

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 7 April 2026
Title:	Patient Experience: Feedback and Complaints – Quarter 3 (October - December 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

This supports the following Corporate Objectives:

- **Better Care** – Improving your experience of care

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 3 (October – December 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 3 (October to December 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 Best value

This paper support Best Value across the following themes

- Effective Partnerships - 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.
- Governance and accountability - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.
- 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.

2.3.7 Other impacts

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

2.3.8 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 3 (October to December 2025), and compliance with the complaints process. There was therefore no requirement to consult with stakeholders in relation to the formulation of this report.

2.3.9 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.

This paper has also been presented to the Healthcare Governance Committee on 2 March 2026.

Quarterly performance is shared in this report for the Board.

2.4 Recommendation

Discussion. Members are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 3 (October to December 2025), and to note compliance with the complaint handling process.

3. List of appendices

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

Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 3 (October to December 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 demonstrates 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 reduction in Stage 1 complaints received in this quarter at **268** which is the lowest number received in a quarter since 2024.

Chart 1: Concerns & Stage 1 Complaints

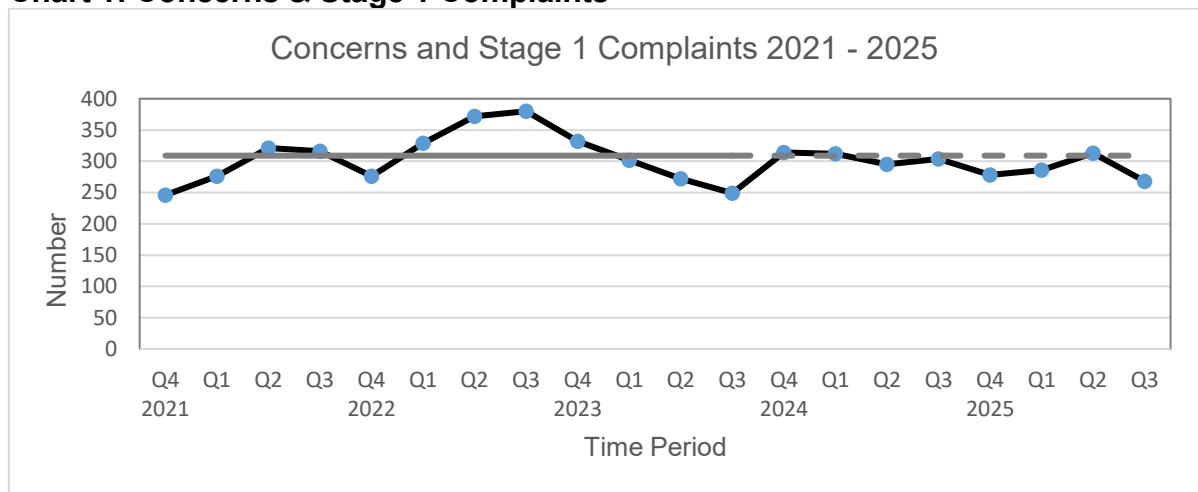
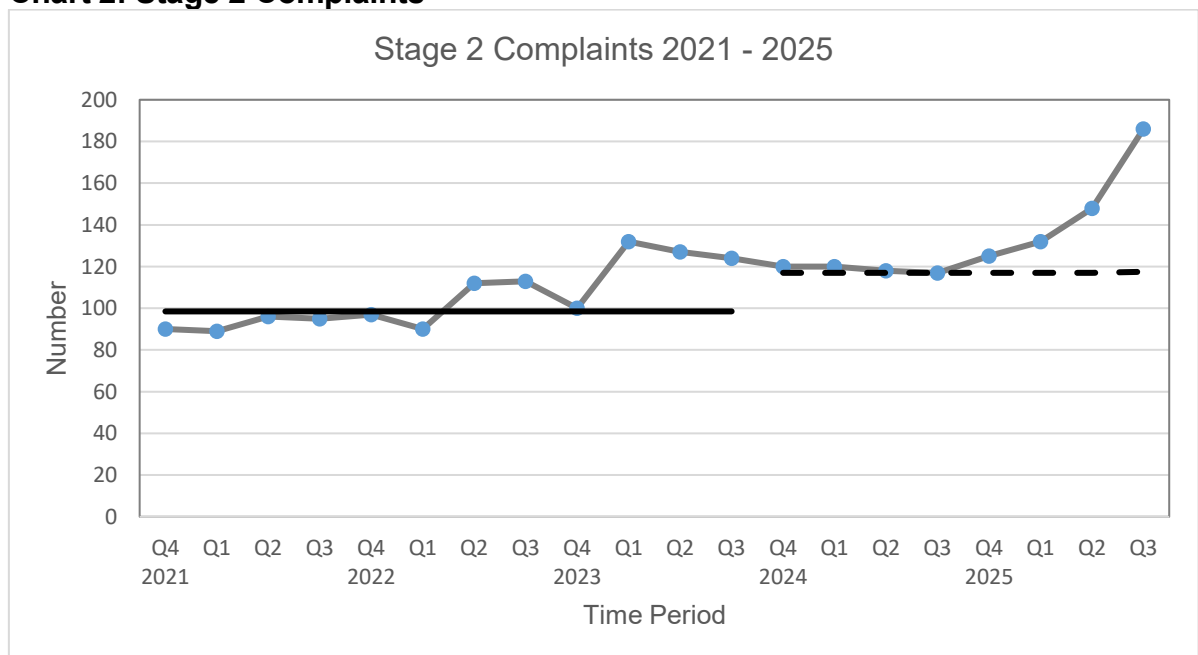


Chart 2 outlines the number of Stage 2 complaints per quarter from Q4 (Jan-March 2022) to Q3 (Oct-Dec 2025). Stage 2 complaints continue to rise with an increase demonstrated in this quarter at **186**, up from **148** in previous quarter.

Chart 2: Stage 2 Complaints

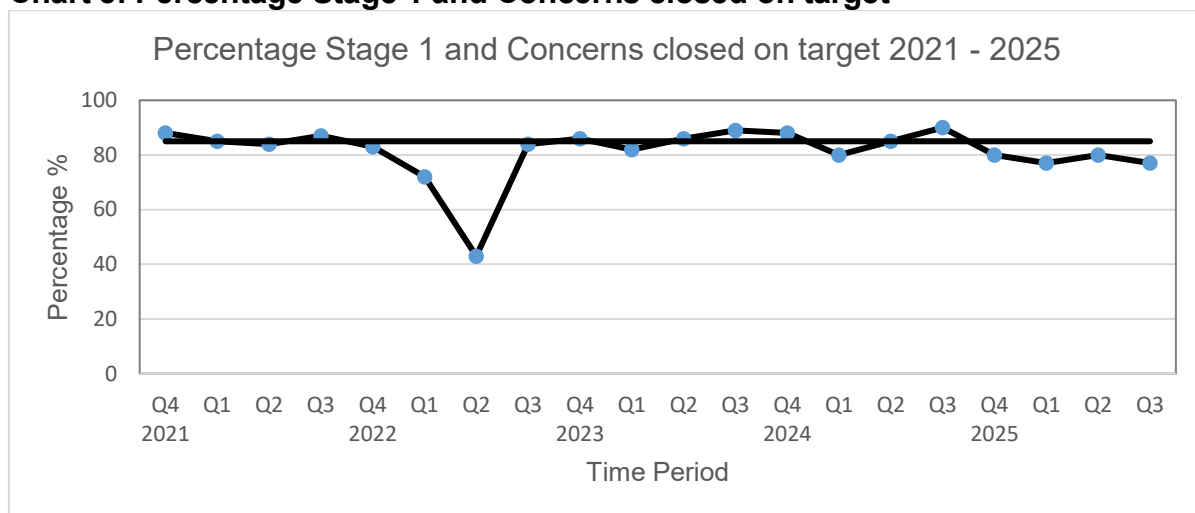


The reduction in Stage 1 and the corresponding rise in Stage 2 can be partially attributed to a rise in Stage 1 complaints escalating to Stage 2. This occurs when the complaint is not resolved between the 5-10 working day timeline.

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).

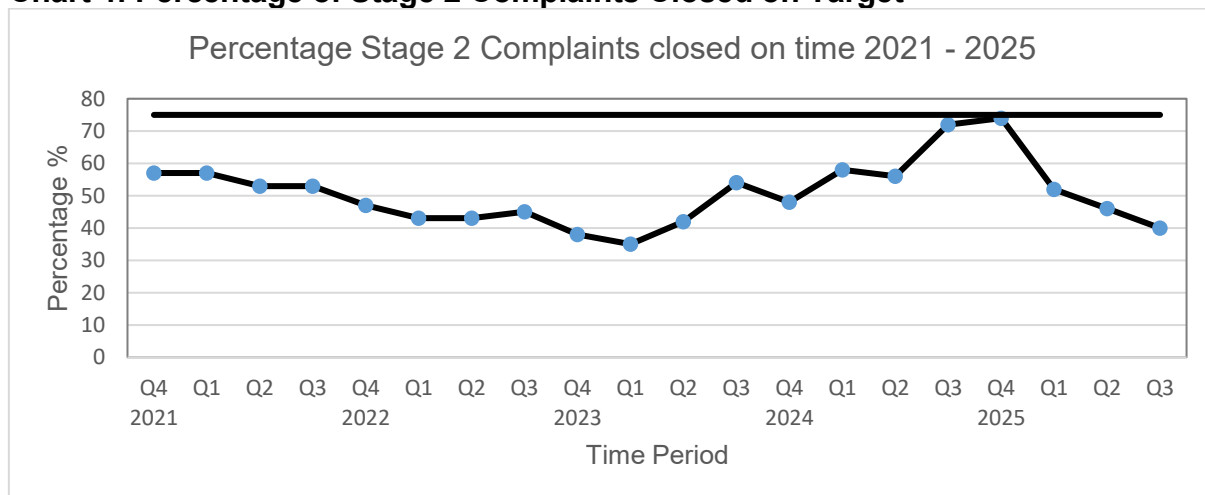
Current performance for closing Stage 1 in Q3 is 77%.

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 Q3 is 40%. This is a further reduction from Q2. This may be partially attributed to an increase in stage 2 complaints and the ongoing work to clear out of time activity impacting on in time complaint handling.

Appendix 2 details further information on KPIs Quarter 3.

1.2 Complaint Outcomes

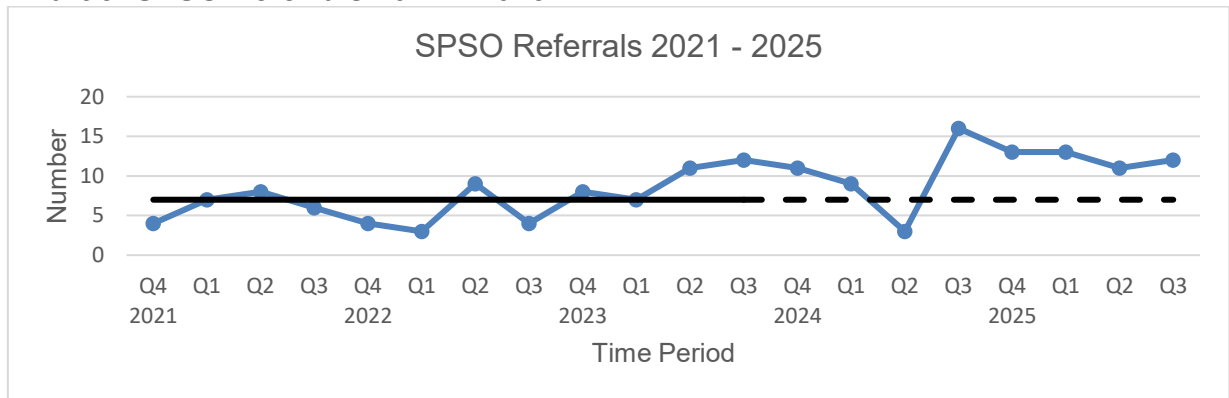
Table 1 outlines the complaint outcomes for all complaints resolved in Quarter 3. The majority of fully upheld Stage 1 complaints relate to waiting times in which the Treatment Time Guarantee has been breached.

Table 1: Complaint Outcomes

Stage	Not Upheld	Partially Upheld	Fully Upheld	Still Open	TOTAL
Concern / Stage 1	149	47	72	0	268
Stage 2	42	17	11	117	187

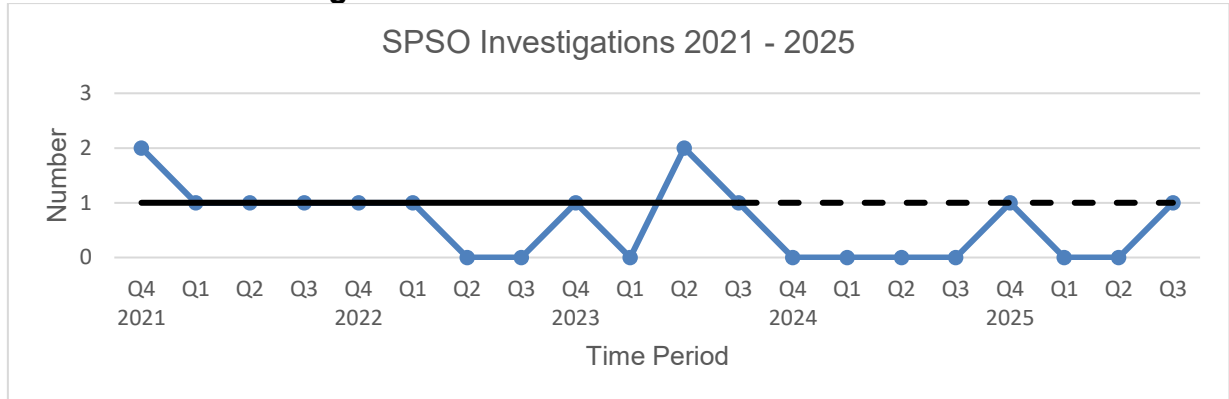
1.3 SPSO Referrals and Investigations

Chart 5: SPSO Referrals 2021 – 2025



SPSO referrals in Q3 = 12.

Chart 6: SPSO Investigations 2021 – 2025



The number of referrals to SPSO is greater than the number of SPSO commissioned investigations. With only 1 progressing to investigation in Q3.

2. Complaint Themes

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

In Q3, there has been an increase in complaints relating to bed and corridor waits, and in pain management, especially relating to the pain management service. Complaints regarding ADHD assessment and treatment for both children and adults are increasing.

Table 2: Complaint Themes

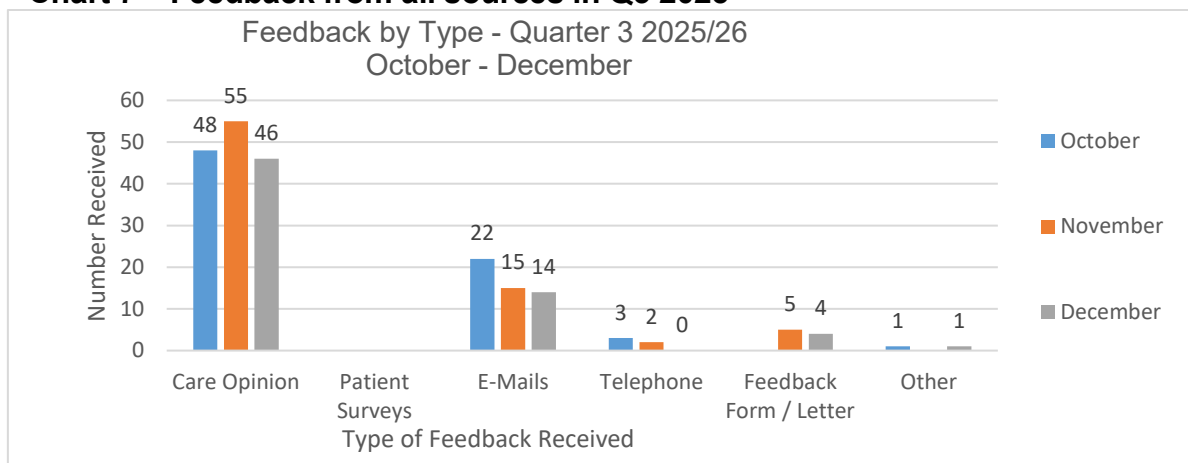
Clinical Treatment
Disagreement with treatment / care plan
Poor nursing care
Poor medical treatment
Co-ordination of Clinical treatment
Problems with medication
Lack of pain management
Waiting Times
Unacceptable time to wait for the appointment
Date for appointment cannot be given to patient
Waiting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

3. Feedback

Feedback and the form in which it was received is outlined in **Chart 7**. Care Opinion remains the main source of feedback.

Inpatient surveys were not undertaken during Quarter 3 to enable the training of existing and newly recruited volunteers and to support testing of the updated survey tool. Data collection has now resumed, and findings will be presented in future reports.

Chart 7 – Feedback from all sources in Q3 2025



Care Opinion Quarter 3 2025:

- 149 stories shared in Quarter 3 with 173 responses posted.
- 81% of these stories were completely positive, with 19% having some level of criticality. These stories have been read more than 14,295 times.
- 7 new responders added in Quarter 3 2025/26 with relevant alerts created and basic training delivered.

4. Complainant Satisfaction

Complainant satisfaction data was not collected in Quarter 3 due to resources being redirected to support the response to out-of-time complaints. The Complaints Team is currently testing revised approaches to gathering complainant feedback and reviewing the associated questions.

Any proposed changes to the current format will be presented in future papers.

Quarter 3 data will be collected retrospectively and reported as part of the Quarter 4 submission.

Appendix 3 displays data over time for complainant satisfaction up to Q2 2025.

5. Conclusion

The Board are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 3 and to note compliance with the complaint handling process.

Appendix 2 – Key Performance Indicators for Quarter 3

NHS Ayrshire and Arran

Quarterly Feedback and Complaints Performance Indicator Data

Year: 2025

Quarter: 3

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	455
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	1
4c. Total number of complaints received in the NHS Board area	456

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	0
4e. Dental	1
4f. Ophthalmic	0
4g. Pharmacy	0
Independent Contractors - Primary Care services;	
4h. General Practitioner	179
4i. Dental	15
4j. Ophthalmic	0
4k. Pharmacy	11
4l. Total of Primary Care Services complaints	206
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	84

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	287	76%
5b. Stage two – non escalated	58	16%
5c. Stage two - escalated	33	8%
5d. Total complaints closed by NHS Board	378	

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	72	25%
6b. Number of complaints not upheld at stage one	168	58%
6c. Number of complaints partially upheld at stage one	47	17%
6d. Total stage one complaints outcomes	287	

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	5	9%
6f. Number of non-escalated complaints not upheld at stage two	29	50%
6g. Number of non-escalated complaints partially upheld at stage two	24	41%
6h. Total stage two, non-escalated complaints outcomes	58	

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	8	24%
6j. Number of escalated complaints not upheld at stage two	16	49%
6k. Number of escalated complaints partially upheld at stage two	9	27%
6l. Total stage two escalated complaints outcomes	33	

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.	226	81%
8b. Number of non-escalated complaints closed at stage two within 20 working days	23	40%
8c. Number of escalated complaints closed at stage two within 20 working days	29	87%
8d. Total number of complaints closed within timescales	278	

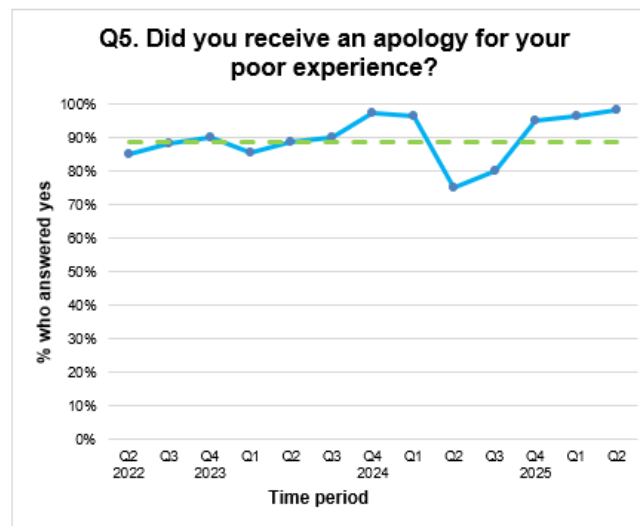
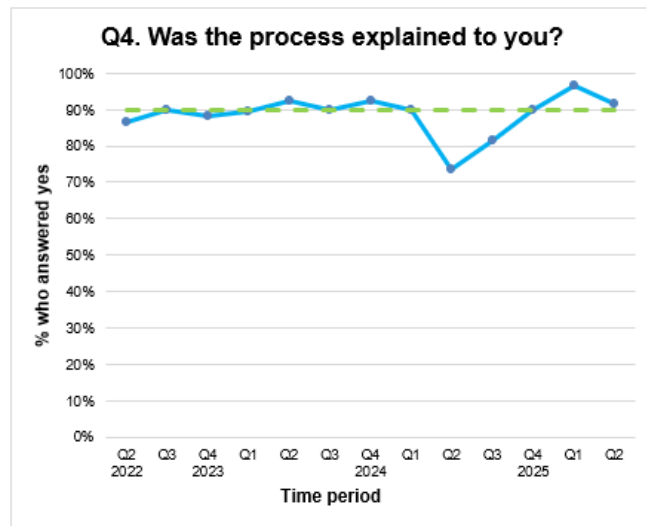
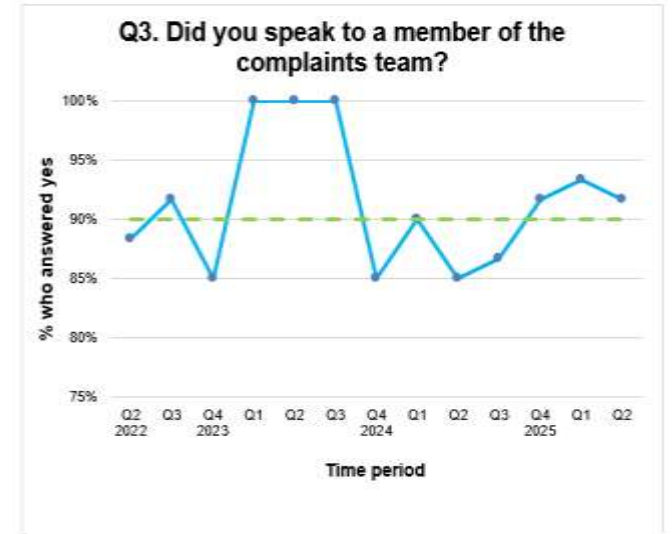
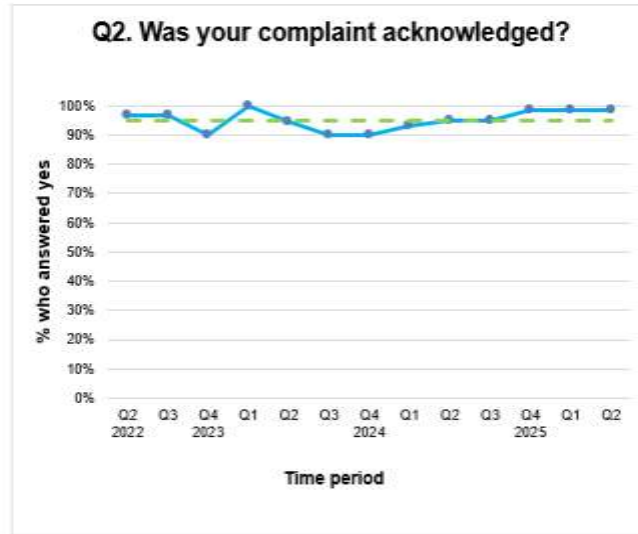
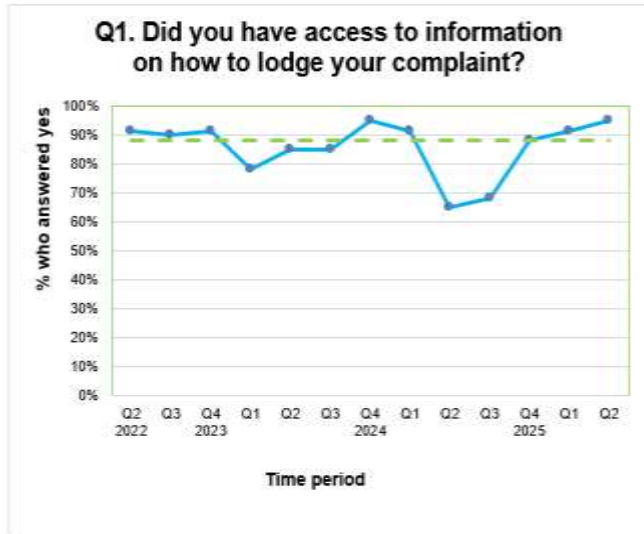
Performance Indicator Nine

9. Number of cases where an extension is authorised

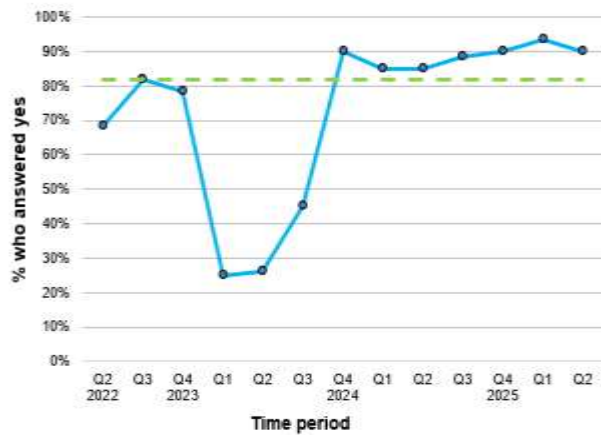
This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	136	49%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	16	18%
9c. Total number of extensions authorised	152	

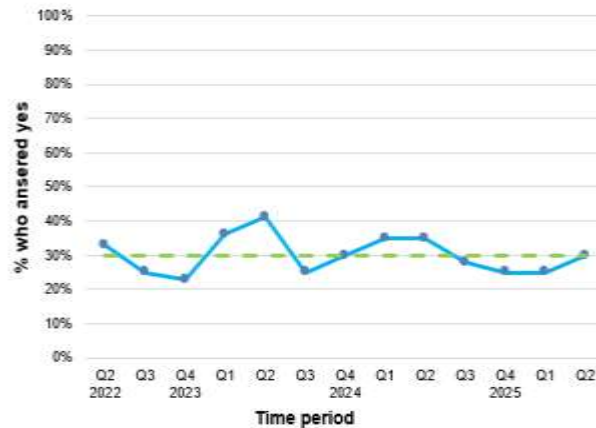
Appendix 3 - Complainant Satisfaction Audits Q2 2022 – Q2 2025



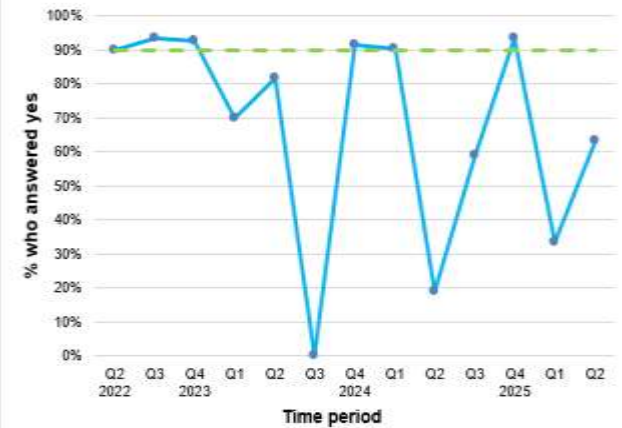
Q7. Were you advised of any delays in advance?



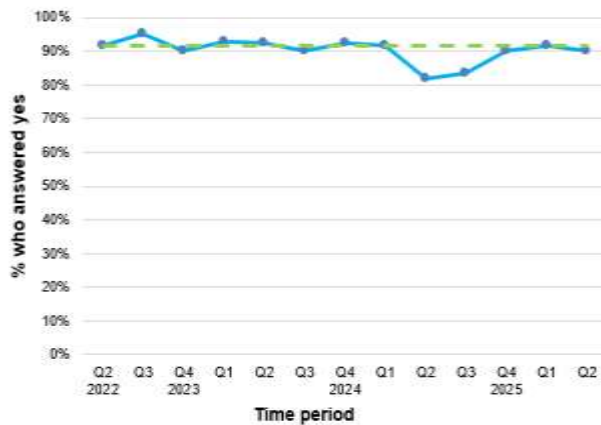
Q8. Did you speak to any other staff regarding your complaint?



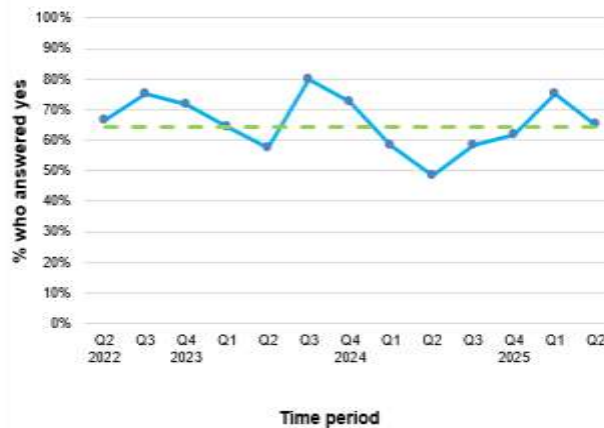
Q9. If you answered yes to Q8, was this conversation helpful?



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?

