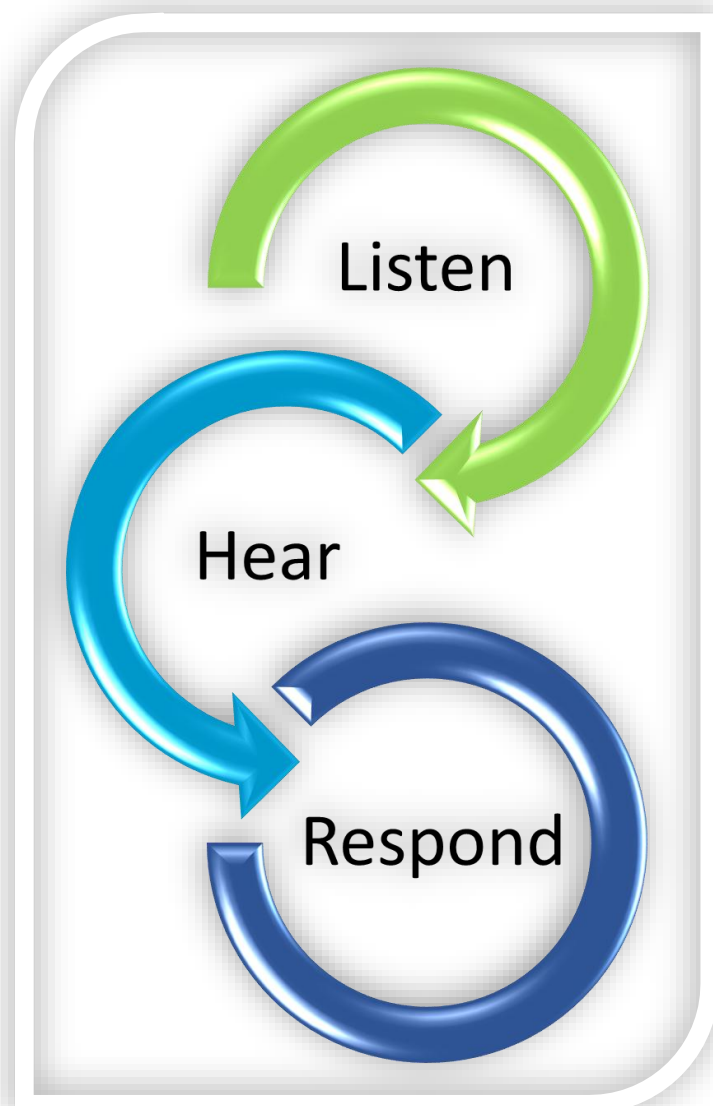


Patient Experience Strategic Plan (incorporating complaints)

Year 2 - Report

2024/2025



Introduction

As we come to the end of the second year of our Patient Experience Strategic Plan, I want to share a few reflections on the journey so far.

Over the last year, we have continued to listen to the people who use our services — patients, families, carers, and staff. We have heard more through Care Opinion, patient surveys, digital patient stories, direct conversations, and complaints. It is clear that there is growing confidence in using that feedback to guide what we do, and more teams are reflecting and responding.

We've also seen some strong examples of thoughtful, person-centred care. Teams across our hospitals and community services have shown commitment, compassion, and a willingness to improve.

This year, we also began implementing the Child-Friendly Complaints Handling Principles, developed by the Scottish Public Services Ombudsman. From a complaint handling perspective, these are now in place across the organisation, and we are actively supporting staff to use them when investigating complaints and concerns involving children and young people. While embedding this approach into everyday practice will take time, we are already working directly with families and young people as soon as a complaint is received, to ensure that their experience is supported, and their voice is central.

The themes we hear from patients and their families remain consistent: they want to be listened to, kept informed, and treated with kindness and respect. There's still more to do to make these expectations a consistent part of everyone's experience.

This report brings together what we've achieved this year, what we've learned, and where we need to keep going. It also includes our complaints data and shows how we're working to respond better when things go wrong.

As we move into Year 3, we'll take time to step back and review. It's the right moment to ask what's making a difference, what still needs to change, and how we build on what we've started.

Thank you to everyone who has shared their experience this year. You're helping us shape care that's more responsive, more human, and more joined-up.

Alison Macdonald

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals

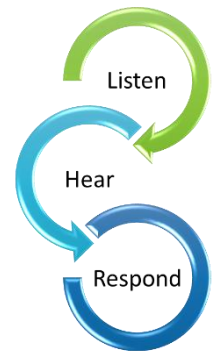
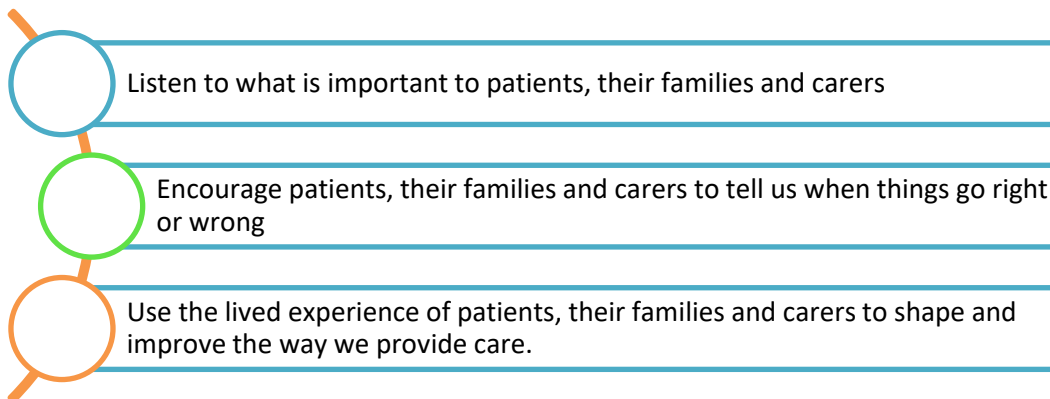
Our Strategy at a Glance

The Patient Experience Strategic Plan (2023–2028) sets out five aims that guide our approach to improving people’s experiences of care across NHS Lothian. We do this by listening to what matters, learning from what we hear, and acting on people’s lived experience.

The Strategic Plan sets out 5 aims :

- People receive treatment in a comfortable, caring and safe environment
- Treatment is delivered in a calm and reassuring way
- People have information to make choices, to feel confident and in control
- People are spoken with and listened to as an equal
- People are treated with honesty, respect and dignity

We will do this by



We’ve compiled this report to reflect on our progress, share insights, and identify priorities for the year ahead.

2024 / 2025 At a glance

817
compliments
received

918 prisoner
healthcare
complaints

3691 complaints
/ 58% of all
feedback

Care Opinion
posts increase
by 69%

12 SPSO
Decision Reports
published

814 Care
Opinion posts
shared

47% increase in
the number of
Care Opinion
responders

734 responses
to organisational
survey

1 What Matters to You ?

'What matters to you?' (WMTY) is a worldwide initiative encouraging more meaningful conversations between people who provide health and social care and the people receiving it. NHS Lothian continues to prioritise the importance of listening to what is important to patients, their families, and carers to ensure we provide care which is individual to them.



Lothian Accredited Care Assurance Standards (LACAS) highlights the importance of nursing staff having WMTY conversations with patients. To support all staff across NHS Lothian having WMTY conversations with patients a centralised virtual resource has been developed and is available on NHS Intranet site. This resource is linked to national www.whatmatterstoyou.scot resource, to provide implementation guidance and useful resources. In addition, several NHS Lothian case studies have been written up, enabling the knowledge and experience of different services to be shared on how they have implemented the WMTY initiative into day-to-day clinical care. This information can be found on the [How is NHS Lothian having WMTY conversations](#) intranet page.

2 Care Opinion Feedback

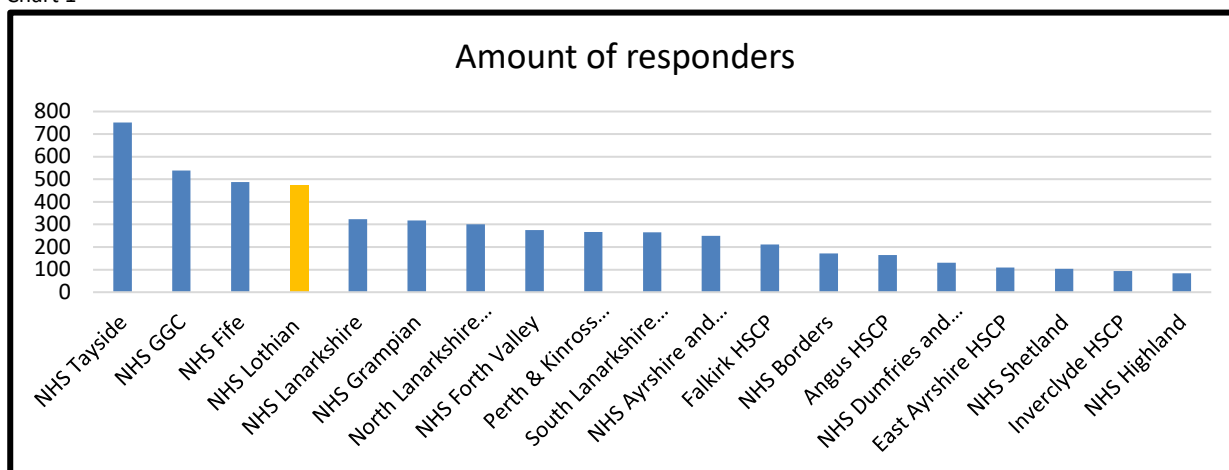
Care Opinion (www.careopinion.org.uk) is an independent organisation and website which offers an open, transparent and anonymous way for patients and the public to share their stories and experiences of health services across Scotland. These stories are then shared with the individual related services in NHS Lothian. In turn we respond to the feedback and use it to support learning, recognising what is done well and what could be improved.



Over the last year Care Opinion has continued to be rolled out in a structured way, increasing the number of services represented and the number of NHS Lothian staff receiving alerts to stories relating to their service. Through carrying out Care Opinion promotional events on each of the acute hospital sites we have seen awareness of the platform grow for both patients, families and carers and staff. There has been a 40% increase in the number of services (n=316) represented on the platform and a 47% increase in the number of staff fulfilling the role of responder. Having an increase in responders allows patients who have shared their story to be receiving valuable responses direct from frontline NHS

Lothian staff delivering their care. Chart 1 shows NHS Lothian continues to have the fourth highest number of responders and members per Health board and Health and Social Care Partnership in Scotland.

Chart 1



Charts 2, 3 and 4 are reports that are taken directly from the reporting functionality in Care Opinion and as a result, we are not able to amend the formatting.

Chart 2 shows the number of stories that have been posted about NHS Lothian on Care Opinion for the period of 2024/2025 (n=814). This is a 69% increase from the previous year (n=482) and these stories have been viewed 123,606 times.

Chart 2

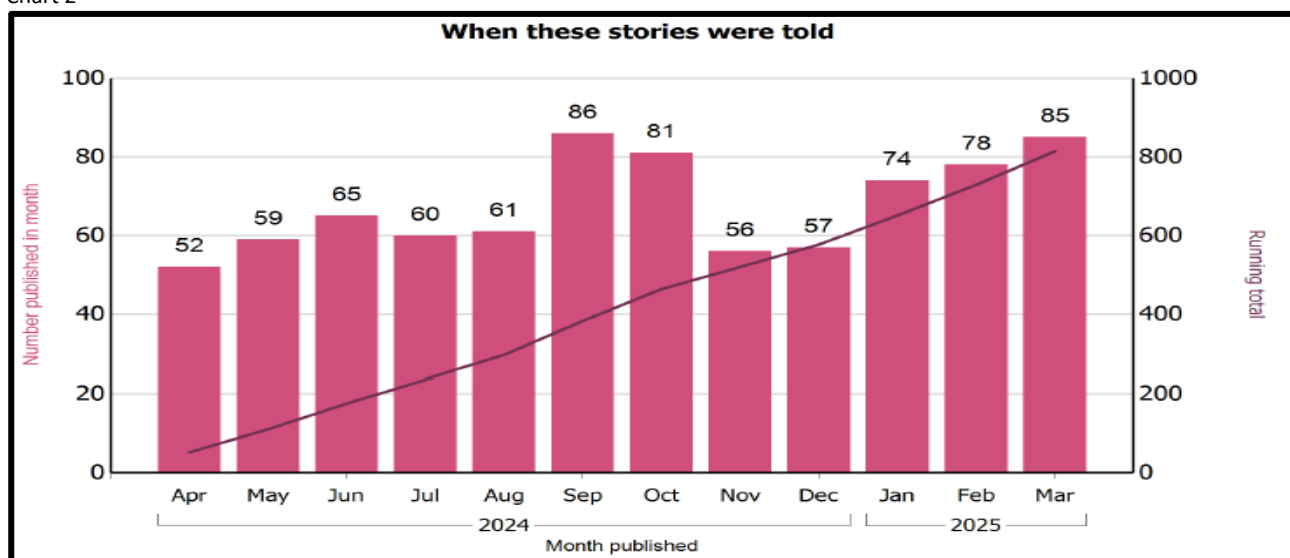
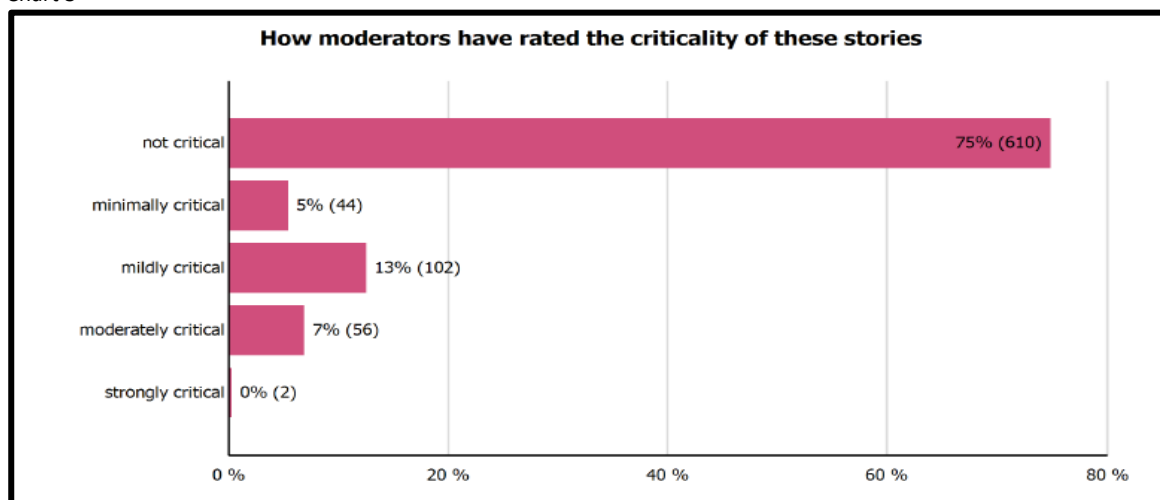


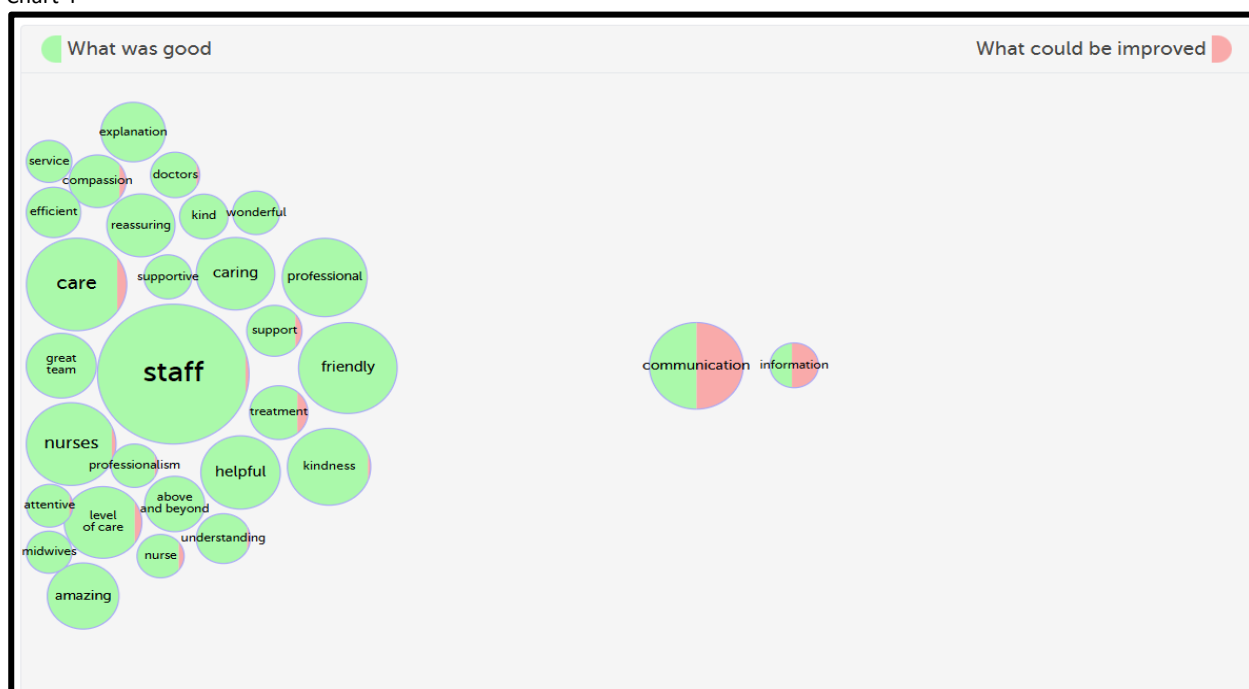
Chart 3 shows the criticality rating of the stories submitted during the 12 months from 1 April 2024 to 31 March 2025. It should be noted that criticality scores are assigned by Care Opinion moderators (not the public or NHS Lothian) to stories and are assigned per story not per service. 75% of stories shared about NHS Lothian services are not critical (positive feedback) which is an improvement of 4% from the previous year. 7% of stories were rated Moderately or Strongly critical which is a 3% decrease from the previous year where 10% of stories were rated moderately/strongly critical. There were 2 strongly critical stories shared which is a reduction from 6 being shared the previous year.

Chart 3



Care Opinion offer the opportunity to present the feedback provided in different formats, to facilitate learning and identification of themes throughout the stories. Chart 4 is a diagram of themes identified within stories in 2024/2025. Green tags indicate 'what was good' and the red tags indicate 'what could be improved'. This highlights that most stories are positive and not critical in nature. The main themes for 'what could be improved' are highlighted as communication, and information. These themes continue from previous year but themes of waiting times and "staff attitude" has not been identified in peoples' stories this year.

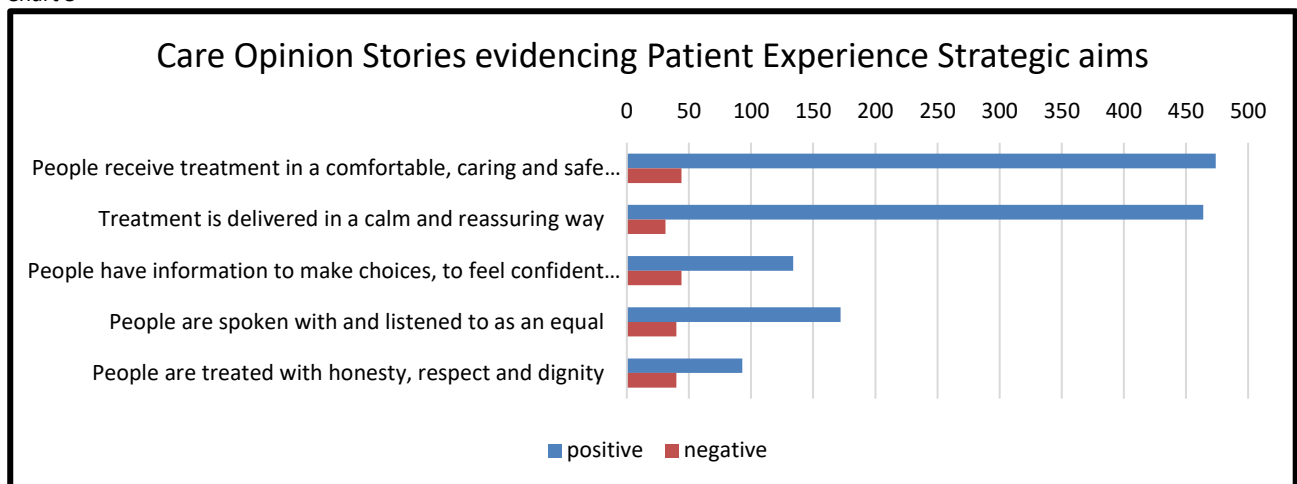
Chart 4



When services are responding to stories, they can identify if a change will be planned to follow the feedback given. During 2024/2025 NHS Lothian planned 10 changes following the feedback that was given. The changes planned sought to improve awareness around breastfeeding, information of meal provision for breastfeeding mums, improvement in signage at Western General Hospital site, removal of Covid screens at Lauriston and provision of toys for school age children in waiting areas.

Over the review period, when a story is received on Care Opinion the story is reviewed by the Patient Experience Team to identify if the story gives any evidence of fulfilling the Patients Experience Strategic Plan aims and whether this is a positive or negative evidence. Chart 5 illustrates this analysis. So, of the 814 stories shared 474 positively mentioned that the individual felt they had received treatment in a comfortable, caring and safe environment. This may have been reflected in comments about the hospital environment or comments about the caring nature of the staff they encountered. 93 stories made direct positive comment to being treated with honesty, respect and dignity, whilst 40 people directly commented on having a negative experience. There are number of stories which have not given explicit evidence of positively or negatively reflecting the Patient Experience Strategic Plan aims and these stories reflect other aspects of the patient's experience.

Chart 5



3 Supporting local services gather feedback.

Many services across NHS Lothian continue to implement initiatives to gather feedback from patients, families, and carers about their experience to support evaluation, learning and improvement. 16 services were supported to create their own feedback mechanisms in 2024/2025, 56% were services who have no access to Care Opinion due to being in the community or hosted by HSCPs. Each survey is individually designed to enable the service to gather feedback relevant to them.

Hospital Based Complex Clinical Care (HBCCC) was one service that approached the Patient Experience Team to support them provide a patient and carer prospective to undertake the '[15 Steps Challenge](#)'. HBCCC is for people who need complex care and treatment that can only be given in a hospital or specialist NHS unit because nursing and healthcare needs are complex, specialist, unpredictable and intense.

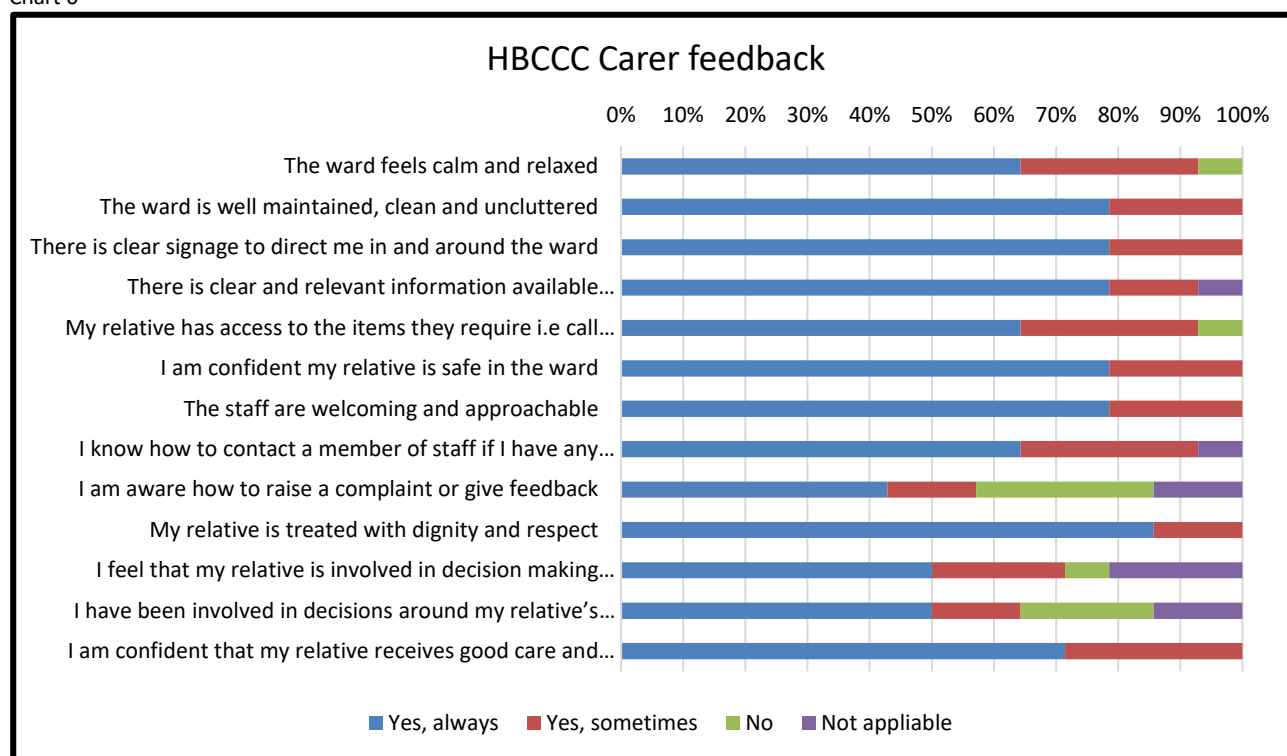
The 15 Steps Challenge focuses on seeing care through a patient's eyes and exploring their first impressions. The Challenge helps staff listen to patients and their carers, understanding what is working well and where services can be improved. The toolkit allows the team to review the service by answering questions on the following themes:

- Welcoming and caring
- Well organised and calm
- Informative

The challenge identified several recommendations and potential improvements. One recommendation was to introduce a feedback tool for family members, relatives, and carers. Due to the complex nature of this patient group, it can often be difficult to gather feedback directly from patients about their experience. So, seeking feedback from family members, relatives, and carers, can give important insight into their perspective and their perspective in relation to their loved one. Using the 15 steps challenge framework the Patient Experience team created a customised feedback tool which would allow family members, relatives, and carer to share their thoughts in their own time and as an ongoing process. The results are outlined in chart 6. This tool is used across all four HBCCC units providing valuable information to support services to recognise what is going well and any areas for improvement.

In 2025/2026 HBCCC services across NHS Lothian will continue to be supported in a variety of ways to gather feedback from patients about their experience to evaluate, learn and continue to improve services.

Chart 6



The Patient Experience Team will continue to support services across NHS Lothian to utilise a variety of ways to gather feedback from patients about their experience to learn and continue to improve services.

4 Patient Experience Survey

Background

The Patient Experience Strategic Plan highlights NHS Lothian's ongoing commitment to providing quality care to patients and their families. It is through understanding and improving how our patients experience their care, that NHS Lothian can successfully deliver high quality services that is based on patients' individual needs. The Patient Experience Team launched the Patient Experience

Organisational survey across NHS Lothian's acute hospital sites to explore the values of person-centred care and whether people agree that this has been characterised in their care.

Aim

We want to make it easy and straightforward for patients, their families and carers to share their experiences with us. In addition, we want to make sure we use the experiences shared to help improve our services and inform others.

- Develop and embed local systems for easily capturing and measuring patient, family and carer experiences across our organisation
- Make sure our staff have the tools, skills and confidence to capture patient, family and carer experiences
- Make sure staff use patient experience information alongside other quality data to inform service development

Question set and structure

The survey asks about people's experience of:

- Care being focused on what matters to the individual.
- Receiving care that is organised and timely.
- Being treated with dignity and respect.
- Involved in shared decision about their care.
- Supported to make informed choices about their care.

The survey is structured through a series of statements and respondents are asked to rate their level of agreement or disagreement on a Likert scale.

The survey had a staged launch across the three acute hospital sites, St John's hospital in September 2024, Royal Infirmary of Edinburgh in February 2025 and Western General Hospital in April 2025. 121 wards and services are represented in the survey. The survey is accessed through QR coded promotional material or through volunteers who are trained to conduct the survey with patients. 48% (n= 58) of wards/services identified it would be suitable to have a volunteer regularly approach patients within the ward.

There have been 13 Patient Experience volunteers recruited and trained. At present 6 volunteers remain in position and are allocated to 24 wards across the 3 sites. Recruitment for Patient Experience volunteers is ongoing and when recruited they will be allocated to a set number of the remaining wards.

Patients can request access to the survey in a different language or easy read format, contacting the Patient Experience Team by email. At present a request for the survey in a different format has not been submitted.

Sample

The survey is offered to a convenience sample, those who may see or be handed promotional material, those who are identified by nursing staff as appropriate to approach within the ward/service by volunteers (exclusions are due to clinical presentation), and finally those who agree to undertake the survey with a volunteer.

Most responses are gathered through volunteers and therefore responses may be biased to those who are clinically well enough at the time to participate, and those willing to discuss their care experience. This may result in the responses not reflecting the view of a wide patient population. It is worth highlighting, responses may show a positivity bias where patients may only share a view, they feel is socially acceptable to be shared in an interaction with volunteer. Taking this all into consideration, results can give a picture but may be difficult to generalise and apply results across the organisation.

Demographics from survey respondents

When conducting the survey, patients are asked if they would answer questions which can help us understand about social inequalities related to access to health services. 61% of individuals answered these questions.

- 96% people who completed the survey reported their role as patient, with 3% parents/guardian/relative and 1% as carers.
- 68% of people were over the age of 60.
- 52% of people reported their sex as female, 47% male. When asked if 'do you consider yourself trans or have a trans history', 2 people agreed 'yes'.
- 94% of people reported to be straight/heterosexual, 3% as gay/lesbian/bi-sexual or other and 4% preferring not to say.
- 91% of people reported their ethnicity as 'white Scottish or other white British', 8% are from ethnic minorities with Asian being the largest ethnic group.
- 39% of people reported not belonging to any religious group, 53% of people report being Christian (Church of Scotland, Roman Catholic or other Christian).
- 87% of people report English to be their main language, no one reported BSL to be their main language.
- 59% of people reported that their day-to-day activities are limited because of a health problem or disability which has lasted or is expected to last at least 12 months.
- 4% of people reported having been in care.

These findings indicate an over representation of older adults, as well as an under representation of those whose first language is not English. The under representation of those whose first language is not English can be attributed to promotional materials being in English and volunteers' primary language being English.

Findings so far

Within the reporting period (01.06.24-31.03.25) there has been 738 responses and the distribution of responses across the three acute hospital sites are:

- Royal Infirmary of Edinburgh 381
- St John's Hospital 191
- Western General Hospital 166

54% of wards/services have had one or more survey responses, acknowledging the launch at Western General Hospital (April 2025) is not included in the reporting period which accounts for 54% of the wards/services who have not received a response.

Within the results, there is a large variation in the amount of survey responses per ward, with some wards having less than 5 responses in the reporting period and some wards having up to 35 responses. This variation will give an uneven distribution of responses and may skew or mask issues in the results. Those with few responses may not be adequately represented and therefore issues may be under or mis-represented. Wards with a larger number of responses may over or mis-represent an issue due to that individual ward accounting for a larger percentage of the results. So, when looking at the results for each site it is important to understand which services have contributed to those results in the reporting period.

Over the reporting period 84% of the responses highlight patients having a positive experience of care. Reviewing the data on a monthly basis it is evident that this experience of care is sustained over the 9 months with scoring consistently remaining in the 80s percentage, see chart 7.

Chart 7

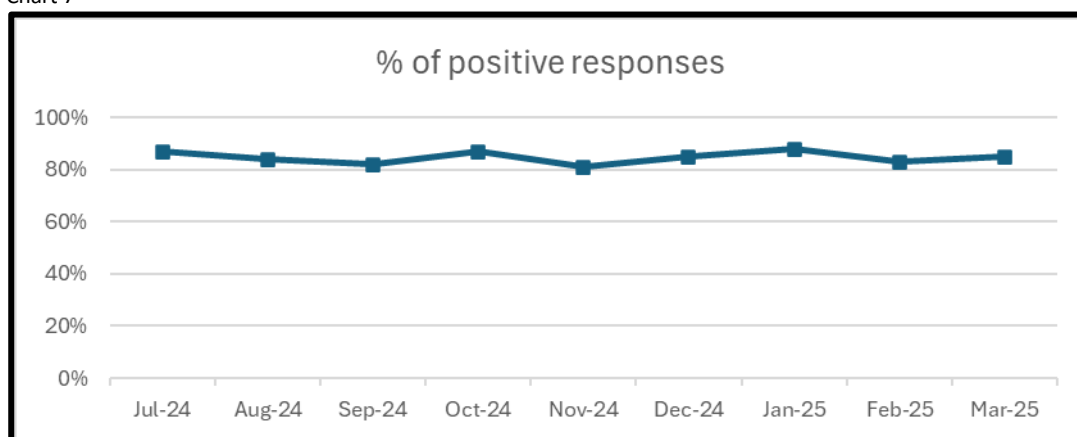
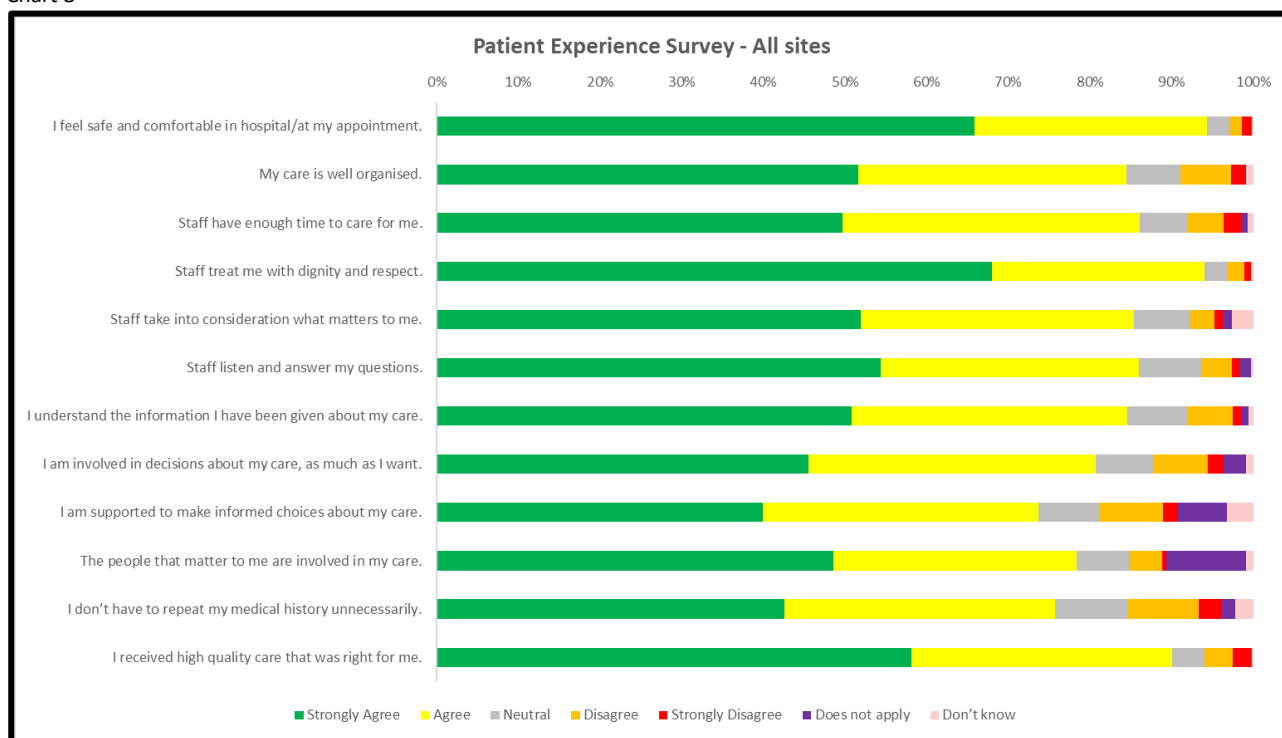


Chart 8 indicates the overall responses with green and yellow highlighting people agreeing with the statement asked. The highest scoring positive answer indicates 94% of people 'strongly agreed' or 'agreed' stating 'I feel safe and comfortable in hospital or at their appointment', and 'Staff treatment me with dignity and respect'.

The highest scoring negative answer indicates 11% of people 'strongly disagreed' or 'disagreed' with the statements 'I didn't have to repeat my medical history unnecessarily'. 10% of people disagreed 'I am supported to make informed choices about my care' and 'I am involved in decisions about my care, as much as I want'.

Chart 8



The survey asks patients, *'If you have any other comments about what has been good or what could have been better, please do share with us'*. Comments left help us understand patients experiences more fully and enables them to highlight experiences of value and importance to them. To understand and utilise these comments to improve services, it is important to be able to theme these comments to identify common trends and patterns. Theming is carried out using a secure NHS approved AI system to identify the main positive themes of what has been good, and the main themes of what could be improved. 395 comments were anonymised and themed using an AI platform.

"We have been undertaking a Patient Experience Survey. Can you give me the main themes of what has been good in people's experience and the main themes of what could be improved?"

The following themes were identified-

What Has Been Good in People's Experience

1. Staff Kindness and Dedication

Patients frequently praised staff for their compassion, professionalism, and dedication, even under pressure.

"Staff have been angels, so grateful for support. Following on from my fall, I'm so grateful for care I've received."

"Staff shortages, cold food but food delicious, staff are angels on the whole."

"Staff doing a fantastic job."

2. Quality of Care

Many patients felt well cared for and supported, often describing their treatment as excellent.

"Patient felt his care has been fantastic."

"Patient very happy with his care."

"Patient has been extremely happy overall with care."

3. Positive Environment

Some patients appreciated the cleanliness, calmness, and friendliness of the ward environment.

"Staff always smiling and welcoming which is great."

"Very well organised care. Better than private care."

"Joyful experience being here, well looked after."

What Could Be Improved

1. Communication

A recurring issue was poor or inconsistent communication between staff and patients, especially regarding treatment plans and discharge.

"Patient felt he has been ignored in terms of treatment plan which wasn't explained to him."

"I didn't have the information I needed to make decisions, it was a complete confusion."

"Doctors should listen to patients, they didn't take in consideration my concerns."

2. Staffing and Delays

Many comments highlighted long waits for care, buzzer responses, or procedures, often attributed to Staff shortages.

"Have to wait a long time for staff to come. Had hip replacement but no physio yet."

"Disturbance by patient with mental health issues. Had to wait on trolley for day and a half."

"Staff are run off their feet and insufficient nurses in each bay."

3. Discharge Process

Patients often felt unprepared or confused about discharge timing and logistics.

"No warning about going home, had to wait hours before getting discharged."

"Told was fit to be discharged, however no means of getting home without 48 hours notice."

"Every day they come to me to say you going to home and then not, which is really stressing."

4. Food Quality

Food was a mixed theme—some praised it, but many found it lacking in taste, variety, or portion size.

"Food not great."

"Patient felt food was average, very small portions."

"Food is dreadful. Has been going to the canteen most days to eat."

5. Ward Environment

Patients noted issues with noise, boredom, and lack of entertainment or privacy.

"Very bored as he has very few visitors. He is waiting on a care package."

"TV not working. Long day."

"Noise levels have been pretty high, wakened at 6am for breakfast."

Services receive Real-Time reports providing them with the results and comments the next working day to survey feedback being submitted. This enables early resolution when concerns are raised

and share positives to encourage staff. The data is additionally shared with each hospital site to enable them to understand the themes being identified through quantitative and qualitative data.

The survey will continue to be implemented across each hospital site, evaluating the impact to support services understanding their patient experience and improving services.

5 Digital Patient Stories

During this period, the Patient Experience Team have continued to support the Business Units to record patient stories so that they can be shared with the members of the NHS Lothian Healthcare Governance Committee. This gives people the opportunity to share their feedback with us and it is important that the patient's voice is heard at this senior level of the organisation. Each story is unique and when filming them the following questions are considered:

- What went well?
- What could be improved?
- Do they have any suggestions for improvements?

Whilst these stories are shared at a committee level, they are also shared locally by the teams who are directly involved in providing the care so that they can see and hear the impact of what it feels like to be a patient within our organisation.

6 Complaints Related Feedback

NHS Lothian is committed to delivering safe, effective, and person-centred care. The use of feedback continues to be central to achieving these aims, and we offer a variety of approaches which allow people to choose a feedback mechanism that best suits their needs.

The Patient Experience Team provides a supportive role to people who contact them with a complaint or feedback. This includes providing advice on the Complaints Handling Procedure (CHP), helping people access independent advice and support on making a complaint (via Patient Advice and Support Service), connecting them with advocacy services, or guiding them on how to share feedback with NHS Lothian. The team ensures that the person giving feedback or raising a complaint understands the next steps and any associated timescales. The CHP emphasises making it easy and accessible for people to provide feedback or make a complaint.

All complaints are logged centrally in our risk management system Datix and are closely aligned with Significant Adverse Events and Duty of Candour processes. The Patient Experience Team provides NHS Lothian with a central point for the receipt and coordination of all Scottish Public Service Ombudsman (SPSO) correspondence and activity.

NHS Lothian receives a variety of types of feedback. Chart 9 below shows the different types of feedback received during 2024/2025, which totalled 6350 pieces of correspondence. Further details on complaints are provided in the next section. It is important to note that although compliments reflect 13% of the overall feedback, this only includes those sent directly to the Chief Executive's office or other Executive Directors. Many compliments are received locally by clinical teams and shared directly with staff.

Chart 9

Complaint	Concern	Feedback	Comments	CEO/Enquiries	Compliment
3680	1431	198	1	223	817
58%	23%	3%	0%	4%	13%

It can be seen below in Chart 10 that October 2024 saw the biggest volume of feedback received (n= 580) with December 2024 seeing the smallest (n= 456).

Chart 10

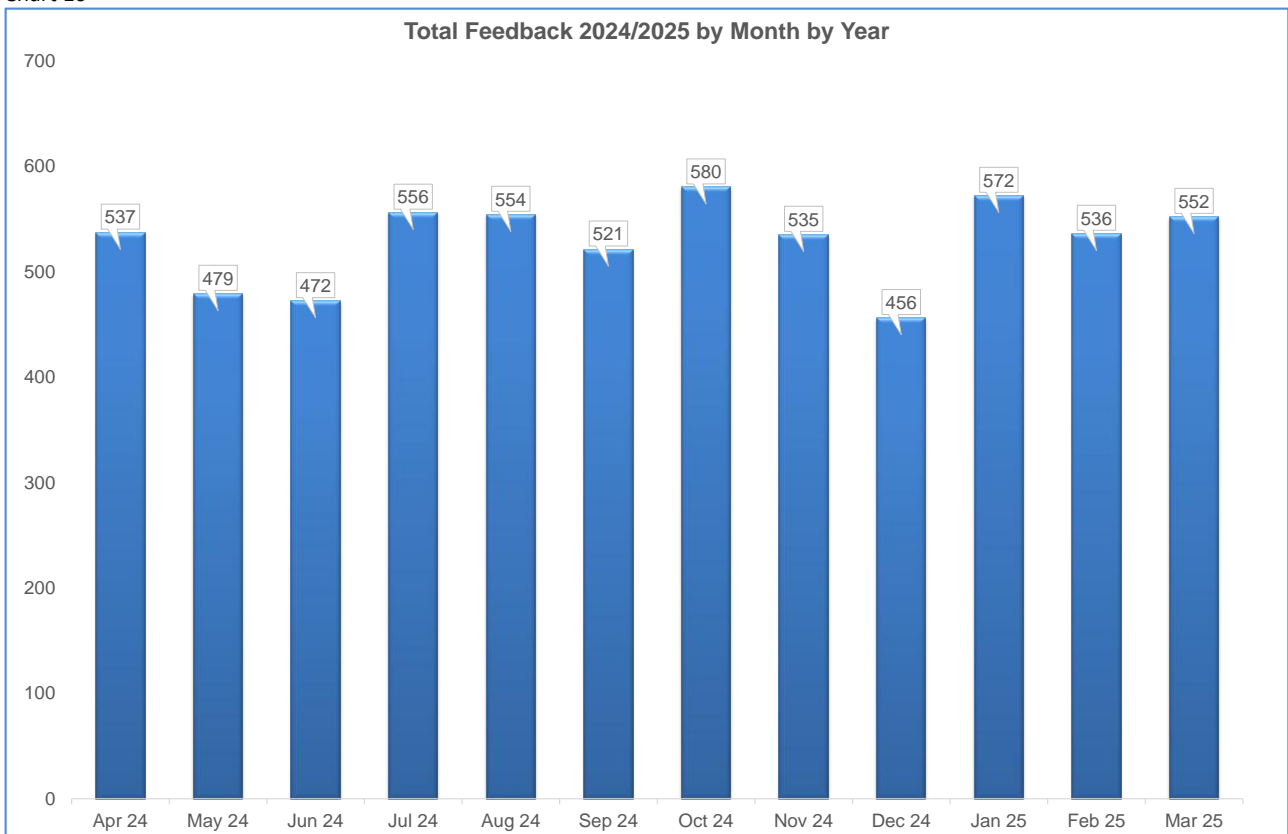
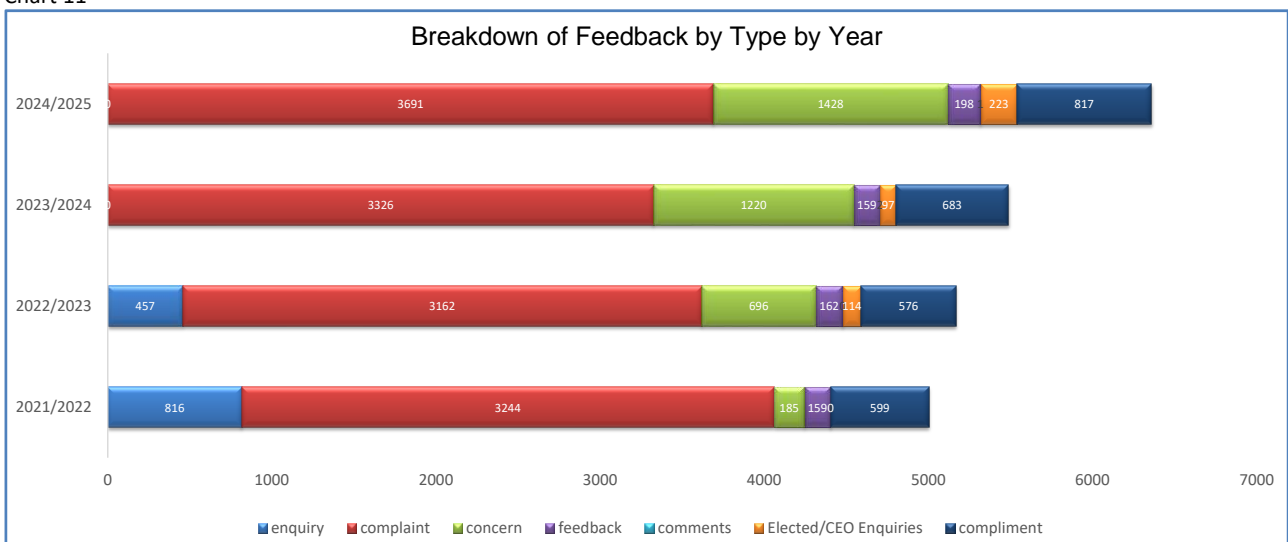


Chart 11 describes the feedback by type over the last 4 financial years.

Chart 11



The Complaints Handling Procedure (CHP) requires all NHS Boards to report on a set of key performance indicators (KPIs). The following section details the performance and activity undertaken by NHS Lothian in relation to these nine KPIs during 2024/2025.

NHS Lothian's definition of a complaint is:

"An expression of dissatisfaction by one or more members of the public about the Board's action or lack of action, or about the standard of service provided by or on behalf of the Board."

- Stage 1 complaint – Early resolution: Issues that are straightforward and easily resolved, requiring little or no investigation. These should be resolved within 5 working days.
- Stage 2 complaint – Investigation: Issues that have not been resolved at the early resolution stage, or are complex, serious, or high risk. These should be resolved within 20 working days.

Prisoner Healthcare Complaints

NHS Lothian is responsible for prisoner healthcare at both HMP Addiewell and HMP Edinburgh. These are large prisons, with HMP Edinburgh accommodating both male and female prisoners.

As highlighted earlier, NHS Lothian received 3,680 complaints during this reporting period, of which 918 were from prisoners – an increase from the previous year (n=911). Stage 1 complaints accounted for most prisoner healthcare cases (n=751), which reflects a positive position as most concerns are being resolved locally through early resolution. Where early resolution was not possible, the remaining cases were managed via the Stage 2 process.

Complaints and Feedback Forms continue to be made available to prisoners in their halls and through healthcare staff, ensuring that all individuals have accessible opportunities to raise concerns and provide feedback.

Indicator One: Learning from complaints.

For this report the themes from stage 1 complaints have been separated from stage 2 complaints. Table 1 identifies the themes from stage 1 and stage 2 complaints themes are shown below.

Top 5 Themes	Stage 1	Stage 2
1	Treatment (817 / 44%)	Staff (1520 / 48%)
2	Staff (575 / 31%)	Treatment (1158 / 37%)
3	Waiting Times (401 / 21%)	Waiting Times (323 / 10%)
4	Environment / Domestic (49 / 3%)	Environment / Domestic (78 / 3%)
5	Delays (20 / 1%)	Procedural Issues (45 / 1%)

For Stage 1 complaints the top three reasons are 1) Treatment 2) Staff and 3) Waiting Times. This is in keeping with the previous year's report.

For those complaints that have been identified as stage 2, the top three reasons are 1) Staff, 2) Treatment and 3) Waiting Times. This is in keeping with the themes from the previous year's report.

For each complaint that is received there is the opportunity to record up to three "issues". An example would be that the complaint describes issues of staff, delays with clinical treatment and

difficulties with car-parking. For this reason, there are more issues recorded than the numbers of complaints.

One of the most important elements of the complaints process is making sure that services listen, reflect, and make improvements where needed. Here are some examples of how complaints received this year have led to learning and changes in practice:

Complaint 1 - A patient told us that their appointment reminder text didn't include the name of the department or a way to contact the service.

What we did - We updated our text message appointment system so that reminders now include the name of the service and a contact phone number.

Complaint 2 - A concern was raised about how growth was being monitored during pre-natal care.

What we did - A new process was introduced to make sure that placentas are examined when a baby's growth falls below a certain threshold. This helps improve the safety of care for both mother and baby.

Complaint 3 - A patient received medication they were allergic to. The medication had been left at their bedside in a cup, but the patient wasn't able to take it independently.

What we did - Nursing staff were reminded to follow the safe medication administration policy. This includes always checking a patient's name, date of birth and allergies before giving any medication — and ensuring that patients who need help are supported to take it safely.

As previously highlighted in chart 9 NHS Lothian received 817 compliments, which have been received directly via the Chief Executive's office, an Executive Director, or the Patient Experience Team. This equates to 13% of all feedback recorded in DATIX. The Patient Experience Team continues to encourage clinical teams to record compliments locally on DATIX. As an organisation, we are very aware that the clinical staff receive thank you cards and compliments directly to the wards and teams and the numbers below only reflect a tiny proportion of this positive feedback.

All Scottish Public Services Ombudsman Reports (Decision and Investigation Reports) are shared across the organisation. Summaries are provided from these reports monthly to ensure wider learning can take place. For those NHS Boards who receive Investigation Reports these are also shared across NHS Lothian. Learning from feedback continues to be an agenda item on groups such as Acute Clinical Management Group.

Indicator Two: Complainant Process Experience

This Key Performance Indicator (KPI) requires Boards to seek feedback from complainants about their experience of the complaints service provided. Since the introduction of the Complaints Handling Procedure (CHP) in April 2017, complainants have been given the opportunity to provide feedback on their experience of the complaints process itself.

Currently, this request is made at the end of the complaints journey and, in previous years, has been undertaken using postal or telephone surveys. Response rates have remained low, consistent with previous years. To address this, during 2024/2025 NHS Lothian continued to include a copy of the postal survey and a QR code link in all Stage 2 complaint response letters.

The survey has 10 questions and a free text box. 83 complainants responded to the survey, returning their response either through the QR code or through a paper response.

The responses to this year's complaints experience survey were broadly similar to last year, with no major changes in how people rated their experience — either positively or negatively. This suggests that the process has remained consistent, with the same areas of strength and the same areas where improvement is needed.

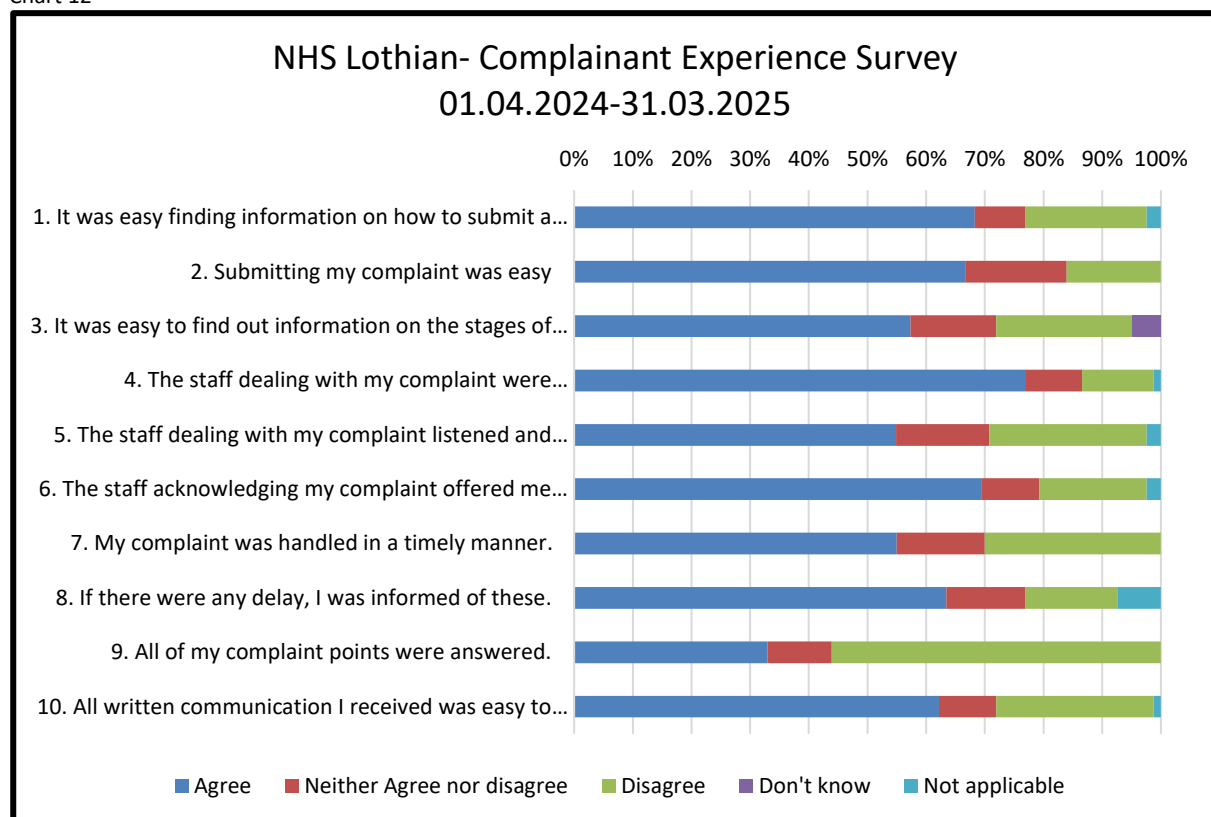
The most positively rated question was:

"The staff dealing with my complaint were professional, polite and courteous" - with 76% of people agreeing with this statement — a reminder of the importance of how complaints are handled, not just the outcome.

The lowest scoring question was:

"All of my complaint points were answered" - where 55% of respondents disagreed, highlighting that people still don't always feel they've had a full response to the issues they raised.

Chart 12



Indicator Three: Staff Awareness and Training

During 2024/2025, the Patient Experience Team moved from live delivery to recorded sessions for newly qualified Nurses, Midwives, and Allied Health Professionals. This approach has provided greater flexibility for staff to engage with training at their convenience and has allowed the team to build more capacity to deliver tailored, service-specific training where required.

The Patient Experience Team continues to engage actively with nursing committees and groups across both Acute and HSCP services, ensuring the Patient Experience Strategic Plan remains a key focus. This year, bespoke sessions were also delivered to dental and community colleagues, supporting them to embed person-centred approaches when managing feedback on their experiences of care and treatment.

The NES training modules remain available on TURAS Learn and staff are encouraged to complete them. These include:

1. NES: The Value of Feedback
2. Encouraging Feedback and Using It
3. NHS Complaints and Feedback Handling Process
4. The Value of Apology
5. Managing Difficult Behaviour

Indicator Four: The total number of complaints received.

Table 2 identifies the number of complaints received each quarter during 2024/2025. The quarterly distribution has remained relatively consistent, with the highest number of complaints received in Quarter 2 (n=1,004).

	Number / %
Quarter 1	919 / 25%
Quarter 2	1004 / 27%
Quarter 3	848 / 23%
Quarter 4	920 / 25%

Indicator Five: Complaints closed at each stage.

Table 3 below, identifies the number of complaints closed at each stage, as a percentage of all complaints.

Complaint Type	%
Stage 1	48%
Stage 2	44%
Stage 2 Escalation	7%

Indicator Six: Complaints upheld, partially upheld, and not upheld.

Table 4 shows complaints by outcome. 39% of Stage 1 complaints were not upheld, 26% of Stage 2 complaints were not upheld. The data below does not add up to 100% as there have been a small number of complaints that have not progressed through to conclusion and have been withdrawn. Often complaints can have elements that are both upheld and not upheld, in these circumstances, the outcome is described as “partially upheld”.

Table 4

Complaint Type	Upheld	Not Upheld	Partly Upheld
Stage 1	37%	39%	17%
Stage 2 Investigation	21%	26%	43%
Stage 2 Escalation	21%	35%	37%

For some Stage 2 complaints it can be clear from the outset that the complaint will take longer than 20 working days to carry out the investigation and respond to the complainant. In these circumstances, the complainant must be informed in advance of this and should be kept up to date during the investigation process. Further details on this are included under indicator nine.

Indicator Seven: Average times

Table 5 identifies the average number of working days to respond to Stage 1, Stage 2 and Stage 2 escalated complaints. The average time for Stage 1 complaints is 9 days. The average length of time for Stage 2 complaints to be investigated and responded to is 25 days and for those escalated Stage 2 complaints it is 20 days.

Complaint Type	N
Stage 1	9
Stage 2	25
Stage 2 Escalation	20

Indicator Eight: Complaints closed in full within the timescales.

Table 6 identifies the percentage of complaints that have been closed in full as a percentage of Stage 1 complaints (5 working days), Stage 2 complaints (20-working days) and those Stage 2 escalated (20 working days)

Complaint Type	%
Stage 1	50%
Stage 2	47%
Stage 2 Escalation	61%

There were 50% of Stage 1 complaints responded to within 5 working days and 47% of Stage 2 complaints responded to within 20 working days. There were 61% of escalated Stage 2 complaints responded to within 20 working days. These figures reflect how staff continued to be challenged responding in a timely manner, and their competing priorities at what has been, and continues to be, a very challenging time for the organisation.

Indicator Nine: Number of cases where an extension has been authorised.

Following discussions with colleagues nationally, it remains evident that this indicator is calculated differently across health boards.

During 2024/2025, NHS Lothian continued to keep in touch with complainants by sending an "Explanatory Letter" between days 15–20 of the complaints process. These letters inform complainants about the reason for any delay and provide an updated timeline for their response.

This year, efforts were made to standardise the use of explanatory letters across all services, with additional monitoring put in place to improve consistency. Despite this, further work is still required to strengthen assurance that complainants are kept fully informed throughout the process.

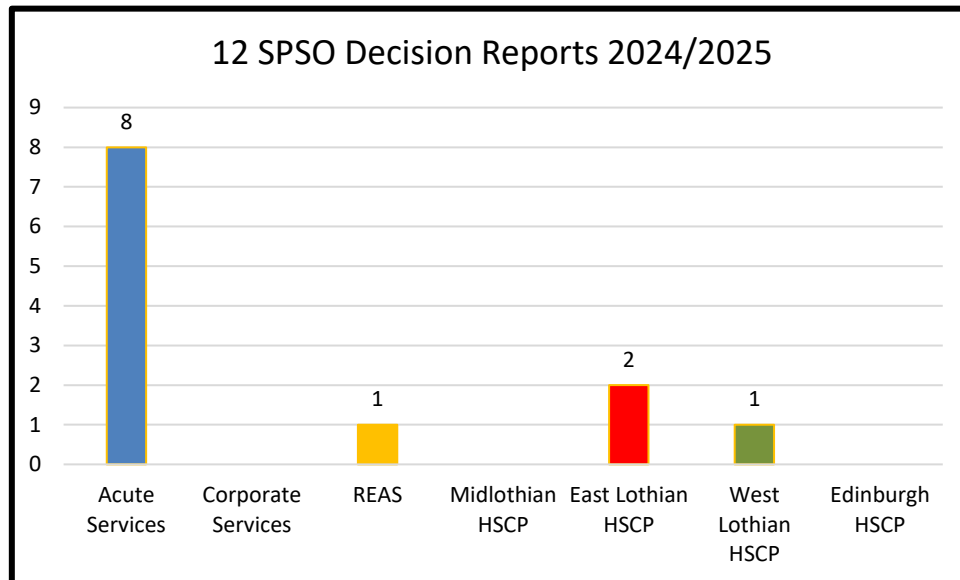
For 2024/2025, performance for this indicator sits at 74%, calculated as the average of the four quarterly percentages.

Scottish Public Service Ombudsman (SPSO) Reports

The SPSO is the final stage for complaints about public services in Scotland, including the NHS. Their role is to independently review complaints that have not been resolved through the organisation's procedure.

The SPSO issued 12 Decision Reports for NHS Lothian (Chart 13) across the Business Units.

Chart 13



All SPSO reports are shared with the relevant services, and action plans are put in place to respond within the required timescales. These learning points are also shared more widely across the organisation to support improvement. Of these 12 reports:

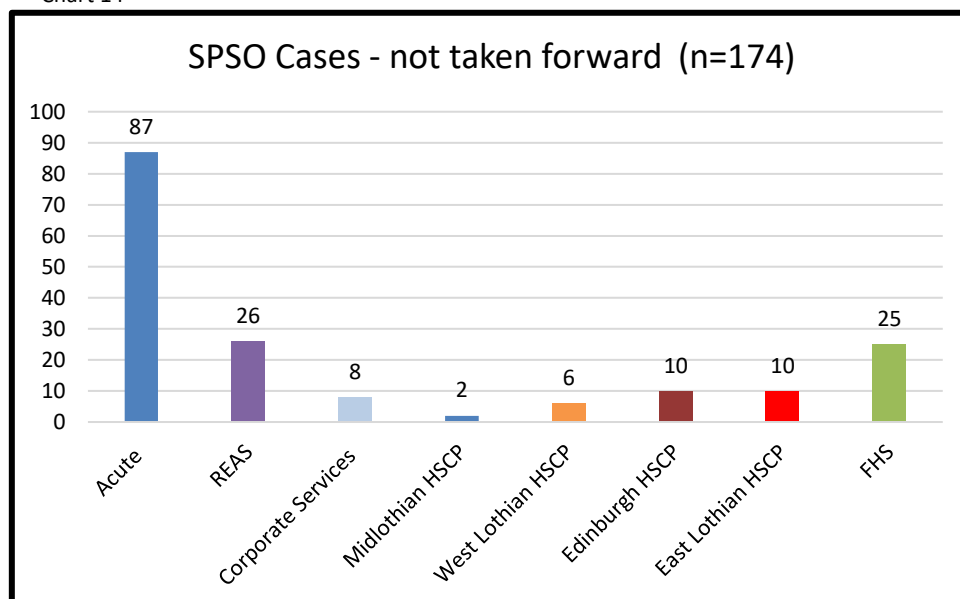
- 6 were upheld with recommendations.
- 4 were partially upheld with recommendations.
- 2 were not upheld and had no recommendations.

In many cases, the SPSO decides not to carry out a full investigation after reviewing the complaint file and the clinical records. This is often based on “proportionality” or “reasonableness” — for example, when the issue has already been addressed locally or further action is unlikely to add value.

In 2024/2025, the SPSO decided not to take forward 174 cases involving NHS Lothian.

This is shown in the chart below (chart 14).

Chart 14



- This represents 96% of SPSO contacts with the Board this year.
- The majority related to Acute services (87 cases), followed by REAS (26 cases) and Family Health Services (25 cases).

Whilst we recognise that this is a positive position for the Board, we do acknowledge that the complainant has remained unhappy with their outcome.

In addition to cases involving NHS Lothian, the SPSO also published x 5 Investigation Reports, of which 2 relate to NHS Lothian. All of these Investigation Reports have been shared as we recognised that lessons may also be relevant to us. For those 2 Investigation Reports, the actions have been completed and the SPSO have received the necessary evidence.

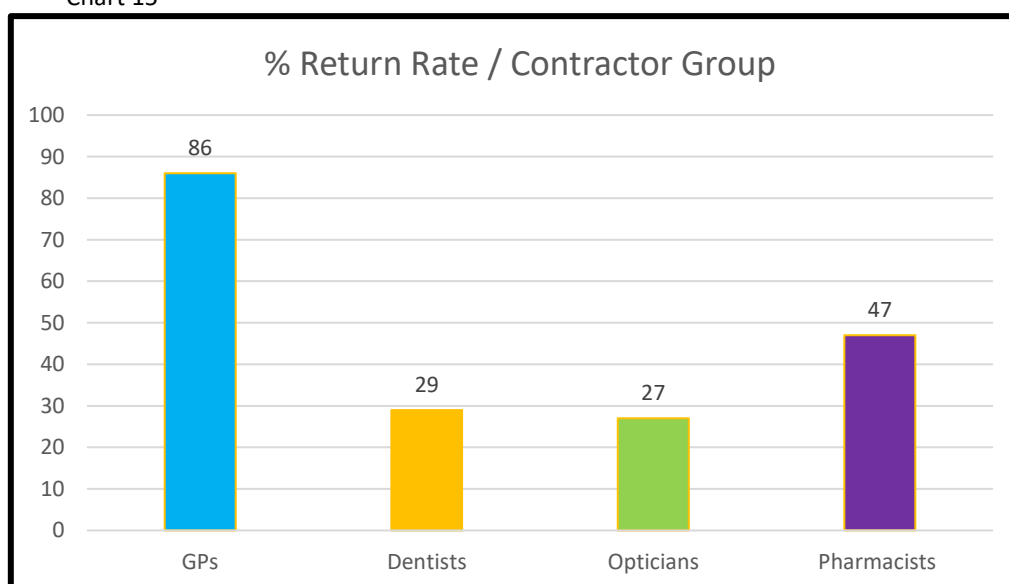
Feedback Received by Independent Contractors

The number of complaints received by contractor group is detailed in the table below, based on the information they provided:

- General Practitioners
- Dentists 149
- Opticians 25
- Pharmacists 235

Looking at each contractor group individually, the bar chart below (15) indicates that General Practitioners to be the highest responding contractor group, followed by Dentists, Pharmacists, and then the Opticians. By continuing to work with the Primary Care Contracts Team and the Primary Care Joint Management Group we have seen an increase in the % return rate for GP Practices as we have linked the request for complaints related date to their annual practice returns. In addition we will continue to work with the Area Clinical Forum to see how we can improve our response rate for those other contractor groups. In discussion with the National Complaints Association Group, all NHS Boards have difficulty in obtaining this annual data from the Independent Contractor Group.

Chart 15



Conclusion

As we close Year 2, I want to thank everyone who has contributed to this work — patients, families, carers, staff, volunteers, and partners across NHS Lothian.

Over the past year, we have continued to hear from more people about what matters to them. Whether through Care Opinion, local surveys, digital stories or complaints, this feedback has helped us learn, reflect, and in many cases, make meaningful changes. Our thanks go to the services who have supported this work — especially those who have taken the time to share what they have learned and how they have responded.

We know there is still work to do. The themes people raise with us remain consistent, and we need to keep focusing on improving how we listen, how we respond, and how we involve people in shaping care. We have made progress in building the right systems and culture — but we now need to be confident that those changes are making a difference to people's experiences.

In the coming year, we will continue to review the impact of the strategy so far. Year 3 marks a planned point of reflection: to evaluate what is working well, where improvements have been sustained, and where we might need to shift focus. This will help us make sure the plan remains relevant and that it continues to support care that is inclusive, responsive, and person-centred.

We will also continue to strengthen how we respond to complaints and ensure learning is shared across services. This includes our ongoing work to embed the Child-Friendly Complaints Handling Principles. While these are now in place, we know that building staff confidence to apply them consistently — and meaningfully — will take time. We are committed to making sure children and young people are supported to raise concerns and that their voices are heard clearly throughout the process.