

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 June 2026
Title:	Patient Experience: Feedback and Complaints – Quarter 4 (January – March 2026)
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

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 in relation to patient, carer and family feedback and complaints for Quarter 4 (January 2026 – March 2026), and to note compliance with the complaint handling process and actions progressing to improve.

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 4 (January 2026 – March 2026) when responding to patient, carer, and family complaints, including:

- Compliant Handling Performance, including complaint outcomes.
- Scottish Public Services Ombudsman (SPSO) referrals and decisions
- Complaint Themes
- Feedback
- Complainant Satisfaction

2.3 Assessment

2.3.1 Quality/Patient Care

NHS Ayrshire & Arran's approach to complaint handling ensures that learning and improvement is progressed for all upheld complaints and shared across all relevant services. Patient complaints offer opportunity to change practice and improve patient experience and outcomes.

Quarter 4 data demonstrates:

- The number of concerns and Stage 1 complaints received continues to be stable and predictable demonstrating normal variation.
- The number of Stage 2 complaints demonstrates a sustained increase which has continued into Quarter 4 with 222 stage 2 complaints compared to 186 in the previous quarter. The increase in Stage 2 complaints and associated workload is impacting on complaints performance
- Stage 1 complaints and concerns closed on target demonstrates an improvement from Quarter 3 to Quarter 4.
- Stage 2 complaints closed on target demonstrates a decline in performance from Quarter 3 to Quarter 4 2026.

2.3.2 Workforce

High levels of activity across services is impacting staff ability to investigate complaints timeously. The Patient Experience Team are working with operational teams to support improvements in complaint handling.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

Failure to respond to feedback, comments, concerns, and complaints could have a significant impact upon NHSAA ability to demonstrate that it 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.

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 paper supports the requirements of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

2.3.8 Communication, involvement, engagement and consultation

This report updates members on organisational activity in relation to patient, carer and family feedback and complaints for Quarter 4 (January 2026 – March 2026), and compliance with the complaints process. There was 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 paper has also been presented to the Healthcare Governance Committee on 12 May 2026.

2.4 Recommendation

Members are asked to receive and discuss this report in relation to patient, carer and family feedback and complaints for Quarter 4 (January 2026 – March 2026), and to note compliance with the complaint handling process and actions progressing to improve.

3. List of appendices

- Appendix No 1, Patient Experience: Feedback and Complaints Quarter 4
- Appendix No 2, KPI Template for Quarter 4

Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 4 (January 2026 to March 2026)

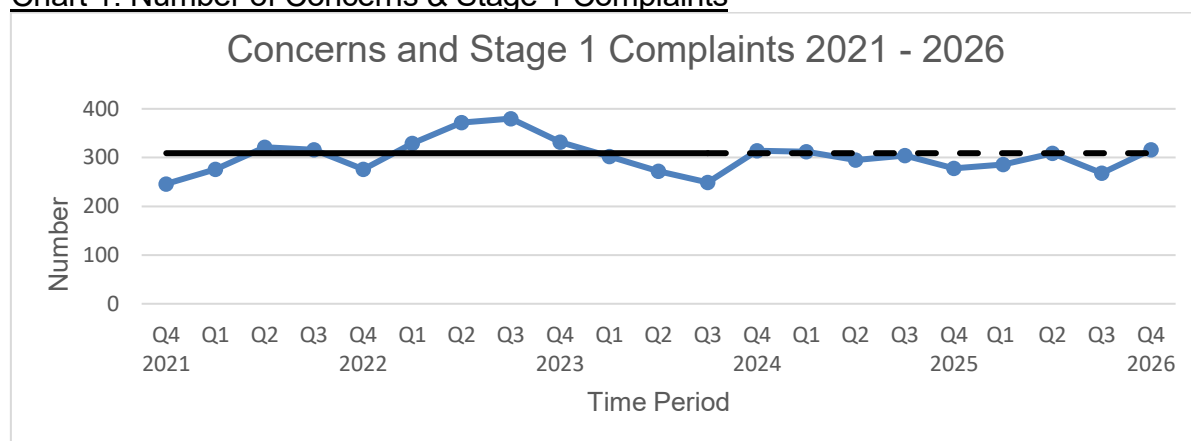
1. Complaint Handling Performance

This report provides details of complaint activity across NHS Ayrshire & Arran (NHSAA) and the actions being progressed to ensure effective, person-centred complaint handling. The report demonstrates performance in key areas of complaint handling, highlights outcomes and provides detail on complaint themes.

1.1 Performance

The number of concerns and Stage 1 complaints received continues to be stable and predictable demonstrating normal variation with a median of 309 (Chart 1).

Chart 1: Number of Concerns & Stage 1 Complaints



The number of Stage 2 complaints demonstrates a sustained increase which has continued into Quarter 4 with 222 stage 2 complaints compared to 186 in the previous quarter. The increase in Stage 2 complaints and associated workload is impacting on complaints performance (Chart 2).

Chart 2: Number of Stage 2 Complaints

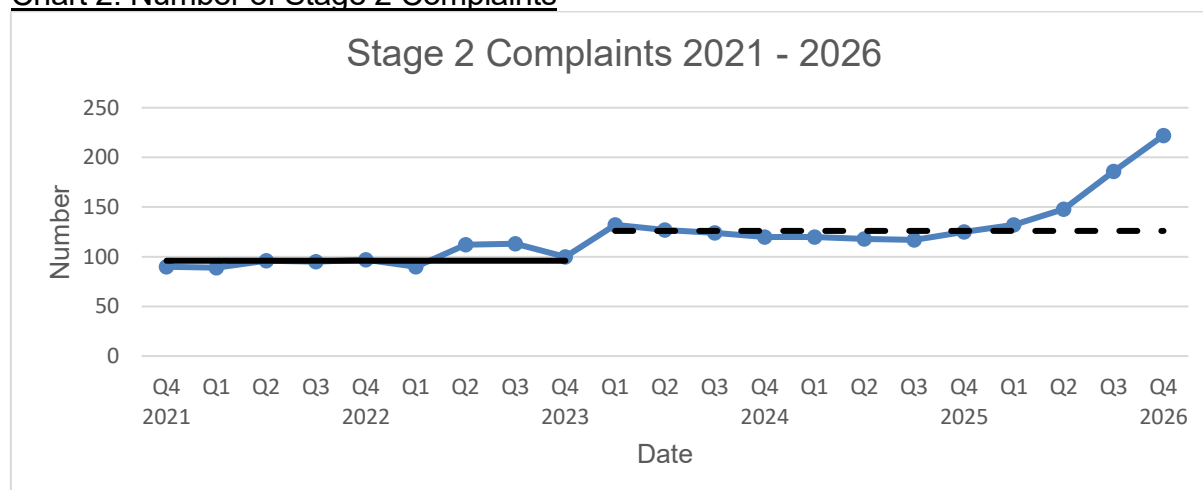
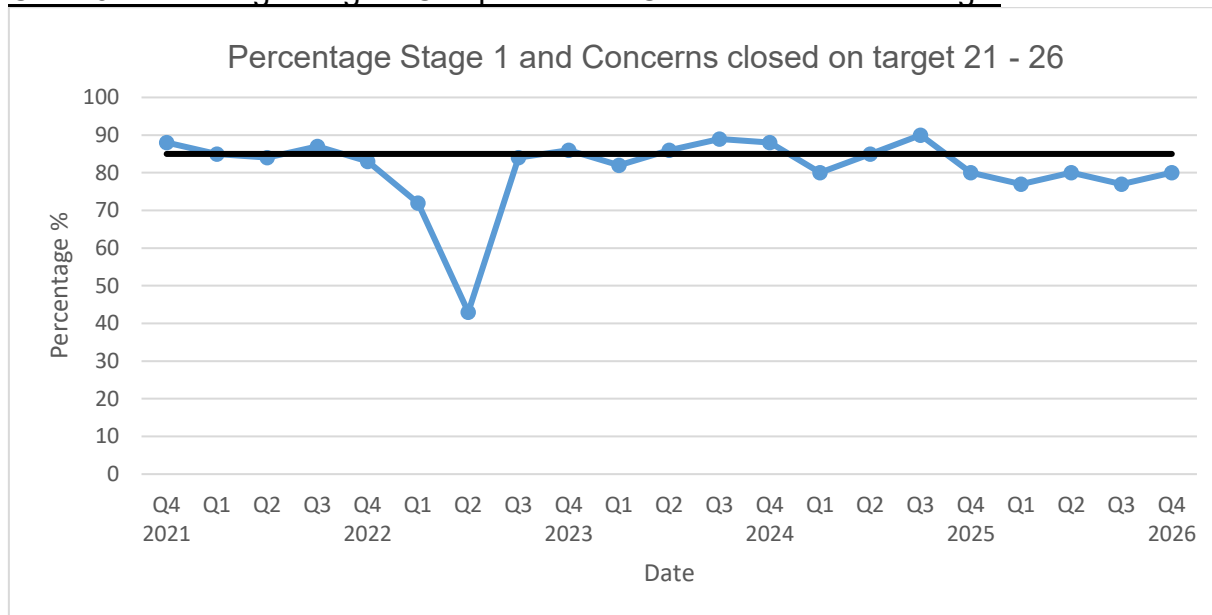


Chart 3 presents performance for closing Stage 1 complaints within the 5-10 working day timescale. The target set is 85% compliance for closing stage 1 concerns within timescale. This demonstrates an improvement from 77% in Quarter 3 to 80% in Q4.

Chart 3: Percentage Stage 1 Complaints and Concerns closed on target



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

The target set is 75% compliance for closing stage 2 concerns within timescale within 20 working days. Complaint handling performance for Stage 2 complaints in Q4 is 18%. This is a further reduction from Q3.

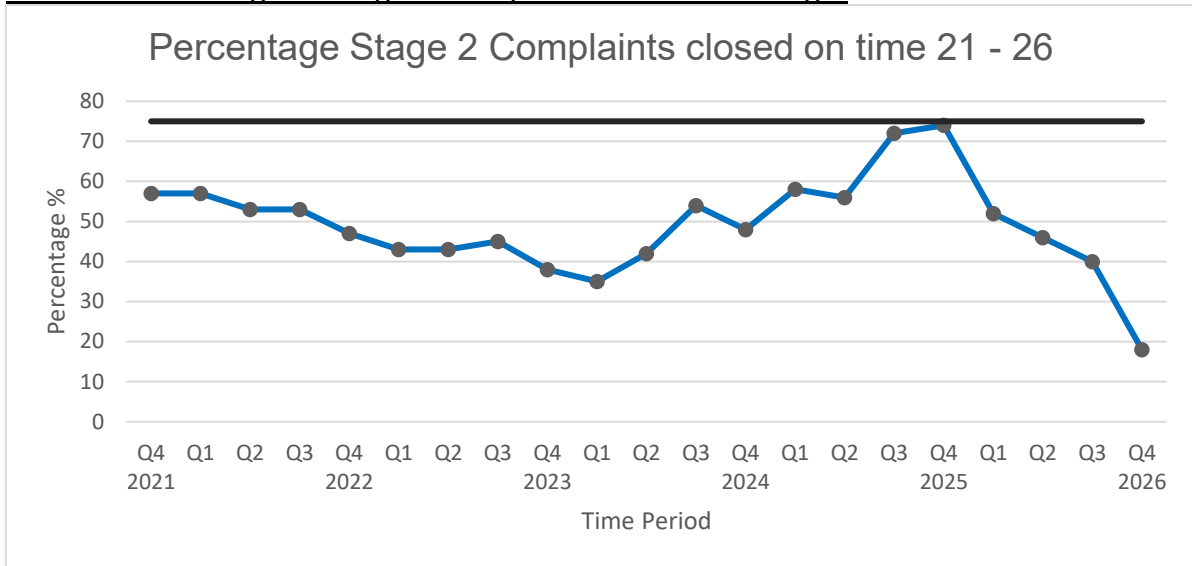
A sustained rise in the number of Stage 2 complaints is noted, system pressures, particularly across Acute Services have impacted performance. In addition, capacity and resource constraints within the Patient Experience Team have also impacted performance.

In response temporary additional support has been secured from the wider Clinical and Care Governance Unit to strengthen complaints handling and support performance recovery. Monthly performance meetings have taken place with each Health and Social Care Partnership and with Acute Services Senior Leadership Teams, chaired by the Executive Medical and Executive Nurse Directors, to support performance oversight and to understand operational challenges.

Targeted improvement work continues within Acute Services with each Division understanding and focusing on current complaints position and supporting a timeline for completion overseen by the Director of Acute Services.

Appendix 2 details further information on key performance indicators (KPIs) in Quarter 4.

Chart 4: Percentage of Stage 2 Complaints Closed on Target



1.2 Complaint Outcomes

Table 1 outlines the complaint outcomes for all complaints resolved in Quarter 4. The majority of Stage 1 complaints which were fully upheld relate to waiting times.

Table 1: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open	TOTAL
Concern / Stage 1	189	55	72	0	316
Stage 2	37	18	14	153	222

1.3 Scottish Public Services Ombudsman (SPSO)

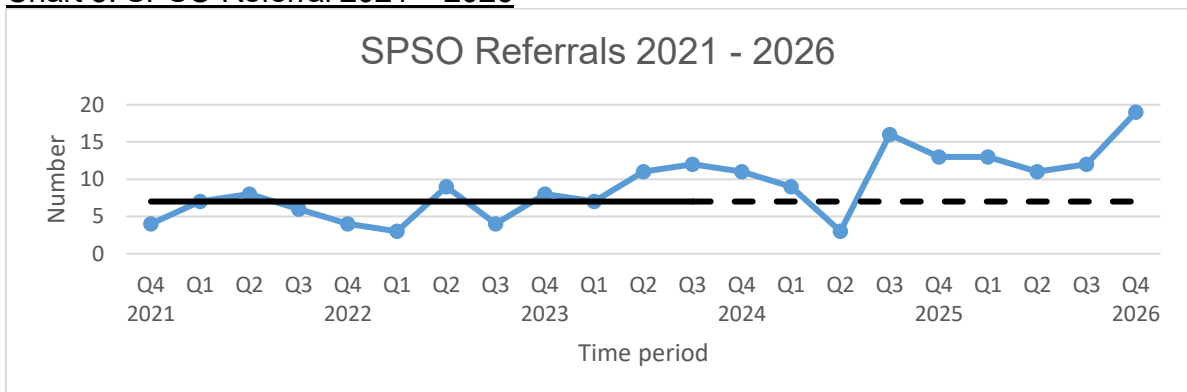
An increase in SPSO referrals continues in Quarter 4 (Chart 5). There were nineteen referrals this quarter:

- 17 are under review by the SPSO to decide if they will proceed to investigation.
- 2 identified by SPSO as progressing to investigation.

From October 2025-March 2026,

- 3 SPSO decision reports relating to NHS Ayrshire & Arran have been published. The improvement actions identified are progressing within the expected timescales.
- 2 cases have been closed by the SPSO.

Chart 5: SPSO Referral 2021 – 2026



2. Complaint Themes

Complaint themes for Quarter 4 are in keeping with previous quarters.

Table 2: Complainant Themes Quarter 4

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 note 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

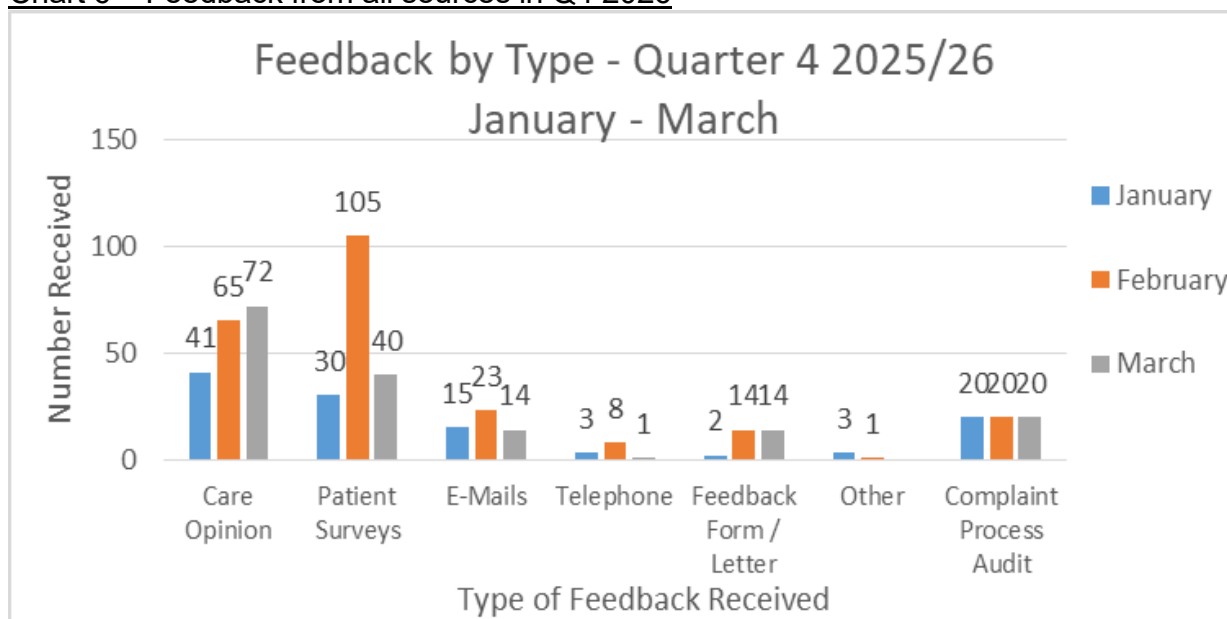
Feedback and the form in which it was received is outlined in Chart 6. There were 511 instances of feedback gathered and shared during Quarter 4 with Care Opinion remaining the main source of feedback.

Care Opinion

178 stories were shared via Care Opinion in Quarter 4 with 184 responses posted, with some posts attracting more than one response from the relevant services.

- 82% of stories were completely positive, with 18% having some level of criticality. These stories have been read more than 16,673 times.
- The positive posts described compassionate and kind care and the value of positive human interaction in many posts.
- New responders were added in Quarter 4 2025/26 with relevant alerts created and basic training delivered.

Chart 6 – Feedback from all sources in Q4 2026



4. Complainant Satisfaction

The Patient Experience Team seek telephone feedback from twenty complainants a month to seek views and opinions on their experience of the complaint handling process:

- Over 80% satisfaction with access to information on how to lodge a complaint
- Over 90% satisfaction with acknowledgement of a complaint
- Areas for improvement include keeping complainants up to date with progress of their complaints, advising of delays and informing complainants of the outcome.

5. Conclusion

Stage 1 complaints and concerns closed on target demonstrates an improvement. The number of Stage 2 complaints demonstrates a sustained increase which has continued into Quarter 4. The increase in Stage 2 complaints and associated workload has impacted on complaints performance.

The Board is asked to note feedback and complaint activity in Quarter 4, noting the challenges and actions being progressed to improve the current position.

Appendix 2 – Key Performance Indicators for Quarter 4

NHS Ayrshire & Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: 2026

Quarter: four

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	538
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	538

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	196
4i. Dental	34
4j. Ophthalmic	1
4k. Pharmacy	18
4l. Total of Primary Care Services complaints	249
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	72

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	316	84%
5b. Stage two – non escalated	32	9%
5c. Stage two - escalated	28	7%
5d. Total complaints closed by NHS Board	376	100%

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	23%
6b. Number of complaints not upheld at stage one	189	60%
6c. Number of complaints partially upheld at stage one	55	17%
6d. Total stage one complaints outcomes	316	100%

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	16%
6f. Number of non-escalated complaints not upheld at stage two	16	50%
6g. Number of non-escalated complaints partially upheld at stage two	11	34%
6h. Total stage two, non-escalated complaints outcomes	32	100%

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	9	32%
6j. Number of escalated complaints not upheld at stage two	13	47%
6k. Number of escalated complaints partially upheld at stage two	6	21%
6l. Total stage two escalated complaints outcomes	28	

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 twenty 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.	177	56%
8b. Number of non-escalated complaints closed at stage two within twenty working days	13	41%
8c. Number of escalated complaints closed at stage two within twenty working days	27	96%
8d. Total number of complaints closed within timescales	217	

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	177	56%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	2	3%
9c. Total number of extensions authorised	179	