

NHS Ayrshire & Arran



Meeting:	NHS Ayrshire and Arran Board
Meeting date:	Monday 9 February 2026
Title:	Patient Experience: Feedback and Complaints – Quarter 2 (July to September 2025)
Responsible Director:	Jennifer Wilson, 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 2 (July to September 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 2 (July to September 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 2 (July to September 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.

Quarterly performance has been shared with the Healthcare Governance committee prior to presenting 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 2 (July to September 2025), and to note compliance with the complaint handling process.

3. List of appendices

- Appendix No 1, Patient Experience Quarter 2
- Appendix No 2, KPI Template for Quarter 2
- Appendix No 3, Complainant Satisfaction

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

Chart 1 demonstrates a further increase in Stage 1 complaints to **313** in Q2 from **286** in Q1. Overall, the numbers of concerns and Stage 1 complaints have remained relatively stable since Q4 2024.

Chart 1: Concerns & Stage 1 Complaints

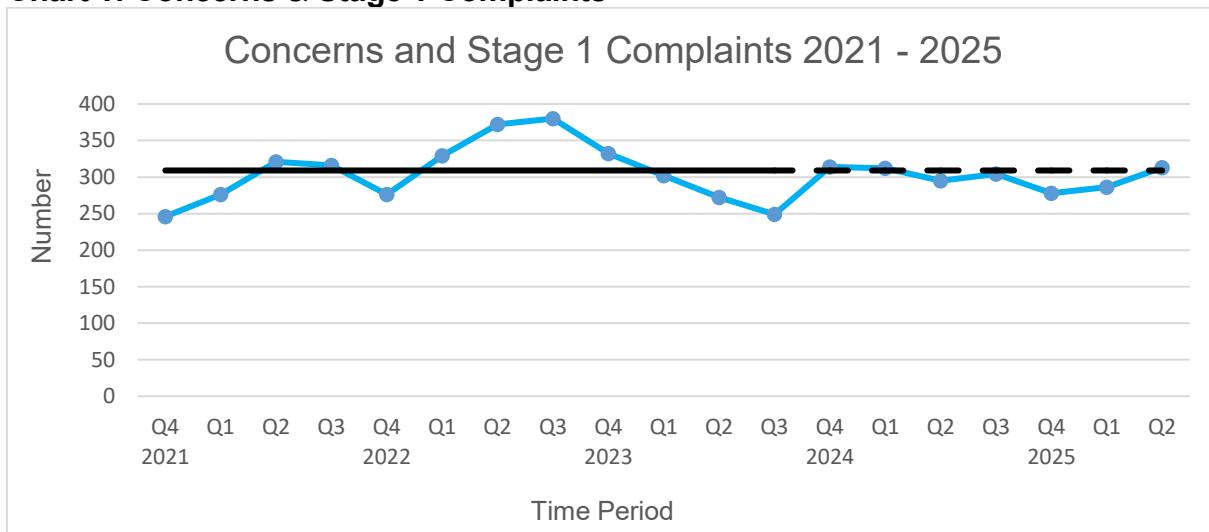


Chart 2 outlines the number of Stage 2 complaints per quarter from Q4 (Jan-March 2022) to Q2 (July-Sept 2025). The median has been revised and demonstrates a 19% increase in Stage 2 complaints from Q3 (Oct-Dec 2024) to Q2 (July-Sept 2025).

Chart 2: Stage 2 Complaints

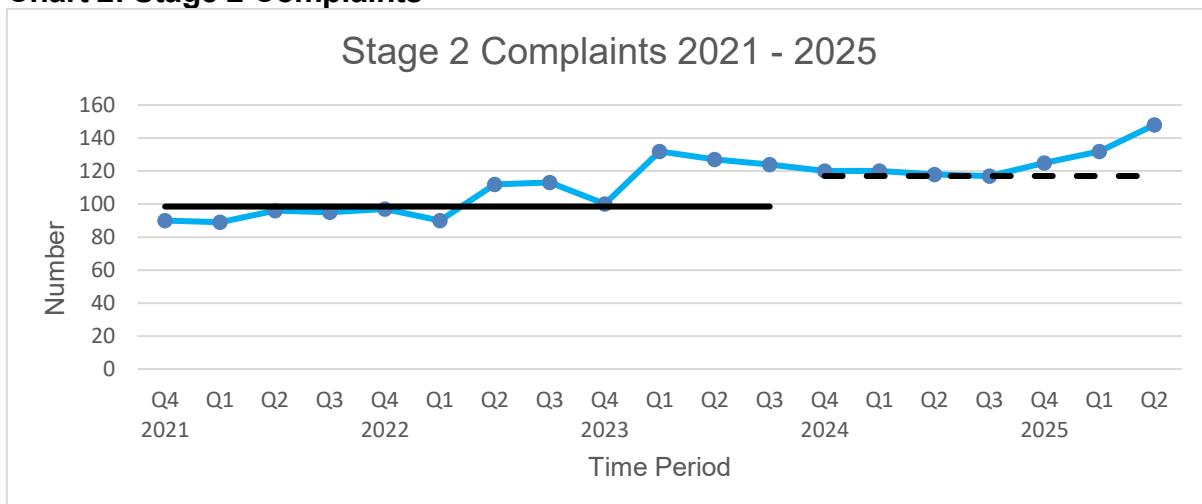
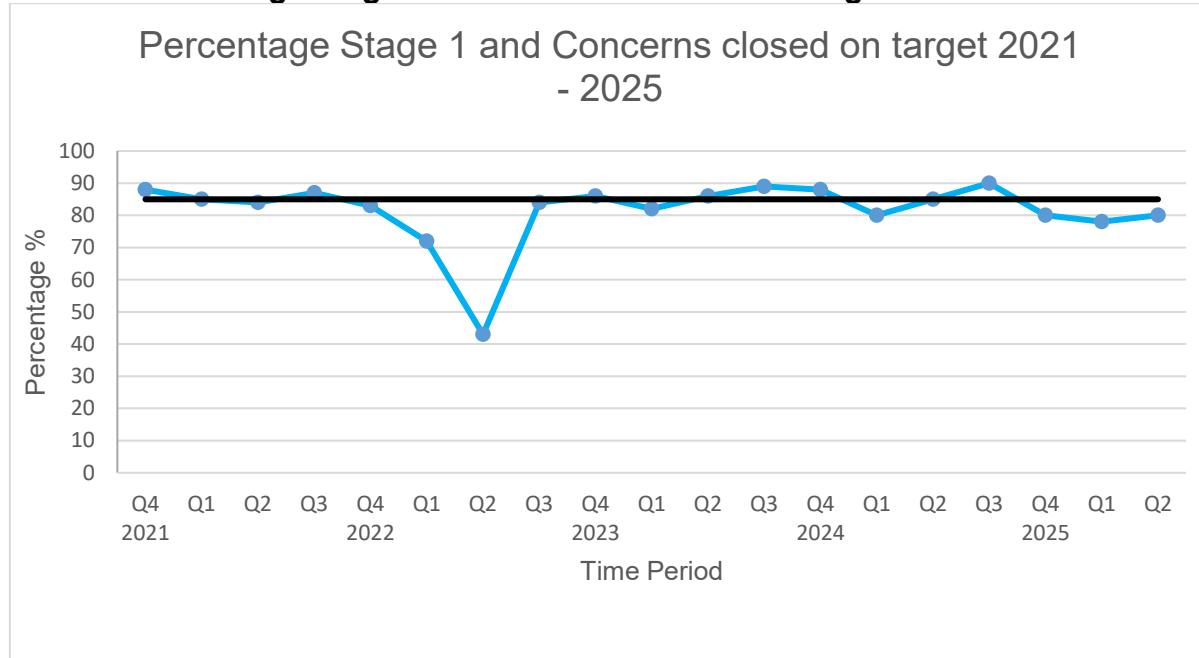


Chart 3 presents performance for closing Stage 1 complaints within the 5-10 working day timescale. Boards are currently set a target of 85% compliance for closing stage 1 concerns within timescale (represented as black line on chart 3).

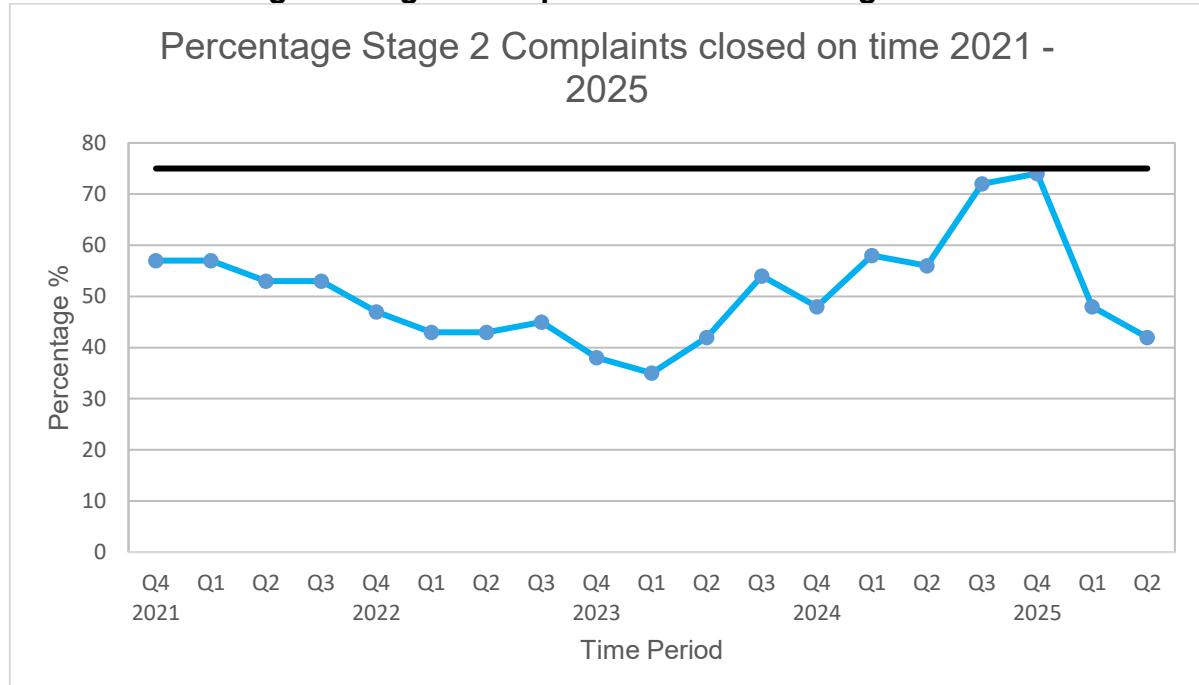
Current performance for closing Stage 1 is 80% in Q2.

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 black line on chart 4).

Complaint handling performance for Stage 2 complaints in Q2 (July-Sept 2025) was 42%.

Improvement Plan

Phase 1 of an Acute Complaints Recovery Plan commenced on the 4th September 25 and concluded on the 5th December 2025. The focus was on an identified 150 out of time complaints in which the investigation was deemed complete and response ready to be drafted. Services and the Complaints Team worked collaboratively which resulted in the closure of 122/150 (81%) out of time complaints identified.

Building on this progress, a further plan was agreed with the Director of Acute Services and Executive Nurse Director to manage the current 177 open acute complaints.

Performance Review and Support Meetings

- A range of performance/support meetings have been established, these include:
- Weekly meetings in place with the Complaints Team and Director of Clinical and Care Governance.
- Monthly performance and support meetings with service colleagues and Executive Directors. (Acute & 3xHSCPs)
- In December, Acute Divisional Performance meetings have commenced with the Chief Executive and Executive Directors and service colleagues, which include performance with timeliness to complaints.

Appendix 2 details further information on KPIs in Quarter 2

1.2 Complaint Outcomes

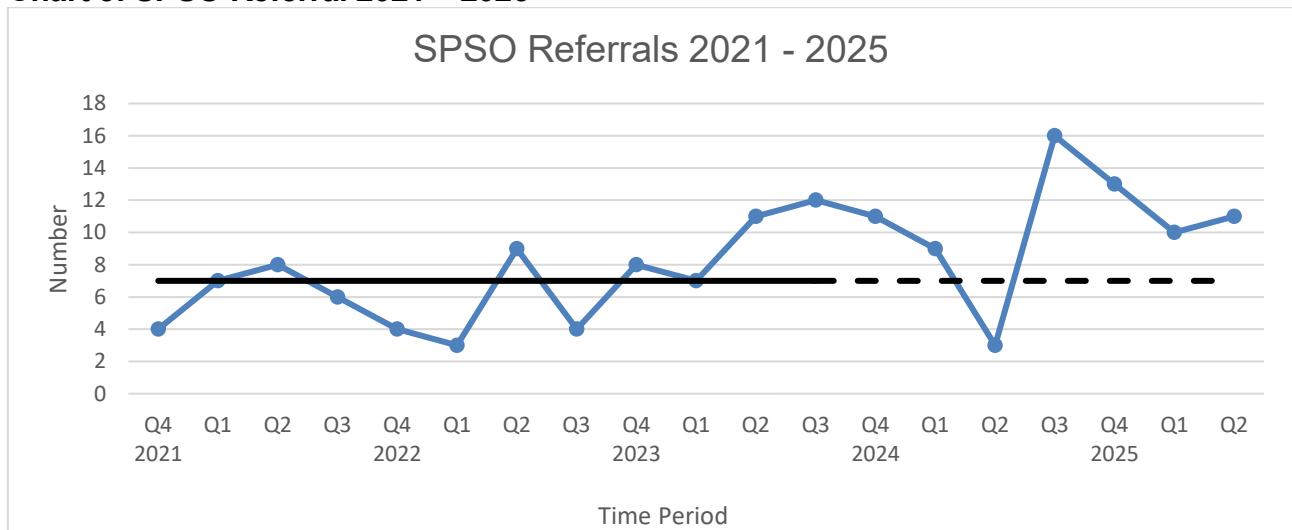
Table 1 outlines the complaint outcomes for all complaints resolved in Quarter 2. The majority of Stage 1 complaints which are fully upheld relate to waiting times were the Treatment Time Guarantee has been breached.

Table 1: Complaint Outcomes

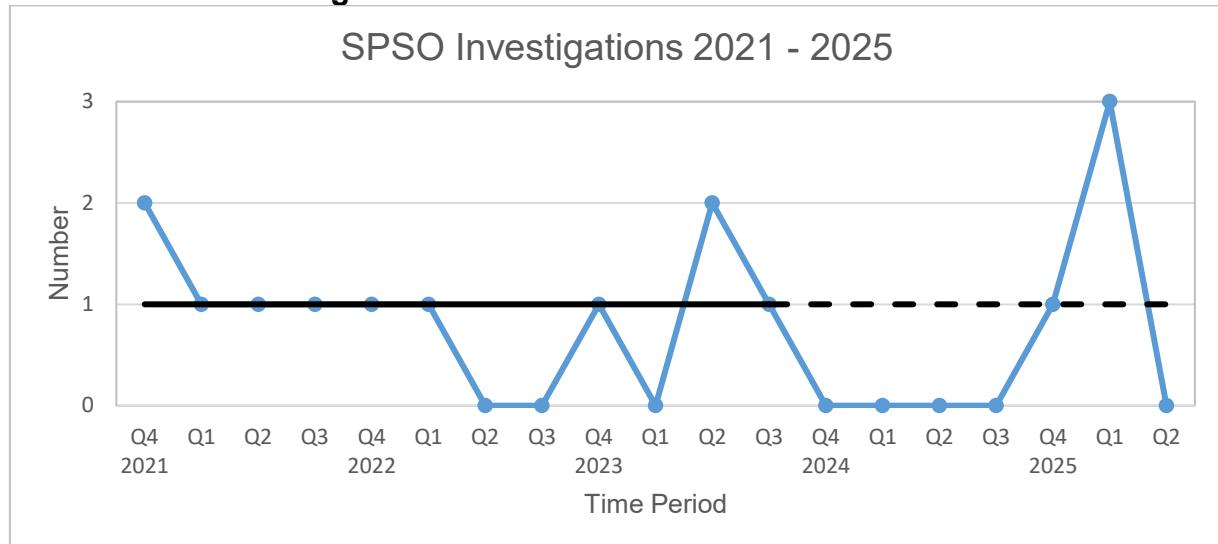
Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	191	33	89	0
Stage 2	39	16	5	88

1.3 SPSO Referrals and Investigations

Chart 5: SPSO Referral 2021 – 2025



The number of referrals to SPSO in Q2 is 11.

Chart 6: SPSO Investigations 2021 – 2025

2. Complaint Themes

2.1 Themes

More in-depth information on themes is presented in the Themed Series of papers to Healthcare Governance Committee. Themes remain consistent with previous quarters with no new or emerging themes.

Table 2: Complaint Themes

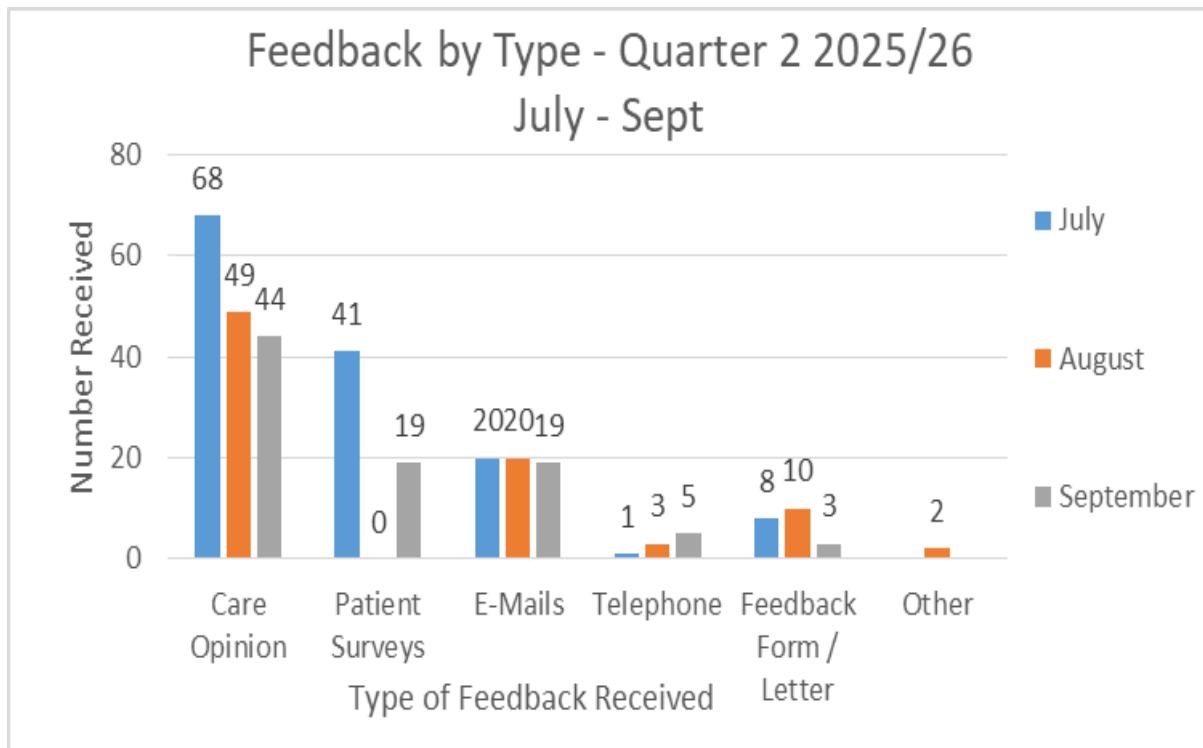
Clinical Treatment
Disagreement with treatment / care plan
Poor nursing care
Poor medical treatment
Co-ordination of Clinical treatment
Problems with medication
Lack of pain management
Waiting Times
Unacceptable time to wait for appointment
Date for appointment cannot be given to patient
Waiting too 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

3. Feedback

Feedback and the form in which it was received is outlined in **Chart 7**.

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 7 – Feedback from all sources in Q2 2025



Care Opinion Quarter 2 2025:

- 161 stories were shared in Quarter 2, up from 131 in the previous quarter
- 79% of these stories were completely positive, with 21% having some level of criticality. These stories have been read more than 27,589 times.
- 8 new responders added in Quarter 2 2025/26 with relevant alerts created and training delivered.

4. Complainant Satisfaction

Feedback from 60 complainants on their complaint experience is outlined in **Table 3**.

Table 3: Complainant Satisfaction

Question	Yes	No
1 Did you have access to information on how to lodge your complaint?	95%	5%
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?	92%	8%
5 Did you receive an apology for your poor experience?	98%	2%
6 Were you kept updated during the handling of your complaint?	90%	10%
7 Were you advised of any delays in advance?	90%	10%

	Question	Yes	No
8	Did you speak to any other staff regarding your complaint?	30%	70%
9	If you answered yes to Q8 – Was this conversation helpful?	63%	37%
10	Were you informed of the outcome of your complaint?	90%	10%
11	Did you agree with this outcome?	65%	35%
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	90%	10%

Appendix 3 displays data over time for complainant satisfaction Q2 (2022) to Q2 (2025).

5. Conclusion

The Board is asked to note feedback and complaint activity on Quarter 2, noting the challenges and actions being progressed to improve the current position.

Appendix 2 – Key Performance Indicators for Quarter 2

NHS Ayrshire and Arran

Quarterly Feedback and Complaints Performance Indicator Data

Year: 2025

Quarter: 2

Performance Indicator Four:

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	461
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	461

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	181
4i. Dental	16
4j. Ophthalmic	0
4k. Pharmacy	9
4l. Total of Primary Care Services complaints	206
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	103

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	313	87%
5b. Stage two – non escalated	26	7%
5c. Stage two - escalated	22	6%
5d. Total complaints closed by NHS Board	361	

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	89	28%
6b. Number of complaints not upheld at stage one	191	61%
6c. Number of complaints partially upheld at stage one	33	11%
6d. Total stage one complaints outcomes	313	

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	2	8%
6f. Number of non-escalated complaints not upheld at stage two	15	58%
6g. Number of non-escalated complaints partially upheld at stage two	9	34%
6h. Total stage two, non-escalated complaints outcomes	26	

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	14%
6j. Number of escalated complaints not upheld at stage two	16	72%
6k. Number of escalated complaints partially upheld at stage two	3	14%
6l. Total stage two escalated complaints outcomes	22	

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.	250	80%
8b. Number of non-escalated complaints closed at stage two within 20 working days	9	35%
8c. Number of escalated complaints closed at stage two within 20 working days	19	86%
8d. Total number of complaints closed within timescales	278	

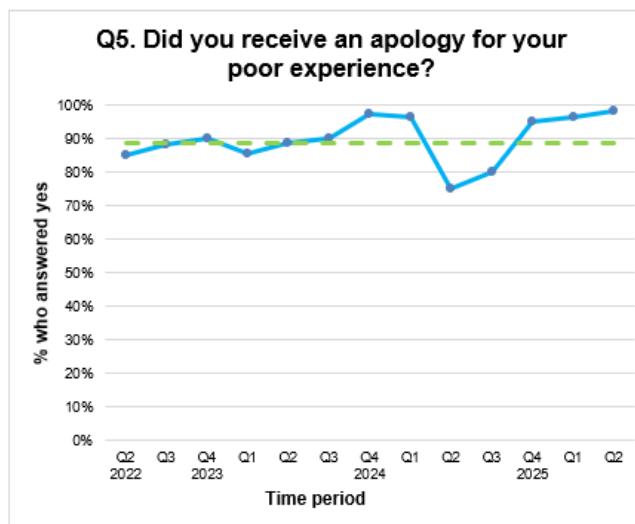
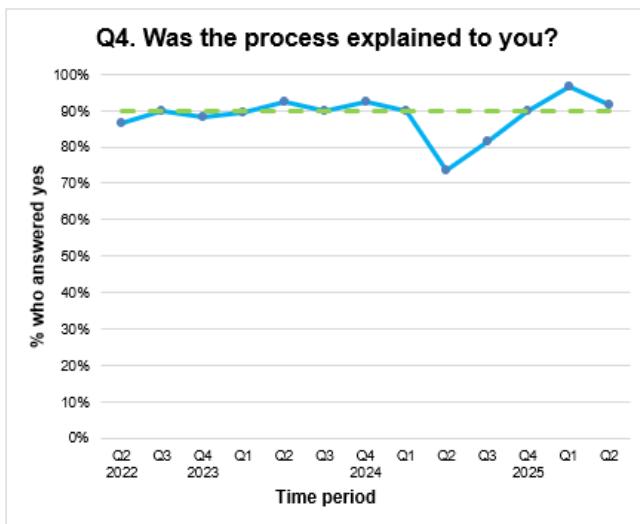
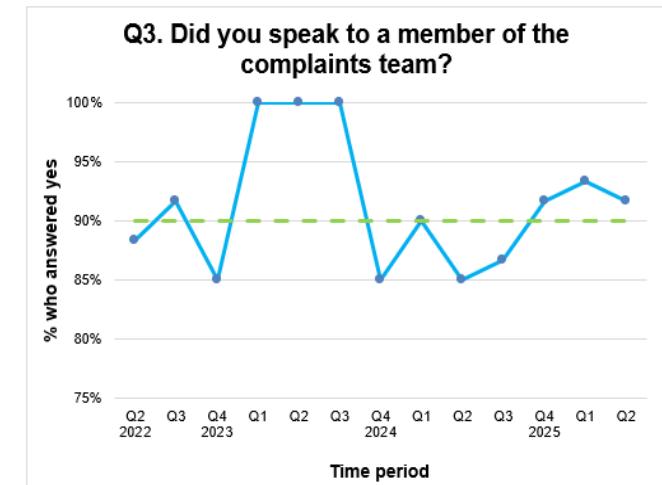
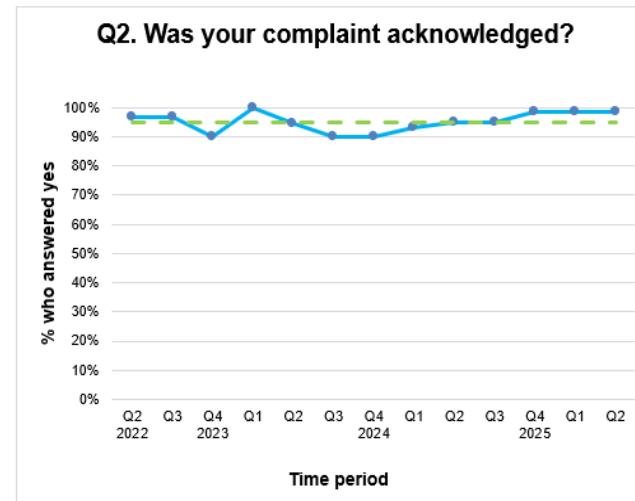
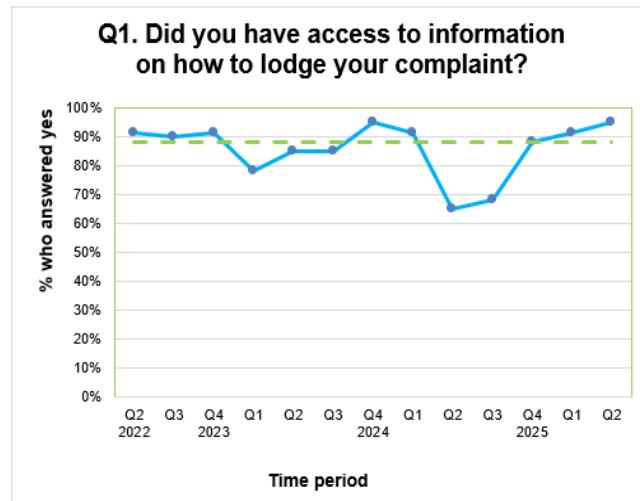
Performance Indicator Nine

9. Number of cases where an extension is authorised

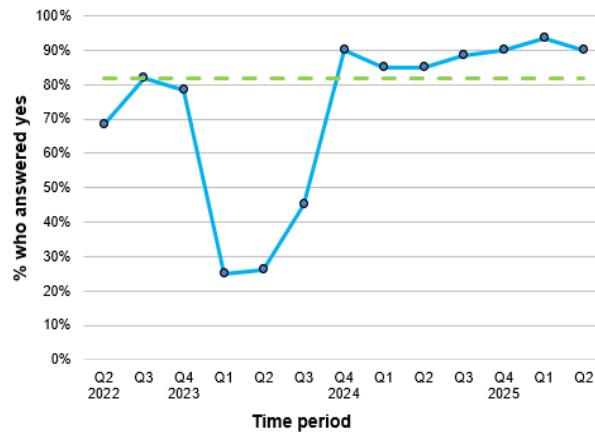
This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	152	49%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	20	42%
9c. Total number of extensions authorised	172	

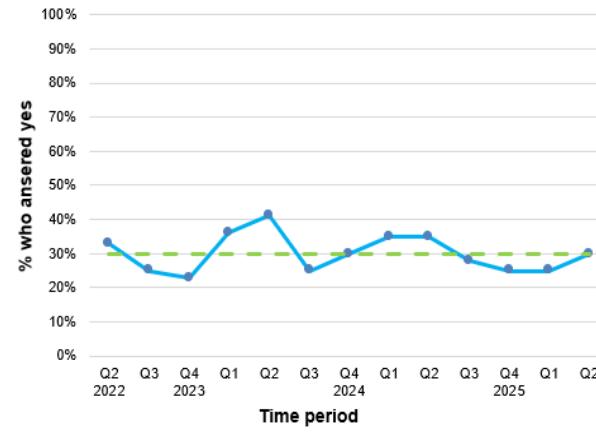
Appendix 3 - Complainant Satisfaction Audits Q2 2022 – Q2 2025



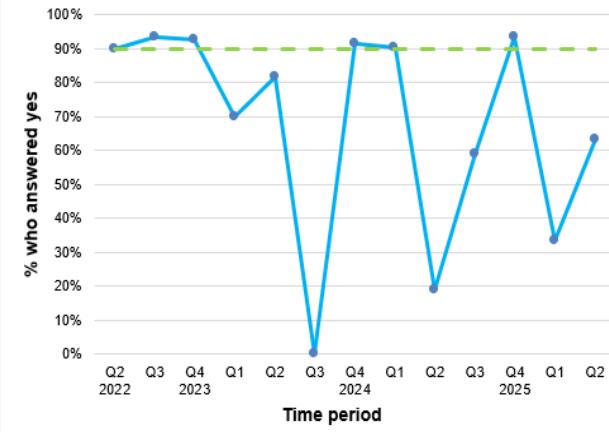
Q7. Were you advised of any delays in advance?



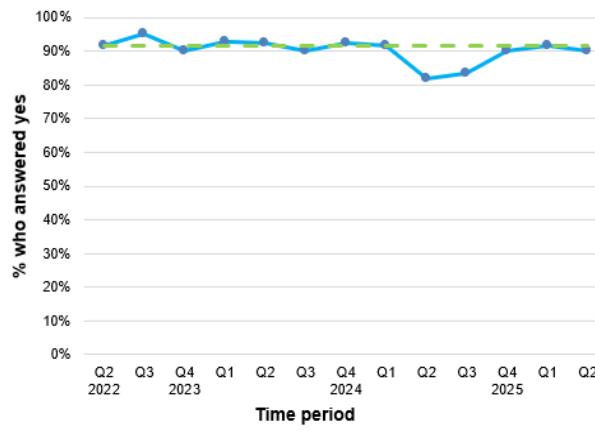
Q8. Did you speak to any other staff regarding your complaint?



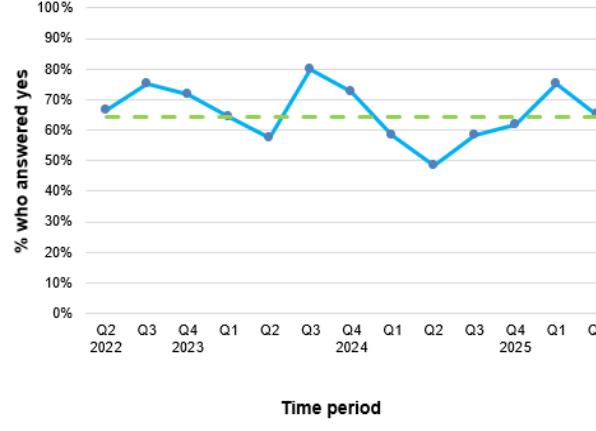
Q9. If you answered yes to Q8, was this conversation helpful?



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?

