

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 6 October 2025
Title:	Patient Experience: Feedback and Complaints – Quarter 1 (April to June 2025)
Responsible Director:	Jennifer Wilson, Executive Nurse Director
Report Author:	Geraldine Jordan, Director of Clinical and 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 1 (April to June 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 performance for Quarter 1 (April to June 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 1 (April to June 2025), and compliance with the complaints process.

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. Quarterly performance is shared with the Healthcare Governance Committee prior to progressing to Board.

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 1 (April to June 2025), and to note compliance with the complaint handling process.

3. List of appendices

- Appendix No 1 Patient Experience Quarter 1 (April to June 2025)
- Appendix No 2, KPI Template for Quarter 1 (April to June 2025)
- Appendix No 3, Complainant Satisfaction

Patient Experience: Feedback and Complaints – Quarter 1 (April to June 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 a slight increase in Stage 1 complaints in Quarter 1, up to 286 from 278. Overall numbers have been consistent in the last 12 months.

Chart 1: Concerns & Stage 1 Complaints

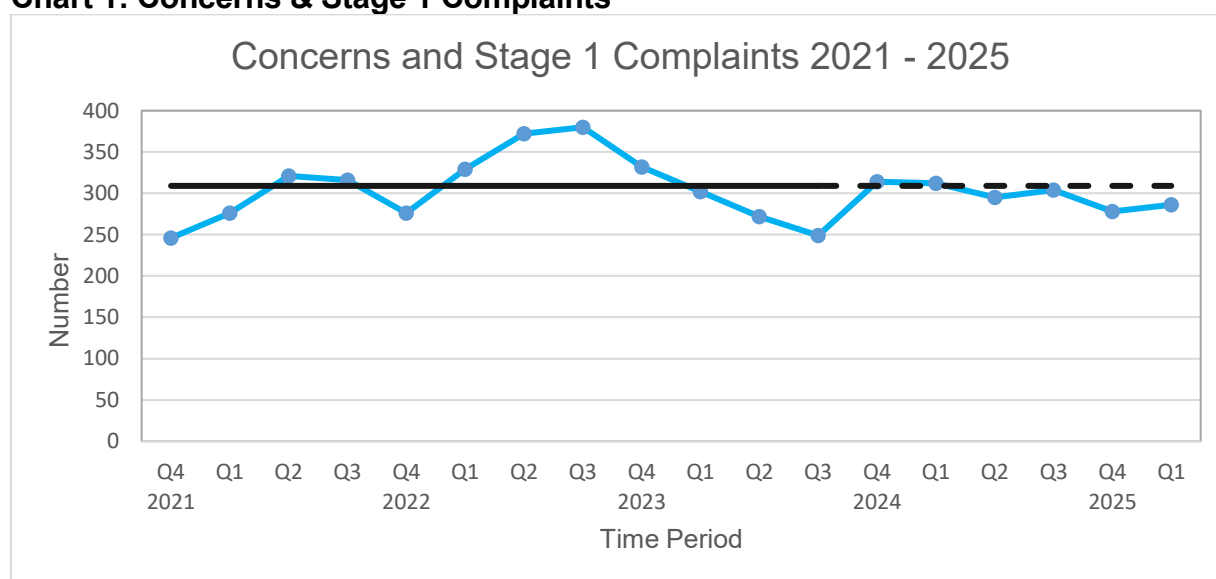


Chart 2 demonstrates a slight increase in Stage 2 complaints this quarter, up 8 from the previous quarter. Numbers have been consistent in the last 12 months.

Chart 2: Stage 2 Complaints

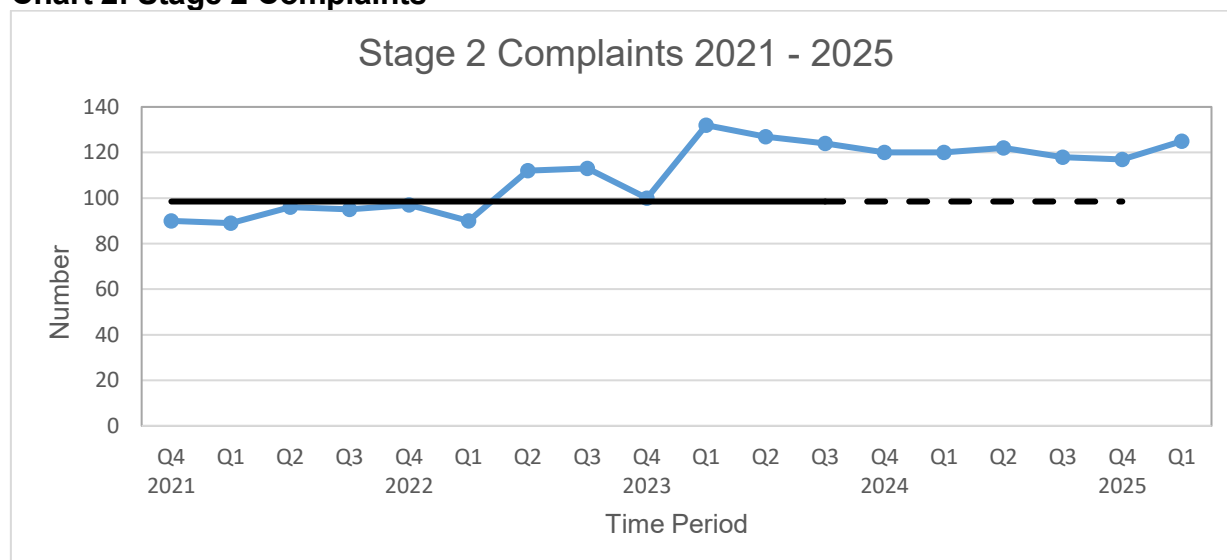
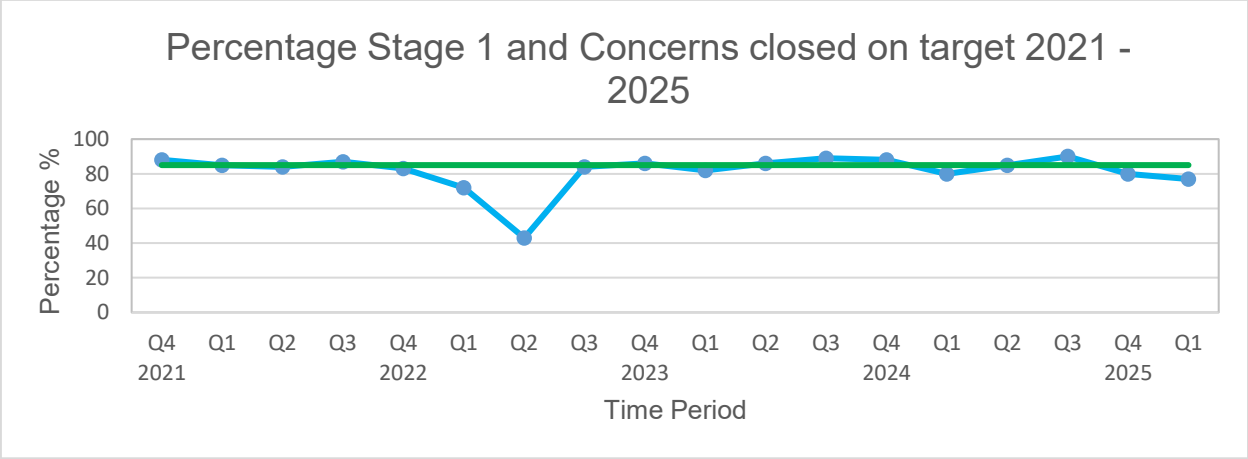


Chart 3 presents performance for closing Stage 1 complaints within the 5-10 working day timescale. Boards are currently set a target of 85% compliance for closing stage 1 concerns within timescale (represented as green line on chart 3).

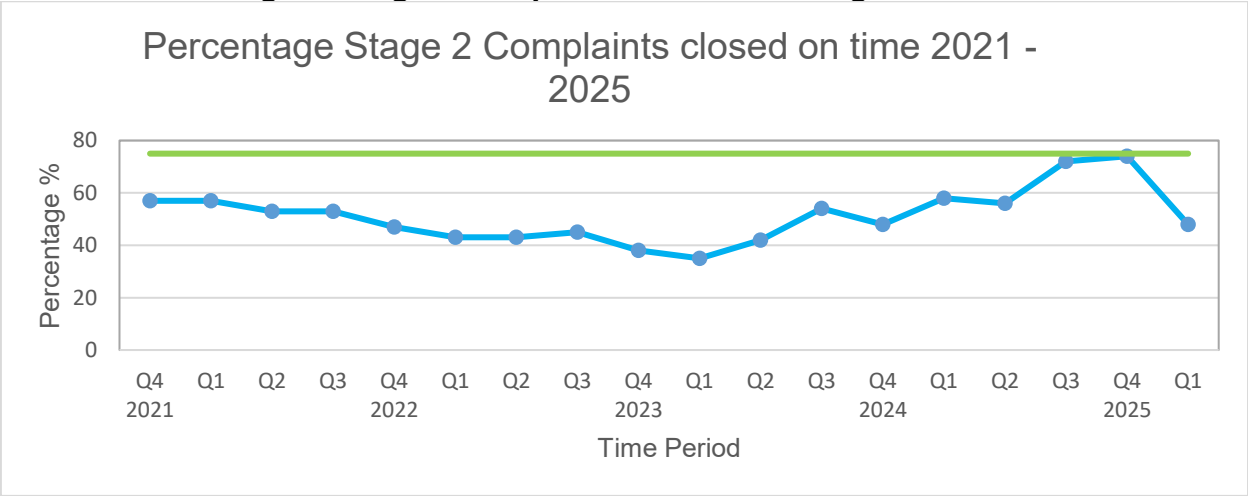
There has been a decrease from Q4 (80%) to Q1 (77%) for Stage 1 performance. This is a result of workload within both the Complaints Team and Services. A higher number of Stage 1 complaints have required input from Service Leads.

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).

Compliance in meeting the 20-working day timescale for Stage 2 complaints has dropped significantly this quarter to 48%. This is due to current workload and resource within the Complaints Team with the majority of delays occurring at the drafting response stage. Managing the number of out of time complaints is impacting on in time performance. A review is in progress to develop further improvement approaches.

1.2 Complaint Outcomes

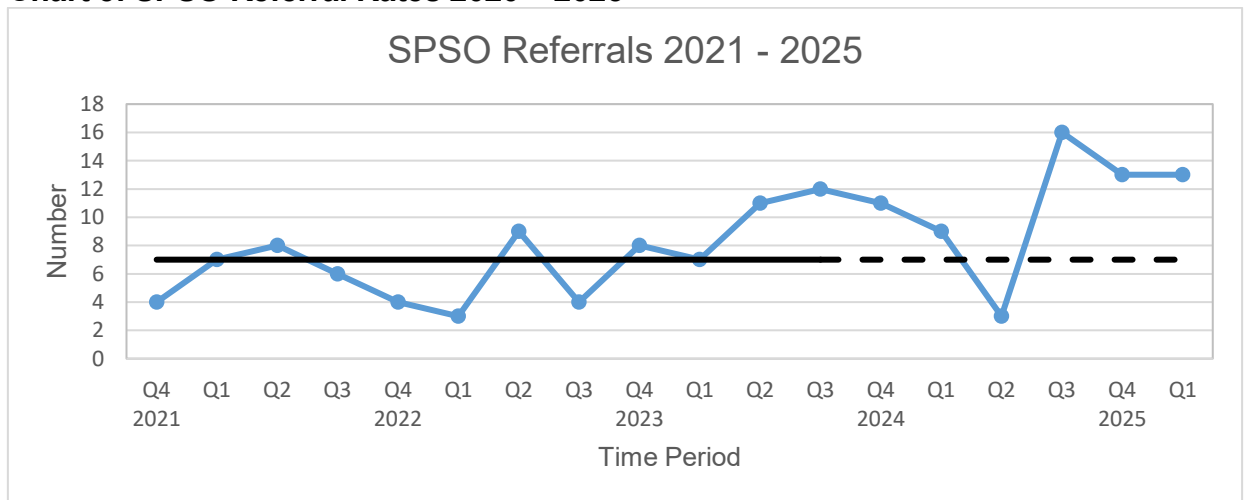
Table 1 outlines the complaint outcomes for all complaints resolved in Quarter 1. The majority of Stage 1 complaints which are fully upheld relate to waiting times where the Treatment Time Guarantee has been breached.

Table 1: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	155	38	93	0
Stage 2	24	18	24	72

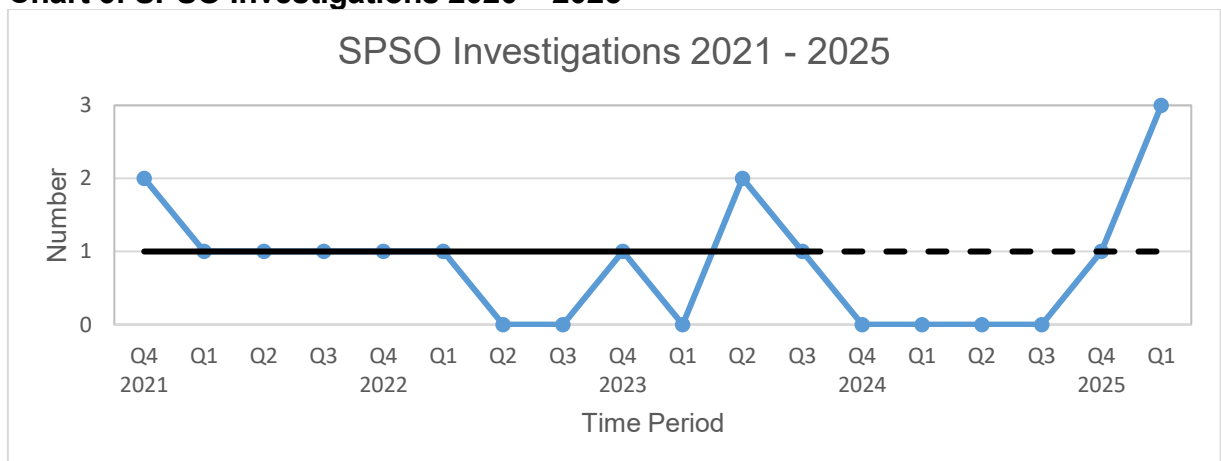
1.3 SPSO Referrals and Investigations

Chart 5: SPSO Referral Rates 2020 – 2025



There continues to be a higher number of referrals in this quarter, in keeping with the previous quarter.

Chart 6: SPSO Investigations 2020 – 2025



In **Chart 6**, there has been a rise in referrals progressing to investigation. All 3 relate to Acute Services and these investigations are currently live. Once closed, these will be reported for assurance.

2. Complaint Themes

Themes remain consistent with previous quarters with no new or emerging themes.

2.1 Themes

Table 2 outlines the top themes and the most common subthemes. As a number of complaints contain more than one theme or subtheme, numbers have been removed.

Table 2: 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 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
Telephone conversations
Conduct of staff
Lack of support & information
Other
Lost property
Availability of items
Access to premises / parking issues
Availability of bed
Accuracy of records
Condition of items / premises

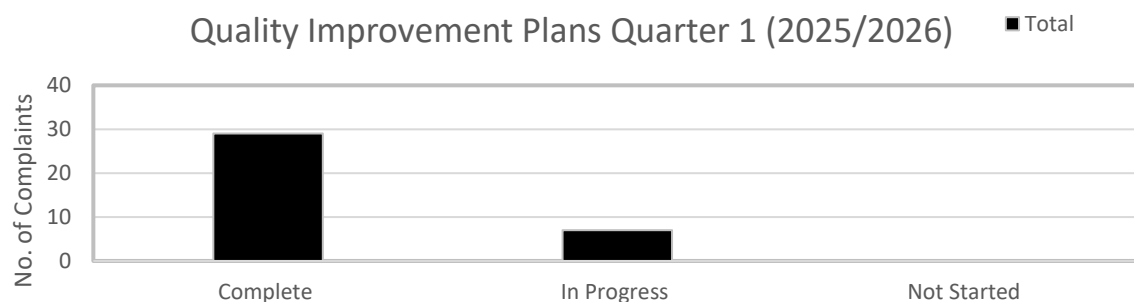
More in-depth information on themes is presented in the Themed Series of papers tabled at Healthcare Governance Committee.

2.2 Quality Improvement Plans (QIP)

Chart 7 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.

Compliance with completed QIPs remains low and the QI Lead is currently liaising with service leads to develop improved processes for recording improvement resulting from complaints.

Chart 7 – Quality Improvement Plans



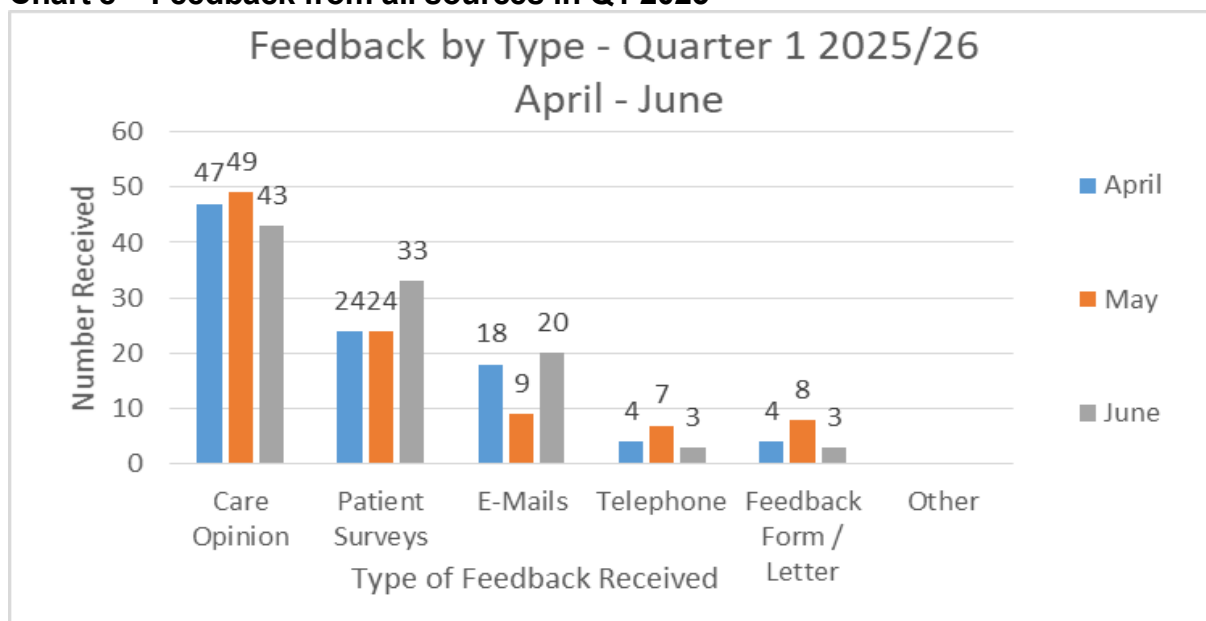
3. Feedback

3.1 Local Feedback

Local feedback is outlined in **Chart 8**

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 8 – Feedback from all sources in Q1 2025



3.2 National Feedback

Care Opinion continues to be the main source of feedback. In Quarter 1 2025:

- 139 stories were shared in Quarter 1
- 79% of these stories were completely positive, with 21% having some level of criticality. These stories were responded to 167 times by staff, and they have been read more than 12,526 times.
- 3 new responders were added in Quarter 1 2025/26 with relevant alerts created and training delivered.

4. Complainant Satisfaction

Feedback from 60 complainants on their complaints experience for Q1 (April-June 25) is outlined below. Feedback is more positive and reflective of the increased contact being maintained with complainants ensuring they are aware of progress or any delays with their complaint.

	Question	Yes	No	NA /NR
1	Did you have access to information on how to lodge your complaint?	93%	7%	
2	Was your complaint acknowledged?	98%	2%	
3	Did you speak to a member of the Complaints Team?	95%	5%	
4	Was the process explained to you?	95%	5%	
5	Did you receive an apology for your poor experience?	97%	3%	
6	Were you kept updated during the handling of your complaint?	92%	8%	
7	Were you advised of any delays in advance?	95%	5%	
8	Did you speak to any other staff regarding your complaint?	25%	75%	
9	If you answered yes to Q8 – Was this conversation helpful?	77%	23%	
10	Were you informed of the outcome of your complaint?	92%	8%	
11	Did you agree with this outcome?	70%	30%	
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	88%	12%	

Appendix 3 – Complainant Satisfaction Audits data over time from Q2 2022 – Q1 2025.

5. Conclusion

Complaint handling continues to be challenging in the current climate, but numbers remain consistent, and the quality of investigations have improved. Promotion of meetings with complainants continues with increasing numbers of face to face resolution meetings being held.

The Board is asked to note feedback and complaint activity on Quarter 1 (April to June 2025), noting the challenges and actions being progressed to improve the current position.

Key Performance Indicators for Quarter 1

NHS Ayrshire and Arran

Quarterly Feedback and Complaints Performance Indicator Data Collection

Year: 2025

Quarter: 1

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	424
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	424

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	183
4i. Dental	17
4j. Ophthalmic	2
4k. Pharmacy	8
4l. Total of Primary Care Services complaints	210
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	68

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	286	79%
5b. Stage two – non escalated	56	18%
5c. Stage two - escalated	10	3%
5d. Total complaints closed by NHS Board	362	

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	93	33%
6b. Number of complaints not upheld at stage one	155	54%
6c. Number of complaints partially upheld at stage one	38	13%
6d. Total stage one complaints outcomes	286	

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	21	37%
6f. Number of non-escalated complaints not upheld at stage two	19	35%
6g. Number of non-escalated complaints partially upheld at stage two	16	28%
6h. Total stage two, non-escalated complaints outcomes	56	

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	3	30%
6j. Number of escalated complaints not upheld at stage two	5	50%
6k. Number of escalated complaints partially upheld at stage two	2	20%
6l. Total stage two escalated complaints outcomes	10	

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.	219	77%
8b. Number of non-escalated complaints closed at stage two within 20 working days	56	48%
8c. Number of escalated complaints closed at stage two within 20 working days	10	67%
8d. Total number of complaints closed within timescales	285	

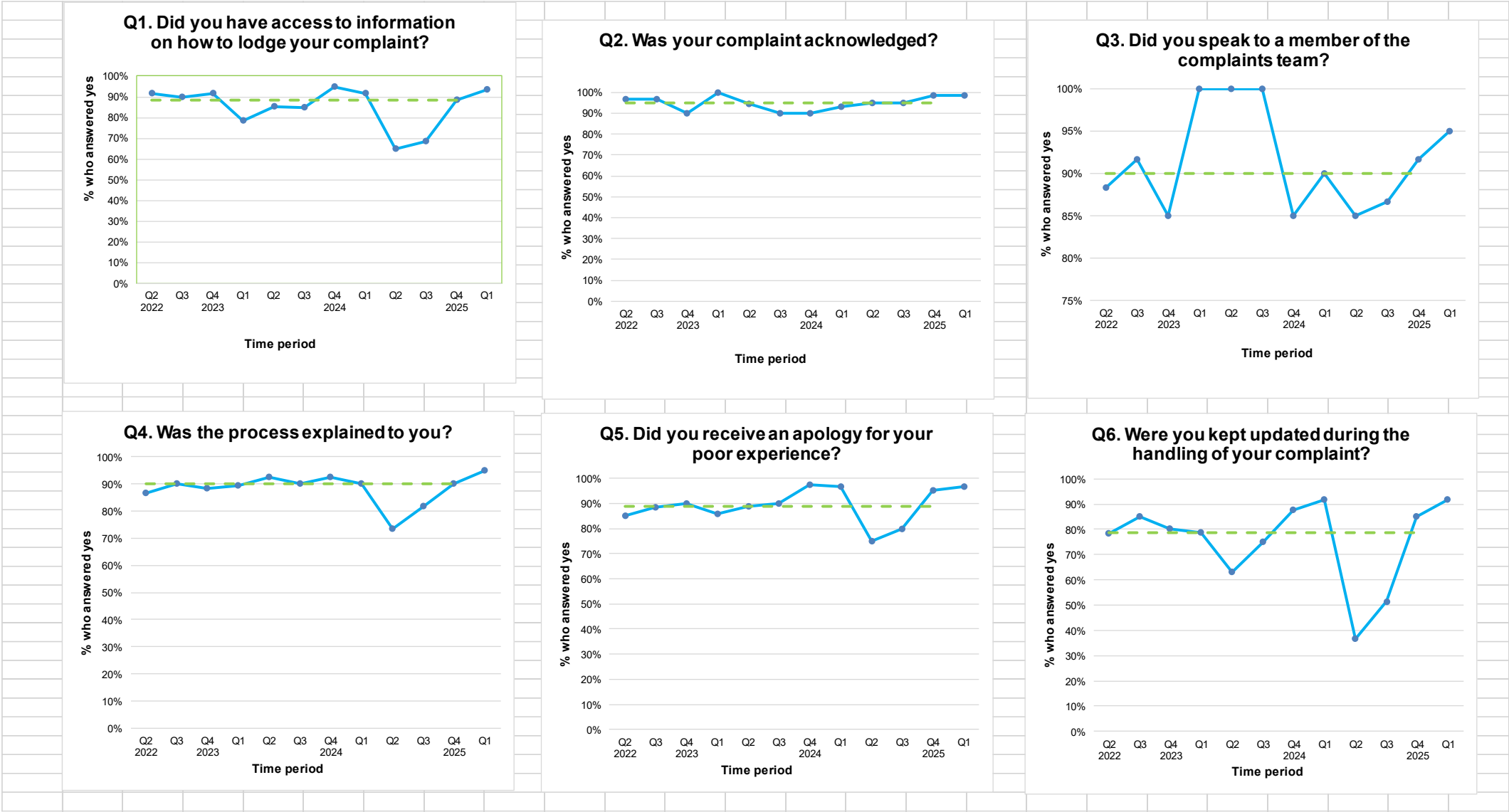
Performance Indicator Nine

9. Number of cases where an extension is authorised

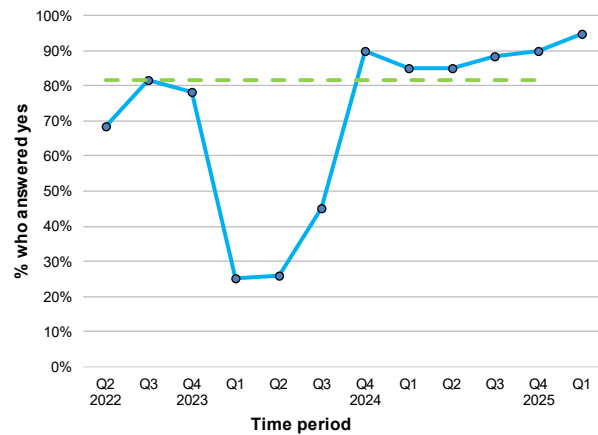
This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	67	24%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	45	68%
9c. Total number of extensions authorised	112	

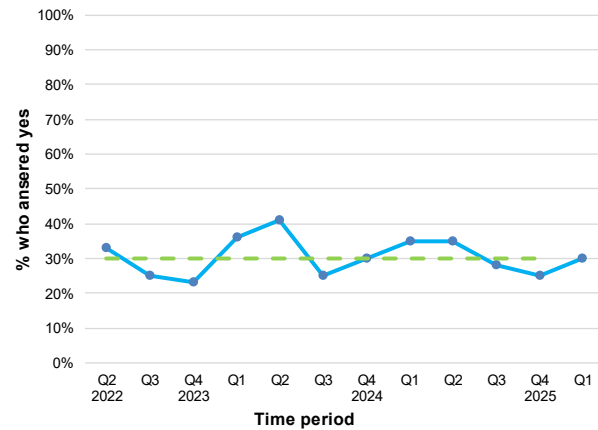
Appendix 3 - Complainant Satisfaction Audits Q2 2022 – Q1 2025



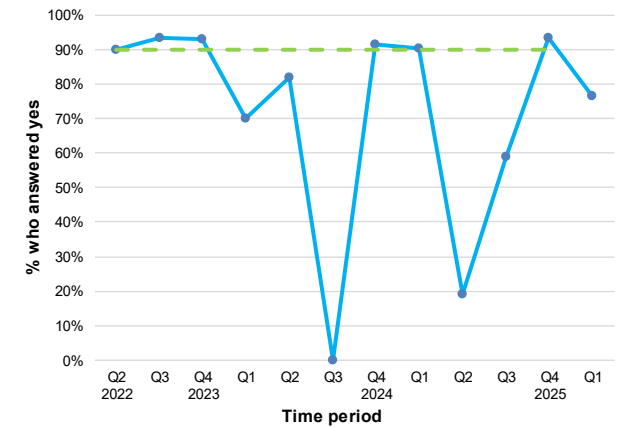
Q7. Were you advised of any delays in advance?



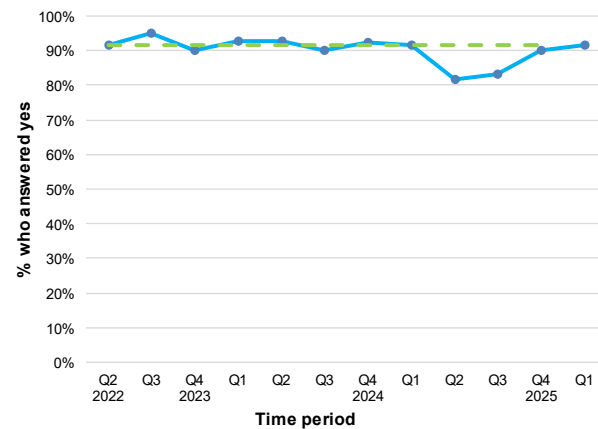
Q8. Did you speak to any other staff regarding your complaint?



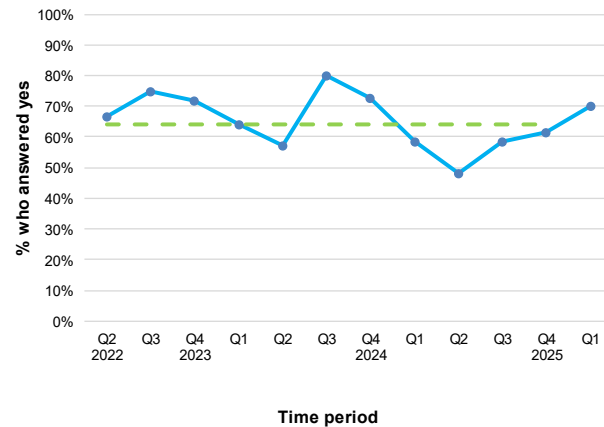
Q9. If you answered yes to Q8, was this conversation helpful?



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?

