FEEDBACK & COMPLAINTS ANNUAL REPORT 2025/26



Feedback & Complaints Annual Report 2025/26

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Foreword

Listening to the experiences of patients, families and carers is central to delivering safe, effective and person-centred care. Every compliment, comment, concern and complaint provides an opportunity to better understand the experiences of those who use our services, celebrate what works well and identify where improvement is needed.

During 2025/26, NHS Ayrshire & Arran continued to encourage and value feedback through a range of local and national channels. More than 1,500 pieces of feedback were received and shared across the organisation, alongside over 600 Care Opinion stories, helping us better understand the experience of care and identify opportunities for improvement.

This report highlights examples of how feedback and complaints have informed learning, strengthened governance and supported service improvement. It also recognises the commitment and professionalism of staff who continue to provide compassionate care and respond openly to the experiences shared by patients and families.

While the report identifies many positive developments, it also reflects challenges during 2025/26, including increasing volumes of complex complaints and pressures on complaint response times. In response, NHS Ayrshire & Arran has commenced a focused improvement programme to strengthen complaint handling arrangements, reduce backlog and improve performance against standards. Early progress has been encouraging and demonstrates our commitment to continuous improvement.

Thanks are extended to everyone who took the time to share their experiences and all staff who have used this feedback to drive improvement. By continuing to listen, learn and act, we can further enhance the quality, safety and experience of care for the people of Ayrshire and Arran.

"We are committed not only to listening to concerns, but to acting on what we hear and demonstrating the difference that feedback makes."

Listening • Learning • Improving

1. Feedback

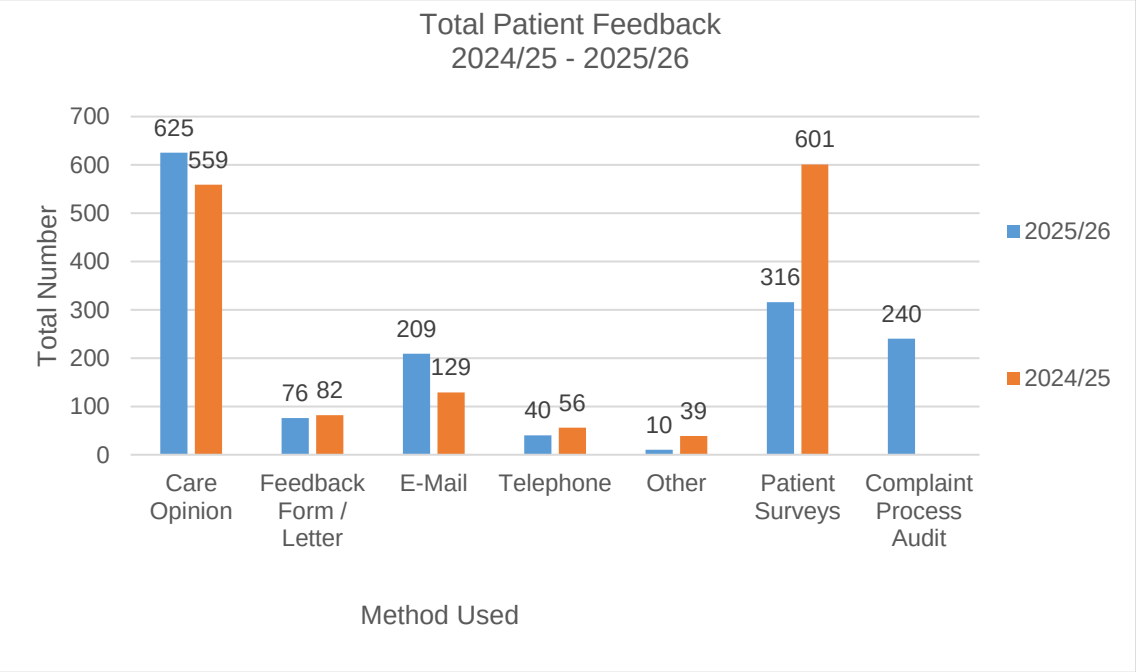
NHS Ayrshire and Arran (NHSAA) recognises the importance of patient, family and carer feedback in supporting continuous quality improvement and delivering safe, effective and person-centred care. Feedback is actively encouraged through a range of local and national channels, providing valuable insight into the experiences of those who access our services. Alongside formal feedback mechanisms, patient interviews and healthcare stories are used to capture lived experiences and highlight areas of good practice as well as opportunities for improvement. This narrative supports organisational learning and informs quality improvement activity across the organisation

1.1 Local Feedback

A total of 1,518 instances of feedback were gathered, recorded and shared during 2025/26**,** representing an increase of 3.5% compared with 2024/25**.**

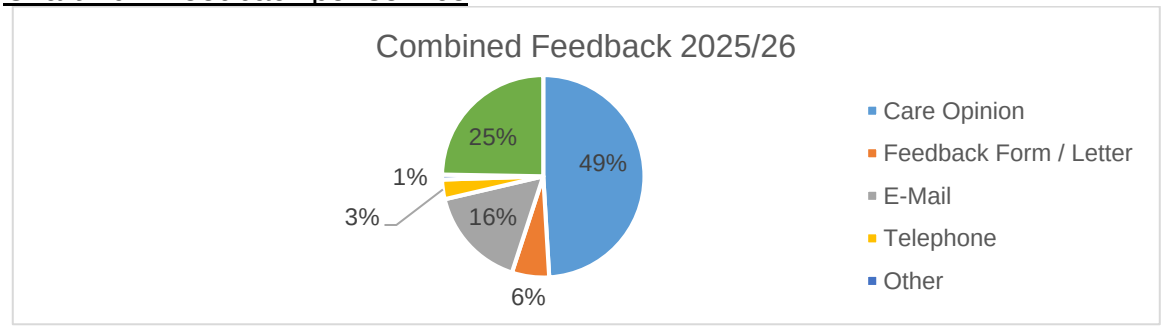
Chart 1a illustrates the methods by which feedback was received and provides a comparison with the previous reporting year, while Chart 1b shows the proportion of feedback received through each method during 2025/26.

Chart 1a – Patient Feedback Comparison



Care Opinion remains the most frequently used method of providing feedback. This is complemented by feedback gathered at the point of care through inpatient surveys, as well as feedback received locally via email, telephone, letters and feedback forms.

Chart 1b – Feedback per service



During 2025/26, 344 patients, relatives and carers contacted the organisation directly to provide feedback, representing an 18.5% increase compared with 2024/25. Feedback was received through the following channels:

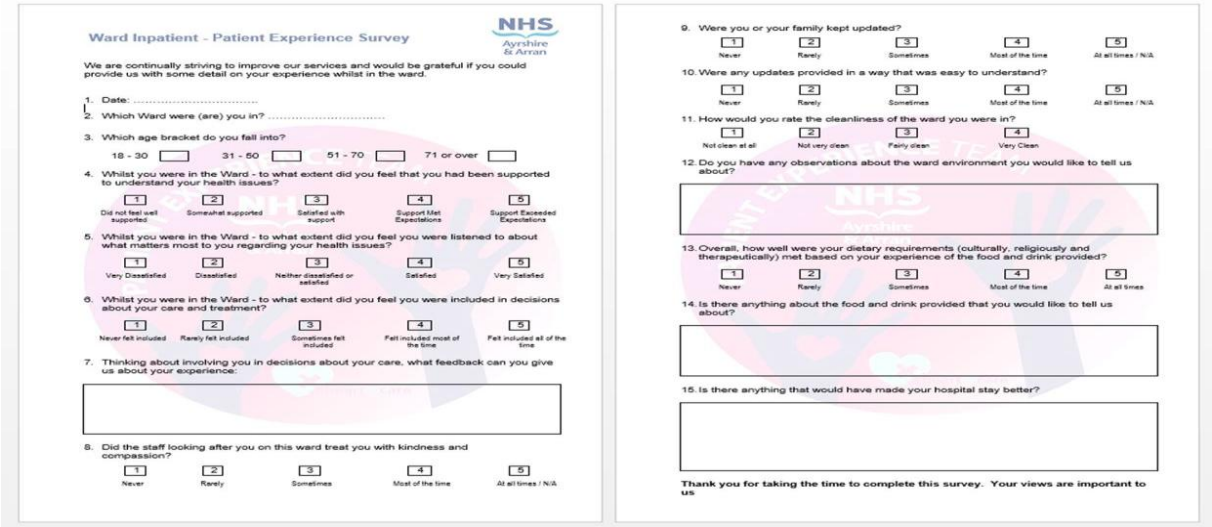
- 215 via email
- 79 via feedback forms or letter
- 39 via telephone
- 11 via other methods

The increase in direct feedback demonstrates continued engagement from patients, families and carers and provides valuable insight into their experiences of care. This information is used to support local learning, quality improvement activities and service development across NHSAA.

1.2 Inpatient Surveys

NHSAA Inpatient surveys (Figure 1) are undertaken at the point of care by a Patient Experience Facilitator, Patient Experience Volunteer or Ward Volunteer. Feedback is analysed and reported to the relevant Senior Charge Nurse (SCN), who is responsible for addressing any learning and improvement actions arising from the findings.

Figure 1 – NHS Ayrshire and Arran Inpatient Patient Experience Survey 2025/26



Ward Inpatient - Patient Experience Survey

NHS Ayrshire & Arran

We are continually striving to improve our services and would be grateful if you could provide us with some detail on your experience whilst in the ward.

1. Date: .....
2. Which Ward were (are) you in? .....
3. Which age bracket do you fall into?

18 - 30 ☐ 31 - 50 ☐ 51 - 70 ☐ 71 or over ☐

4. Whilst you were in the Ward - to what extent did you feel that you had been supported to understand your health issues?

1 Did not feel well supported | 2 Somewhat supported | 3 Satisfied with support | 4 Support Met Expectations | 5 Support Exceeded Expectations

5. Whilst you were in the Ward - to what extent did you feel you were listened to about what matters most to you regarding your health issues?

1 Very Dissatisfied | 2 Dissatisfied | 3 Neither dissatisfied or satisfied | 4 Satisfied | 5 Very Satisfied

6. Whilst you were in the Ward - to what extent did you feel you were included in decisions about your care and treatment?

1 Never felt included | 2 Rarely felt included | 3 Sometimes felt included | 4 Felt included most of the time | 5 Felt included all of the time

7. Thinking about involving you in decisions about your care, what feedback can you give us about your experience:

8. Did the staff looking after you on this ward treat you with kindness and compassion?

1 Never | 2 Rarely | 3 Sometimes | 4 Most of the time | 5 At all times / N/A

9. Were you or your family kept updated?

1 Never | 2 Rarely | 3 Sometimes | 4 Most of the time | 5 At all times / N/A

10. Were any updates provided in a way that was easy to understand?

1 Never | 2 Rarely | 3 Sometimes | 4 Most of the time | 5 At all times / N/A

11. How would you rate the cleanliness of the ward you were in?

1 Not clean at all | 2 Not very clean | 3 Fairly clean | 4 Very Clean

12. Do you have any observations about the ward environment you would like to tell us about?

13. Overall, how well were your dietary requirements (culturally, religiously and therapeutically) met based on your experience of the food and drink provided?

1 Never | 2 Rarely | 3 Sometimes | 4 Most of the time | 5 At all times

14. Is there anything about the food and drink provided that you would like to tell us about?

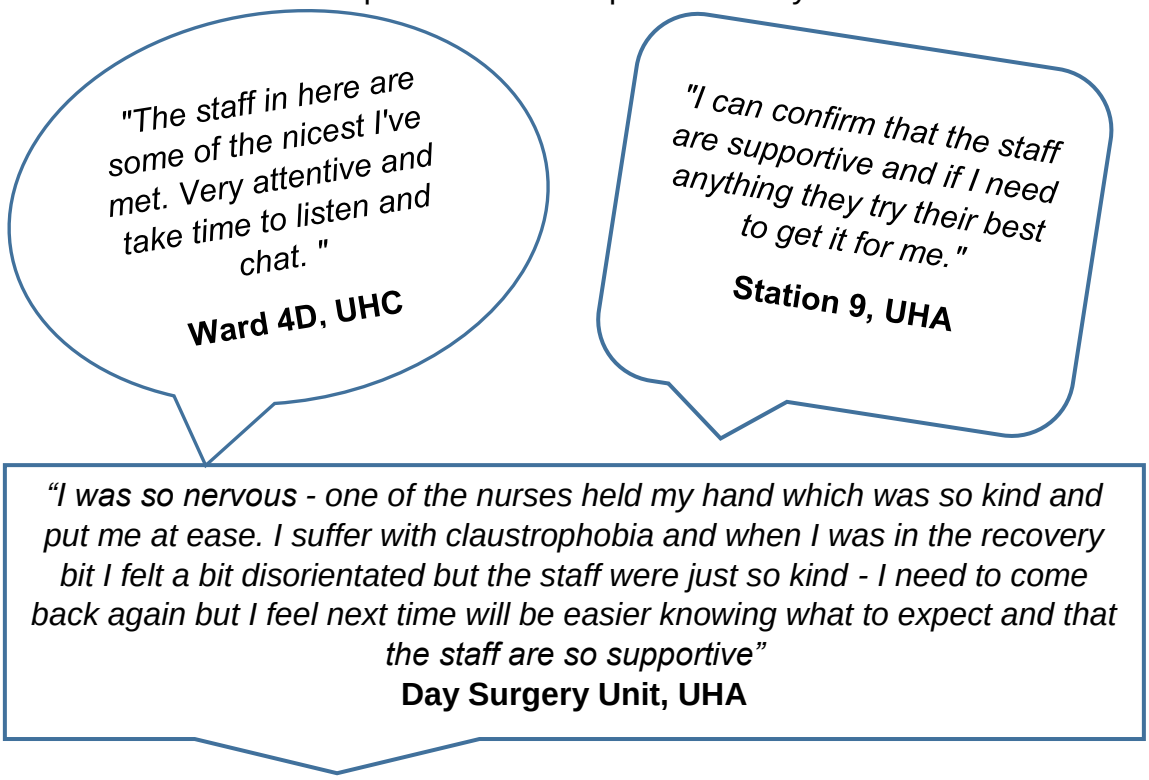
15. Is there anything that would have made your hospital stay better?

Thank you for taking the time to complete this survey. Your views are important to us

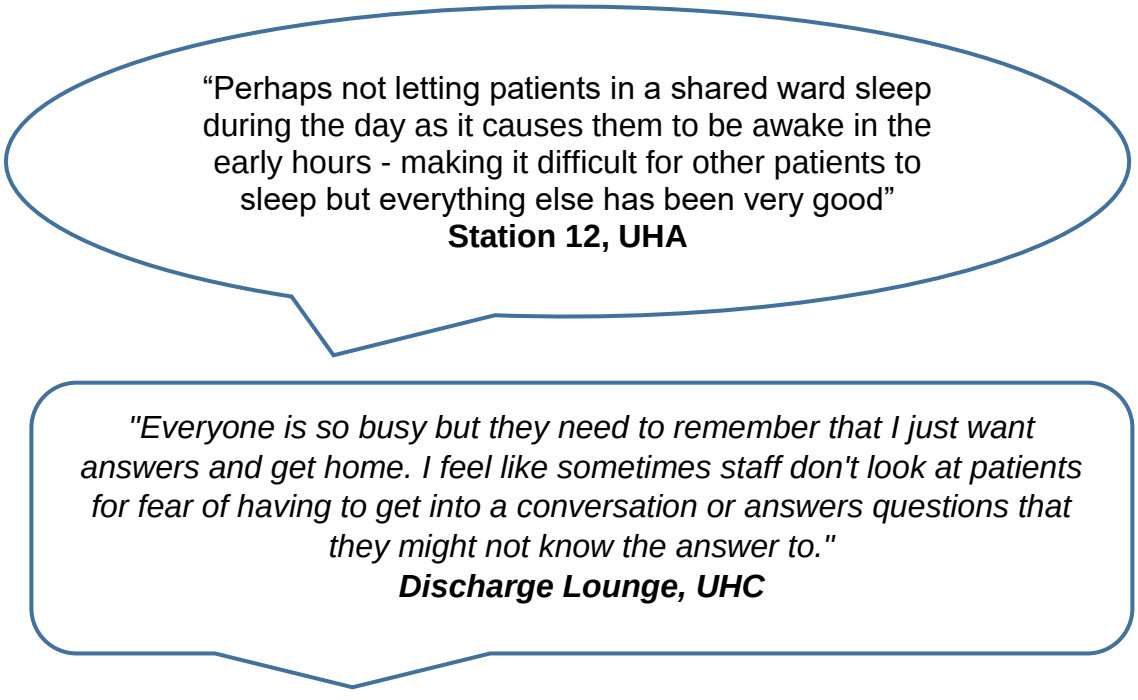
A total of 316 surveys were completed during 2025/26, representing a decrease compared with 2024/25. No inpatient surveys were undertaken during Quarter 3. During Quarter 4, three Ayrshire College Health and Social Care students supported the inpatient survey programme as ward volunteers as part of their placement.

Overall, the majority of survey responses were positive with patients having a good inpatient experience. Common themes identified were noise level in the overnight period and high temperatures in the wards.

Below are a selection of quotes from the inpatient surveys:



As highlighted above, whilst the majority of responses were positive, there was some negative feedback that was shared with the SCNs, a selection of which is presented below:

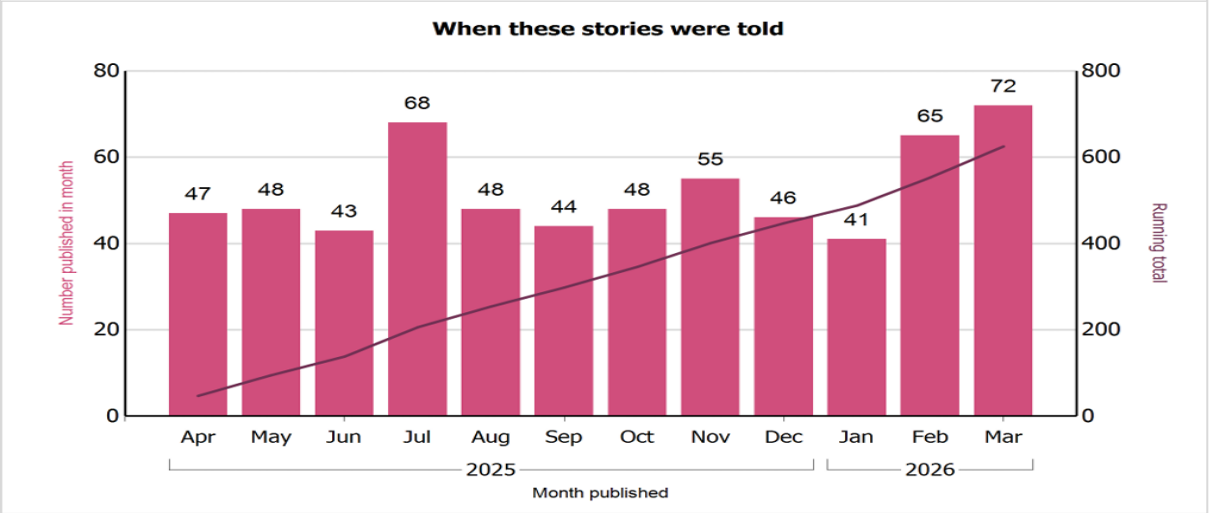


1.3 National Feedback – Care Opinion

During 2025/26, NHS Ayrshire & Arran received 625 Care Opinion stories from patients, relatives, carers, friends and staff posting on behalf of patients. Staff responded to these stories on 772 occasions, achieving a 96% response rate. The monthly trend chart (Chart 2) shows sustained engagement with Care Opinion throughout 2025/26, with activity increasing in the final quarter and peaking in

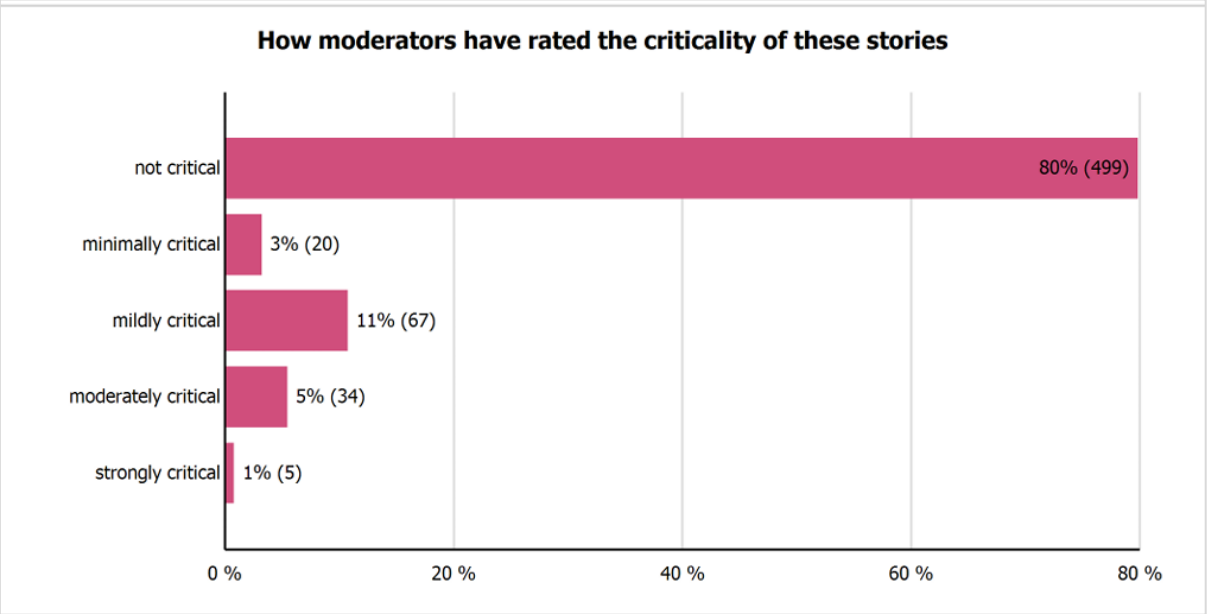
February and March. This contributed to an overall 11.5% increase in stories received compared with 2024/25.

Chart 2 - Monthly Trend Chart



The criticality chart (Chart 3) shows that feedback was overwhelmingly positive, with 80% of stories rated as not critical. Of the 20% containing criticism, most were rated as mildly or moderately critical, with only 1% assessed as strongly critical.

Chart 3 - Criticality Chart



A further breakdown of Care Opinion story criticality by service area is presented in table 1. Acute services generated the highest volume of feedback, particularly Surgical, Women & Children's, and Emergency & Trauma services, with only a small proportion of posts rated as moderately or strongly critical.

Table 1 - Care Opinion Posts by Area & Criticality

Service / Hospital	Total	Completely Positive	Minimally Critical	Mildly Critical	Moderately Critical	Strongly Critical
Acute Divisions / Acute Hospitals						
Medical	83	59	1	15	7	1
Surgical	157	128	5	14	10	0
Emergency & Trauma	122	98	3	11	7	3
Woman & Children's	133	112	1	12	7	1
Labs & Diagnostic	44	38	1	4	1	0
Others – AHPs / Estates / Parking	18	11	4	2	1	0
Primary Care						
General Practices / AUSC	79	63	1	8	7	0
Health & Social Care Partnerships						
East Ayrshire HSCP	5	4	0	0	1	0
North Ayrshire HSCP	20	17	1	1	1	0
South Ayrshire HSCP	39	37	1	1	0	0
Community Maternity Services	23	21	1	1	0	0
Public Health						
Vaccination Service / Clinics / Dental	4	3	0	1	0	0

The Patient Experience Facilitator continues to monitor the Care Opinion subscription daily, issuing reminders to primary responders where stories remain unanswered. Ongoing training and support are also provided to enable staff to respond directly to Care Opinion stories relating to their respective services.

2. Complaints

During 2025/26, NHSAA continued to manage complaints in line with the NHS Scotland Complaints Handling Procedure. Complaints received throughout the year have provided important opportunities to listen, learn and improve, helping to drive service improvements and enhance the quality of care delivered across Ayrshire and Arran.

2.1 Complaint Handling Procedure (CHP)

The NHS Scotland Complaints Handling Procedure (CHP) provides NHSAA with a consistent and transparent framework for the effective management of complaints. The procedure supports a person-centred approach to handling concerns and feedback, ensuring that complaints are addressed fairly and proportionately. It also reinforces the organisation's commitment to listening, learning and using feedback to drive continuous improvement in the quality, safety and experience of care provided to patients, families and carers across Ayrshire and Arran.

Complainants who remain dissatisfied following completion of the NHSAA complaints process have the right to refer their complaint to the Scottish Public Services Ombudsman (SPSO) for an independent review.

2.2 Complaint Handling Key Performance Indicators (KPI)

The NHS Scotland Complaints Handling Procedure (CHP) sets out nine key performance indicators against which NHS Boards are expected to monitor and report complaint handling performance. These indicators provide valuable information on the effectiveness and timeliness of the complaints process, the quality and consistency of decision-making, and opportunities for organisational learning. When considered alongside actions taken in response to complaints, feedback, comments and concerns, they support continuous improvement in the quality, safety and experience of care across NHSAA. The performance in relation to the Complaint Handling Key Performance Indicators (KPI) is presented below.

2.3 KPI 1 – Learning from Complaints

KPI 1 assesses the extent to which complaints are used to drive learning and improvement across NHSAA. Evidence of good performance includes demonstrating changes to practice, sharing learning with staff and implementing improvements that enhance patient care and experience.

Examples of improvements arising from complaints include changes to clinical practice and communication processes. Where complaints have identified delays in recognising deteriorating patients, learning has been shared with clinical teams and additional training on the recognition and escalation of deterioration has been offered and delivered by the Resuscitation Team. In addition, deteriorating patient and cardiac arrest reviews have recently been introduced to strengthen learning and oversight, with compliance monitored through audit processes.

Complaints relating to communication have led to services reviewing how information is shared with patients and families. Where concerns have been raised about inconsistent or conflicting information regarding treatment plans, services have reinforced the importance of clear communication, introduced standardised approaches where appropriate, and strengthened requirements for documenting discussions and decisions within the clinical record.

Table 2 outlines the themes of complaints received during 2025/26. Analysis of 2,789 recorded concerns shows that patient feedback is primarily focussed on issues relating to treatment and access to care. Clinical treatment concerns account for 52% of all themes, with appointment delays contributing a further 14%. Staff-related concerns represent 21% of all issues, predominantly relating to attitude, behaviour and communication. The findings suggest that improvement efforts should focus on clinical care, access to appointments, and strengthening communication and patient-centred interactions.

Table 2 – Complaint Themes 2025/26

Category	Sub-category	Count
Procedural Issues	Policy & commercial decisions of NHS Board	21
	Mortuary / postmortem arrangements	3
	Failure to follow agreed procedures	6
	NHS board purchasing	4
Environment / Domestic	Patient Privacy / dignity	20
	Patient property / expenses	21
	Patient status	5
	Personal records	21
	Cleanliness / laundry	13
	Bed shortages	15
	Hospital acquired infection	1
	Premises	45
	Aids / appliances / equipment	34
	Catering	9
Staff	Shortage / availability	3
	Competence	16
	Attitude and behaviour	**347**
	Complaint Handling	3
	Communication (oral)	157
	Communication (written)	65
	Personal records	1
Treatment	Clinical treatment	**1439**
	Consent to treatment	5
Waiting Times	Test results	62
	Date for appointment	**382**
	Date of admission / attendance	44
	Date of Planned Admission	11
COVID-19	COVID-19	4
Transport	Transport	3
Delays In/At	Outpatient and other clinics	16
	Admissions / transfers / discharge procedure	9
Other	Other	4
Total		2789

A key challenge is ensuring that actions and improvements implemented by services are routinely fed back to the Complaints Team so that evidence of learning and change can be captured and reported. This information is particularly valuable when responding to complainants who wish to understand what improvements have been made as a result of their feedback.

Improvements in Progress

In addition to learning already implemented, a number of improvement initiatives are being progressed in response to complaint themes identified during 2025/26. These include:

- Review of the Medical Admissions Pathway, with time critical medications being introduced as a red alert criterion at University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA) to support safer and timelier patient care.
- A ‘pause’ for family updates and concerns integrated into the multidisciplinary board rounds on wards of the Medical Division at UHC.

- Working alongside the Practice Development Team to review complaint investigation processes and documentation to improve the quality of investigations, support consistent application of the Complaints Handling Procedure, and strengthen organisational learning and assurance.
- Introduction of a weekly complaints huddle with Service Managers to review complaint activity, share learning, and ensure improvement actions and outcomes are reported back to the Patient Experience Team.

2.4 KPI 2 – Complaint Process Experience

KPI 2 measures the experience of people using the NHS Ayrshire & Arran complaints process and assesses whether complaints are handled in a person-centred, compassionate and accessible manner. Feedback from complainants provides valuable insight into the quality of communication, engagement and support provided throughout the complaints journey, helping to identify opportunities for improvement and enhance the overall experience of those raising concerns.

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. Structured telephone interviews conducted following the closure of their complaint. This provides valuable assurance regarding the quality of complaint handling and supports ongoing quality improvement activity. During 2025/26, 240 complainants were interviewed by telephone. Participants were selected at random from all complaints closed within the previous six-month period and were asked a series of questions designed to assess their experience of the complaints process, including accessibility, communication, responsiveness, resolution and the extent to which they felt their concerns were handled in a respectful and person-centred manner. The Complaint Experience Audit questions are presented in table 3.

Table 3 - Complaint Experience

Stage of the Complaints Journey		**Question**
Accessing the Complaints Process	Q1	Did you have access to information on how to lodge your complaint?
Initial Contact and Complaint Handling	Q2	Was your complaint acknowledged?
	Q3	Did you speak to a member of the Complaints Team?
	Q4	Was the process explained to you?
Investigation and Communication	Q5	Did you receive an apology for your poor experience?
	Q6	Were you kept updated during the handling of your complaint?
	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?
Outcome and Resolution	Q10	Were you informed of the outcome of your complaint?
	Q11	Did you agree with this outcome?
Overall Experience	Q12	Did you feel your complaint was dealt with in a respectful and person-centred manner?

Appendix 1 presents feedback from the Complaints Experience questionnaire. The results demonstrate strengths in several aspects of the complaints process, particularly in acknowledging complaints, explaining the process, communicating outcomes and ensuring people are treated with dignity and respect. The findings also highlight ongoing challenges in maintaining regular communication throughout investigations and advising complainants of delays, with these aspects showing the greatest variation in performance over time. Improving communication during the investigation phase will remain a key focus for the coming year, ensuring that complainants feel informed, supported and engaged throughout every stage of the process.

2.5 KPI 3 – Staff Awareness and Training

This indicator focuses on ensuring staff have the knowledge, skills and support required to effectively manage complaints and respond to patient feedback. Training plays a key role in promoting high-quality investigations, organisational learning and continuous improvement across NHSAA.

As part of the Complaints Improvement Plan, a proposal is being developed to support attendance at Scottish Public Services Ombudsman (SPSO) complaints handling training by a representative from each Directorate. This initiative aims to strengthen complaints handling knowledge, promote shared learning and support a consistent approach to complaint investigations and service improvement across the organisation.

In addition, the Complaints Team has been actively involved in NHSAA's Transformational Leadership Programme, which commenced in 2025. Delivered six times per year and attended by approximately 20 staff per session, the complaints element of the programme focuses on:

- The impact of ineffective communication.
- Developing the skills and confidence to listen, learn and respond effectively to concerns and complaints.
- Understanding the importance of a meaningful apology.
- Supporting staff through the complaints process.

Through these development opportunities, NHSAA is embedding a culture of learning, reflection and quality improvement, ensuring staff are equipped to manage complaints effectively, communicate openly with complainants and use feedback to drive meaningful improvements in patient care and experience.

2.6 KPI 4 – Complaints received

Indicators 4–9 monitor complaints activity and performance across NHSAA, including complaint volumes, outcomes, response times and compliance with timescales. These indicators provide assurance on the effectiveness of complaint handling and support continuous improvement across services.

During 2025/26, NHS Ayrshire & Arran received 1,879 complaints, compared with 1,658 complaints in 2024/25. This represents an increase of 221 complaints (13.3%) from the previous year.

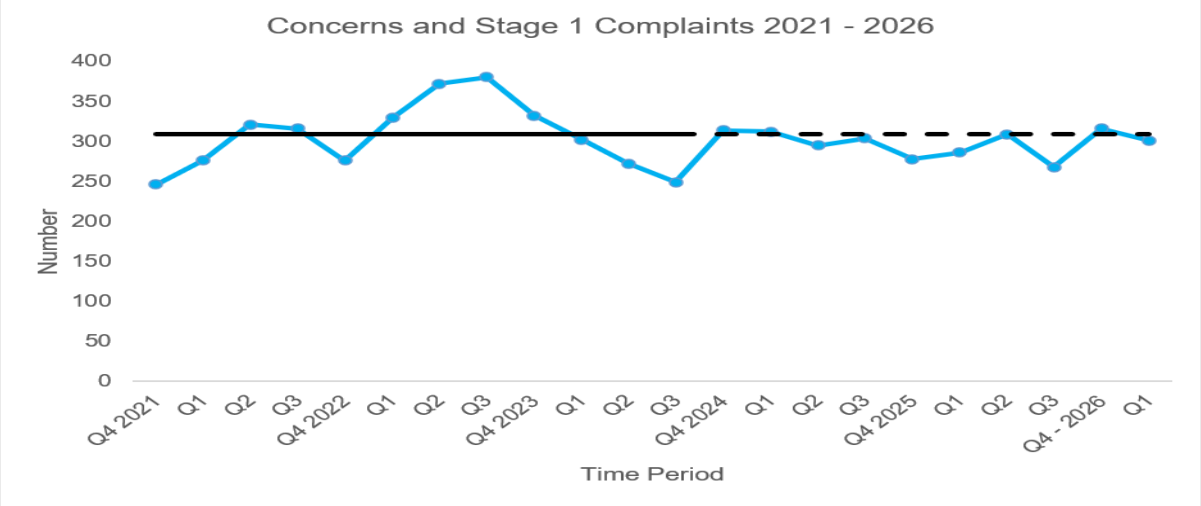
Table 4 - Summary of total number of complaints received

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	1878
4b. Number of complaints received by NHS Primary Care Service Contractors (*Territorial Boards only)*	1
4c. Total number of complaints received in the NHS Board area	1879

Concerns and Stage 1 complaints

The number of concerns and Stage 1 complaints received has remained relatively stable since 2024.The median number of Stage 1 complaints each quarter is 309.

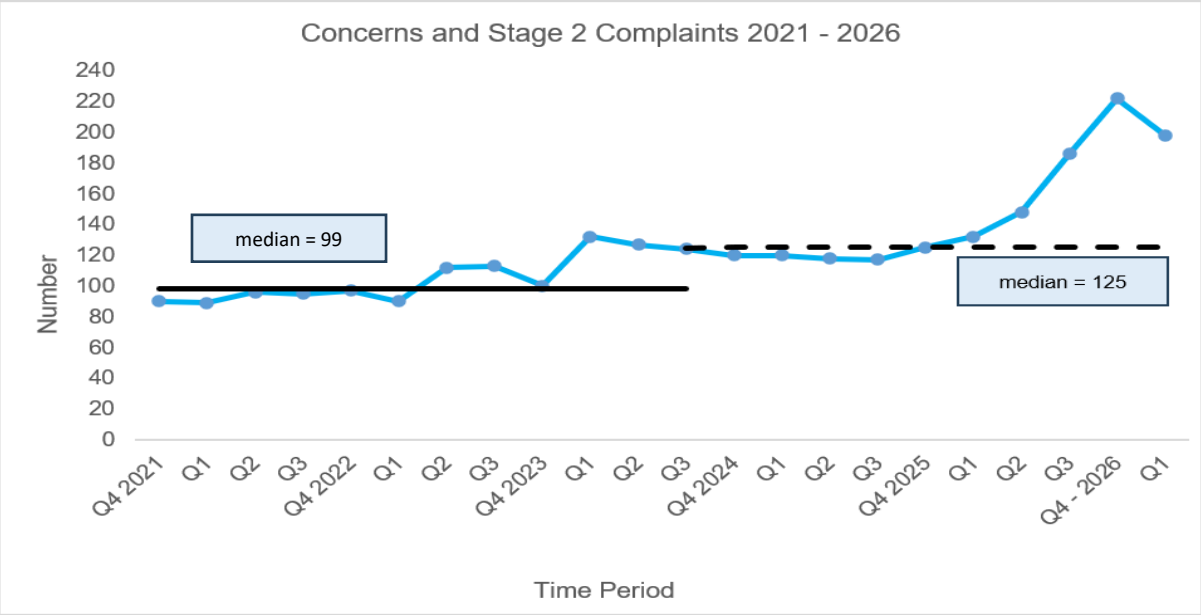
Chart 4 – Concerns and Stage 1 complaints



Stage 2 Complaints

Compared with 2024/25, NHSAA experienced an increase in Stage 2 complaints during 2025/26. This reflects a greater volume of complaints requiring formal investigation and resolution through the later stages of the complaints process (Chart 5).

Chart 5 – Stage 2 complaints received



Subgroup of complaints received

Primary Care Services complaints decreased by 12% in 2025/26, falling from 990 to 871 complaints. GP complaints remained stable, while Dental, Pharmacy and Ophthalmic complaints all showed reductions. In contrast, prisoner complaints increased from 246 to 327, a rise of 33%.

Table 5 - Subgroups of Complaints Received

NHS Board Managed Primary Care services;	
4d. General Practitioner	
4e. Dental	1
4f. Ophthalmic	
4g. Pharmacy	
Independent Contractors - Primary Care services;	
4h. General Practitioner	739
4i. Dental	82
4j. Ophthalmic	3
4k. Pharmacy	46
4l. Total of Primary Care Services complaints	871
4m. Total of prisoner complaints received *(Boards with prisons in their area only)*	327

2.7 KPI 5 – Complaints closed at each stage

KPI 5 measures the number of complaints that were fully investigated, responded to and formally closed during the reporting year. It provides an indication of the organisation's capacity to resolve complaints in a timely manner and supports the identification of learning and service improvement opportunities.

The total number of complaints closed decreased from 1,597 in 2024/25 to 1,467 in 2025/26. Despite the reduction in overall closures, the majority of complaints continued to be resolved at Stage 1, accounting for 82% of all complaints closed. Stage 2 complaints accounted for 18% of all complaints closed.

Table 6 - Total number of complaints closed

Number of complaints closed by the NHS Board	**Number**	**As a % of all NHS Board complaints closed (not contractors)**
5a. Stage One	1202	82%
5b. Stage two – non escalated	172	12%
5c. Stage two - escalated	93	6%
5d. Total complaints closed by NHS Board	1467	

2.8 KPI 6 – Complaints upheld, partially upheld and not upheld

Complaint outcomes provide insight into the extent to which investigations identify opportunities for learning, improvement and service development.

Stage 1 Complaint Outcomes

Stage 1 complaint outcomes remained broadly similar over 2025/26. While the proportion of complaints upheld remained largely unchanged, there was a reduction in complaints that were not upheld and an increase in those that were partially upheld.

Of the Stage 1 complaints closed during 2025/26:

- **27%** were upheld (27% in 2024/25)
- **59%** were not upheld (64% in 2024/25)
- **14%** were partially upheld (10% in 2024/25)

Table 7 Stage 1 complaints upheld, partially upheld and not upheld

	Number	**As a % of all complaints closed by NHS Board at stage one**
6a. Number of complaints upheld at stage one	326	27%
6b. Number of complaints not upheld at stage one	703	59%
6c. Number of complaints partially upheld at stage one	173	14%
6d. Total stage one complaints outcomes	1202	

Stage 2 (Non-escalated) Complaint Outcomes

The number of non-escalated Stage 2 complaints decreased during 2025/26. Outcome patterns changed compared with the previous year, with a higher proportion of complaints upheld and a lower proportion partially upheld. The proportion of complaints not upheld increased.

Of the non-escalated Stage 2 complaints closed during 2025/26:

- **19%** were upheld (9% in 2024/25)
- **46%** were not upheld (49% in 2024/25)
- **35%** were partially upheld (42% in 2024/25)

Table 8 - Stage two non-escalated 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	33	19%
6f. Number of non-escalated complaints not upheld at stage two	79	46%
6g. Number of non-escalated complaints partially upheld at stage two	60	35%
6h. Total stage two, non-escalated complaints outcomes	172	

Stage 2 (Escalated) Complaint Outcomes

The number of escalated Stage 2 complaints increased during 2025/26. A greater proportion of complaints were not upheld compared with the previous year, while the proportion upheld decreased. The proportion of complaints partially upheld remained broadly unchanged.

Of the escalated Stage 2 complaints closed during 2025/26:

- **25%** were upheld (33% in 2024/25)
- **54%** were not upheld (45% in 2024/25)
- **21%** were partially upheld (22% in 2024/25)

Table 9 - 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	23	25%
6j. Number of escalated complaints not upheld at stage two	50	54%
6k. Number of escalated complaints partially upheld at stage two	20	21%
6l. Total stage two escalated complaints outcomes	93	

2.9 KPI 7 – Average Response Times

Average response times measures how quickly complaints are responded to and closed. It provides an indication of the efficiency of the complaints process and the organisation's ability to meet national complaints handling timescales.

The average time taken to respond to Stage 1 complaints increased from approximately 6 working days in 2024/25 to 7.8 working days in 2025/26.

The average response time for Stage 2 complaints increased from 48 to 59 working days, reflecting the complexity of complaints requiring detailed investigation.

2.10 KPI 8 – Complaints closed in full within the timescales.

This indicator measures the proportion of complaints that were closed within national complaints handling timescales. It provides an indication of how effectively and efficiently complaints are managed and responded to within NHSAA. Performance against complaint handling timescales declined in 2025/26, with fewer complaints closed within target timescales across all stages compared with the previous year.

Table 10 – Complaints closed in full within the timescales

	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.	872	73%
8b. Number of non-escalated complaints closed at stage two within twenty working days	101	59%
8c. Number of escalated complaints closed at stage two within twenty working days	85	91%
8d. Total number of complaints closed within timescales	1058	72%

2.11 KPI 9 –Number of cases where an extension is authorised

This indicator measures the number of complaints that could not be concluded within standard timescales and required an agreed extension. The number of complaints requiring an authorised extension increased in 2025/26, particularly at Stage 1 while fewer Stage 2 complaints required an extension compared with the previous year. This indicator provides insight into the complexity of complaints and supports monitoring of timely and effective complaint handling.

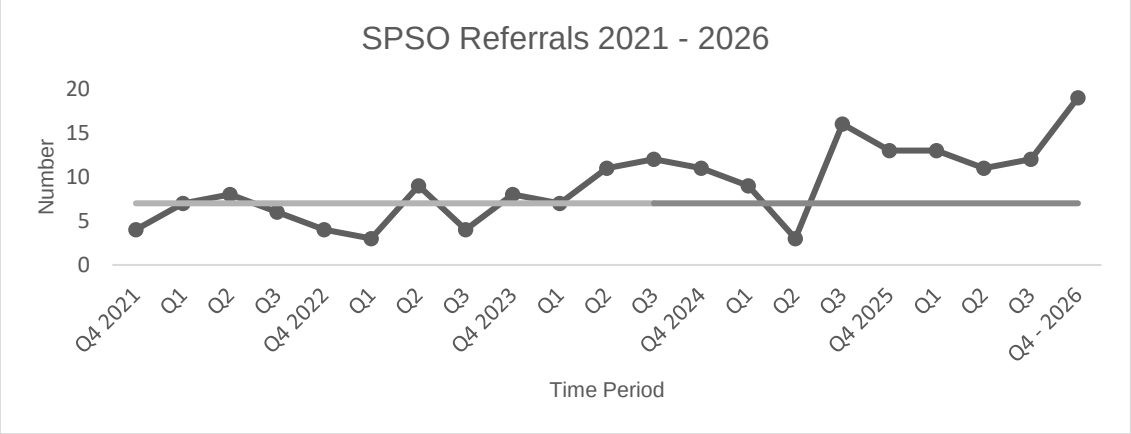
Table 11 – Number of cases where an extension is authorised

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	532	44%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	83	31%
9c. Total number of extensions authorised	615	

3. SPSO Referrals and Investigations

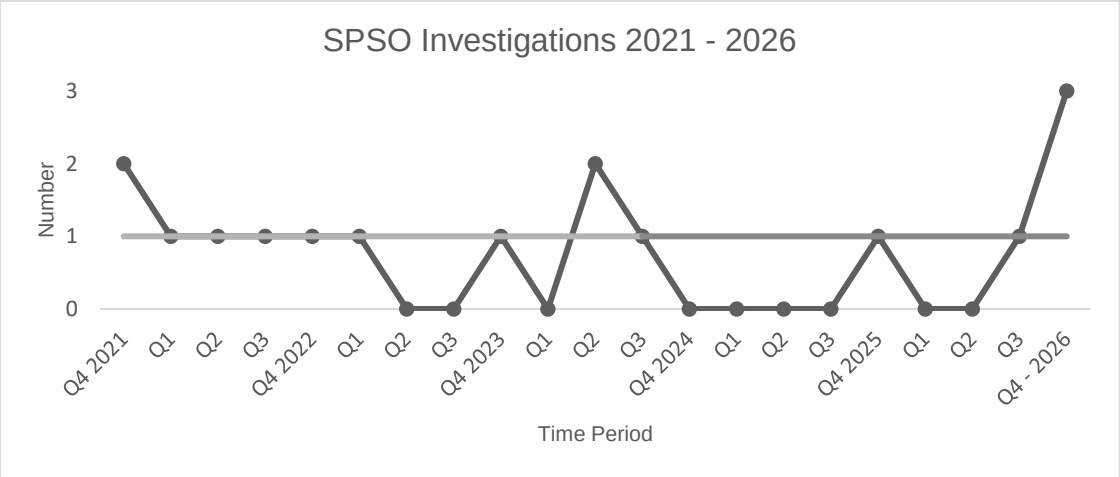
SPSO referrals increased in 2025/26 compared with previous years, continuing an overall upward trend.

Chart 8a – SPSO Referrals



Despite the increase in referrals SPSO investigations remained low during 2025/26, although there was an increase towards the end of the year.

Chart 8b – SPSO Investigations



Learning arising from SPSO cases continues to be shared with services to support improvements in complaint handling, communication and patient experience. NHS Ayrshire & Arran will continue to monitor referral trends and utilise SPSO feedback to strengthen local resolution and promote continuous quality improvement.

4. Governance Arrangements

The governance improvements implemented in recent years are now embedded within NHS Ayrshire & Arran. These arrangements have strengthened oversight, assurance and organisational learning from complaints, feedback and adverse events.

Board level – NHS Ayrshire and Arran Board

Complaints and feedback continue to be a standing component of Board assurance. Quarterly performance reports and themed updates provide oversight of improvement activity, while patient stories shared at each Board meeting offer valuable insight into service users' experiences and support organisational learning and quality improvement.

Healthcare Governance Committee

The Healthcare Governance Committee, chaired by a Non-Executive Director and comprising Non-Executive Board Members and Executive Directors, provides assurance and scrutiny on behalf of the Board. Quarterly reports on feedback, complaints performance, learning and improvement activity are presented to the Committee, alongside regular updates on SPSO referrals, decisions and associated learning to support organisational oversight and continuous improvement.

Divisional Level – Partnerships/Directorates

A governance report on complaints and patient feedback is tabled at a range of partnership/directorate groups and committees. This supports local oversight, the sharing of learning and the monitoring of improvement actions arising from complaints and feedback.

Operational Level – Department/Ward Level

Wards and departments are expected to provide assurance that learning from feedback and complaints has been shared with relevant staff groups. Complaint Lead Investigators are responsible for ensuring that complaint outcomes and associated learning are communicated within services. Business Managers and Complaint Managers also meet regularly, to review complaint activity, identify priorities and support local improvement.

Further Assurance

Improvement Activity since Year End

While this report relates to activity during 2025/26, the increase in Stage 2 complaints, backlog of open investigations and decline in performance against national timescales identified during the latter part of the year prompted the commencement of a targeted complaints improvement programme in May 2026. The programme was supported by additional temporary resource and enhanced Executive oversight through monthly meetings chaired by the Executive Medical Director and Executive Nurse Director. Its aim is to reduce backlog, improve complaint flow and strengthen performance against national complaints handling standards.

Although the full impact of this work falls beyond the reporting period, early progress has been encouraging, with subsequent phases of the programme achieving reductions in complaint backlog and out-of-time complaints, alongside improvements in complaint flow and governance oversight. Further improvement activity is ongoing to support sustainable improvements in complaints handling performance.

5. Priorities for 2026-2027

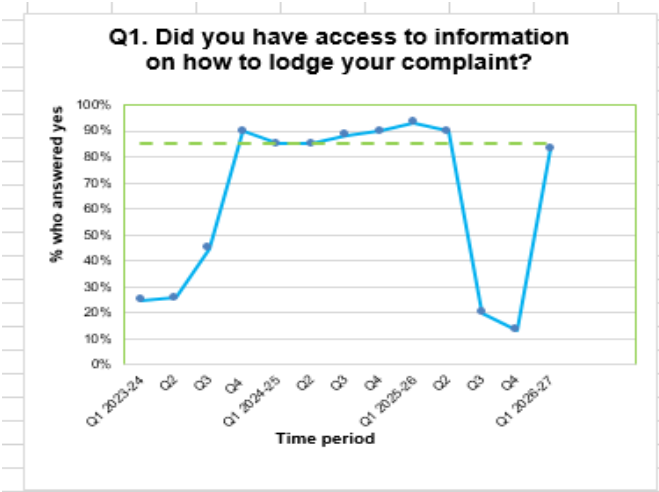
During 2026/27, NHS Ayrshire & Arran will maintain a strong focus on improving complaint handling performance, reducing complaint backlog, strengthening organisational learning and enhancing the experience of patients, families and carers who raise concerns. Through continued Executive oversight, robust governance arrangements and targeted improvement activity, the organisation aims to deliver a responsive, person-centred complaints service that supports learning, quality improvement and safer care.

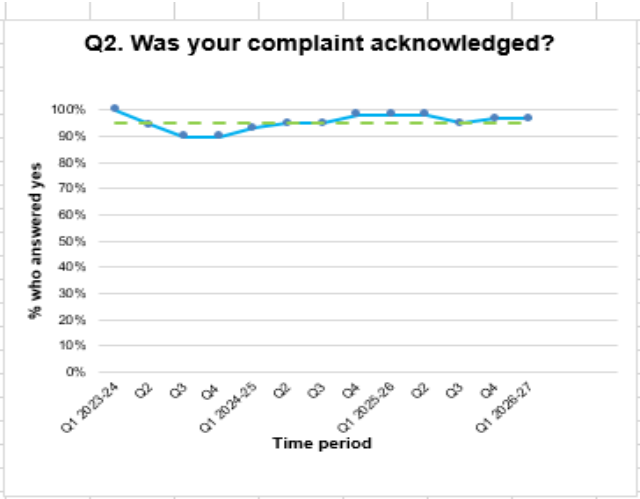
To build on the progress achieved during 2025/26 and address the challenges identified within this report, the focus will on the following priorities during 2026/27.

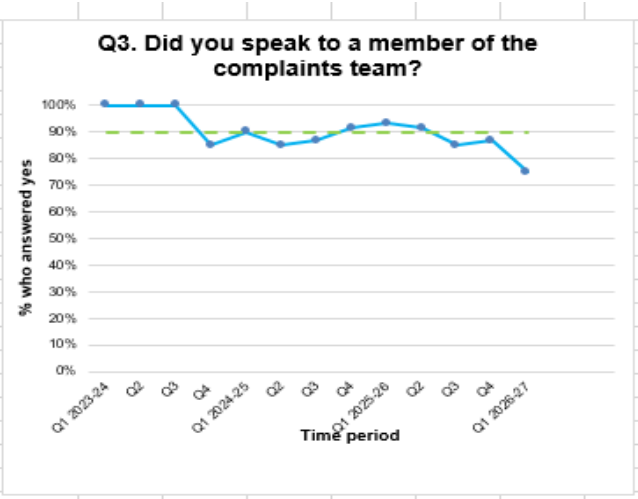
1. Improve Performance Against National Timescales
2. Strengthen Complaint Investigation Quality
3. Enhance Communication with Complainants
4. Strengthen Learning and Improvement
5. Develop Staff Capability
6. Focus on Key Themes and Risks
7. Monitor SPSO Referrals and Outcomes

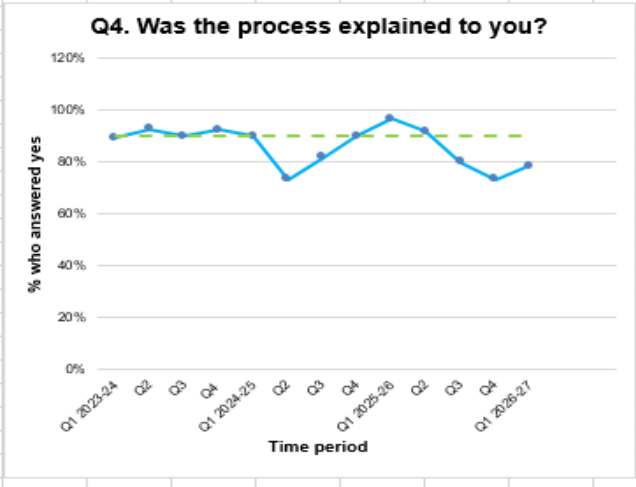
Appendix 1 - Complainant Experience

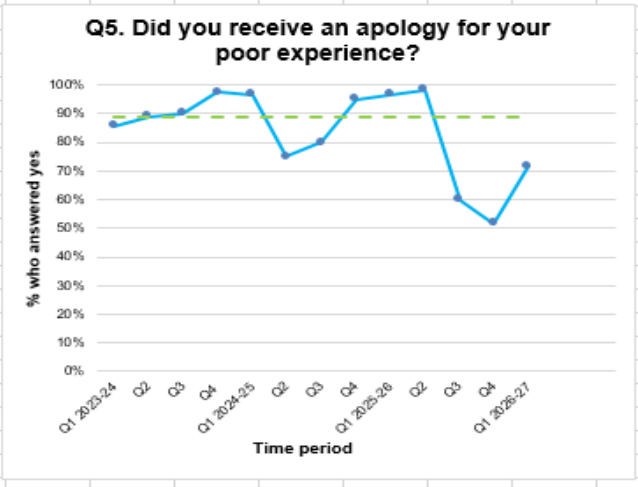
Question 1 – 6

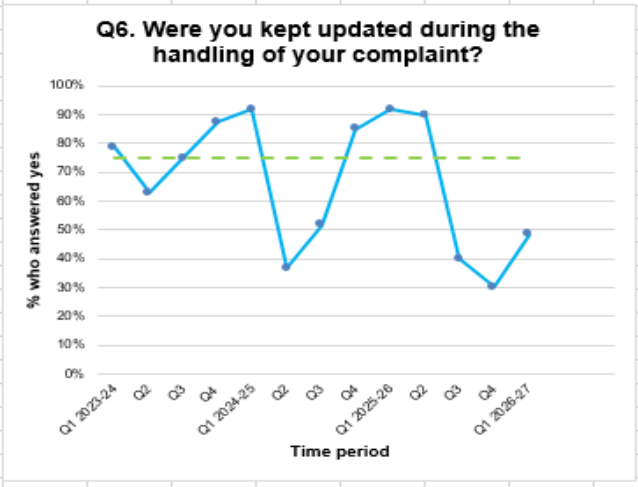












Question 7 – 12

