you give us about your experience:

.....

8. Did the staff looking after you on this ward treat you with kindness and compassion?

1 2 3 4 5
Never Rarely Sometimes Most of the time At all times / N/A

9. Were you or your family kept updated?

1 2 3 4 5
Never Rarely Sometimes Most of the time At all times / N/A

10. Were any updates provided in a way that was easy to understand?

1 2 3 4 5
Never Rarely Sometimes Most of the time At all times / N/A

11. How would you rate the cleanliness of the ward you were in?

1 2 3 4
Not clean at all Not very clean Fairly clean Very Clean

12. Do you have any observations about the ward environment you would like to tell us about?

.....

13. Overall, how well were your dietary requirements (culturally, religiously and therapeutically) met based on your experience of the food and drink provided?

1 2 3 4 5
Never Rarely Sometimes Most of the time At all times

14. Is there anything about the food and drink provided that you would like to tell us about?

.....

15. Is there anything that would have made your hospital stay better?

.....

Thank you for taking the time to complete this survey. Your views are important to us

Overall, the majority of survey responses were positive with patients having a good inpatient experience.

The inpatient surveys are carried out by a Patient Experience Facilitator or a Patient Experience Volunteer and the information gathered is then analysed and a report is generated. This is then shared with the Senior Charge Nurse (SCN) who is then responsible for any learning or improvements that result from the feedback. The majority of areas then display the results on their Feedback Board, so it is accessible to staff, patients and visitors.

Below are a selection of quotes from the inpatient surveys:

I have been in another hospital and came here to recover but there is something about the people of Ayrshire – They just care a little bit more

Station 12, UHA

The Team took time to explain my care and always asked what I thought. I felt respected and involved

Ward 5D, UHC

“Food is great, the girls (I say girls as they are a lot younger than me!) working here are so bright and keep our spirits up. Always chatting to us and making us laugh - even when they're busy nothing is a hassle to them

Station 1, UHA

As highlighted above, whilst the majority of responses were positive, there was some negative feedback that was shared with the SCNs, a selection of which is presented below:

Just arrived here – Staff very nice but I don't understand why the Discharge Lounge is on the first floor and about as far away from the car park as you could get! Not very easy to direct someone here and the parking is a nightmare at the best of times, never mind when you are picking someone up from the Discharge Lounge!

Feedback from Discharge Lounge, UHC

I've been in a week, waiting for an MRI scan and told I can't go home as I could wait months for it. I like a shower every day at home but in here it's not easy - for a start there isn't a shower room in these curtain bays - only one shared toilet and if I ask for a shower the poor nurse has to take me through all these other doors and by the reception and wait for me to have my shower, I hate asking so a couple of times - I've just washed at the sink but not much privacy with only a curtain

Combined Assessment Unit (CAU), UHC

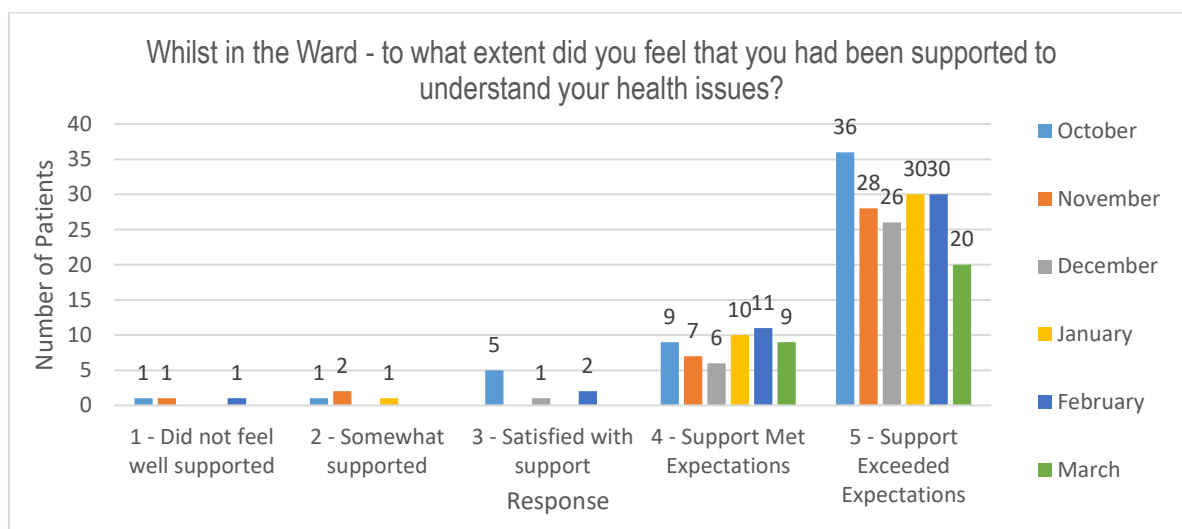
Since March 2024, three Realistic Medicine measures have been incorporated into the inpatient surveys. The questions were initially tested in the Discharge Lounge and then incorporated into all inpatient surveys from October 2024.

One of the priority objectives for the local Realistic Medicine Team was to introduce a way to measure shared decision making within the organisation. Within acute services this was achieved by using the collaboRATE tool, a series of questions relevant to shared decision making, and to embed them within the patient experience survey.

The results have been encouraging for those healthcare users that have replied. By spreading this across the organisation it will highlight areas of excellence and potential areas for improvement. The aims are to share this information with clinical services and to use it as a baseline for any future improvement work.

Below are the findings for each question in the six months since October 2024 until March 2025.

Chart 2a - First Shared Decision-Making Question



As illustrated in Chart 2a, and Chart 2b and Chart 2c, the majority of patients felt supported, involved and listened too whilst in our care. A very small minority highlighted areas for improvement. This information was presented to the SCN, who was then responsible for addressing the concerns before the interviews were repeated as part of the ward's rolling audit programme.

Chart 2b – Second Shared Decision-Making Question

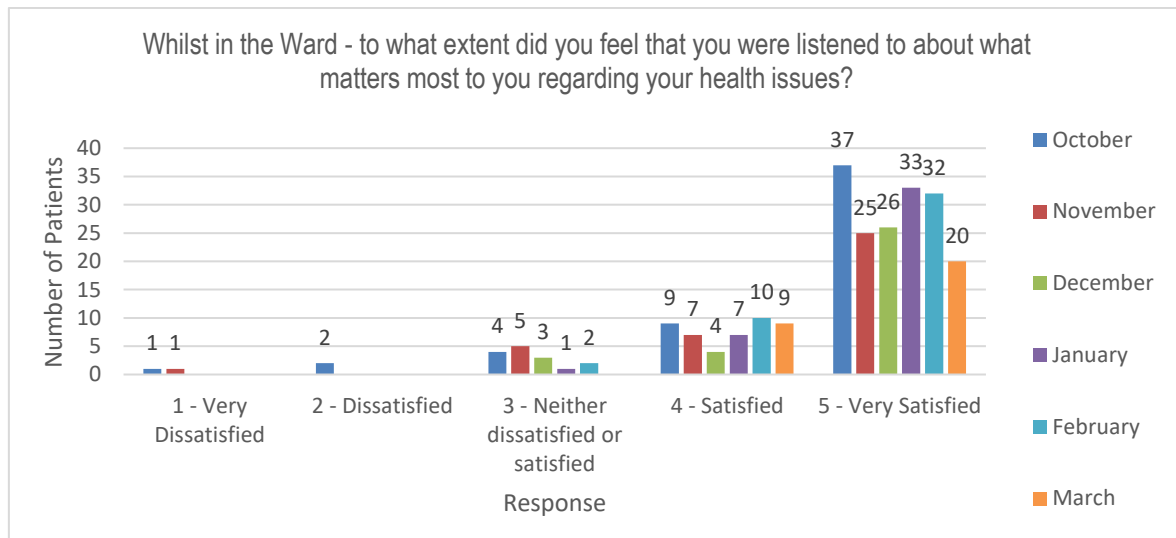
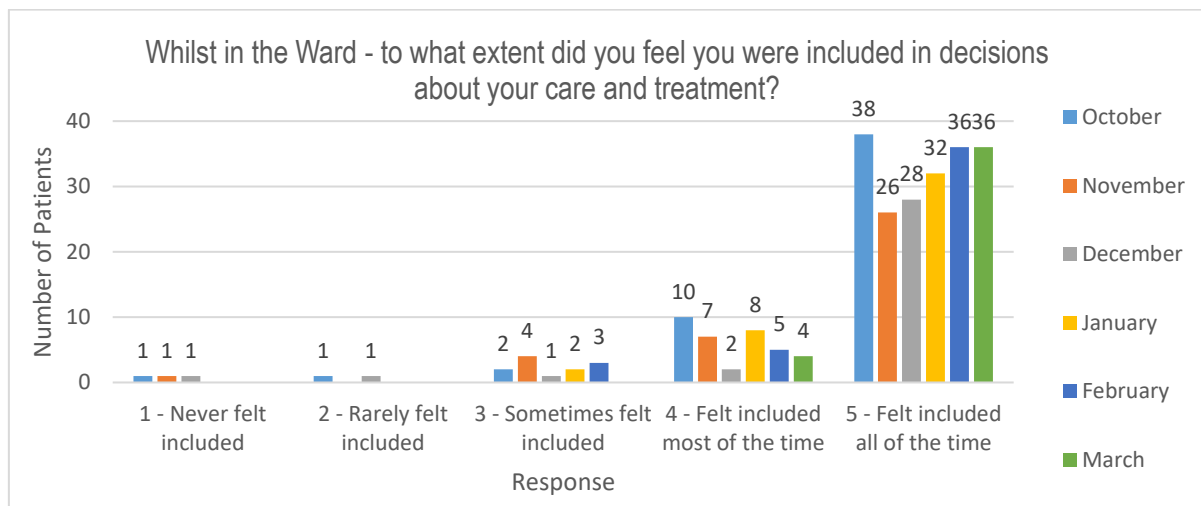


Chart 2c – Third Shared Decision-Making Question



A selection of quotes from patients being interviewed are presented below:

"My consultant is clearly very skilled in his profession but is very down to earth. I like that he is approachable and that I can ask questions without feeling like a nuisance or holding him back."

Ward 2B, UHC

"I felt that the nurses and doctors spoke to me. I've been in hospital down south before and the doctor I could hear outside the ward - nothing bad but nice to discuss anything with me. They included me here".

CAU, UHA

1.3 Healthcare Stories

In total, six patient stories were presented to the Board members in 2024/2025. All stories were shared with service prior to presentation, and where a change or improvement was identified, this was also progressed and reported to Board.

Highlights from the six stories, and learning as a result, are outlined below.

Healthcare Story 1

J's story followed his journey as a patient with a long-term heart condition, and the positive impact of his referral to the Heart Failure with preserved Ejection Fraction Service (HfpEF).

Prior to being introduced to this service, J was experiencing deteriorating health, with regular hospital admissions as a result of fluid overload caused by his condition.

J's story outlined his experiences prior to joining the pathway, and afterwards. He described the positive impact a person-centred approach to chronic illness can have both physically and psychologically. J chose to share his story in a digital format using his own words.

Tailoring the treatment to individual needs and putting them at the centre of their healthcare journey can have significant benefits for the patient and for our services. In J's case, a reduction in hospital admissions to address the fluid build-up as a result of his heart condition.

J's story had been shared with the Cardiac Rehabilitation Service.

Healthcare Story 2

This story showcased the excellent work of the Discharge Support Facilitator, based within Ward 4 Woodland View, and the positive impact this role has had not only on the patient, but also their loved one. The story is told by E and G, who wished to highlight the difference this support has made to them as a family.

E was receiving in-patient care within acute mental health services at Woodland View Hospital. Following a period of several weeks in hospital, E was identified by his Consultant Psychiatrist and his nursing team as being suitable for discharge with support.

E and his family had past negative experience of failed discharges and being sent home with minimal support in place and were therefore worried about the planned discharge and the impact it may have on his mental health and their life at home.

G also advised that she had not been coping with the trauma of E's admission and was referred to the discharge facilitator for support. Consent was gained from E to allow the Discharge Support Facilitator to discuss aspects of his care and follow-up arrangements.

Several interventions were identified, discussed and initiated by the Discharge Support Facilitator, to support G, allowing her in turn to support E on his return home. This demonstrates evidence of excellent person centred care and learning from patient experience to develop a bespoke discharge plan for a patient with ongoing needs.

The role of the Discharge Support Facilitator, based within Ward 4, Woodland View, was pivotal in making the connections between various Teams to support a successful discharge for E and G

This story has been used as part of the pilot study for the role and continues to be used to illustrate a positive discharge experience.

Healthcare Story 3

A wished to share her story to highlight the work of the ReSPECT Project and to let others know how this had enabled her to make plans for any healthcare emergency that might arise as a result of her life limiting conditions. It is important to A to know that her preferences and values are known in advance of any healthcare emergency.

ReSPECT is the Recommended Summary Plan for Emergency Care and Treatment and is a national approach developed by the Resuscitation Council UK. This has been adopted by a number of areas across the UK including some Scottish NHS Health Boards, of which NHS Ayrshire & Arran is one of them.

A ReSPECT Plan lets healthcare staff know what matters to a person when in a health crisis, and who may not be able to speak up for themselves. Once the plan is completed, professionals such as ambulance crews, out of hours health professionals, care home staff and hospital staff will be better able to make immediate decisions about a persons emergency care and treatment whilst ensuring their wishes are at the forefront of those decisions.

A's story has been utilised to share her positive patient experience to support other areas to consider implementation of ReSPECT.

Healthcare Story 4

G reached out to the Patient Experience Team via telephone to share her experience of the care provided to her mum by the staff in the McMillan Ward, Biggart Hospital. G's mum was an inpatient from August 2023 until she died in February 2024.

G's story demonstrated the difference our staff can make for families whilst they are caring for their loved ones during their last months, weeks or days.

G's story highlighted the importance of not only our approach to patient care, but also how we support patient families when they are faced with difficult news or facing the death of a loved one.

In this case, G, her family and her mum received excellent person-centred care, and G is very grateful to all the ward staff and everyone who supported them during this difficult time.

This story has also been shared widely to illustrate the positive contribution staff can make to every patients journey, irrespective of the outcome.

Healthcare Story 5

This story captured the experience of R. It outlined both negative and positive aspects of R's experience whilst under the care of Gynaecology Services. R experienced anxiety when offered a late notice outpatient appointment for a gynaecological procedure due to lack of clinical information given prior to her appointment.

R attended University Hospital Crosshouse for a planned ultrasound examination. Shortly after this examination, R unexpectedly received a call from the Gynaecology Department, to offer her a further appointment. During this phone call, R requested further information in relation to this follow-up appointment/procedure but was informed by the call handler that they were "not medically trained" to answer her questions and communication ended.

As this was a short notice appointment, there was insufficient time to send R a formal appointment letter and/or patient information leaflet. As a result of this, R chose to do some of her own research. R's self-research contributed to feelings of uncertainty, worry and anxiety. On arrival at her appointment, R felt that staff were fantastic in every discipline and were able to recognise that she was in a state of anxiousness and immediately offered reassurance and support for which she was so grateful.

This story highlighted the positive impact that true, person-centred care can have on a patient's overall experience. However, in contrast it also demonstrated the negative impact that occurs when patients are not provided with adequate verbal or written information whilst being offered a short-notice or cancellation appointment.

This story helped to inform the relevant staff to ensure future patients are given more useful information prior to any appointments or procedures.

Healthcare Story 6

In March 2024, the Interventional Neuroradiology Suite was opened on a phased implementation at Queen Elizabeth University Hospital to provide a thrombectomy service for people throughout the West of Scotland.

This story highlighted the experiences of three NHSAA patients using this new service and the positive impact it had on their recovery.

This story presented details of the new service and outlined the experiences of three patients who received a thrombectomy.

S suffered an ischemic stroke while at home. She was admitted into University Hospital Crosshouse (UHC) and was assessed as suitable for thrombectomy and subsequently transferred to the Queen Elizabeth Hospital via the Scottish Ambulance Service with a nurse escort. She was at Glasgow within three hours of her onset of symptoms. The thrombectomy procedure was successful, and after some further time in UHC, S was discharged home, where she is recovering well and has regained a lot of the mobility, speech and quality of life that she had prior to the stroke.

J was a 50-year-old fit and independent lady who suffered from a significant stroke with associated loss of speech, right sided weakness and a decreased conscious level. Following thrombolysis, J was transferred to Glasgow and had the thrombectomy procedure carried out. Despite some post-operative complications, she made a full recovery and was discharged home after 70 days with improved overall function.

Finally, we told J's story and described his stroke journey to thrombectomy and despite presenting with rapidly progressing symptoms, he was discharged home within 10 days and currently is living independently with his wife.

The story and supporting paper were shared with the Acute Stroke Team and the team in Glasgow.

Next Steps

We are continually striving to improve the quality of our healthcare stories and to ensure they are shared across the organisation to drive learning and improvement, and to help motivate and inspire staff to deliver compassionate and person-centred care.

To achieve this, we have engaged with other Boards to benchmark their approaches and processes to support us to deliver healthcare stories of the best quality and to ensure we have the right processes in place to maximise they are used to their full potential.

We are currently convening a Healthcare Stories Development Group, which will be chaired by a Director and comprise a variety of staff that will support the development of future stories.

To improve the presentation of healthcare stories, we are engaging with colleagues in Medical Photography to ensure we produce videos of a more professional standard.

Each potential story will be scripted and presented to the group for approval. Any negative stories will also be presented, and agreement will be sought on the improvement priorities associated with the story.

As this work progresses, it will become possible to alternate between positive and negative stories for the Board's viewing.

1.4 National Feedback

In 2024/2025, NHS Ayrshire & Arran received 556 stories on Care Opinion from patients, relatives, carers, friends and staff posting on behalf of patients.

75% of these stories were completely positive (5% increase on previous year), with the remaining 25% having some level of criticality. Staff responded to these stories 661 times, with response rate of 96%. These stories have been read 80,321 times - an 11% increase on 2023/2024.

The breakdown of posts told by area and criticality is presented in Chart 3.

Chart 3 – Care Opinion Posts by Area & Criticality

Service / Hospital	Total	Department	Positive	Mildly Critical	Moderately Critical	Strongly Critical
East Ayrshire HSCP	8		3	4	1	
North Ayrshire HSCP	12		11	1		
South Ayrshire HSCP	39		31	8		
UH Crosshouse (incl ACH)		ADOC / AUCS	2	3		
		ED / CAU / RAC	56	11	4	1
		Cancer Services	8			
		Medical	72	17	6	
		Surgical	67	11	7	
		Gyn / Mat / Paeds	98	10	6	
		AHPs	10	1	1	
		Trauma / Ortho	15	5	1	1
		Radiology	18	3		
		Support Services				
General Practices	83		61	19	2	1
Public Health	3		3			

UH Ayr	ED / CAU / Lounge	32	5	5	
	Gyn / Paeds	11		1	
	Trauma / Ortho	5	2	1	
	Surgery	49	7		
	Medical	14	8	5	3
	Radiology	7	1	1	
	AHPs	3	2		
	Cancer Services	7			

The Patient Experience Facilitator continues to provide staff training to enable staff to respond directly to Care Opinion posts related to their area.

2. Complaints

2024/2025 has been another busy year in terms of service delivery and complaint handling. Despite the increased activity, we have been able to make a number of improvements to the complaint handling processes and are beginning to see the impact of these.

The performance in relation to the Complaint Handling Key Performance Indicators (KPI) is presented below:

2.1 KPI One – Learning from Complaints

Complaint themes have been consistent for the last ten years and the most common themes in 2024/2025 are illustrated below in Chart 4.

Chart 4 – Complaint Themes 2024/2025

Clinical Treatment
Disagreement with treatment / care plan
Problems with medication
Co-ordination of Clinical treatment
Poor medical treatment
Poor nursing care
Wrong Diagnosis
Poor aftercare
Error performing procedure
Lack of pain management
Lack of continuity
Waiting Times
Unacceptable time to wait for the appointment
Waiting too long for test results
Date for appointment cannot be given to patient
Cancellation of appointment
Appointment date continues to be rescheduled
Communication
Inappropriate comments / Insensitive to patient needs
Staff attitude / conduct
Lack of a clear explanation
Letter wording
Telephone

Other
Availability of items
Lost property
Delay in admission / discharge / transfer
Availability of beds
Smoking

All learning organisations should be able to demonstrate learning and improvement from any patient or family feedback and ensure it is shared and spread across all areas of the organisation.

The challenge to teams is ensuring any changes made are fed back to the Complaints Team to allow them to capture evidence of improvement. Quite often, complainants will ask what has changed as a result of their complaint so having this information available is particularly helpful.

Some examples of learning and improvements made this year are provided below.

Waiting Times & Appointments

Ongoing service pressures have led to longer waiting times and a rise in complaints, particularly around communication.

To address this, NHS Scotland has published new Waiting Times Guidance, which allows more flexibility in how Boards communicate with patients. A local Short Life Working Group has developed an action plan aligned to the guidance, and system changes are underway to support implementation.

NHS Ayrshire & Arran plans to expand digital communication through emails, texts, and a new online patient hub. Patients will continue to be notified when added to a waiting list, advised of estimated waits, and informed of any breaches to the Treatment Time Guarantee.

The public website is being enhanced to provide service-specific waiting time information, with links included in patient communications.

Notice for appointments has increased from 7 to 10 calendar days, and a reasonable offer may now include consultations or treatments out with NHS Ayrshire and Arran, with patients retaining the right to be seen locally if the service is available.

Attitudes and Behaviour

Complaint training has been developed to provide staff guidance with communication and the impact poor communication can have on patient experience. The training also covers difficult conversations to equip staff with the necessary skills to tackle even the most difficult of circumstances.

Staff involved in complaints are always asked to reflect on their role and what they would do differently to achieve a better outcome.

Improvements in progress

There are also a number of areas where improvement is currently being progressed as a result of the complaint themes identified in the last 12 months:

- A standardised approach to arranging patient and family communication with medical staff
- Working with the risk team to ensure learning from adverse events reported via complaints.
- Standardised use of Feedback Boards to include examples of improvements made which can then be collated for reporting and sharing purposes.

In addition to the work planned, improved engagement with Service Managers in all aspects of the complaint process will ensure improved reporting of improvement and learning.

2.2 KPI Two – Complaint Process Experience

In 2024/2025, we interviewed 240 complainants, asking them the questions presented below. Each complainant was selected at random from all closed complaints within a six month time period. In total, 263 complainants were contacted with 23 declining to provide feedback.

The questions asked are presented below:

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

Appendix 1 presents feedback over time from people using the complaint process and is a useful indicator of complaint handling performance.

During 2024/2025, a full review of the complaint handling was carried out and a number of actions agreed to improve engagement with complainants and to reduce all out of time activity. As a result of this increased focus, improvement is evident from Q3 onwards, especially in relation to:

- Keeping complainants up to date
- Explaining the process to complainants
- Providing an authentic apology
- Ensuring complainants are advised of any potential delays in advance

As a result of complainants' feedback, a number of improvements to complaint handling have been progressed. These include:

- Contacting all complainants at the outset of the process
- Increased contact throughout the process
- A new escalation process when complaints are close to breaching the target timeline
- The development of a new training calendar for all aspects of the complaint process
- Instruction on fulfilling Scottish Public Services Ombudsman (SPSO) recommendations

2.3 KPI 3 – Staff Awareness and Training

Complaint training has increased over the past 12 months. Ensuring staff are fully familiar with all aspects of the complaint process ensures that all complaints are handled in a respectful and person centred manner, and that thorough and transparent investigations take place.

In the twelve months from April 2024 until the end of March 2025, approximately 300 staff have received training on all aspects of the complaint process and instruction on how to handle difficult conversations.

The Complaints Team have developed training packages on a number of topics that can be delivered in a number of ways.

- As a presentation to a group with scenarios and group discussions
- As an individual training pack to be completed by an individual with a multiple choice test on completion to earn the learner a certificate of completion and allow the Complaint Team to keep a track of the number of staff completing the training on their own.
- Bespoke presentations for specific staff groups
- Workshops

To increase the access to complaints training, a Training Calendar is being published that will be accessible to all healthcare staff from September 2025 onwards.

2.4 KPI 4 – 9 Complaints Data & Performance

Complaints performance in 2024/2025 is presented below under each Key Performance Indicator (KPI)

KPI 4 – Complaints received

Chart 5a – Summary of total number of complaints received in 2024/2025

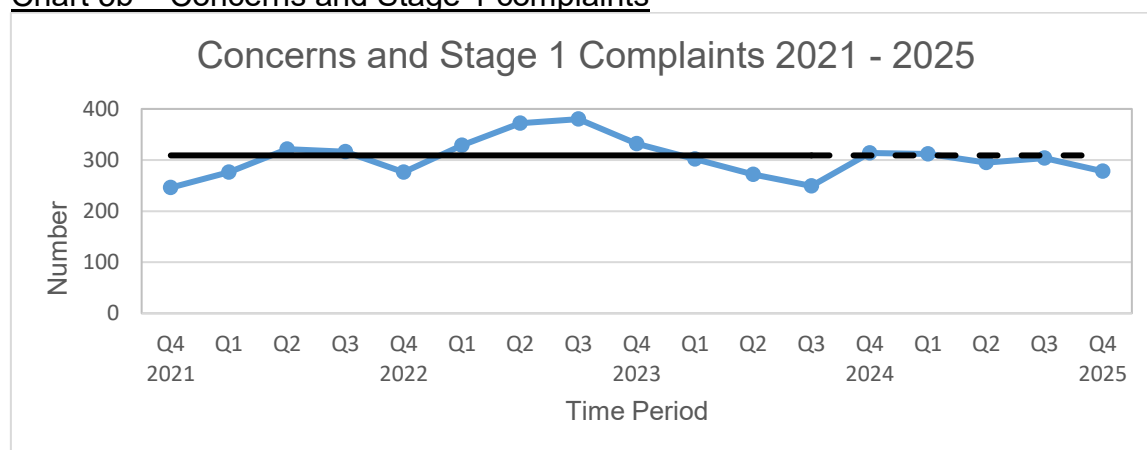
Summary of total number of complaints received in the reporting quarter

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	1658
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	1658

The number of complaints received this year is slightly increased from the previous year.

These data on the number of concerns and stage 1 and 2 complains is outlined in Chart 5b and 5c.

Chart 5b – Concerns and Stage 1 complaints



In total, we received 1178 concerns and stage 1 complaints, up slightly from the 1139 received in the previous year. A large number of stage 1 complaints continue to be related to the current waiting times.

There have been 480 stage 2 complaints this year, compared to 490 in the previous year. Despite a slight fall in numbers, the majority of stage 2 complaints remain complex and often reflect more than one part of a patient journey and therefore needing input from a range of staff.

Chart 5c – Stage 2 complaints received

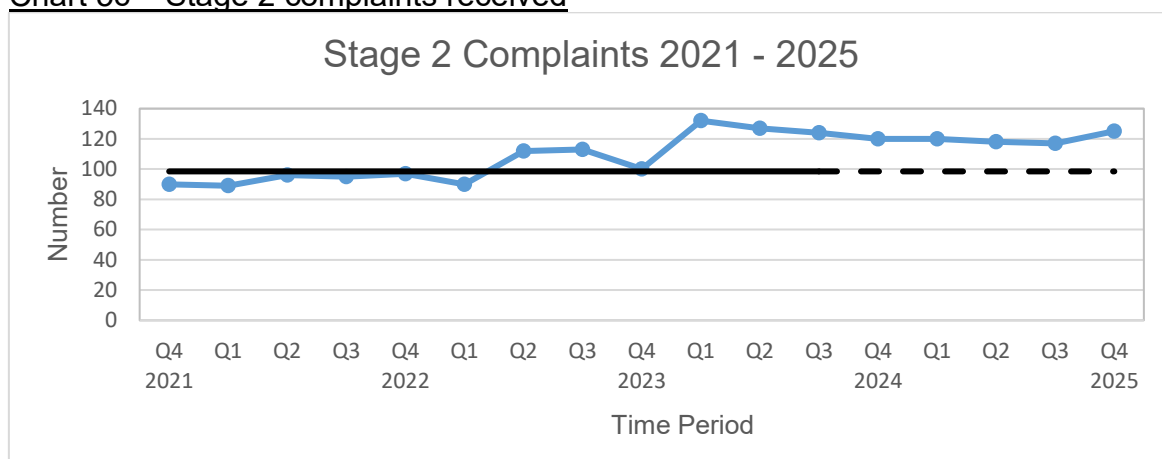


Chart 5d – NHS Board – Subgroup of complaints received

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	738
4i. Dental	162
4j. Ophthalmic	12
4k. Pharmacy	78
4l. Total of Primary Care Services complaints	990
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	246

This year, work was progressed with prison healthcare colleagues on the triage of complaints to ensure service enquiries were redirected to the appropriate manager. As a result, complaint activity has dropped slightly from 300 last year, to 246 this year, whilst independent contractor numbers remain in keeping with previous years.

KPI 5 – Total number of complaints closed

Chart 6 – Numbers closed in time

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	1178	74%
5b. Stage two - non escalated	339	21%
5c. Stage two - escalated	80	5%
5d. Total complaints closed by NHS Board	1597	

Overall complaint performance in the 12 months under review has improved but there is still some way to go to reduce all out of time activity.

KPI 6 – Complaint Outcomes

Complaint outcomes are broken down into stages in Charts 7a, 7b and 7c

Chart 7a – Stage 1 Complaint outcomes

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	320	27%
6b. Number of complaints not upheld at stage one	747	63%
6c. Number of complaints partially upheld at stage one	111	10%
6d. Total stage one complaints outcomes	1178	

The majority of complaints upheld at stage 1 relate to waiting times where we have breached the treatment time guarantee.

Chart 7b below demonstrates the outcomes of non-escalated stage 2 complaints

Chart 7b – Stage 2 non-escalated outcomes (61 remain open)

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	36	9%
6f. Number of non-escalated complaints not upheld at stage two	151	49%
6g. Number of non-escalated complaints partially upheld at stage two	177	42%
6h. Total stage two, non-escalated complaints outcomes	364	

In 2024-2025, a smaller percentage of complaints were fully upheld.

Chart 7c – Stage 2 escalated complaint outcomes

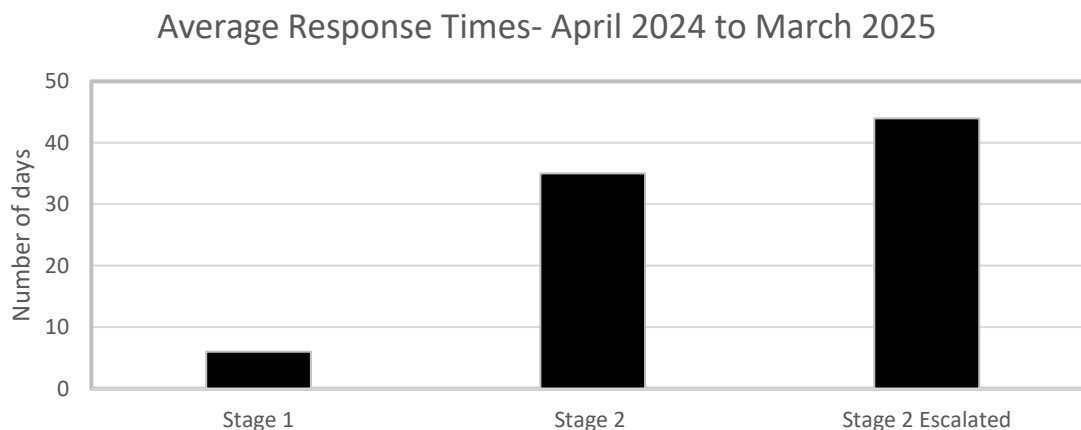
Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	18	33%
6j. Number of escalated complaints not upheld at stage two	25	45%
6k. Number of escalated complaints partially upheld at stage two	12	22%

6l. Total stage two escalated complaints outcomes	55	
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Complaint outcomes are in keeping with previous years.

KPI 7 – Average Response Times

Chart 8 – Average Response Times



Improvement is evident from last year with the average time to respond to a Stage 2 Escalated complaint, the average number of days reduced from 48 to 44. This has been achieved as a result of the review undertaken and the improvement actions progressed as a result.

KPI 8 – Complaint closed within timescales

Chart 9 – Complaints closed in time per stage

	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.	997	85%
8b. Number of non-escalated complaints closed at stage two within 20 working days	245	67%
8c. Number of escalated complaints closed at stage two within 20 working days	14	25%
8d. Total number of complaints closed within timescales	1256	

The performance over the last 12 months has improved as a result of the complaint review and the development of improvement actions.

Stage 1 performance on the whole has been maintained above the target of 85%. Stage 2 performance has been more challenging, but performance has improved each quarter over the last year. There is still room for improvement in this respect.

KPI 9 – Number of cases where extensions were given

Chart 10 – Extensions 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	204	17%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	167	35%
9c. Total number of extensions authorised	371	

Chart 10 illustrates a rise this year in the number of stage 2 complaints where an extension has been authorised. This is mainly due to the increasing complexity of stage 2 complaints.

2.5 SPSO Referrals and Investigations

SPSO activity is a reliable measure of complainant satisfaction with the handling of their complaint. Given the challenges NHSAA has faced over the last two years, we predicted a rise in SPSO activity due to the amount of out of time activity. Whilst we have witnessed an increase in referral, we are only now beginning to see a small rise in SPSO investigations.

Both referrals and investigations are presented in Charts 11a & 11b

Chart 11a – SPSO Referrals

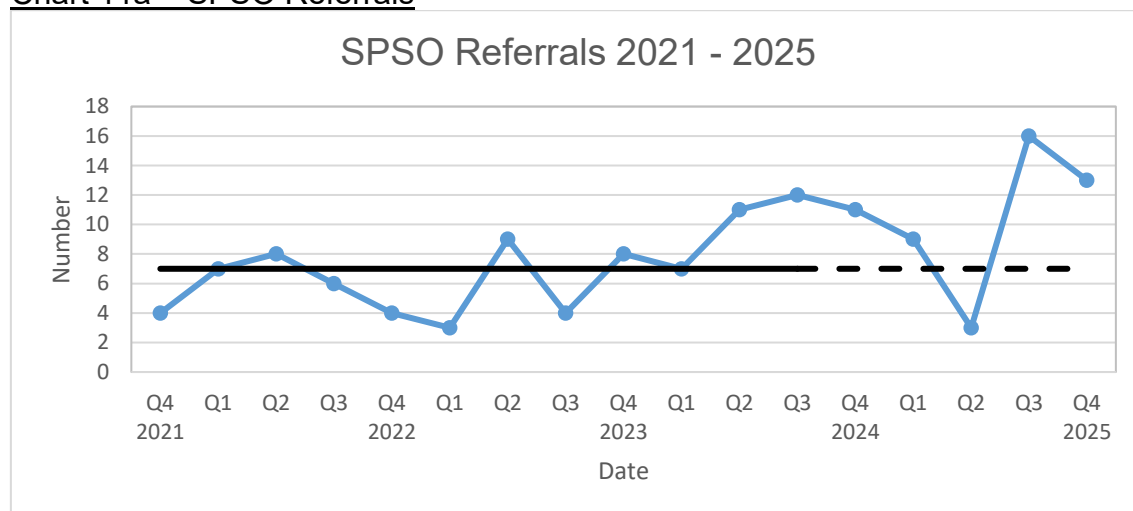
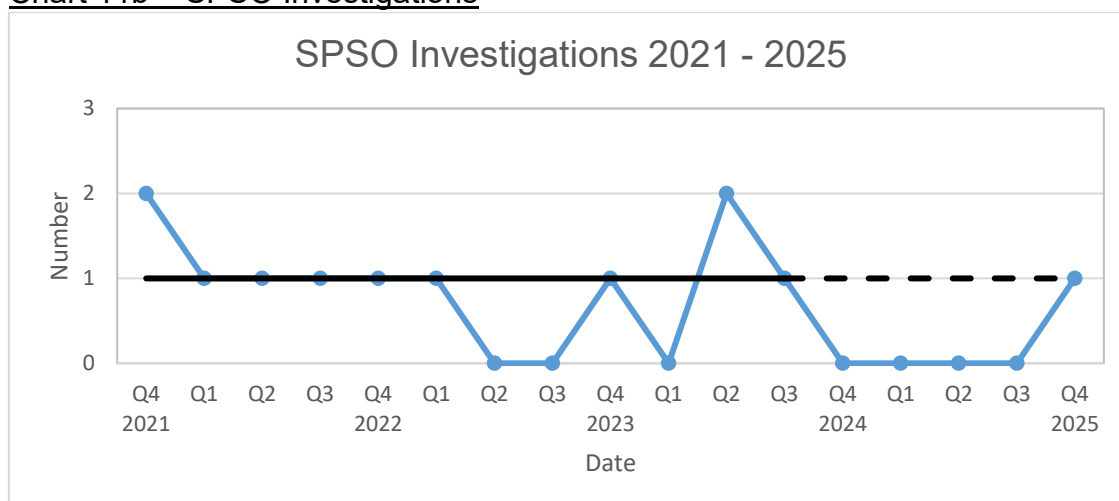


Chart 11b – SPSO Investigations



In recent months we have had an increase in SPSO investigations, but we did not see the predicted rise in the preceding 12 months being reported here.

3. Governance Arrangements

A number of improvements have been made to the governance structures across the last 12-18 months. A new unit was developed under which patient experience and complaints now sits. The Clinical and Care Governance structure, led by a Director and a Clinical Governance Lead has conducted a review of all clinical governance approaches and has liaised with service colleagues to develop a more robust approach moving forward.

Board level – NHS Ayrshire & Arran Board

At each Board meeting, a specific issue related to feedback and complaints is submitted to provide assurance of improvements being made. A quarterly data report is also provided, and a patient story is heard at each meeting which highlights service users' experiences and helps to inform improvement and learning.

Healthcare Governance Committee

Chaired by a Non-Executive Director, with membership consisting of Non-Executive Board Members and Directors, this Committee provides an assurance/scrutiny role for the Board. A quarterly report of feedback and complaints data and improvements is provided to this Committee, as is an SPSO update.

Divisional Level – Partnerships/Directorates

A governance template is completed for the six weekly Governance Steering group, and it is presented by the Quality improvement Lead for Patient Experience.

Each division then has a governance meeting, and the Complaint Managers attend these.

Operational Level – Department/Ward Level

To ensure all learning and improvement occurs in relation to feedback and complaints, all wards and departments have to provide assurance that all learning has been shared with the relevant teams. It is also the responsibility of the Complaint Lead Investigator to ensure that all complaints and outcomes are shared with the relevant Teams.

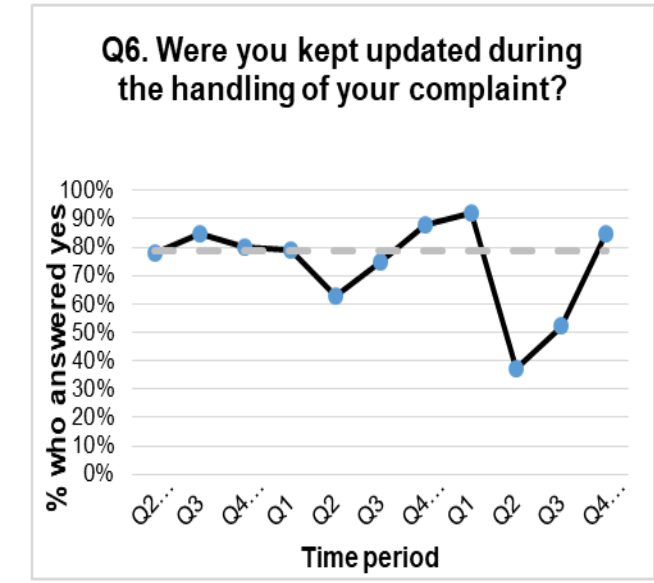
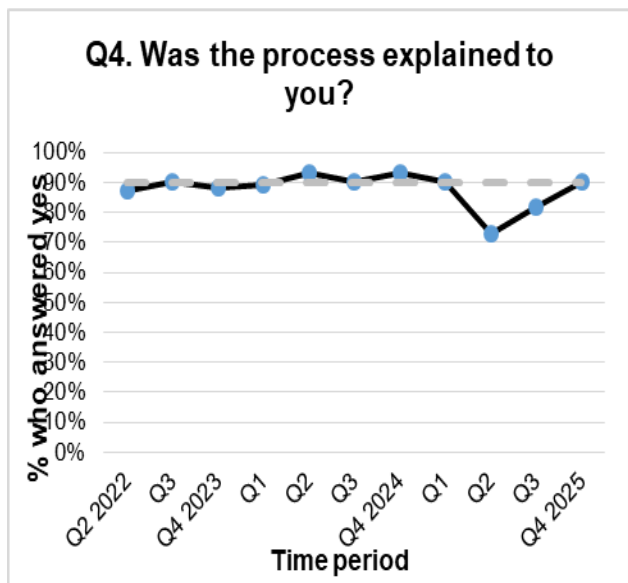
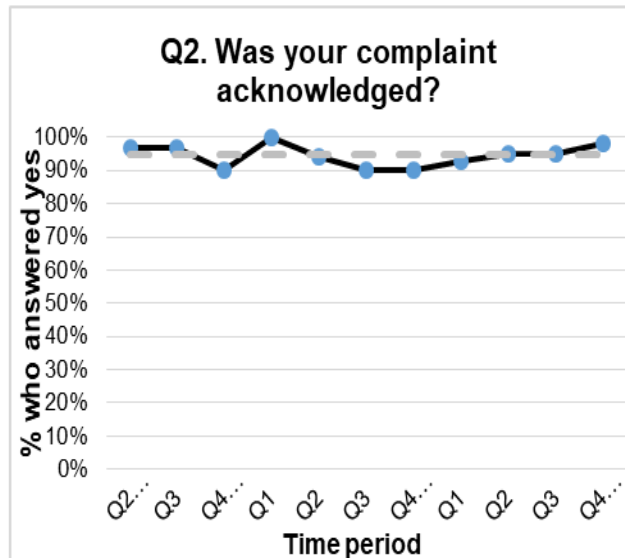
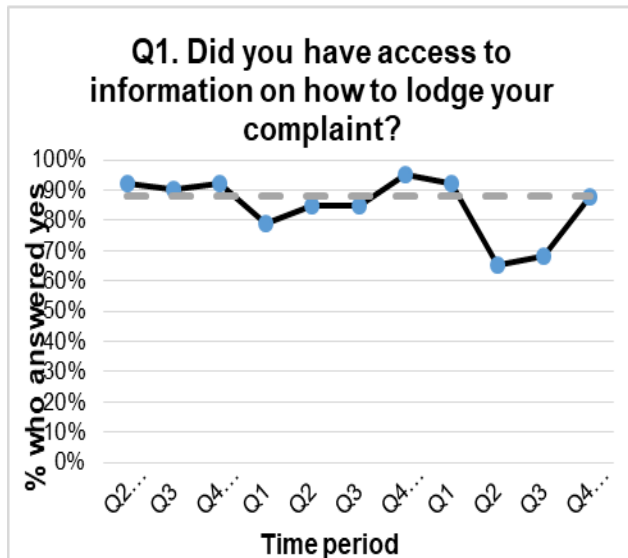
To ensure each Team has a firm grasp of complaint activity within their division, the relevant Business Managers will meet regularly with Complaint Managers to identify key actions and priorities on a weekly to two weekly basis.

Assurance

Work is currently being progressed to ensure all learning and improvement from complaints is captured and, where appropriate, any changes are shared.

Appendix 1 - Complainant Experience

Question 1 – 6



Question 7 – 12

