

Patient Experience Strategic Plan (incorporating complaints)

Year 3- Report
2025/2026



Introduction

I am pleased to present the mid-point report (Year 3) for NHS Lothian's Patient Experience Strategic Plan (2023–2028). This report highlights the work carried out by the Patient Experience Team to support services across NHS Lothian to deliver against the objectives of the Strategic Plan. These objectives reflect our commitment to placing patients, families and carers at the centre of everything we do. This report also fulfils the statutory duty to report against the nine national Key Performance Indicators (KPIs) as required by the national NHS Complaints Handling Procedure (CHP).

Understanding people's experiences of care is essential to improving the quality of our services and ensuring the care we provide is not only clinically effective, but compassionate, person-centred and responsive to individual needs. The strategic plan recognises that listening to what matters to people, encouraging feedback and learning from lived experience are fundamental to achieving this ambition.

To strengthen organisational learning and oversight I have re-established the Care Assurance Oversight Board providing a forum to share learning from patient feedback, complaints and other assurance activities. In addition, a review of the Lothian Accreditation and Assurance Standards (LACAS) has been initiated to ensure that patient experience and person-centredness remain central to how we assess and improve the quality of care.

Throughout 2025/26, patients, families and carers continued to share their experiences with us through a range of feedback mechanisms, including complaints, compliments, Care Opinion, Digital Patient Stories and the Patient Experience Survey. Collectively, these sources of feedback provide a rich understanding of what people value most about the care they receive as well as identifying where improvement is required.

One of the most consistent themes emerging from this feedback is the recognition of our staff. Patients and families frequently described the kindness, compassion, professionalism and dedication of staff working across NHS Lothian. I would like to thank colleagues throughout our services for their continued commitment to providing high-quality care, often within increasingly challenging circumstances.

The report also highlights areas where we must continue to make improvements. Communication, waiting times, discharge processes and ensuring people feel informed and involved in decisions about their care remain recurring themes. Whilst it is important that we celebrate success in what is working well, it is equally

important that we listen carefully when experiences fall short of expectations and use that insight to drive meaningful and sustained improvements.

This report describes the progress made during the third year of the strategic plan and demonstrates how patient and carer experiences and feedback continue to shape learning, quality improvement and service development across NHS Lothian. Whilst there is still more to do, the continued willingness of patients, families, carers and staff to share their experiences provides valuable opportunities to learn and strengthen the care we provide for the people of Lothian.



Alison Macdonald

Executive Director of Nursing

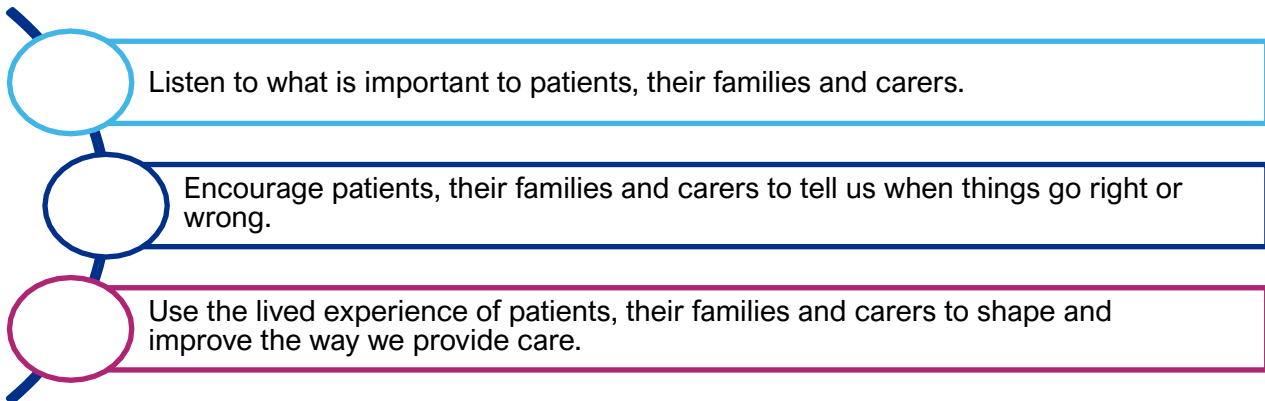
Our Strategy

The Patient Experience Strategic Plan (2023–2028) sets out our commitment to improving the experiences of patients, families and carers. The strategy recognises that understanding learning from people's experiences is essential to delivering high quality, person-centred care.

The Strategic plan is underpinned by five 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, feel confident and in control.
- People are spoken with and listened to as an equal.
- People are treated with honesty, respect and dignity.

To support the delivery of these aims, we are focused on three key objectives:



This report reflects progress, shares insights, and identifies priorities for the year ahead.

2025/ 2026 At a glance

892

compliments received

971

prisoner healthcare
complaints

3855

complaints/55% of all
feedback

327

iservices represented on
Care Opinion

9

SPSO decision
letters published

946

Care Opinion Stories
shared

1260

Patient Experience Survey
responses received

528

Care Opinion responders

1. What matters to you?

The 'What matters to you?' (WMTY) approach supports meaningful conversations between staff, patients, families and carers, helping to ensure that care is centred on the needs, preferences and priorities of the person receiving it.

NHS Lothian has promoted the use of WMTY through local resources, case studies and practical guidance, supporting teams to embed person-centred conversations into everyday care over a number of years. These resources enable services to share learning and demonstrate how understanding what matters most to people can influence care planning and service improvement.



The principles of WMTY are recognised and embedded with NHS Lothian's commitment to person-centred care and are reflected within the Lothian Accreditation and Care Assurance Standards (LACAS) framework, recognising the importance of listening to patients, families and carers and using feedback to support learning and improvement.

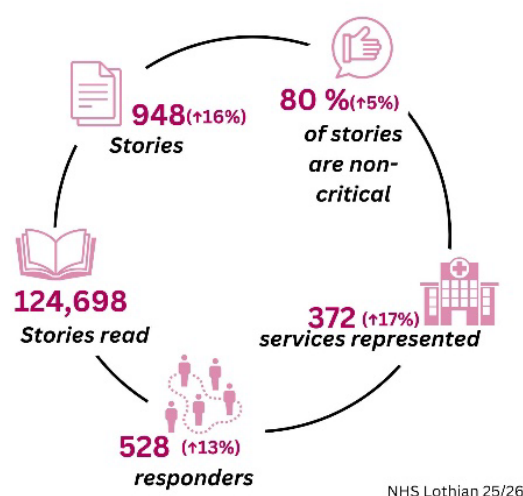
As services continue to embed WMTY approaches within routine practice, these conversations will remain an important way of understanding what matters most to people and ensuring that care is responsive to their individual needs.

2. Care Opinion



Care Opinion <http://www.careopinion.org.uk> is an independent online platform that enables patients, families and carers to anonymously share feedback about their experiences of health and social care services. In NHS Lothian stories

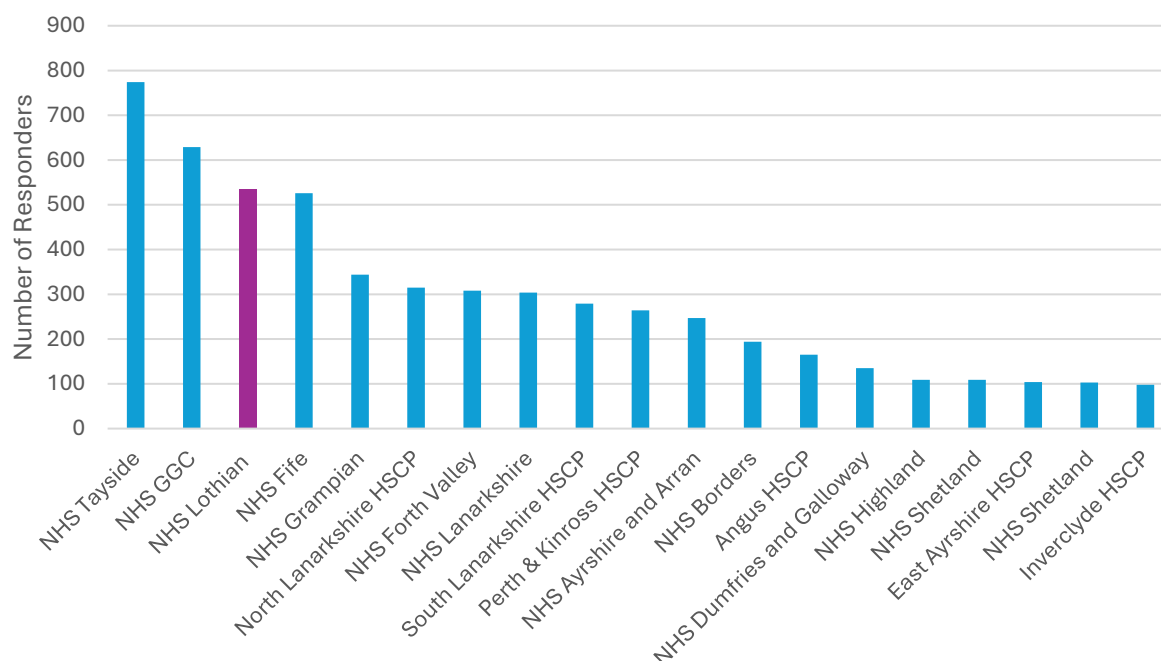
relating to Acute services are shared, providing services with an opportunity to respond publicly and demonstrate how feedback is used to support, learning and improvements.



Over the last year, NHS Lothian has continued to promote and expand the use of Care Opinion across services through training, promotional events, the Patient Experience Newsletter and sharing stories of staffs' experience of the platform. During 2025/26 there was a 17% increase in the number of services represented on the platform (n=372) and a 13% increase in the number of staff fulfilling the responder role. This is a key metric used by Care Opinion to demonstrate how organisations are using the

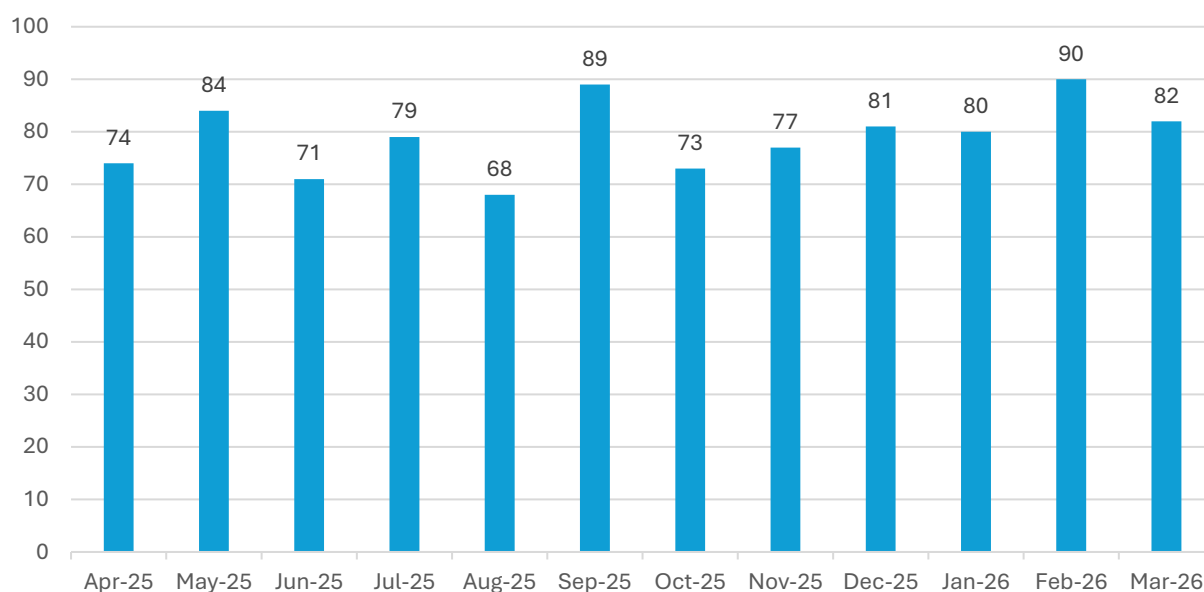
platform. NHS Lothian now has the third highest number of responders and members across NHS Boards and Health and Social Care Partnerships in Scotland, as shown in Chart 1.

Chart 1 Number of staff responders per organization 2025/2026



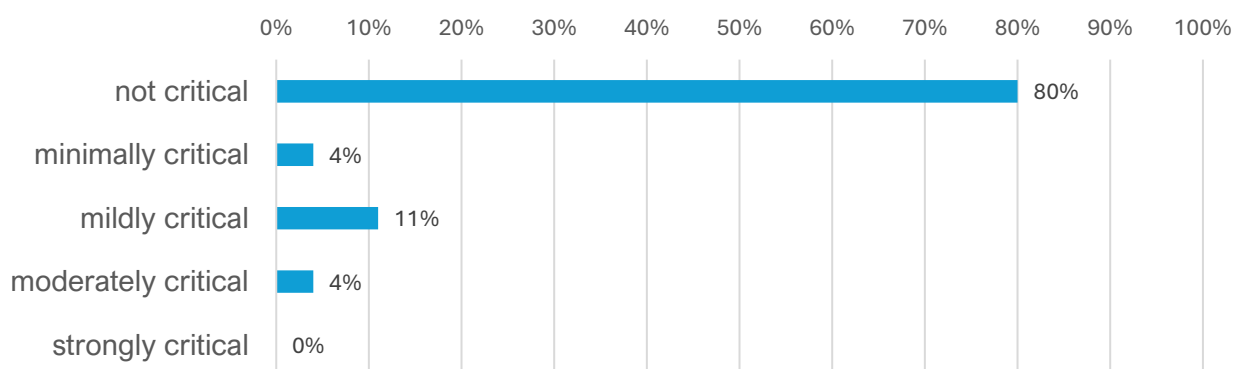
During 2025/2026 948 stories were shared about NHS Lothian services through Care Opinion, representing a 16% increase compared to the previous year, and almost double the number recorded during the first year of the Strategic Plan. These stories were viewed over 124,000 times, demonstrating continued engagement with the platform (chart 2).

Chart 2 When stories were told 2025/2026



When a story is submitted to Care Opinion moderators assign a criticality rating. Stories submitted to Care Opinion are independently reviewed by Care Opinion moderators who apply a criticality rating based on the content of the story and the concerns described. The majority of stories submitted (80%) were assigned 'not critical' describing positive experiences of care in NHS Lothian. This is a 5% improvement from the previous year. 4% were rated as moderately or strongly critical, a 3% reduction from 7% in the previous year. (Chart 3).

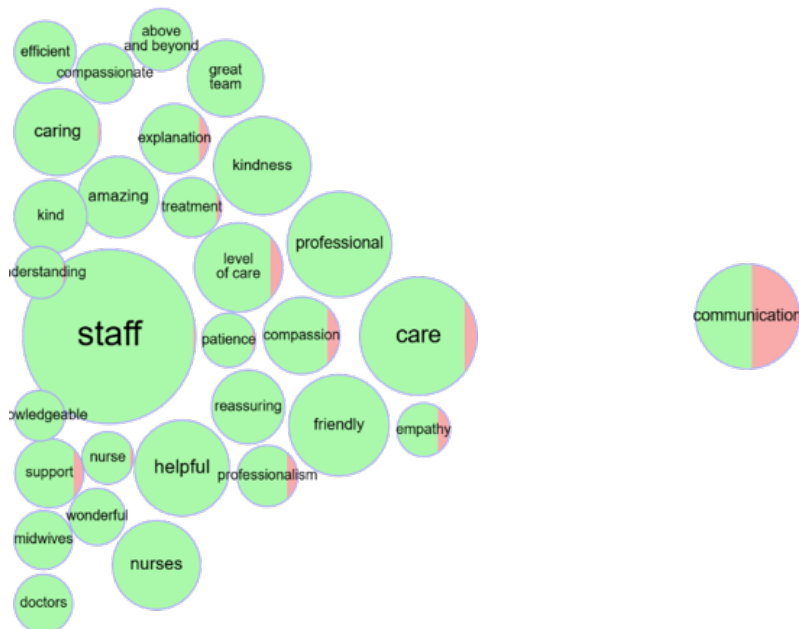
Chart 3 How moderators have rated the criticality of these stories



Care Opinion also enables feedback to be analysed thematically, supporting services to identify recurring strengths and opportunities for improvement. During 2025/26, the most frequently identified positive themes (green bubbles) related to staff, kindness and compassionate care, whilst communication remained the principal area identified for improvement (pink bubbles) (Chart 4). This information is shared with services on a quarterly basis to enable them to identify themes for

learning and improvement.

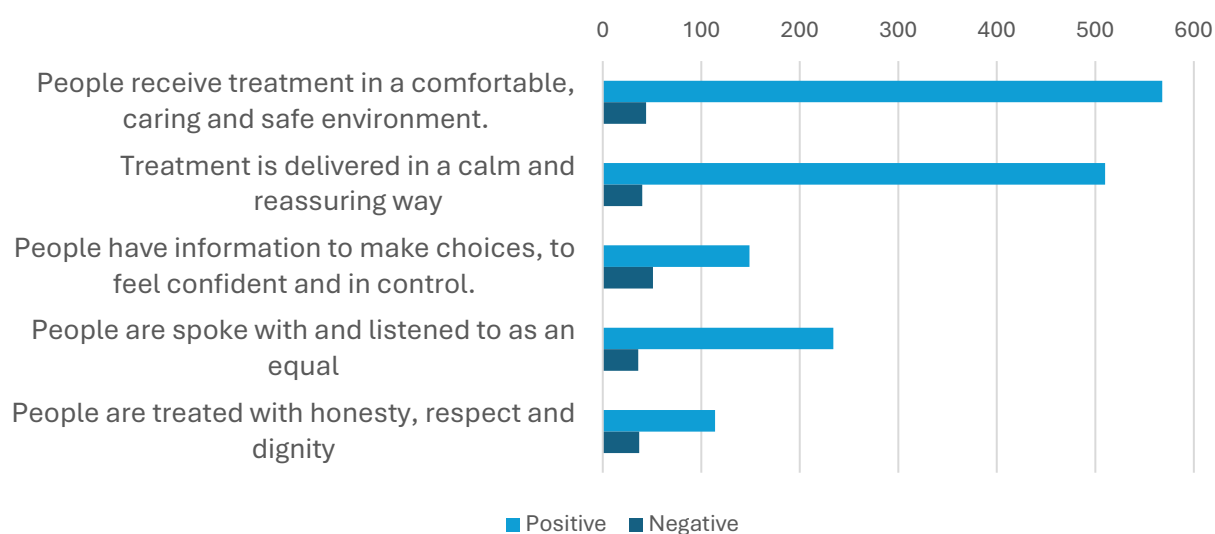
Chart 4 Themes in Care Opinion stories



In response to intelligence shared through Care Opinion during 2025/2026 NHS Lothian planned 11 changes following the feedback that was given. The changes planned sought to improve availability of wheelchairs and accessible mirrors at RIE, replacement of chairs in Outpatient area at RHCYP, resource signposting in patient information leaflets for Radiotherapy and improved process for timely provision of discharge medication.

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 positive or negative evidence. Chart 5 illustrates this analysis, highlighting strongest evidence of patients feeling they have received care in comfortable, care and safe environment, followed by treatment delivered in a calm and reassuring way.

Chart 5 Care Opinion Stories evidencing Patient Experience Strategic aims



Many stories within Care Opinion express gratitude and highlight the contribution of individual members of staff. The Patient Experience Team felt it was important to recognise and celebrate those staff members mentioned positively in stories. So, in June 2025 the team started an initiative to present certificates to staff who authors had taken time to mention in their feedback. The certificates can be used to support revalidation and Turas appraisals as well as celebrate the difference they have made in a patient's journey. Since commencing till end of March 2026 754 certificates have been issued.

3. Local Service Feedback

The Patient Experience Strategy highlights its ambition to support services develop local approaches to gathering feedback from patients, families and carers to support evaluation, learning and improvement. During 2025/2026, the Patient Experience team supported 30 services to develop local feedback mechanisms. Over half of these services were community based or hosted by Health and Social Care Partnerships where Care Opinion is not routinely available.



One example is the Community Vaccination team, who worked with the Patient Experience Team to develop a survey exploring young people's experience of receiving HPV and MMR vaccinations in school. The survey also explored awareness of national campaigns designed to promote vaccination uptake.

This work supports NHS Lothian's commitment to ensuring that children and young people have meaningful opportunities to share their experience and influence improvements to services.



Key findings

- 243 young people from 24 schools completed the survey.
- 76% of young people were aware of the vaccination sessions and what vaccines they were receiving.
- 92% of young people felt the nurse clearly explained what was happening.
- 89% of young people felt comfortable throughout their appointment.
- 22% of Snapchat users had seen the campaign and 19 young people said it influenced their decision to be vaccinated.

The findings have helped the Community Vaccination Team understand young people's experience of school vaccination programmes and evaluate the effectiveness of communication and awareness initiatives.

4. Digital Patient Stories



Digital Patient Stories provide patients, families and carers with an opportunity to share their experiences of care in their own words. They enable people to describe not only what happened during their care, but also the impact that experience had on them and those closest to them.

Some of these stories are shared with NHS Lothian's Healthcare Governance Committee, ensuring that the patient voice remains central to discussions about quality, safety and service improvement. They are also shared with the clinical teams involved in providing care, creating opportunities for reflection, learning and recognition of good practice and used in teaching scenarios.

Each story is unique; however, they are guided by three simple questions:

- What went well?
- What could have been better?
- What would you like us to learn from your experience?

During 2025/26, Digital Patient Stories captured experiences from a range of people receiving care across NHS Lothian, including children and young people receiving care through paediatric services, adults receiving care within acute services and families sharing experiences of maternity and community services. These stories provided valuable insight into the lived experiences of patients and families and highlighted common themes around communication, compassion, involvement in decision-making and feeling listened to and valued throughout their care journey.

Digital Patient Stories continued to highlight the importance of compassionate, person-centred care. Patients frequently spoke about the difference that kindness, communication and being involved in decisions made to their overall experience. The themes emerging from these stories closely reflected those identified through Care Opinion, the Patient Experience Survey and complaints, reinforcing the areas that matter most to patients, families and carers.

5. Patient Experience Survey

Background



The Patient Experience Strategic Plan highlights NHS Lothian's commitment to delivering high-quality, person-centred care. Understanding the experiences of patients, families and carers is an essential part of improving services and ensuring that care is organised around what matters most to the people who use it.

Building on work initiated in previous years the Patient Experience Survey provides patients with an opportunity to share their experiences of care and treatment and helps services identify what is working well and where improvements may be required.

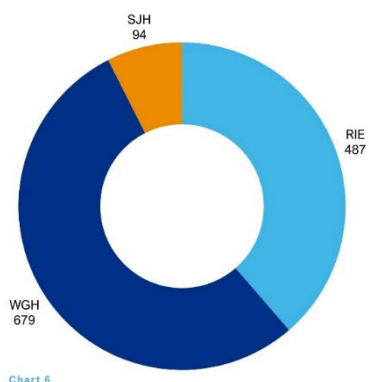
Survey

The survey explores key aspects of person-centred care, including whether people felt their care was focused on what mattered to them, whether they were treated with dignity and respect, involved in decisions about their care and supported to make informed choices.

During 2025/26 the survey was available across all three acute hospital sites. Patients were able to complete the survey independently using QR codes or with support from trained Patient Experience Volunteers. Volunteer roles continue to be key in supporting services in gathering feedback through the survey. It is evident where volunteers have struggled to be recruited or retained, such as St John's hospital, responses rates to the survey are lower.

Survey Respondents

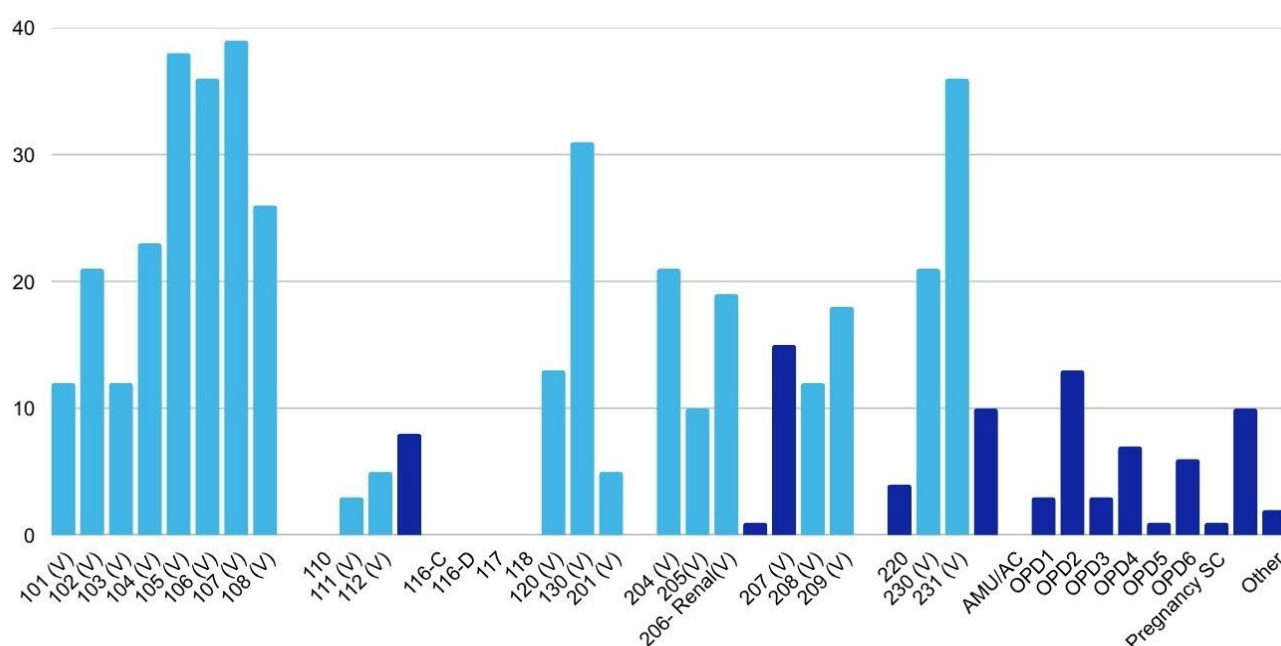
During the reporting period (01.06.25-31.03.26) 1260 responses were received from patients across 124 services. Chart 6 indicates the distribution of responses across the three acute hospital sites.



59% of wards/services have had one or more survey responses. It is evident where a Patient Experience Volunteer is in place higher response rates are achieved. Chart 7 demonstrates the positive impact Patient Experience Volunteers have had in supporting patients to participate in the survey at RIE. Wards with a (v) next to them have a Patient Experience Volunteer allocated to their ward.

The survey continues to attract a broad range of respondents, although older adults remain over-represented and people whose first language is not English under-represented. This continues to highlight opportunities to improve accessibility and engagement with underrepresented groups, and this will be a focus for year 4 of the Strategic plan.

Chart 7 Number of responses for each ward/service at RIE

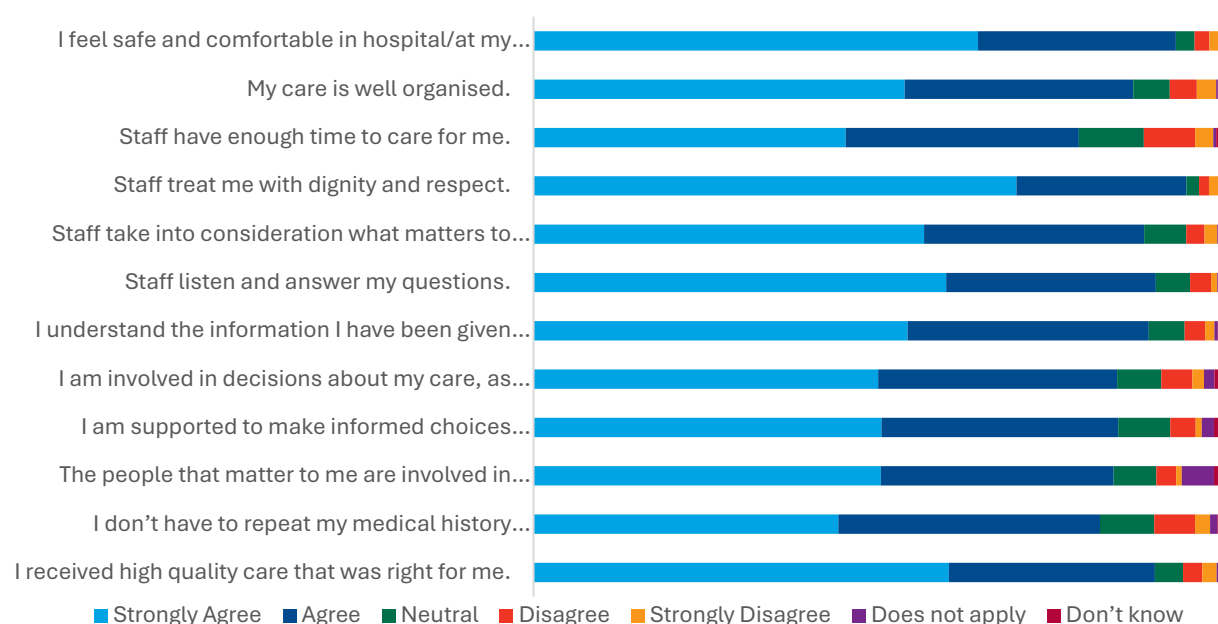


Survey Findings

Overall, 87% of respondents reported a positive experience of care. Whilst it is recognised that this is a self-selecting group, the findings are encouraging and remain broadly consistent with the previous year's survey results.

As shown in Chart 8, the highest levels of agreement related to patients feeling safe and comfortable during their care and being treated with dignity and respect. The statement receiving the highest level of disagreement related to whether staff had enough time to care for them, reflecting concerns about staffing pressures identified elsewhere in the survey.

Chart 8 Patient Experience Survey results



What Patients Told Us

Of the 1260 questionnaires completed a total of 925 free-text comments were received by providing patients with an opportunity to describe their experiences in their own words. An initial thematic review identified several consistent themes that complement the survey findings.



What was good?

Staff

The most frequently reported positive theme related to staff. Patients consistently praised staff for their professionalism, kindness, compassion and commitment to delivering high-quality care. Many comments recognised staff for treating people with dignity and respect, providing reassurance during difficult times and demonstrating empathy throughout their care.

Overall Experience

Many respondents described their overall experience of care as excellent or very good, expressing appreciation for the quality of care received and the support provided throughout their treatment.



What was less good?

Staffing Pressures

The most common area of concern related to staffing pressures. Patients frequently recognised how busy staff were and acknowledged the challenges

services were facing. Some felt that staffing levels contributed to delays in receiving assistance and affected their overall experience.

Communication

Communication remained an important area for improvement. Patients described occasions where information was not shared consistently between teams or where they would have welcomed clearer explanations about their care, treatment or test results.

Discharge

Several patients described delays in the discharge process and highlighted the importance of receiving timely information about discharge arrangements, medication and ongoing care.

Environment

Patients also commented on aspects of the care environment, including noise levels, ward temperatures and food quality. Whilst many experiences were positive, these factors were recognised as influencing the overall patient experience.

Summary

The findings from the Patient Experience Survey closely reflect the themes identified through Care Opinion, Digital Patient Stories and complaints. Patients consistently recognised the kindness, professionalism and dedication of NHS Lothian staff whilst highlighting communication, staffing pressures, discharge processes and aspects of the care environment as areas where improvements could further enhance the patient experience.

6. Complaints Related Feedback

Complaints are one of the ways patients, families and carers tell us about their experiences of care. Alongside compliments, concerns, Care Opinion and patient experience surveys, complaints provide valuable insight into what is working well, where improvements are needed and how services can learn from people's experiences.

The Patient Experience Team supports people throughout the complaints process by providing advice on the NHS Complaints Handling Procedure, signposting to independent support where appropriate and ensuring people understand what will happen next. The team also provides organisational oversight of complaints and Scottish Public Services Ombudsman (SPSO) activity, supporting services to learn from feedback and improve care.

During 2025/26 NHS Lothian received 6,720 pieces of patient feedback and correspondence. As shown in Chart 8, complaints accounted for the largest proportion (3,855), followed by concerns (1,598) and compliments (892). While compliments represented 13% of centrally recorded feedback, many additional compliments are received directly by clinical teams and are not included within these figures.

Chart 8

Complaint	Concern	Feedback	Comments	CEO/ Enquiries	Compliments
3855 (57%)	1598 (24%)	258 (4%)	1 (0%)	116 (2%)	892 (13%)

Feedback (chart 9) was received consistently throughout the year, with monthly volumes ranging from 445 to 637 items. This demonstrates that patients, families and carers continue to engage with NHS Lothian's feedback processes throughout the year, providing ongoing opportunities to learn from people's experiences, identify areas for improvement and recognise good practice.

Chart 9 Total Feedback Acknowledged by Month 2025/2026

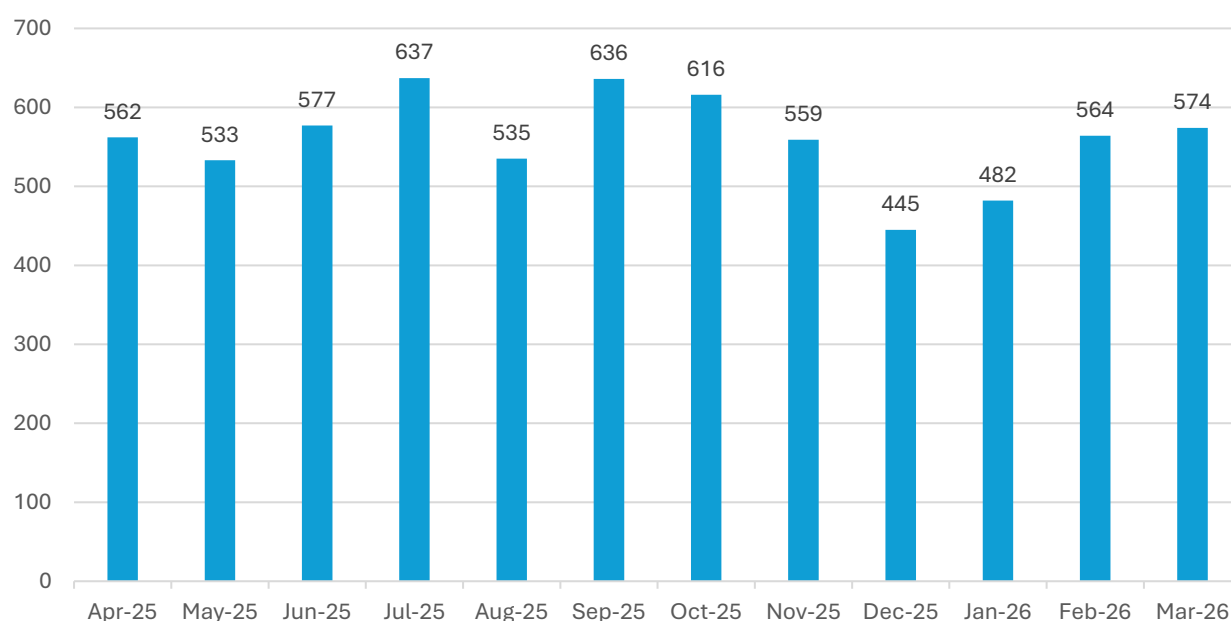
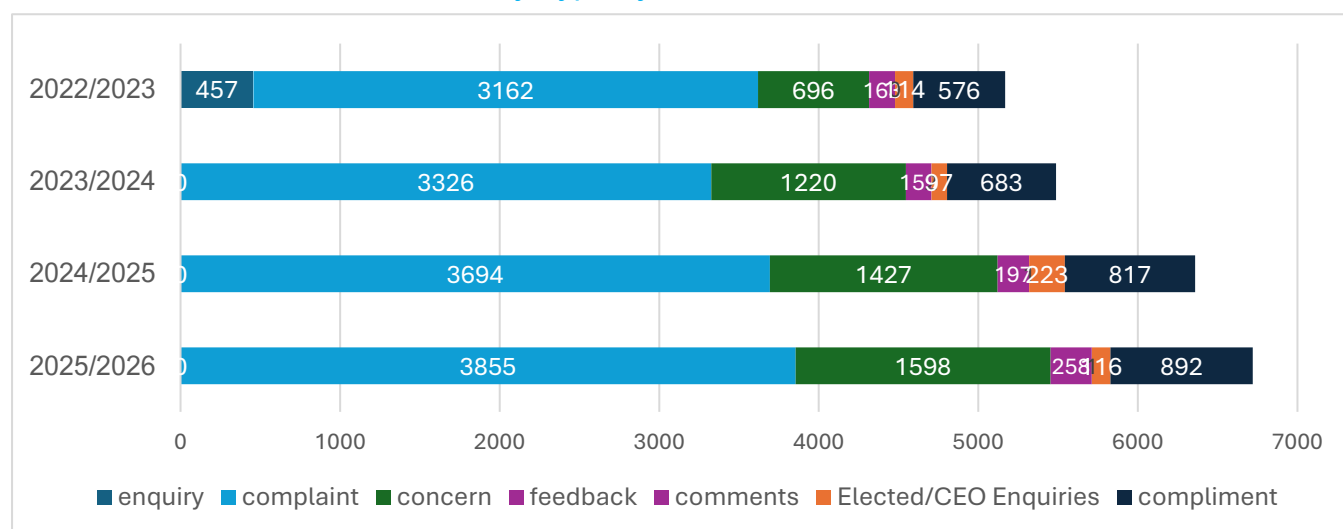


Chart 10 describes the feedback by type over the last four financial years.

Chart 10 Breakdown of Feedback by Type by Year



Over the last four reporting years, overall volumes of correspondence received by the Patient Experience Team have continued to increase. Whilst complaints have risen during this period, the most notable increase has been seen in concerns, which have more than doubled over the four-year period. This may reflect increasing awareness of available feedback routes and greater opportunities for concerns to be

resolved at an earlier stage. Monitoring these trends helps identify changing patterns in patient engagement and feedback and supports services to respond appropriately.

Prisoner Healthcare Complaints

NHS Lothian provides healthcare services within HMP Edinburgh and HMP Addiewell and therefore receives complaints relating to prisoner healthcare.

During 2025/26, 971 prisoner healthcare complaints were received. The majority were managed through the Stage 1 Early Resolution process, demonstrating that most concerns were resolved locally and at the earliest possible stage. Complaints and feedback from people in custody continue to provide an important source of learning and service improvement within prison healthcare services. Prison healthcare complaints are included within the overall NHS Lothian complaints figures reported throughout this report.

Complaints Handling Procedure

The NHS Complaints Handling Procedure (CHP) requires all NHS Boards to report against a set of nine national Key Performance Indicators (KPIs). These indicators provide a consistent framework for monitoring complaints handling performance, identifying learning and demonstrating how feedback is used to improve services.

NHS Lothian defines a complaint as:

"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."

Complaints are managed through a two-stage process:

- **Stage 1 – Early Resolution:** Straightforward complaints that can be resolved quickly, normally within **5 working days**.
- **Stage 2 – Investigation:** Complaints that are more complex, serious or have not been resolved at Stage 1. These are normally responded to within **20 working days**.

Complaints remain an important source of patient experience information. Alongside Care Opinion, patient surveys, Digital Patient Stories and compliments, complaints provide valuable insight into the experiences of patients, families and carers. They help us understand where care is working well, where expectations have not been met and where improvements may be needed. Most importantly, complaints provide an opportunity to listen, learn and improve services for future patients.

Indicator One: Learning from complaints.

Learning from complaints remains one of the most important aspects of the complaints process. Complaints provide valuable insight into patients' and families' experiences and help identify opportunities to improve care and services.

For the purposes of this report, themes from Stage 1 and Stage 2 complaints have been analysed separately, recognising that the nature and complexity of complaints can differ between the two stages. However, the most common themes are consistent across all complaints – treatment, staff and waiting times – and are consistent with the top 3 themes in the previous year

Chart 11 illustrates the themes identified within Stage 1 complaints. Concerns raised at the early resolution stage tend to focus on people's immediate experiences of care.

Chart 11 Stage 1 Complaints by Issue Type 2025/2026

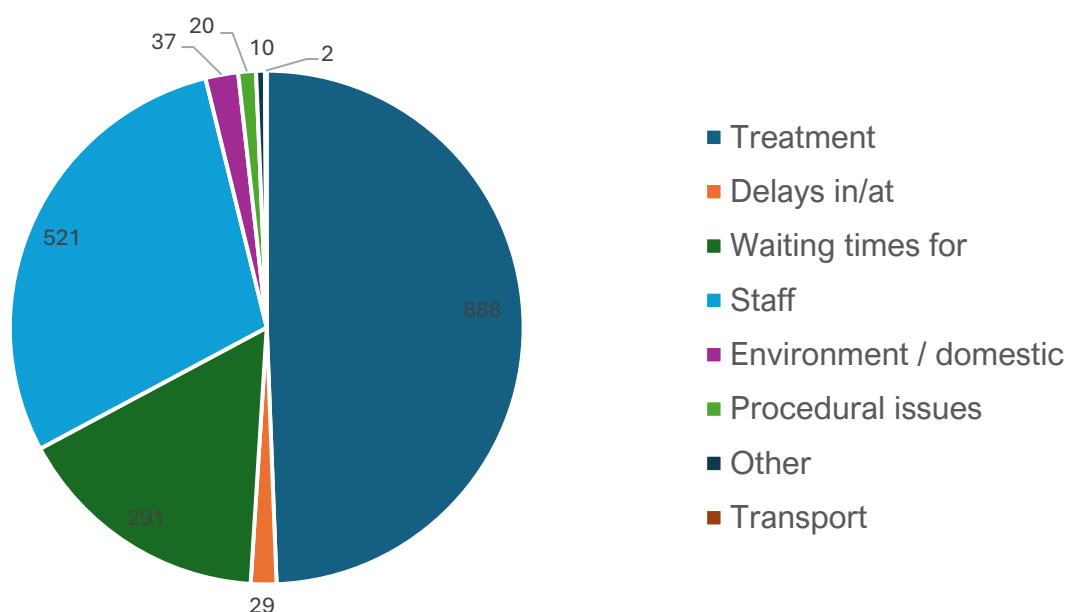
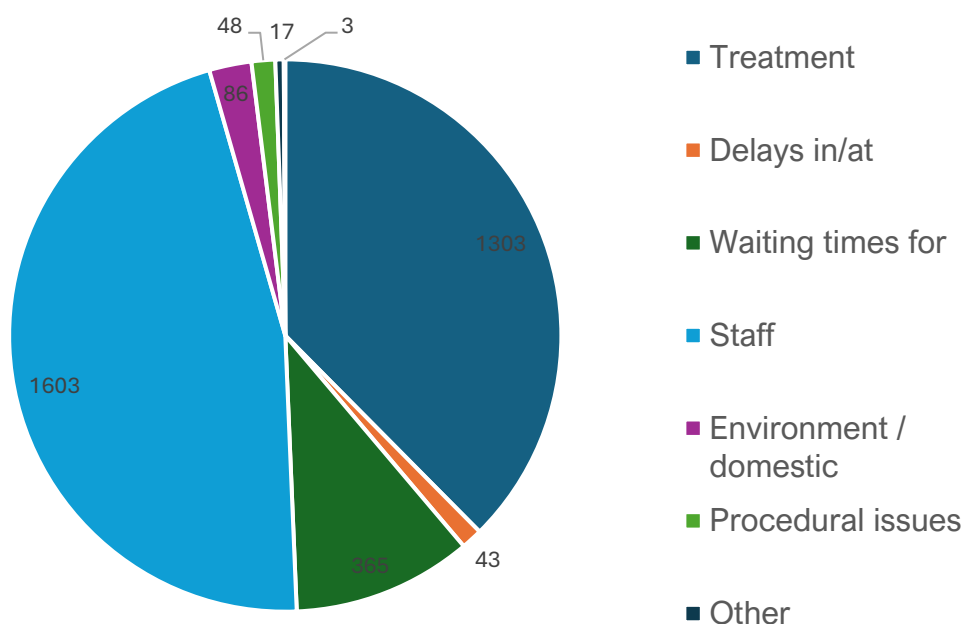


Chart 12 shows the themes identified within Stage 2 complaints. There is a complexity to the nature of complaints requiring formal investigation under stage 2 but it is evident that the key concerns are no different to the majority of complaints managed at stage 1.

Chart 12 Stage 2 Complaints Investigation by Issue Type 2025/2026



It is important to note that individual complaints may contain more than one issue. As a result, the total number of issues recorded is greater than the total number of complaints received.

Information from complaints is routinely shared with services through weekly performance reporting, monthly thematic and performance reporting, annual reporting processes and governance structures. Weekly reports provide oversight of complaint activity and key performance indicators, whilst monthly reporting supports some identification of themes. Services use this information to identify opportunities for improvement.

Oversight of organisational themes and learning is provided through the Care Assurance Oversight Board, chaired by the Executive Director of Nursing, which supports the sharing of learning across services and provides assurance that improvement actions are being progressed.

Learning and Improvement

Complaints continue to provide valuable opportunities for learning and service improvement. During 2025/26, learning arising from complaints, complaint investigations and SPSO feedback contributed to improvements in a number of areas, including communication with patients and families, multidisciplinary working, documentation standards and complaint handling processes. Examples included strengthening nutritional assessment processes through improved multidisciplinary

team working, reviewing how complex clinical information is explained to patients and families, and improving local governance processes to support more robust investigations and clearer recording of decision-making. Learning continues to be shared through local governance structures and organisational networks to support improvement across NHS Lothian.

Learning from complaints forms an important part of how NHS Lothian understands patient experience and identifies opportunities to improve care. Alongside feedback from Care Opinion, Digital Patient Stories and patient experience surveys, complaints help identify themes, support improvement activity and provide insight into the experiences of patients, families and carers.

During 2025/26, 892 compliments were recorded centrally, representing 13% of all feedback received. Compliments also provide an important source of learning by highlighting examples of good practice and identifying aspects of care most valued by patients, families and carers. Common themes reflected kindness, compassion, professionalism and communication. Sharing positive feedback supports staff recognition, reinforces positive behaviours and helps services to understand what contributes to a positive patient experience.

Learning from Scottish Public Services Ombudsman (SPSO) reports also continues to be shared across NHS Lothian. Decision Reports and Investigation Reports are circulated to relevant services, with learning discussed through governance structures and used to support local and organisational improvement. SPSO feedback has reinforced the importance of clear communication, comprehensive investigations, effective documentation and ensuring that learning is translated into meaningful service improvement.

At an organisational level learning from complaints is a key objective of the Care Assurance Oversight Board. This group is chaired by the Executive Director of Nursing and provides an opportunity for learning from one part of the organisation to be shared with other business units.

An example of this organisational leadership and learning from the published SPSO report is the creation of a Pressure Ulcer collaborative which involves staff from across both Acute and Community settings and is taking forward a programme of work that ensures learning is system wide.

Indicator 2: Complainant Experience

In order to understand the complainants experience every response letter includes an opportunity to provide feedback on the process of making their complaint and having it responded to. During 2025/2026, 83 complainants completed the

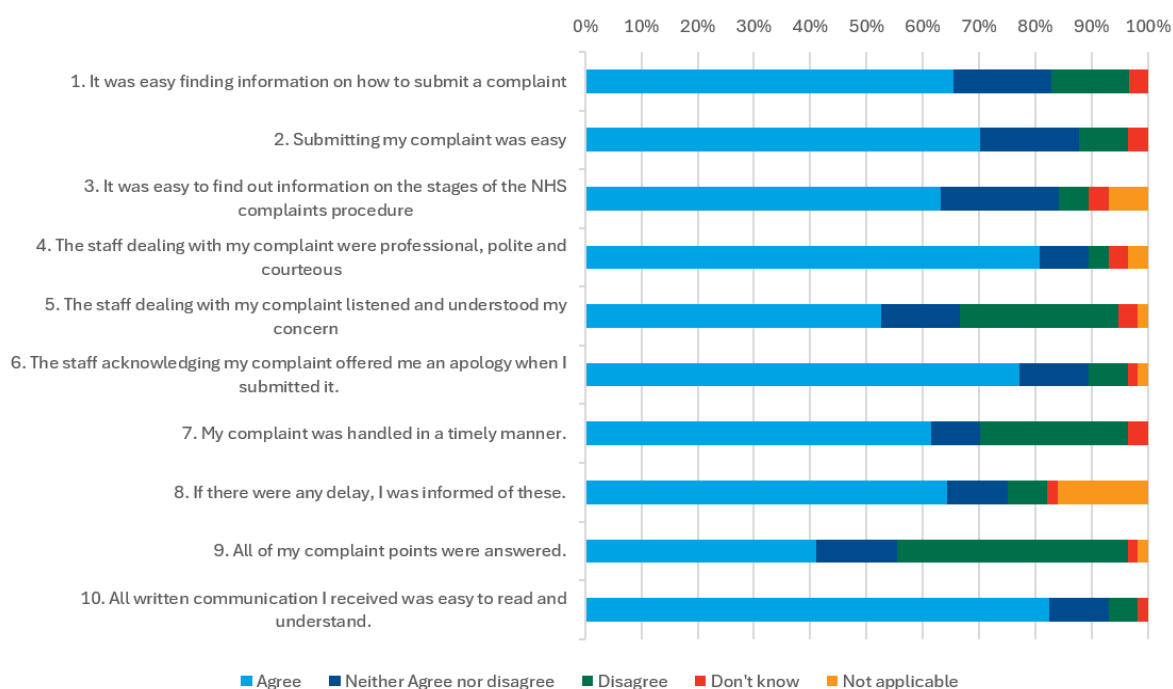
Complainant Experience Survey. Overall, the findings were similar to previous year, with respondents continuing to recognise the professionalism, courtesy and commitment of staff involved in the complaint handling.

As shown in Chart 13, the majority of respondents agreed that staff dealing with their complaint were professional, polite and courteous, and that written communication was easy to understand. Respondents also generally felt they were listened to and treated respectfully throughout the complaint process.

The area attracting the lowest level of agreement related to whether all aspects of the complaint had been answered. Feedback from complainants, together with learning from SPSO reviews, continues to highlight the importance of ensuring responses address each point of a complaint clearly and comprehensively. This remains an important area for ongoing improvement and staff development.

The survey findings reinforce the importance of not only carrying out thorough investigations, but also ensuring conclusions and explanation are communicated clearly and in a way that gives complainants confidence that their concerns have been fully considered.

Chart 13 Complainant Experience Survey results 2025/2026



Indicator 3: Staff Awareness and Training

The Patient Experience Team continues to support staff through education and training on the value of feedback and effective handling of complaints.

During 2025/2026, recorded induction sessions remained available for newly qualified nurses, midwives and allied health professionals, alongside NES TURAS learning resources. In addition, bespoke sessions were delivered to individual services in response to local needs, supporting staff to develop their understanding of patient experience, feedback and complaints handling.

Learning identified through complaints, complainant feedback and SPSO reviews continues to be incorporated into training and support provided to services.

Available learning resources include:

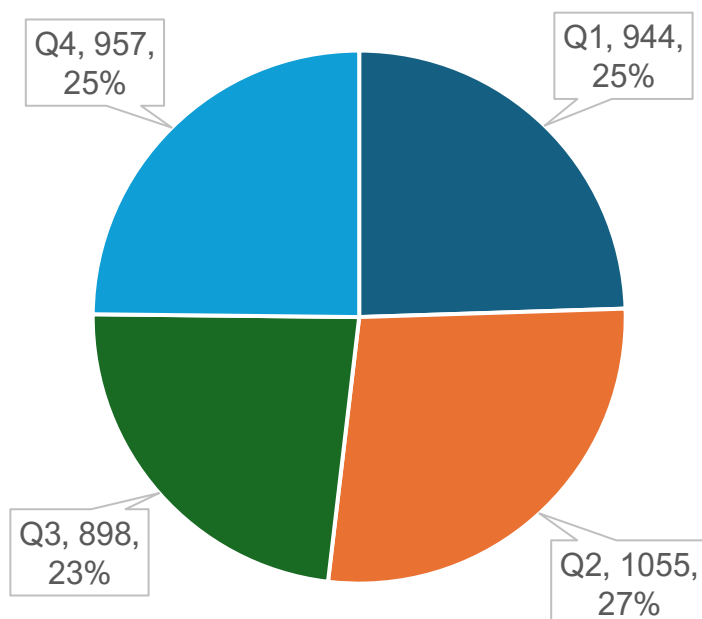
- The value of feedback
- Encouraging feedback and using it
- NHS complaints and feedback handling process
- The value of apology
- Managing difficult behaviour

Indicator 4: Total number of Complaints received

During 2025/2026, NHS Lothian received 3,855 complaints. As shown in Chart 14, complaint volumes remained relatively stable throughout the year, with Quarter 2 recording the highest number of complaints received. Whilst there was some variation between quarters, complaint activity remained consistently high across the reporting period.

Complaints continue to provide an important source of information about the experiences of patients, families and carers. Monitoring complaint volumes helps identify trends, emerging concerns and opportunities for improvement. Alongside other sources of patient feedback, complaints contribute to NHS Lothian's understanding of what matters most to people using services and support both local and organisational learning.

Chart 14 Complaint received by Quarter 2025/2026



Indicator 5: Complaints Closed at Each Stage

Chart 15 summarises the proportion of complaints concluded at each stage of the complaints process during 2025/26.

Almost half of all complaints were resolved through the Stage 1 Early Resolution process, supporting the aims of the NHS Complaints Handling Procedure to address concerns as close as possible to the point of service delivery. A similar proportion required a Stage 2 Investigation, reflecting the complexity of the issues raised and the need for more detailed review. A smaller number of complaints were escalated for further consideration.

Resolving concerns early, where appropriate, remains an important aspect of the complaints process, helping services respond promptly whilst ensuring opportunities for learning and improvement are identified and shared.

The percentages shown are calculated against the total number of complaints received during the reporting period and therefore do not total 100%.

Chart 15 Complaints Closed at Each Stage

Complaint Type	%
Stage 1	47%
Stage 2 Investigation	48%
Stage 2 Escalation	9%

Indicator 6: Complaint Outcomes

Complaint outcomes are shown in chart 16.

During 2025/26, almost half of Stage 1 complaints were not upheld, whilst Stage 2 complaints were more likely to be partially upheld, reflecting the complexity of complaints requiring formal investigation. As shown in Table 4, 37% of Stage 2 complaints were partially upheld compared with 26% that were fully upheld.

Where complaints contain several issues, it is not uncommon for some aspects of a complaint to be upheld whilst others are not. In these circumstances, the outcome is recorded as partially upheld.

The outcome of a complaint does not in itself determine whether learning has been identified. Regardless of outcome, complaints provide an opportunity to understand the experiences of patients and families, consider whether improvements can be made and identify learning that may benefit future patients.

The figures shown do not total 100%, as a small number of complaints were withdrawn or had not reached a final outcome at the point of recording.

Chart 16 Complaint Outcomes

Complaint Type	Upheld	Not Upheld	Partly Upheld
Stage 1	30%	46%	19%
Stage 2 Investigation	26%	27%	37%
Stage 2 Escalation	26%	35%	30%

Indicator 7: Average Response Times

Chart 17 summarises the average time taken to respond to complaints at each stage of the complaints process during 2025/26.

Response times are influenced by the complexity of individual complaints, the number of services involved in an investigation and the need to gather information from multiple sources. Whilst some complaints can be resolved quickly through the Early Resolution process, others require more detailed investigation before a response can be provided.

Providing a timely response remains important, however equal importance is placed on ensuring investigations are proportionate, thorough and address the issues raised by the complainant.

Chart 17 Average Response Times (in days)

Complaint Type	(N)
Stage 1	8
Stage 2 Investigation	26
Stage 2 Escalation	22

Indicator 8: Complaints Closed Within Timescales

The NHS Complaints Handling Procedure sets national timescales for responding to complaints. Performance against these standards is shown in Chart 18.

During 2025/26, 49% of Stage 1 complaints were responded to within five working days, whilst 47% of Stage 2 Investigations and 59% of Stage 2 Escalation complaints were responded to within the national twenty working day timescale.

Meeting agreed timescales remains an important part of providing a positive complainant experience. Whilst NHS Lothian continues to work towards improving performance against these standards, some complaints require detailed investigation involving multiple services and the review of complex clinical information. In these circumstances, additional time may be required to ensure a thorough and evidence-based response is provided.

Where delays occur, it is important that complainants are kept informed about the progress of their complaint and provided with revised timescales for response.

Chart 18 Complaints Closed within Timescales

Complaint Type	(%)
Stage 1	49%
Stage 2 Investigation	47%
Stage 2 Escalation	59%

Indicator 9: Authorised Extensions

Where it is not possible to provide a response within the national timescale, complainants should be informed of the reason for the delay and provided with an updated timescale for response.

During 2025/26, NHS Lothian continued to promote the consistent use of explanatory letters across services. For this indicator, performance was 71%, calculated as the average of the four quarterly percentages. As shown in Chart 19, performance improved during the year, increasing from 68% in Quarters 1 and 2 to 78% in Quarter 4.

Chart 19 Authorised Extensions

Q1	Q2	Q3	Q4
68%	68%	71%	78%

Further work will continue during 2026/27 to strengthen assurance that explanatory letters are used consistently across all services.

Scottish Public Service Ombudsman (SPSO) Reports

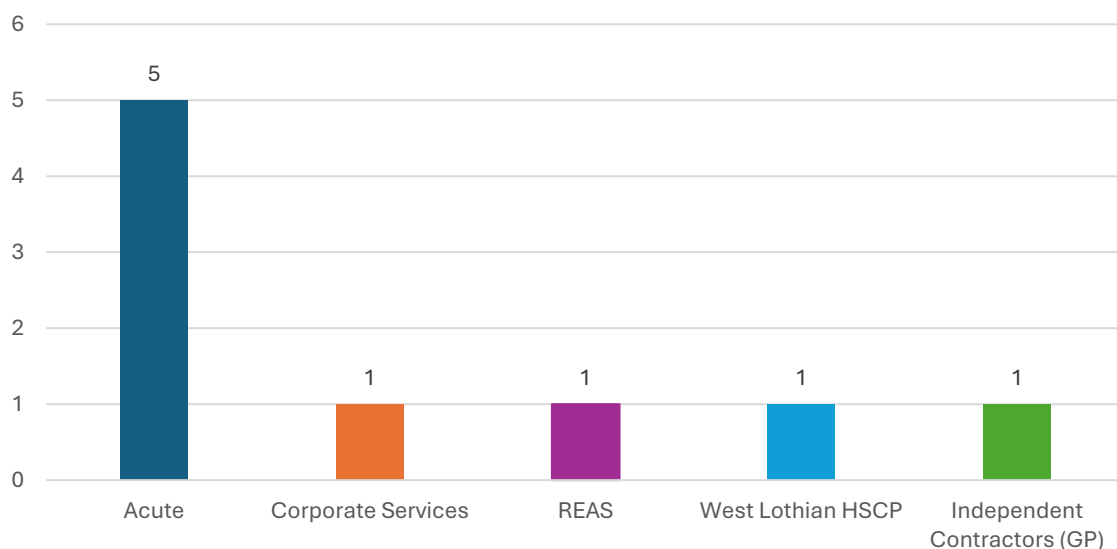
The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services, including the NHS, in Scotland. The SPSO independently reviews complaints that have not been resolved through an organisation's complaints procedure and publishes its findings and recommendations.

During 2025/26, the SPSO published one Investigation Report relating to NHS Lothian. The report identified significant concerns regarding the care and treatment provided to a patient. A comprehensive action plan was developed in response to the

recommendations, with progress overseen by the NHS Lothian Healthcare Governance Committee. NHS Lothian also reviews Investigation Reports published by the SPSO relating to other NHS Boards to identify learning that may be relevant across our own services.

During the same period, the SPSO issued nine Decision Reports relating to NHS Lothian across a range of Business Units, representing a reduction from twelve reports published in the previous reporting year. As shown in Chart 20, the majority of reports related to Acute Services (n=5), with one report each relating to Corporate Services, REAS, West Lothian HSCP and Independent Contractor (General Practice) services.

Chart 20 SPSO Decision Reports per Business Unit



All SPSO reports are shared with the relevant services and action plans are developed to address recommendations within the required timescales. Learning arising from Decision Reports and Investigation Reports is also shared through governance structures to support wider organisational learning and improvement. Themes arising from SPSO reports during 2025/26 reinforced the importance of clear communication, comprehensive complaint investigations, effective documentation and ensuring that learning identified through complaints is translated into meaningful service improvement.

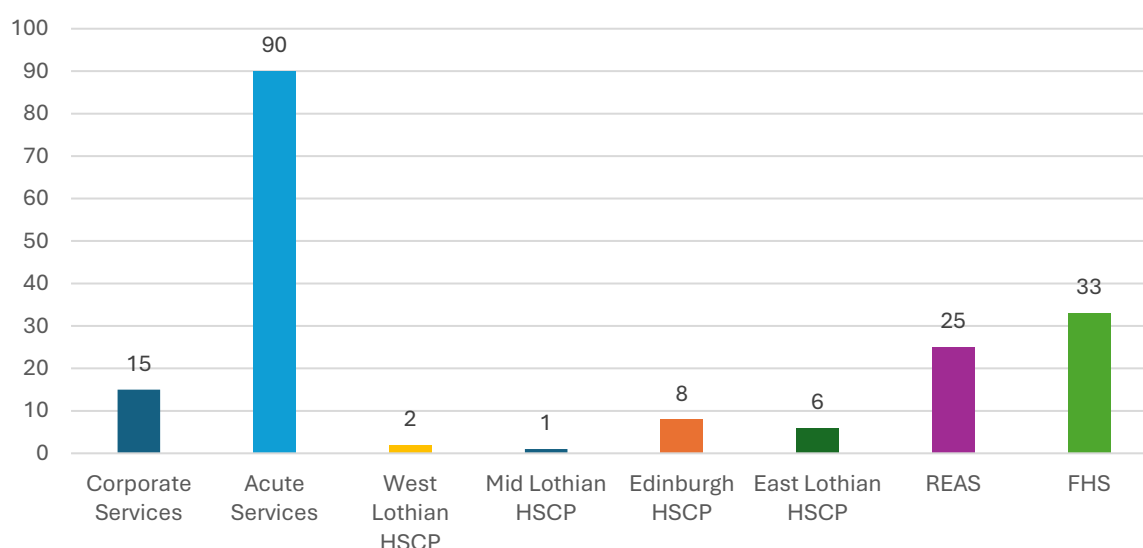
The SPSO outcomes for these nine reports were:

- Not upheld/ no recommendations- 1 case
- Some upheld/ recommendations- 2 cases
- Upheld/ recommendations- 6 cases

In many cases, the SPSO decides not to carry out a full investigation after reviewing the complaint file and available evidence. This is often based on considerations of proportionality and reasonableness, for example where concerns have already been addressed locally or where further investigation is unlikely to achieve a different outcome. During 2025/26, the SPSO decided not to take forward 180 cases relating to NHS Lothian, representing 95% of SPSO contacts with the Board during the year.

As shown in Chart 21, half of these cases related to Acute Services (n=90), followed by Family Health Services (n=33) and REAS (n=25). Smaller numbers related to Corporate Services and the Health and Social Care Partnerships.

Chart 21 Number of cases SPSO decided not to take forward per business unit



Whilst this demonstrates that many concerns are addressed through local complaints processes, NHS Lothian recognises that individuals may remain dissatisfied with the outcome of their complaint. Feedback arising from SPSO reviews continues to provide valuable opportunities for reflection, learning and service improvement across the organisation.

Examples of learning arising from SPSO reviews included strengthening communication with patients and families, improving the quality of complaint investigations, enhancing clinical documentation and strengthening governance arrangements to support organisational learning.

Feedback Received by Independent Contractors

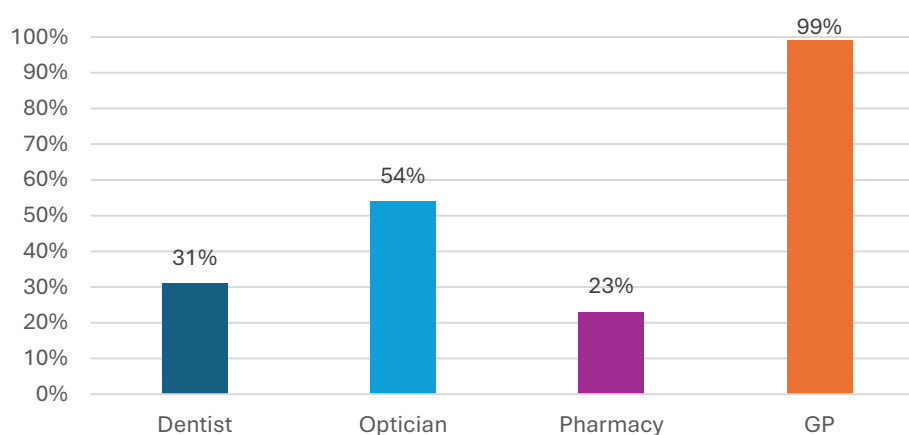
Independent contractor services are responsible for managing complaints received within their own organisations and are required to provide annual complaints information to NHS Lothian. This information provides assurance that complaints are

being managed appropriately and supports the monitoring of complaints activity, learning and improvement across primary care services.

Each year NHS Lothian requests an annual complaints return from General Practices, Dental Practices, Community Pharmacies and Optometry services. In addition to complaints activity, contractors are asked to provide information on service improvements, learning arising from complaints and staff training undertaken during the reporting period.

During 2025/26, returns were received from 270 of the 592 independent contractors contacted, representing an overall response rate of 46%. Returns were received from 114 General Practices, 58 Optometry services, 55 Dental Practices and 43 Community Pharmacies. As shown in Chart 16, response rates varied across contractor groups, with General Practice achieving the highest response rate at 99%, followed by Optometry services (54%), Dental Practices (31%) and Community Pharmacies (23%).

Chart 22 Percentage of Overall Returns



The high response rate achieved by General Practice reflects continued collaboration between the Patient Experience Team, Primary Care Contracts Team and General Practices across Lothian. The inclusion of complaints information within annual practice returns has helped improve the completeness of reporting and provides greater assurance regarding complaints handling within primary care services.

The annual returns continue to provide useful information on complaints activity, learning and improvement across independent contractor services.

7. Conclusion

Year 3 of the Patient Experience Strategic Plan has provided an important opportunity to reflect on the experiences of patients, families and carers and how those experiences continue to inform service improvement across NHS Lothian. Throughout 2025/26, people shared their experiences through a wide range of feedback mechanisms, including Care Opinion, the Patient Experience Survey, Digital Patient Stories, compliments and complaints. Together, these sources of feedback provide a rich understanding of what matters most to the people who use our services.

Across all forms of feedback, patients and families continued to recognise the kindness, compassion, professionalism and dedication of NHS Lothian staff. At the same time, recurring themes relating to communication, waiting times, discharge processes and involvement in decisions about care highlight areas where further improvement remains important. It is encouraging that these themes are consistent across multiple feedback sources, providing a clear picture of the aspects of care that matter most to patients, families and carers.

Learning remains one of the most important outcomes of patient feedback. Throughout 2025/26, services have continued to use feedback from complaints, surveys, Care Opinion and patient stories to review local processes, improve communication, strengthen documentation and support service development. Learning arising from SPSO reviews has also continued to inform both local and organisational improvement activity.

As we move into Year 4 of the strategy, our focus will be on continuing to strengthen the use of patient experience information to inform service improvement and support person-centred care. This includes supporting services to make greater use of feedback, encouraging the sharing of learning across teams and ensuring that patients, families and carers continue to have meaningful opportunities to influence change. We will also continue to support approaches that help people understand their rights in relation to feedback and complaints and encourage services to consider how children and young people can participate more meaningfully where appropriate. Whilst awareness of these principles continues to develop, there remains an opportunity to strengthen how they are reflected within services across NHS Lothian.

There remains much to learn from the people who use our services. By continuing to listen, learn and respond, we can ensure that patient experience remains at the heart of service improvement and that the care we provide is compassionate, person-centred and informed by what matters most to patients, families and carers.