

NHS Ayrshire & Arran



Meeting:	NHS Ayrshire and Arran Board
Meeting date:	Monday 12 October 2026
Title:	Patient Experience: Feedback and Complaints – Quarter 1 (April - June 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:

Q1 report demonstrates how patient, carer and family feedback and complaints contribute to organisational learning and improvement, supporting patient experience, service quality, safety and person-centred 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 1 (April 2026 – June 2026), 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 Q1 (April 2026 – June 2026) when responding to patient, carer, and family complaints, including:

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

2.3 Assessment

The Patient Experience: Feedback and Complaints Quarter 1 Report is provided in Appendix 1, with Q1 KPIs in Appendix 2.

Quarter 1 data demonstrates:

- The number of Stage 1 complaints received remains consistent with recent quarters and has remained relatively stable since 2024. Compliance with closing Stage 1 complaints on time is 75%, which is a slight reduction from the previous quarter of 80%. Aim is 85% closed within 5-10 working days.
- A sustained increase in the number of Stage 2 complaints since Q2 2024 is noted. Compliance with closing Stage 2 complaints on time has improved to 33%, up from 18% in previous quarter. Despite this progress, performance remains below the target of 75% closed within 20 working days. After a temporary improvement in late 2024, overall compliance has declined during 2025 and remains a priority area for improvement.
- Overall focused oversight and targeted recovery actions have resulted in improvement in complaints performance, with reductions in both out of time complaints and complaints open for more than 100 working days. The improvements to note from the previous quarter (Jan-March 2026) to current position at 14th August 2026 are:
 - The number of out of time complaints reduced by 50%, from 229 in Q4 to 114 (data extracted on 14-08-26).
 - There is also a substantial reduction in long-standing complaints, with cases exceeding 100 working days falling from 70 in Q4 to 21 currently.

2.3.1 Quality/Patient Care

NHS Ayrshire and Arran's approach to complaint handling ensures that learning and improvement is progressed for all upheld complaints and shared across relevant services. Patient complaints provide valuable opportunities to improve practice, patient experience and clinical outcomes.

2.3.2 Workforce

High levels of activity across services are impacting staff's 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's 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 supports 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.

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

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 Q1 (April 2026 – June 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

This paper was tabled at Healthcare Governance Committee on 8th September 2026.

2.4 Recommendation

For discussion. Members are asked to receive and discuss this report in relation to patient, carer and family feedback and complaints for Q1 (April 2026 – June 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 1
- Appendix No 2, KPI Template for Quarter 1

Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 1 (April 2026 to June 2026)

1. Complaint Handling Performance

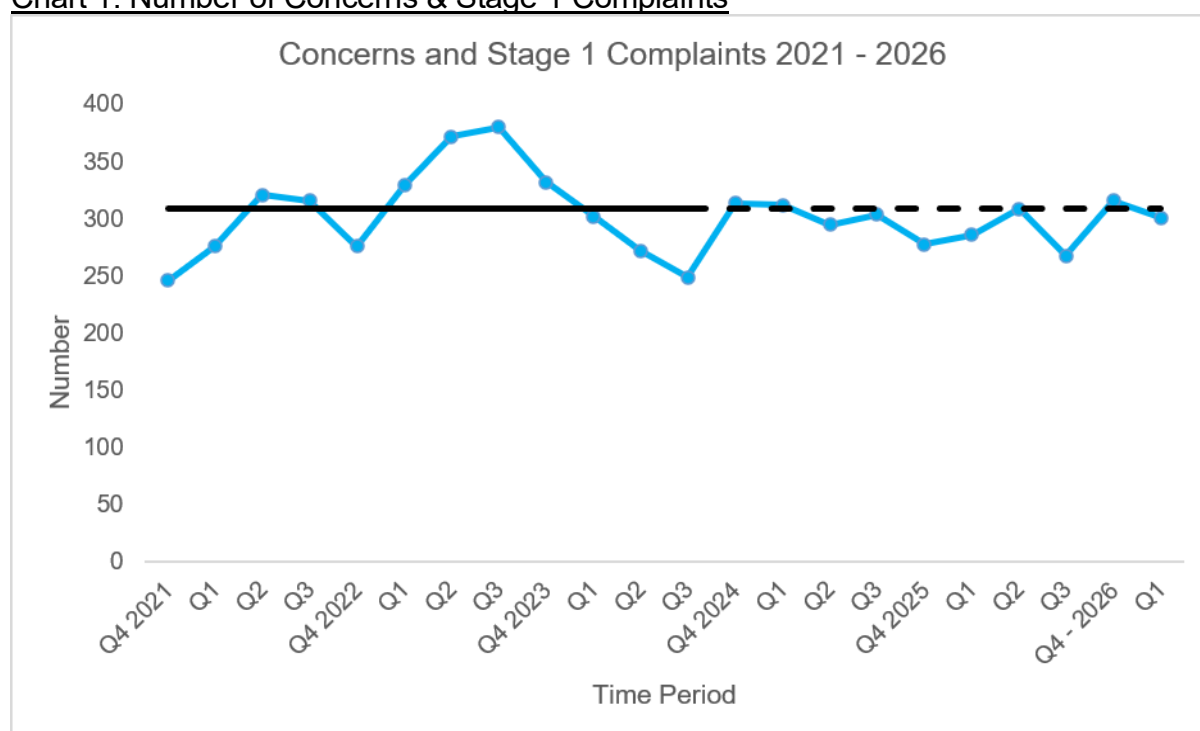
The NHS Scotland Complaints Handling Procedure (CHP) provides NHS Ayrshire & Arran (NHSAA) with a consistent framework for managing complaints in a fair, transparent and person-centred way. The procedure supports our commitment to listening to feedback, maintaining confidence in the complaints process, and using learning from complaints to drive continuous improvement in the quality, safety and experience of care for patients, families and carers across Ayrshire and Arran.

Quarter 1 (Q1) report provides an overview of complaints activity across NHS Ayrshire & Arran and the actions being taken to support effective, person-centred complaint handling. It outlines performance against key complaint handling measures, highlights complaint outcomes, and summarises the key themes identified during the reporting period.

1.1 Performance

The number of concerns and Stage 1 complaints received during Q1 2026 is presented in Chart 1. The number of Stage 1 complaints received remains consistent with recent quarters and has remained relatively stable since 2024. The median number of Stage 1 complaints is 309.

Chart 1: Number of Concerns & Stage 1 Complaints



The data in Chart 2 demonstrates a sustained increase in the number of Stage 2 complaints since Q2 2024. There was a decrease in the number of Stage 2 complaints during Q1 2026 compared with the previous quarter.

Chart 2: Number of Stage 2 Complaints

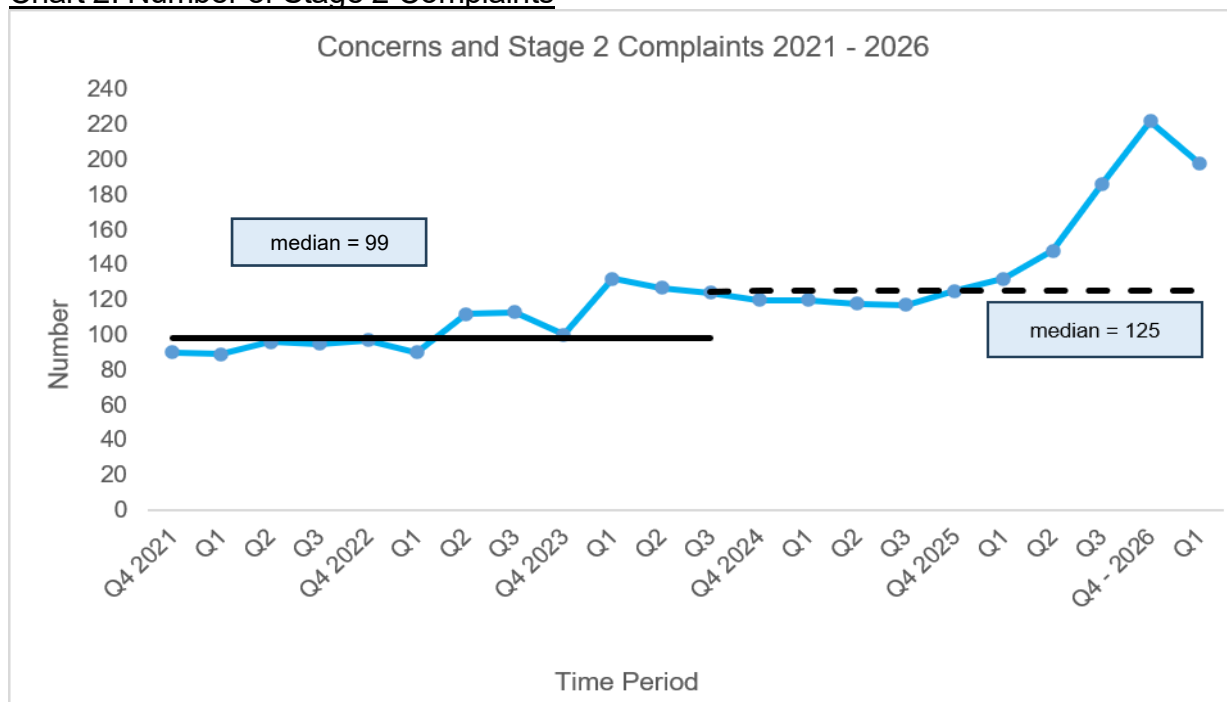


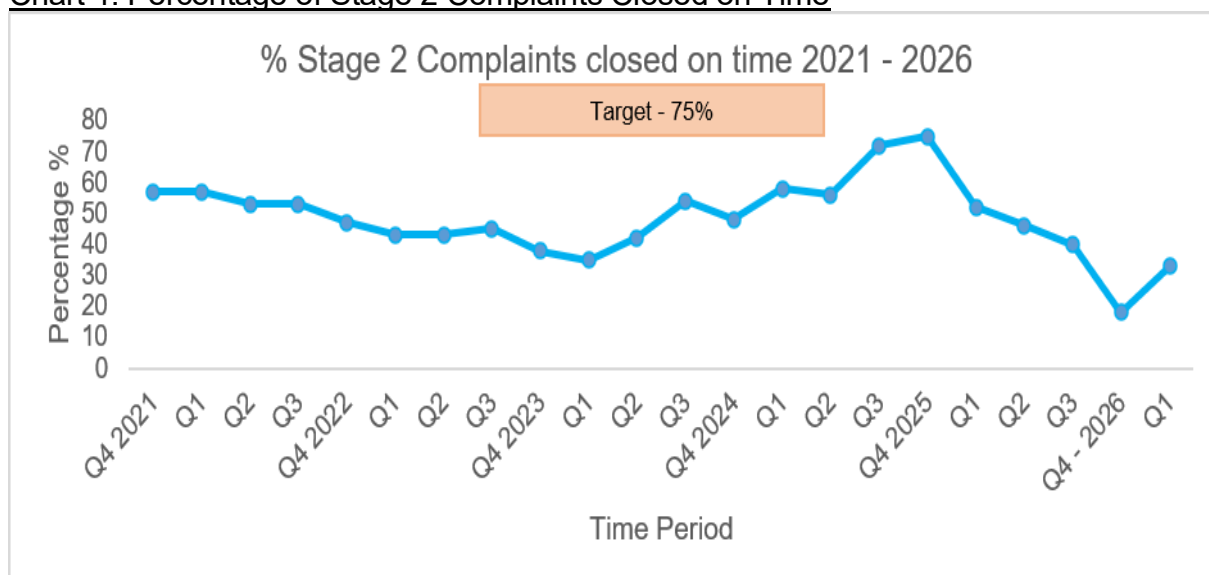
Chart 3 displays the percentage of Stage 1 complaints and concerns closed within the target timescale of 85% closed within 5-10 working days. Compliance with Stage 1 complaints closed on time is 75%, which is a reduction from the previous quarter of 80%.

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



Chart 4 demonstrates that performance for closing Stage 2 complaints within timescale improved to 33%, up from 18% in Q4. Despite this progress, performance remains well below the target of 75%, closed within 20 working days. After a temporary improvement in late 2024, overall compliance has declined during 2025 and remains a priority area for improvement.

Chart 4: Percentage of Stage 2 Complaints Closed on Time



Appendix 2 details further information on key performance indicators (KPI's) in Q1.

1.2 Performance (In Time/Out of Time Complaints)

An improvement sprint aimed at improving response timeliness and consistency and to strengthen processes to prevent future backlog commenced on 18th May 26 and progress overall is outlined in Appendix 3.

Focused oversight and targeted recovery actions have resulted in improvement in complaints performance, with reductions in both out of time complaints and complaints open for more than 100 working days. The improvements to note from the previous quarter (Jan-March 2026) to current position at 14th August 2026 are as follows:

- The number of out of time complaints has reduced by 50%, from 229 in Q4 to 114.
- There is also a substantial reduction in long-standing complaints, with cases exceeding 100 working days falling from 70 in Q4 to 21.

Improvements are evident across all operational areas:

- Acute Services reduced out of time complaints from 150 to 79.
- East Ayrshire Health and Social Care Partnership reduced out of time complaints from 27 to 11.
- North Ayrshire Health and Social Care Partnership reduced out of time complaints from 43 to 20.
- South Ayrshire Health and Social Care Partnership reduced out of time complaints from 9 to 4.

There are 114 out of time complaints across all directorates and HSCPs compared with 47 in time complaints. 71% of current complaints are out of time (114/161). However, reductions from the previous quarter indicate that recovery actions are having a positive impact and will continue to be closely monitored.

1.3 Complaint Outcomes

Table 1 outlines complaint outcomes for Quarter 1. Of the 301 Stage 1 concerns, 61% were not upheld. Of the 124 Stage 2 complaints concluded, 53% were not

upheld, while 47% were fully or partially upheld. A further 74 Stage 2 complaints remained open at the end of the quarter.

Table 1: Complaint Outcomes Q1

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open	TOTAL
Concern / Stage 1	185	40	76	0	301
Stage 2	66	42	16	74	198

1.4 Complaint Themes

Complaint themes for Quarter 1 are in keeping with previous quarters. This data shows that complaints are heavily concentrated in a small number of themes, with clinical treatment, access to appointments, and staff behaviour/communication accounting for the vast majority of issues raised.

A total of 641 complaint issues were recorded during the reporting period. Clinical treatment remained the most common theme, accounting for 60% (n=383) of all issues raised. Complaints relating to access and waiting times represented 18% (n=115) of complaint themes, with appointment availability accounting for the majority of these concerns. Staff-related complaints comprised 16% (n=102) of all issues, predominantly concerning staff attitude, behaviour and communication. Environment and domestic issues accounted for 5% (n=29) of complaints. The findings indicate that clinical care, service access and patient-staff interactions continue to be the principal drivers of complaints and should remain key areas of organisational focus and improvement.

Table 2: Complaint Themes

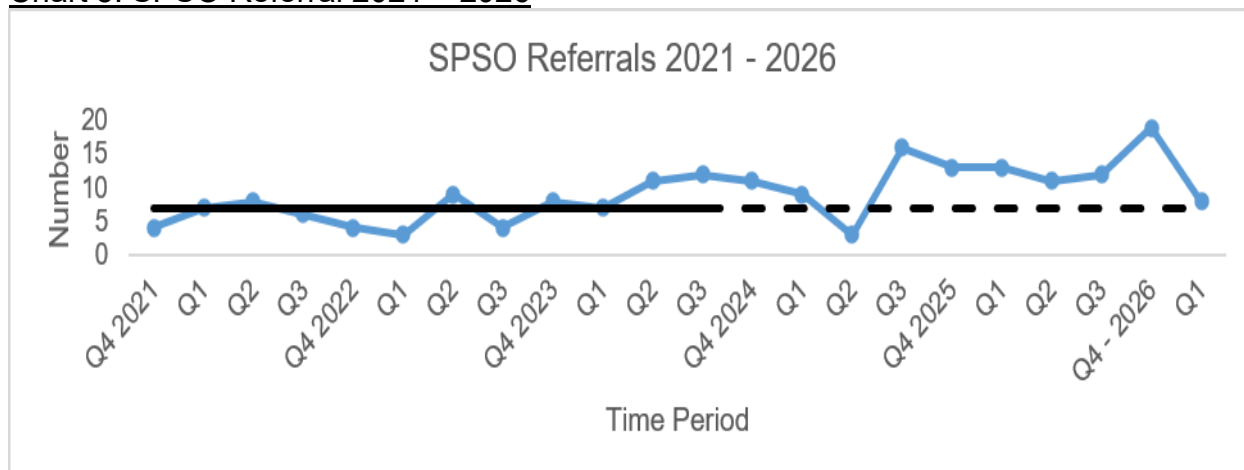
Category	Sub-category	Count
Procedural Issues	Policy & commercial decisions of NHS Board	4
	Mortuary / postmortem arrangements	1
	NHS board purchasing	1
Environment / Domestic	Patient Privacy / dignity	3
	Patient property / expenses	8
	Cleanliness / laundry	1
	Personal records	5
	Premises	9
	Aids / appliances / equipment	3
Staff	Shortage / availability	1
	Competence	1
	Attitude and behaviour	64
	Communication (oral)	22
	Communication (written)	14
Treatment	Clinical treatment	380
	Consent to treatment	3
Waiting Times	Test results	16
	Date for appointment	82
	Date of admission / attendance	15
	Date of Planned Admission	2
Delays In/At	Outpatient and other clinics	2
	Admissions / transfers / discharge procedure	3
Other	Other	1
Total		641

1.5 Scottish Public Services Ombudsman (SPSO)

During this quarter, eight complaints were referred to the SPSO. Of these:

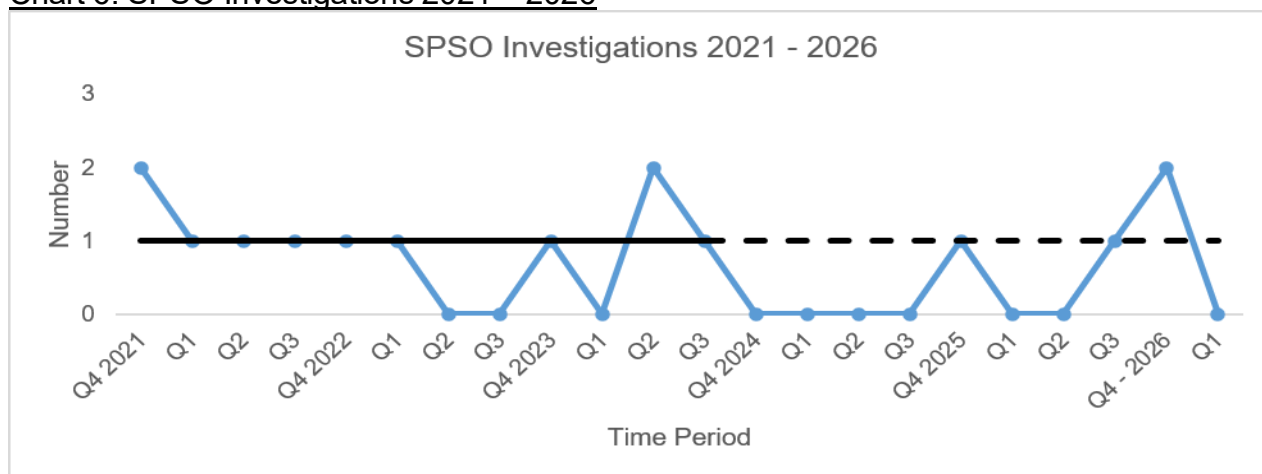
- Seven cases were assessed by the SPSO, and a decision was taken not to proceed with an investigation.
- One case remains under SPSO consideration, with a decision pending.

Chart 5: SPSO Referral 2021 – 2026



During Q1 2026, no SPSO investigations were active or initiated, representing a decrease from two investigations in the previous quarter (Q4)

Chart 6: SPSO Investigations 2021 – 2026



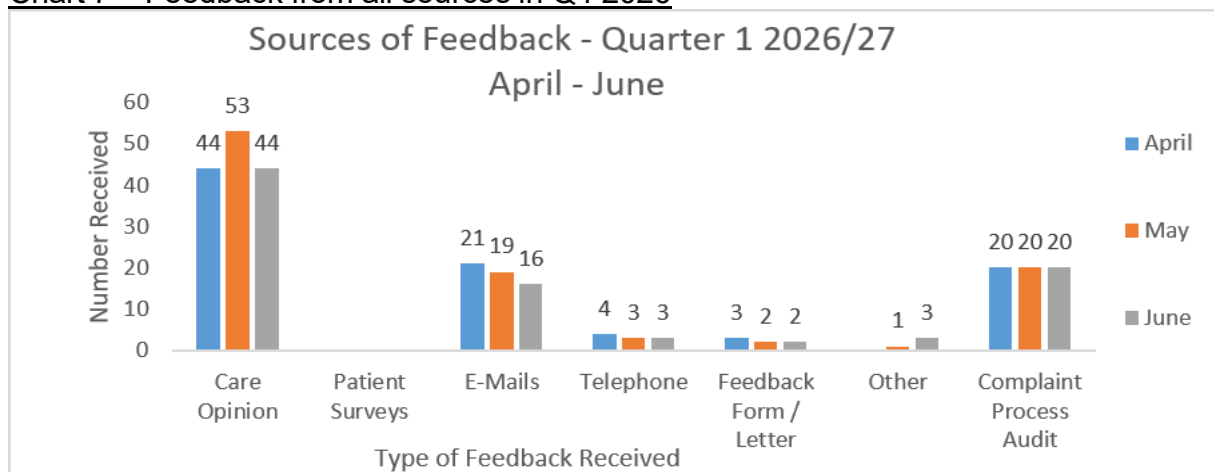
In Q1 2026, the SPSO closed two investigations, both resulting in upheld/partly upheld findings. NHSAA also received one SPSO decision letter with an upheld outcome.

Actions arising from SPSO recommendations have been incorporated into improvement plans.

2. Patient Feedback

A total of 278 items of feedback were gathered and shared during Q1. Feedback from all sources is outlined in Chart 7.

Chart 7 – Feedback from all sources in Q4 2026



2.1 Care Opinion

Care Opinion is an independent online feedback platform that enables patients, families and carers to share their experiences of healthcare services. The platform supports organisational learning and service improvement through open dialogue, with services encouraged to respond to feedback and demonstrate actions taken as a result.

- 141 stories were shared in Quarter 1, with 161 responses posted.
- 80% of stories were completely positive, with 20% containing some level of critical feedback.
- These stories have been viewed more than 11,780 times.
- Two new responders were added during Quarter 1, with relevant alerts established and basic training delivered.

2.2 Complainant Experience/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.

- Complaint acknowledgement remains consistently high, generally between 90-100%, suggesting complainants are receiving timely acknowledgement of their concerns.
- Was your complaint dealt with in a respectful and person-centred manner? This remains one of the strongest performing indicators. Despite some recent variation, performance remains relatively positive and demonstrates that complainants generally feel they are treated respectfully.
- Areas for improvement include keeping complainants up to date with progress of their complaints and advising of delays. Work as part of the improvement sprint is progressing to improve this.

2.3 In Patient Surveys

No inpatient surveys were undertaken in Q1. The patient experience facilitator is linking with the Volunteer Manager to engage Ward Volunteers in supporting the gathering of this important patient feedback as part of their remit.

3. Conclusion

Q1 demonstrates continued pressures within the complaints handling system, alongside positive patient feedback and opportunities for organisational learning.

Improvement actions are underway to address complaint backlog and timescale performance, with signs of improvement.

The Board is asked to note the report and the actions being taken to support ongoing improvement in patient experience and complaints handling.

Appendix 2 – Key Performance Indicators for Quarter 1

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: 2026

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	499
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	499

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	177
4i. Dental	23
4j. Ophthalmic	2
4k. Pharmacy	23
4l. Total of Primary Care Services complaints	225
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	301	71
5b. Stage two – non escalated	90	21
5c. Stage two - escalated	34	8
5d. Total complaints closed by NHS Board	425	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	76	25%
6b. Number of complaints not upheld at stage one	185	62%
6c. Number of complaints partially upheld at stage one	40	13%
6d. Total stage one complaints outcomes	301	

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	13	14%
6f. Number of non-escalated complaints not upheld at stage two	44	49%
6g. Number of non-escalated complaints partially upheld at stage two	33	37%
6h. Total stage two, non-escalated complaints outcomes	90	

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	9%
6j. Number of escalated complaints not upheld at stage two	22	65%
6k. Number of escalated complaints partially upheld at stage two	9	26%
6l. Total stage two escalated complaints outcomes	34	

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.	227	75%
8b. Number of non-escalated complaints closed at stage two within 20 working days	39	43%
8c. Number of escalated complaints closed at stage two within 20 working days	27	79%
8d. Total number of complaints closed within timescales	293	

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	176	59%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	41	33%
9c. Total number of extensions authorised	217	