Patient Experience

Annual Report 2025/26

Listening to feedback

Learning from experiences

Improving care



Introduction

The NHS Borders Patient Experience Annual Report 2025/26 presents an overview of patient feedback, concerns, comments, compliments and complaints received between 1 April 2025 and 31 March 2026. The report reflects the experiences shared by patients, carers and families and describes how this feedback has informed service improvement, supported learning and influenced the delivery of care across NHS Borders.

Patient feedback remains a valuable source of insight, helping NHS Borders to understand what matters most to people using our services. By listening to and learning from these experiences, we can identify opportunities to improve the quality, safety and person-centredness of care.

The report also incorporates information provided by independent contractors delivering NHS services throughout the Scottish Borders, including general medical practices, community pharmacies and optometry services. These services play an important role in the provision of healthcare locally and contribute to the wider understanding of patient experience across the Scottish Borders.

Encouraging and Gathering Feedback & Complaints

NHS Borders values all forms of feedback and recognises the important role that patients, carers and families play in helping us improve services. We are committed to creating a culture where people feel confident sharing both positive and negative experiences, knowing that their views will be listened to and used to inform service development.

Information on how to provide feedback, raise a concern or make a complaint is available through the NHS Borders website: www.nhsborders.scot.nhs.uk/feedback-and-complaints and within the NHS Borders Public Facing Model Complaints Handling Procedure leaflet. These resources explain the options available to patients and provide guidance on the support that can be accessed throughout the process.

To make feedback as accessible as possible, information about Care Opinion and the NHS Borders complaints process is displayed across clinical and non-clinical areas throughout the organisation. This helps ensure that patients, carers and visitors can easily access information about sharing their experiences and raising concerns.

NHS Borders gathers patient feedback in several different ways, including:

- Feedback provided to any NHS Borders' member of staff by letter, email or telephone

- Feedback provided to the Patient Experience Team as follows:
  - Patient Experience Team
    NHS Borders
    Borders General Hospital
    Melrose TD6 9BS
    Tel: 01896 826719 Email: patient.experience@borders.scot.nhs.uk

- Patient feedback provided by other organisations
- Online feedback through Care Opinion www.careopinion.org.uk
- Feedback in the local press
- Public Involvement Groups
- National patient experience surveys

Listening, Learning and Supporting Patient Voice
Feedback received during 2025/26 highlights the dedication, professionalism and compassion shown by NHS Borders staff across a wide range of services. While most patients, carers and families report positive experiences of care and treatment, we recognise that there are occasions when expectations are not met. Listening to these experiences helps us understand what matters most to people and identify opportunities to improve the quality and delivery of our services.

The Patient Experience Team provides a central point of contact for patients, carers, relatives and members of the public who wish to share feedback, raise concerns or make a complaint. The team offers advice and support throughout the process and works closely with services to ensure that feedback is listened to, responded to appropriately and used to drive learning and improvement.

NHS Borders continues to work in partnership with a range of organisations that support and promote patient, carer and public involvement. These include the Borders Carers Centre, Borders Independent Advocacy Service (BIAS), Ability Borders and Borders Care Voice. Together, these organisations play a vital role in helping individuals share their experiences, access support and contribute to the ongoing development and improvement of healthcare services across the Scottish Borders.

Borders Independent Advocacy Service (BIAS)
BIAS offers free, confidential and independent assistance to individuals who may need support to express their views, understand their rights or raise concerns about their care and treatment

Advocacy services play an important role in ensuring that people's voices are heard and that they can participate fully in decisions affecting their health and wellbeing. Further information about the service can be obtained directly from BIAS or through their website:

Borders Independent Advocacy Service (BIAS)
Low Buckholmside
Galashiels
TD1 1RT
Telephone: 01896 752200
Email: info@bordersadvocacy.org.uk
Website: https://www.bordersadvocacy.org.uk/contact-us/

Borders Carers Centre provides information, advice, advocacy and support to unpaid carers, helping them to access services, have their voices heard, and maintain their health and wellbeing.

Ability Borders is a local organisation that supports people with disabilities and long-term health conditions to access support, share their experiences, and contribute to service improvement.

Borders Care Voice is an independent local organisation that supports people to share their views and experiences of health and social care services, helping to ensure that patient and public voices inform service improvement.

Patient Advice and Support Service (PASS) is an independent service that provides free, confidential information, advice and support to anyone using NHS services in Scotland. The service helps individuals understand their rights and responsibilities and offers guidance to those wishing to provide feedback or raise concerns about their care and treatment and is delivered locally by the Scottish Borders Citizens Advice Bureau.

Peebles Citizens Advice Bureau
Chambers Institution High Street
Peebles
EH45 8AG National PASS Helpline: 0800 917 2127

Scottish Public Services Ombudsman (SPSO)
The independent organisation that provides the final stage for complaints about public services in Scotland, including NHS services, where complainants remain dissatisfied following local resolution.

The SPSO's contact details are:

SPSO Bridgeside House 99 McDonald Road Edinburgh EH74NS	SPSO Freepost	Freephone: 0800 377 7330 Online contact www.spso.org.uk/contact-us Website: www.spso.org.uk Mobile site: http://m.spso.org.uk

NHS Borders remains committed to strengthening the involvement of individuals and communities in decisions about health services and the care they receive. Our aim is to ensure that the voices of patients, carers, relatives and the wider public are central to service planning, design and improvement. By listening to people's experiences and acting on their feedback, we can continuously improve the quality, safety and person-centredness of our services.

During 2025/26, NHS Borders reintroduced patient feedback survey boxes within outpatient areas. These provide patients, carers, relatives and visitors with an additional opportunity to share their experiences through a combination of structured questions and free-text comments. The feedback received will help identify areas of good practice, highlight opportunities for improvement and inform future service developments.

Work has also commenced to reintroduce the Patient Feedback Volunteer Programme, which was paused during the COVID-19 pandemic. Patient Feedback Volunteers engage directly with patients, carers, relatives and visitors to gather feedback about their experiences of care and services. The programme will initially be re-established within acute hospital services, with plans to expand to mental health inpatient services and community hospitals as volunteer recruitment and capacity increase. This phased approach will support the sustainable development of the programme and ensure patient feedback is gathered across a wider range of healthcare settings.

Getting Involved
NHS Borders is committed to involving patients, carers, relatives and members of the public in shaping and improving healthcare services. We recognise the value of meaningful engagement and are committed to reducing barriers to participation wherever possible. We strive to ensure that our engagement activities are inclusive, accessible and responsive to individual needs, enabling as many people as possible to contribute their views and experiences.

We welcome opportunities to work with individuals and communities who wish to play a role in influencing the future development of local health services. Anyone interested in learning more about public involvement opportunities within NHS Borders is encouraged to contact the Communications and Engagement Team or visit our website for further information.

Communications and Engagement Team
Contact by email: communications@borders.scot.nhs.uk
nhsborders.scot.nhs.uk/get-involved/volunteering-with-nhs-borders/

NHS Borders also remains committed to supporting access to independent advocacy services. Locally, this support is provided by the Borders Independent Advocacy Service (BIAS), which offers free, confidential and independent assistance to individuals who may need support to express their views, understand their rights or raise concerns about their care and treatment.

Borders Independent Advocacy Service (BIAS)
Low Buckholmside
Galashiels
TD1 1RT
Telephone: 01896 752200
Email: info@bordersadvocacy.org.uk
Website: https://www.bordersadvocacy.org.uk/contact-us/

Recording Complaints
All complaints received by NHS Borders are recorded electronically within the adverse event management system by the Patient Experience Team. In addition, a live tracking log is maintained and updated regularly to monitor the progress of open complaints and support effective case management.

Where complaints are partly or fully upheld, the learning identified is shared with the relevant service leads and management teams to support reflection, consideration of improvement actions and service development. The Patient Experience Team continues to work with services to strengthen arrangements for evidencing and monitoring learning arising from complaints, with the aim of ensuring that opportunities for improvement are captured and embedded more consistently across the organisation.

Safety Measurement and Monitoring Weekly Dashboard
The Clinical Governance and Quality Team produces and circulates the Safety Measurement and Monitoring Weekly Dashboard across NHS Borders. The dashboard brings together a range of key quality, safety and patient experience indicators, including complaints and feedback data, providing services with timely information to support oversight and informed decision-making. Complaints data is also incorporated within quality reporting provided to clinical teams and governance groups, supporting services to monitor themes, trends and areas for improvement.

Using visual data and trend analysis, the dashboard enables services to monitor performance, identify emerging themes and areas of concern, and track progress over time. By bringing together information from a variety of sources, it supports a proactive approach to quality improvement, helping services to learn from patient experiences and drive improvements in the safety and effectiveness of care.

Complaint Handling
NHS Borders continues to take a positive and proactive approach to managing feedback and complaints, with a strong emphasis on compassion, responsiveness and learning. Our guiding principles include:

- Adopting a person-centred approach to all feedback, seeking to understand experiences from the perspective of patients, carers and families.

- Delivering meaningful and timely responses that address the concerns raised.
- Encouraging staff to reflect on patient experiences, with learning embedded at both individual and organisational levels.
- Following the Scottish Public Services Ombudsman's (SPSO) Guidance on Apology to ensure respectful and appropriate communication.

When a complaint is received, whether in person, by telephone, email or letter, an acknowledgement letter is issued within three working days. The acknowledgement confirms receipt of the complaint; summarises the concerns raised and provides an anticipated response date following the National Complaints Process. Information explaining the complaints process and what the individual can expect during the investigation is included with this correspondence.

NHS Borders is committed to ensuring that complaints are fully understood and investigated appropriately. Complainants are therefore encouraged to contact the Patient Experience Team if they feel that any aspect of their concerns has not been accurately reflected within the acknowledgement letter, or if there are additional points they wish to be considered as part of the investigation. This helps to ensure that the investigation addresses the issues that matter most to the complainant and supports a shared understanding of the concerns being raised.

Throughout the complaints process, the Patient Experience Officer leading on the complaint works closely with clinical and managerial colleagues across NHS Borders to determine the most appropriate and person-centred response. This may involve face-to-face meetings, virtual discussions, telephone calls or written communication, tailored to the preferences and needs of the individual. Mediation remains available as an option should local resolution prove challenging.

When responding to complaints, NHS Borders remains committed to providing professional, compassionate and person-centred responses that address the concerns raised and support learning and improvement. Our approach is guided by three key principles:

- Listening and responding meaningfully to the concerns raised.
- Understanding feedback from the perspective of patients, carers and families.
- Sharing learning and driving improvement across services.

The Patient Experience Team plays a vital role in supporting staff throughout the complaints process. The team provides advice and guidance, facilitates discussions and helps determine the most appropriate way forward for each case.

During the 2025/26 reporting period, alternative dispute resolution was not utilised within the NHS Borders area.

Each Clinical Board, Acute Services, Mental Health, Primary and Community Services, and Learning Disability Service has a dedicated Clinical Governance Group responsible for reviewing complaint themes and considering opportunities for learning and improvement arising from patient feedback.

Clinical Board management teams actively engage with staff involved in complaints to reflect on practice, share learning and identify opportunities for service improvement. This may include meeting with complainants to hear their experiences and better understand the impact of the issues raised.

Complainants are supported to be involved in the process in a way that best meets their needs and preferences. The level of involvement is considered on a case-by-case basis and, where a meeting is requested, the Patient Experience Team will make the necessary arrangements.

Meetings may involve clinical or management staff and, where appropriate, senior leaders such as the Chief Executive, Director of Nursing, Midwifery and Allied Health Professions, or Medical Director.

Learning from Complaints

NHS Borders remains committed to fostering a culture of openness, learning and continuous improvement. Patient feedback and complaints provide valuable insights into the experiences of those using our services and are considered alongside other sources of quality and safety information to support service development and improve the quality of care.

All complaints are assessed to determine whether they are upheld, partly upheld or not upheld. Where a complaint is upheld or partly upheld, the learning identified is shared with the relevant service leads and management teams for consideration. NHS Borders continues to strengthen arrangements for capturing, evidencing and monitoring learning arising from complaints, with the aim of ensuring that improvements identified through patient feedback contribute to service development and organisational learning.

Complaints remain a standing item on the agenda of each service's Clinical Governance Group, supporting the integration of patient experience into routine quality assurance and governance processes. All Stage 2 complaint responses are reviewed and approved by either the Chief Executive, Medical Director, Director of Nursing, Midwifery and Allied Health Professions, or their nominated deputy where appropriate. This reflects the organisation's commitment to listening to feedback, learning from patient experiences and continuously improving the quality of care and services provided across NHS Borders.

While not all service improvements can be directly attributed to individual pieces of feedback, NHS Borders recognises the important contribution that feedback from patients, carers, relatives and visitors makes in helping us understand experiences of care and identify opportunities for improvement. Learning arising from complaints, concerns, compliments and other forms of feedback is shared across services and used to support reflection, service development and quality improvement.

Learning from Complaints and Supporting Clinical Leadership

During 2025/26, learning identified through complaints highlighted several important areas for continued improvement, including communication, person-centred care, clinical decision-making and the involvement of patients and their families in care.

Learning from these experiences has contributed to ongoing staff education and development. NHS Borders has established a Clinical Professional Leadership Programme on Effective & Safe Care for senior clinical staff, which includes a dedicated session on complaints. This provides an opportunity to strengthen understanding of the complaints process and reinforce the important role clinical leaders have in responding to concerns, supporting patients and families and ensuring that learning from their experiences contributes to service improvement.

This work demonstrates NHS Borders' continued commitment to listening to patient and family feedback, sharing learning across services and using complaints as an opportunity to support improvements in the quality and experience of care. Learning from complaints and patient feedback has informed the development of multidisciplinary conversation training in shared decision making, future care planning and treatment escalation planning, supporting clinical

leaders to strengthen communication, promote person-centred care and improve patient experience.

Complaint Process Experience – Complainants
NHS Borders values the views of patients, carers, and family members who have engaged with the Patient Experience Team and actively seeks feedback on their experience of the complaints process. We aim to understand whether individuals felt their concerns were addressed, whether the response met their expectations, and what improvements could be made to enhance how complaints are handled.

Since 1 April 2017, NHS Borders has issued feedback questionnaires alongside all Stage 2 complaint response letters. These questionnaires help us gather insights into the effectiveness and quality of our complaints handling. However, the response rate remained very low, with only one completed questionnaire returned during the year.

The Patient Experience Team continues to explore alternative approaches to make it easier and more accessible for complainants to provide feedback. This includes engaging with Patient Experience Teams in other NHS Boards to understand how they seek feedback following the complaints process and whether alternative approaches have been effective. A QR code has now been added to complaint response letters, providing complainants with a simple route to access and complete the feedback questionnaire electronically.

This work will continue during 2026/27, with the aim of identifying a practical and sustainable approach that increases opportunities for complainants to share their experience and supports learning and continuous improvement in complaints handling.

Complaint Handling
During 2025/26, the Patient Experience Team continued to refine its approach to managing complaints and service feedback, adopting flexible and responsive ways of working that support the needs of a small and dedicated team. Regular case discussions and collaborative review sessions ensure that new complaints, ongoing investigations and follow-up enquiries are considered collectively, promoting consistency, shared learning and effective case management.

The team also manages follow-up correspondence received after complaints have been concluded. This may include requests for clarification or further information in relation to the response provided. Where NHS Borders is unable to provide any additional information through the local complaints process, individuals are advised of their right to seek an independent review by the Scottish Public Services Ombudsman (SPSO).

Being located within the acute hospital setting provides the Patient Experience Team with direct access to clinical and management colleagues, enabling information to be gathered efficiently and supporting timely communication throughout the investigation process. This close working relationship has strengthened collaboration across services and contributes to the quality and timeliness of complaint responses.

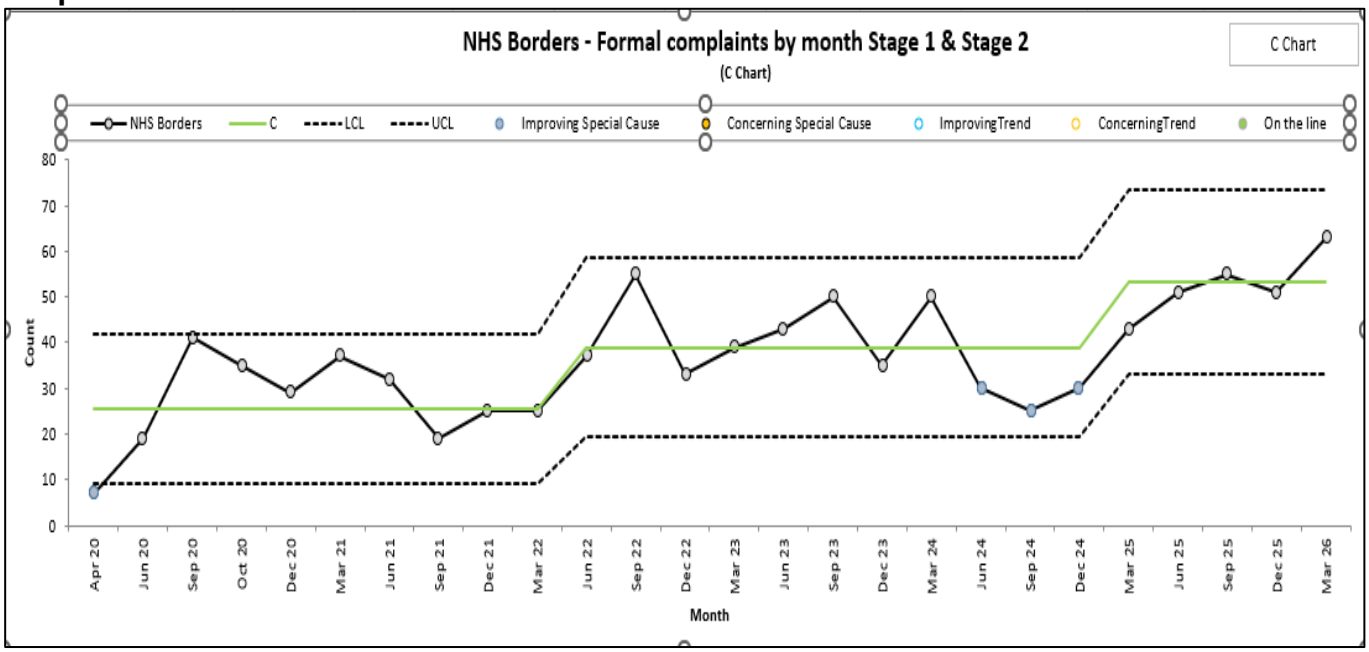
The Patient Experience Team promotes a culture of openness, collaboration and continuous improvement. Team members work closely together, sharing knowledge and experience, while maintaining clear individual responsibilities. This approach supports the delivery of consistent, person-centred complaint handling and helps ensure that complaints are investigated and responded to in accordance with the NHS Scotland Complaints Handling Procedure.

NHS Borders continues to apply its escalation arrangements where necessary, particularly when delays occur in providing information required to complete an investigation. This helps support timely responses and ensures that patients, carers and families remain at the centre of the complaints process.

The total number of complaints received
A total of 475 complaints were received between 1 April 2025 and 31 March 2026.

Graph 1 shows the number of complaints received by month between April 2020 and March 2026, also contained in Appendix 1:

Graph 1



Out of the 475 complaints received, 319 related to the Borders General Hospital, 71 related to Primary and Community Services, 79 related to Mental Health and 6 related to Support Services.

Complaints closed at each stage
The term closed refers to a complaint that has had a response sent to the complainant and at the time no further action was required, regardless at which stage it is processed and whether any further escalation took place. The term escalation refers to a complaint that was received at Stage 1 and was unable to be resolved therefore escalated to Stage 2 of the complaints process. Charts outlining performance are included in Appendix 2.

Complaints upheld, partially upheld and not upheld
There is a requirement for an outcome to be recorded for each complaint received. Outcomes can be upheld, partially upheld or not upheld. Charts outlining this information are included in Appendix 3.

Average times
The model complaints handling procedure requires complaints to be closed within 5 working days at Stage 1 and 20 working days at Stage 2. This indicator represents the average time in working days to close complaints at Stage 1 and complaints at Stage 2 of the model complaints handling procedure.

During 2025/26, our average time to respond to complaints at Stage 1 was 5.3 working days. Our average time to respond to complaints at Stage 2 was 44 working days. Charts outlining this performance are included in Appendix 4.

Complaints closed in full within the timescales

It is important to note that for the period April 2025 to March 2026, NHS Borders experienced a sustained increase in demand within the formal complaints service. Monthly complaint volumes remained consistently above previous years, with Graph 1 demonstrating a shift in the process mean from 39.6 complaints per month to 55 complaints per month. Complaint numbers peaked at 70 in February 2026; the highest level recorded during the reporting period. While variation remained within expected control limits, the sustained increase represents a step change in activity rather than a temporary fluctuation. This increase has placed additional demand on services responsible for complaint investigation, response preparation, and organisational learning, highlighting the importance of ongoing monitoring and sufficient resource to support effective complaints handling.

Charts outlining performance against the percentage of complaints closed within the national timescales for each stage of the complaints process are provided in Appendix 5. Charts highlight that during 2025/26, 73.68% of Stage 1 complaints were closed within 5 working days, while 27% of Stage 2 non-escalated complaints were closed within 20 working days.

The Patient Experience Team continues to focus on improving performance against the 20-working day response timescale. To support the increased demand on the service, short-term additional resource has been provided. Effective complaint investigation and response rely on contributions from clinical staff across a range of services. Ongoing clinical pressures can limit the time available for clinicians to investigate and respond to complaints, which can impact on our ability to meet national timescales. While we remain committed to improving the timeliness of complaint responses, we acknowledge that during 2025/26 we were unable to consistently achieve the 20-working day target set out within the national complaints handling procedure. Continued work is underway to strengthen processes, build capacity, and improve performance.

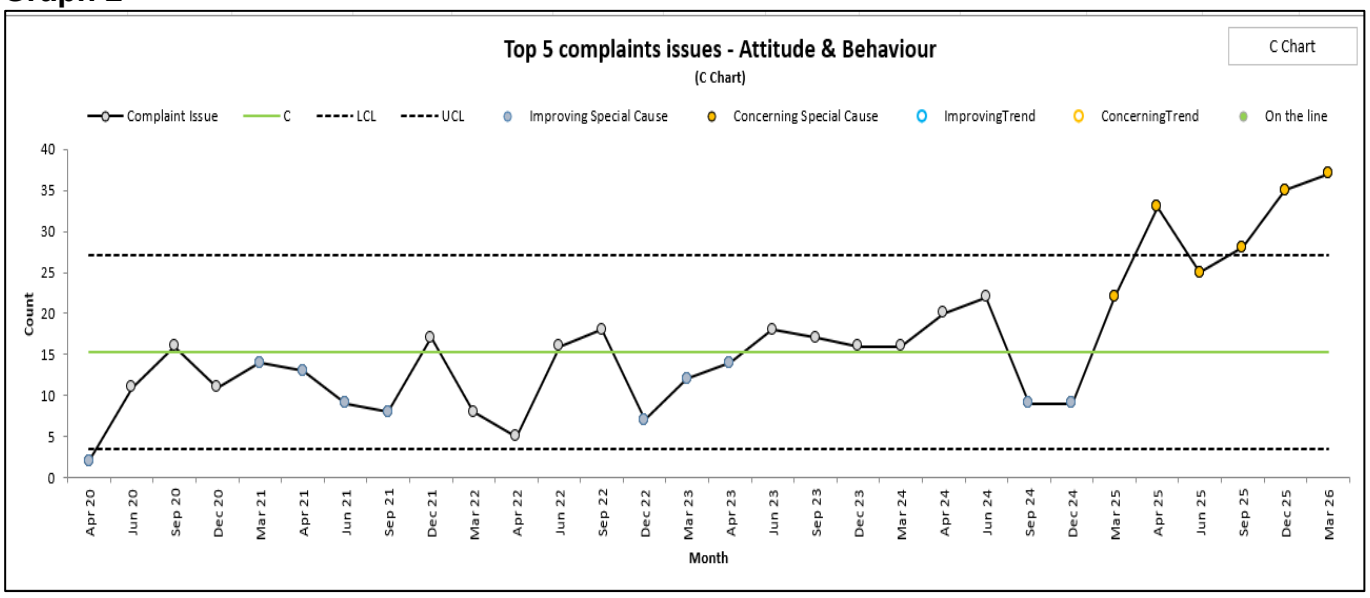
Number of cases where an extension is authorised

The model complaints handling procedure allows for an extension to the timescales to be authorised in certain circumstances. During 2025/26, 13 Stage 1 complaints had an extension authorised and 449 Stage 2 non-escalated complaints had an extension authorised. Charts outlining this performance are included in Appendix 6.

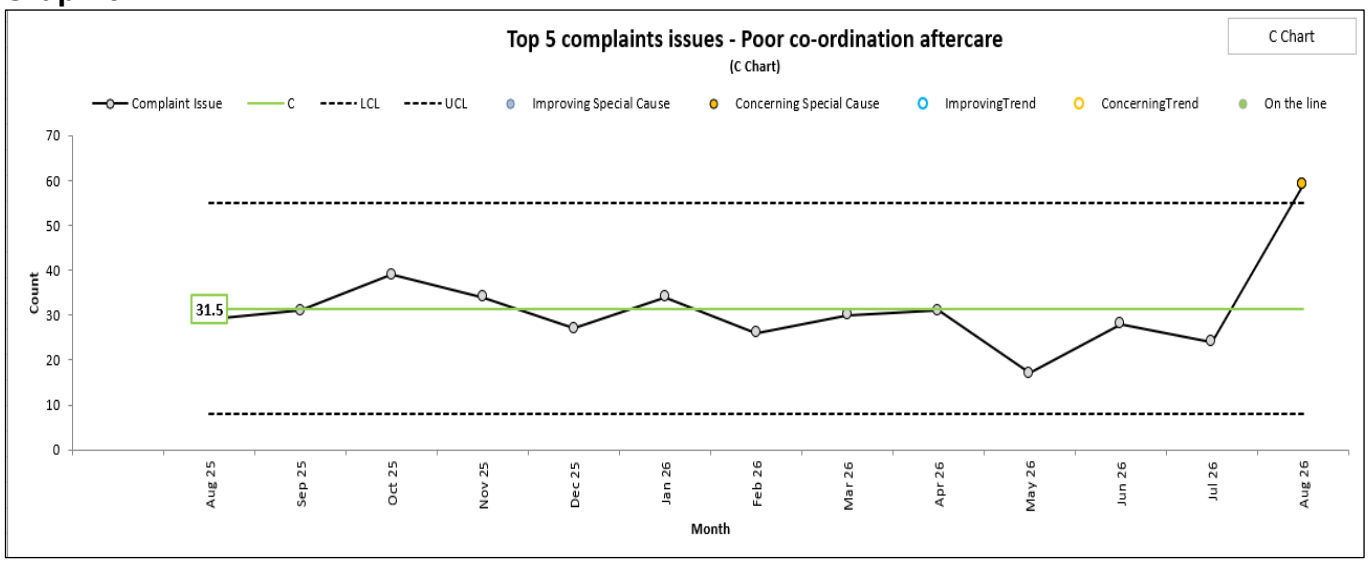
Complaints Themes

Graphs 2 to 6 overleaf outline the top five themes emerging from complaints we received.

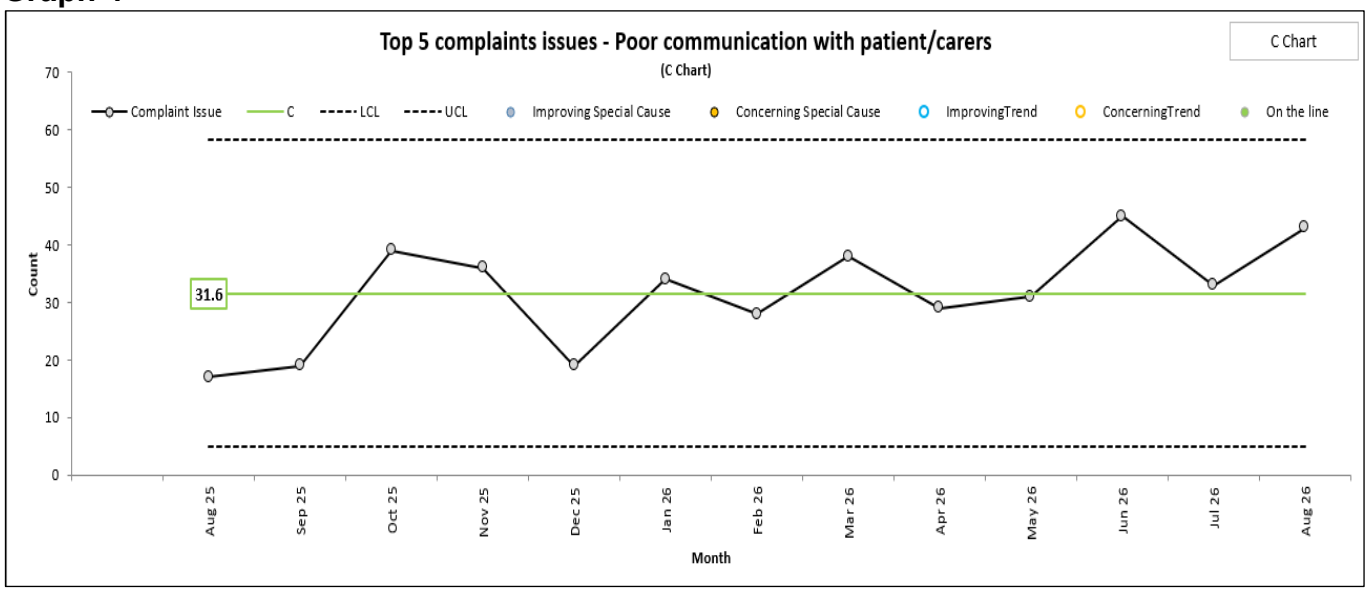
Graph 2



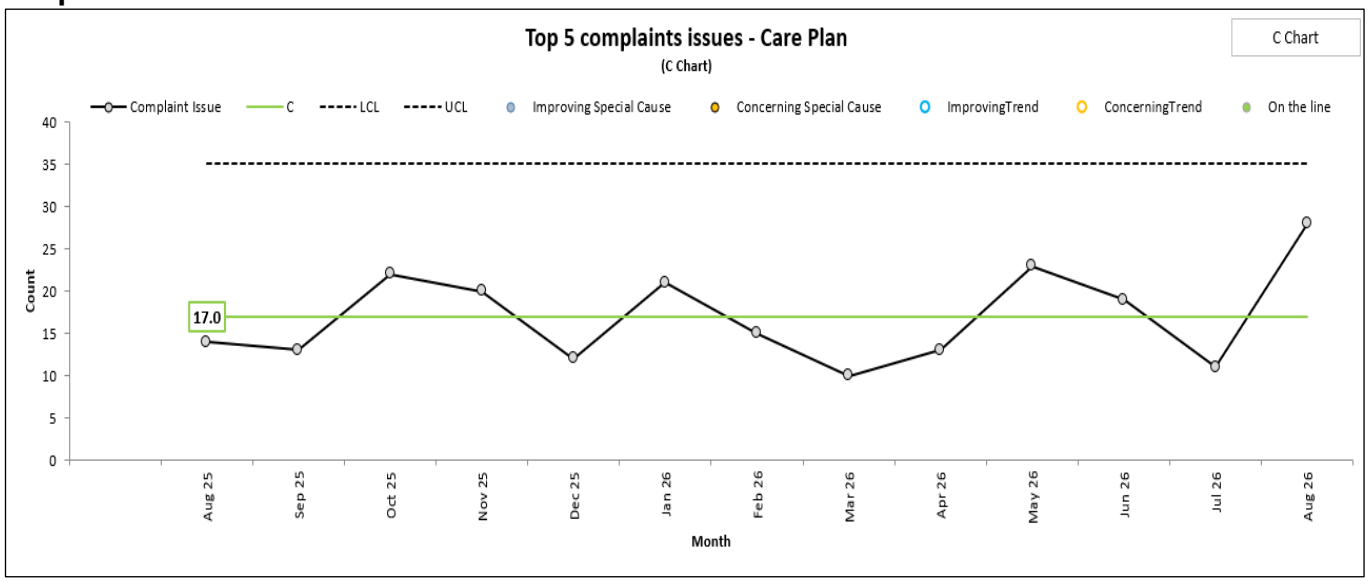
Graph 3



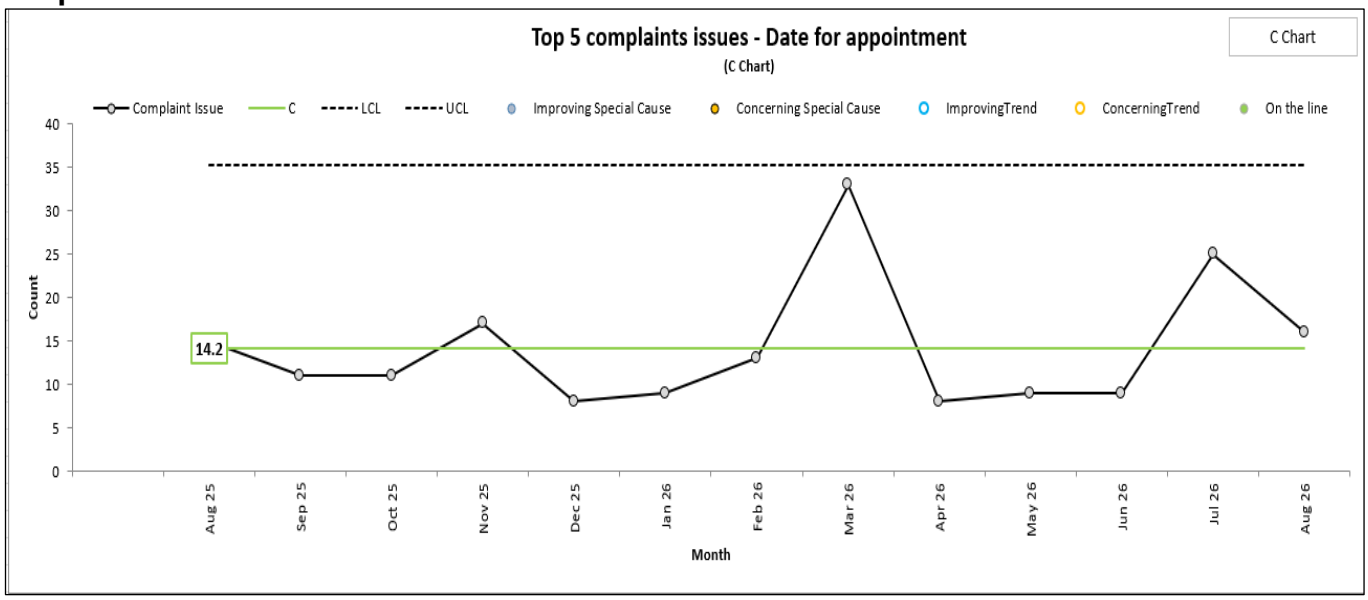
Graph 4



Graph 5



Graph 6



Changes to Complaints Reporting

During 2025/26, NHS Borders transitioned from Datix to InPhase for the recording and reporting of complaints. This resulted in changes to some of the categories used within the Complaints Quality Dashboard from August 2025.

The table below shows the most frequently reported complaint issues and provides a comparison with 2024/25 where comparable data is available. It is important to note that changes to the complaints recording and reporting system during 2025/26 affected the categorisation of some complaint themes.

As a result, direct year-on-year comparison is not possible for all complaint themes. In particular, the previously reported categories Clinical Treatment, Communication – Oral and Communication – Written were no longer reported under these headings from August 2025. The new reporting includes categories such as Poor Coordination/Aftercare and Poor Communication with Patients/Carers. Figures presented for Clinical Treatment and Communication in 2025/26 therefore relate to April to July 2025 only and should not be interpreted as representing the full financial year.

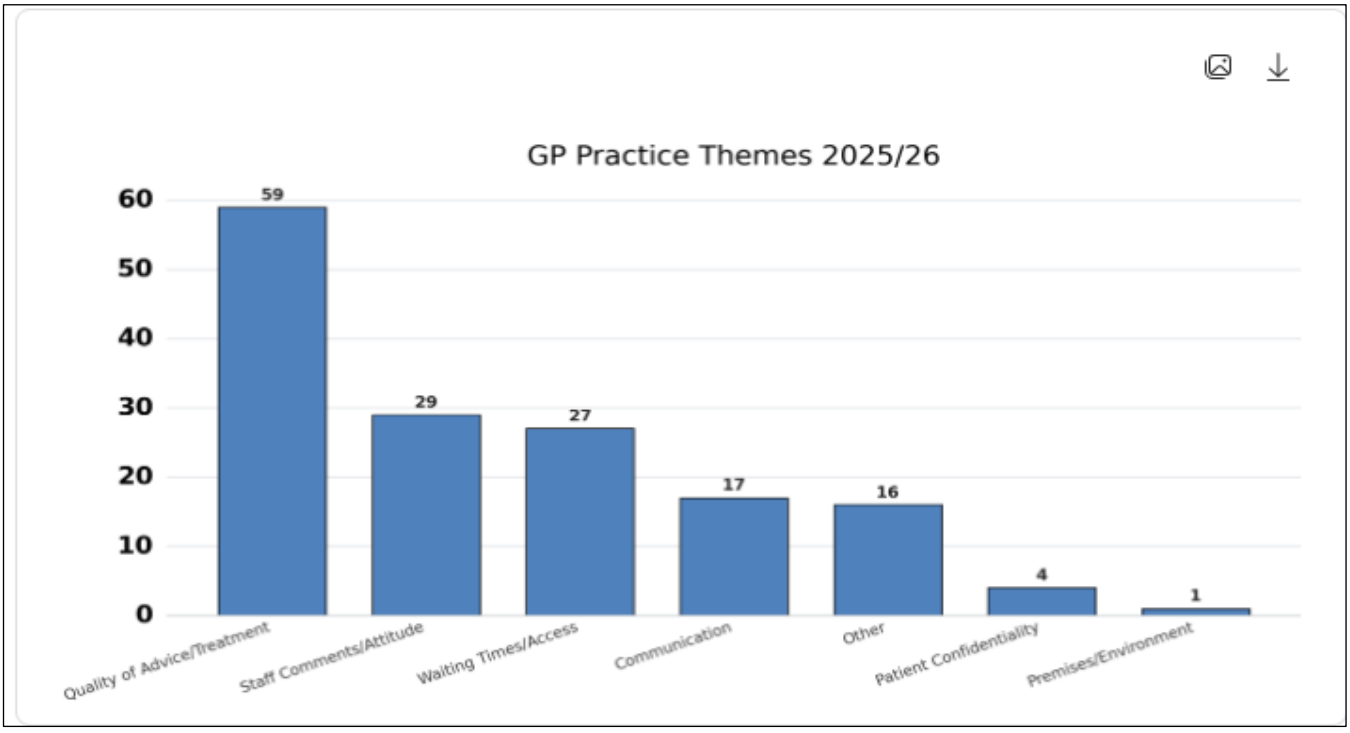
Top 5 Issues	Total 2024/25	Total 2025/26
Attitude and Behaviour	164	329
Clinical Treatment	317	246*
Communication – Oral	130	75*
Communication – Written	48	35*
Date of Appointment	55	154

*Partial-year figures due to changes in complaints reporting following the move to InPhase

Primary Care Service Providers Complaints
The table below outlines the number of complaints received for complaints by Primary Care Service Providers operating in the Scottish Borders between 1 April 2025 and 31 March 2026:

	GP	Dentist	Pharmacist	Optician	TOTAL
No. of Complaints received	142	3	0	0	145

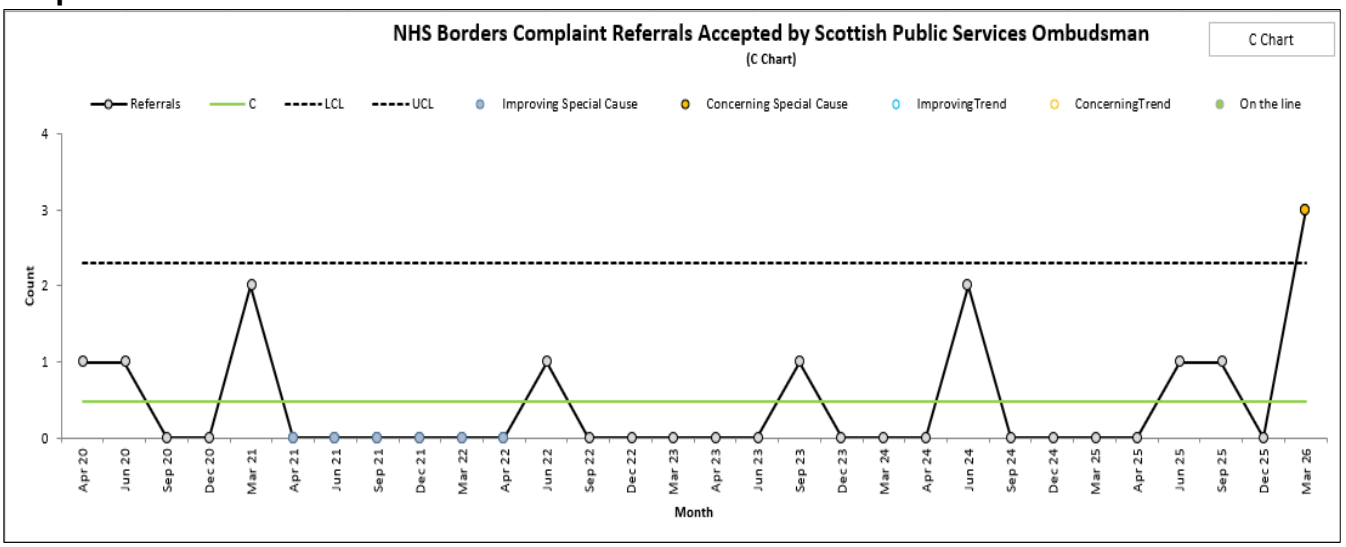
Graph 7 below outlines the top themes emerging from the complaints received by General Practitioners operating in the Scottish Borders between April 2025 and March 2026:



Scottish Public Services Ombudsman (SPSO)
Graph 8 below outlines referrals accepted by the SPSO.

During 2025/26, the SPSO reviewed 10 complaints relating to NHS Borders. None of these complaints were upheld however, in 1 case, actions were identified and taken forward by NHS Borders.

Graph 8



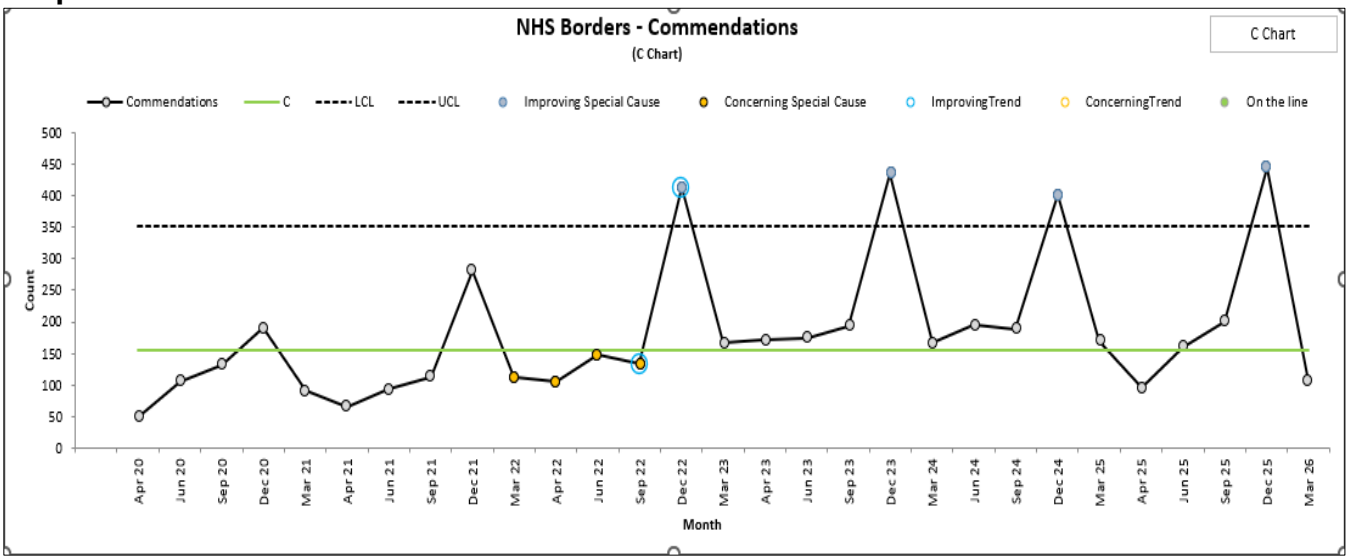
The following decisions and recommendations were received by the SPSO between 1 April 2025 and 31 March 2026 for cases investigated by them in relation to complaints made to NHS Borders:

SPSO Case Reference 202403643	Closed – Not upheld
SPSO Case Reference 202402700	Closed – Not upheld
SPSO Case Reference 202407038	Closed – Not upheld
SPSO Case Reference 2412731098	Closed – Not upheld
SPSO Case Reference 202410721	Closed – Not upheld
SPSO Case Reference 202506934	Closed – Not upheld
SPSO Case Reference 202409713	Closed – Not upheld & actions identified by SPSO taken forward
SPSO Case Reference 202504939	Closed – Not upheld
SPSO Case Reference 202513211	Closed – Not upheld
SPSO Case Reference 2025043005	Closed – Not upheld

Commendations

During 2025/26 NHS Borders received 2,395 commendations. Graph 9 shows commendations received to 31 March 2026:

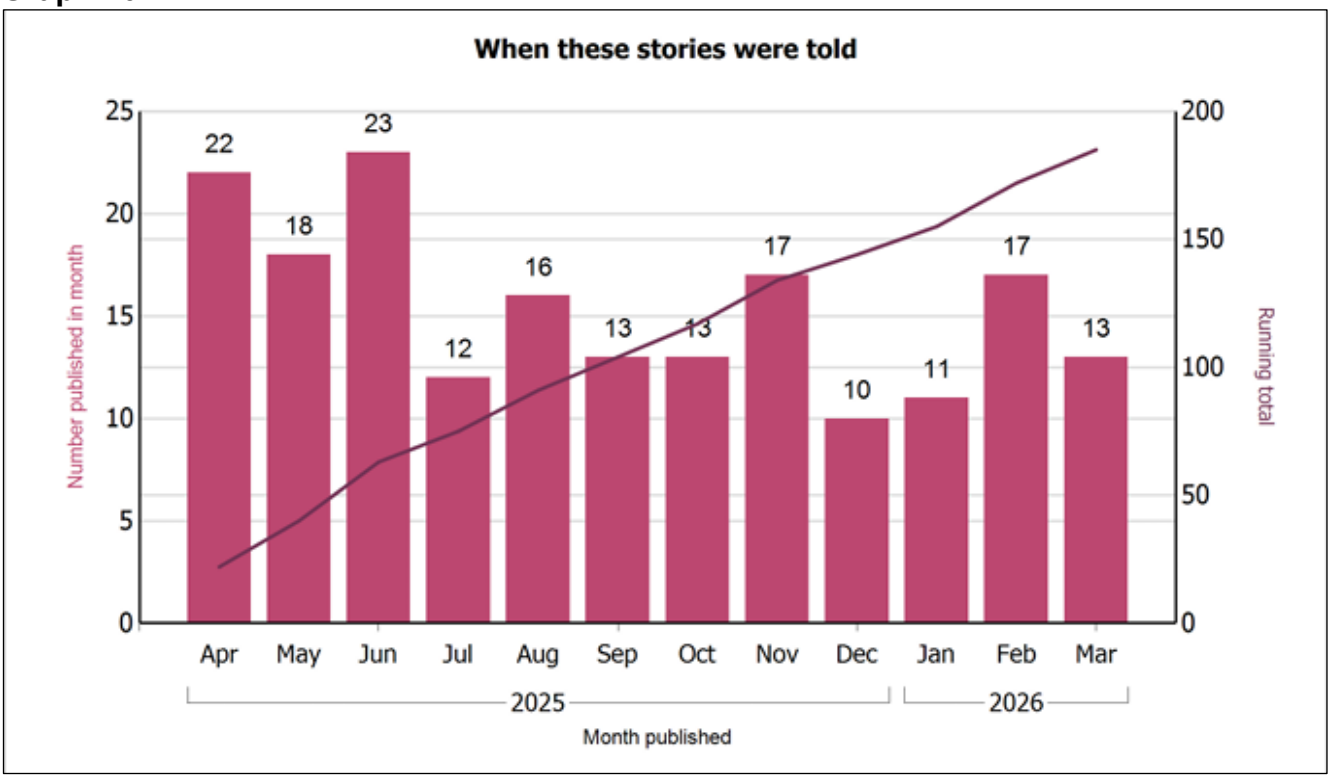
Graph 9



Care Opinion

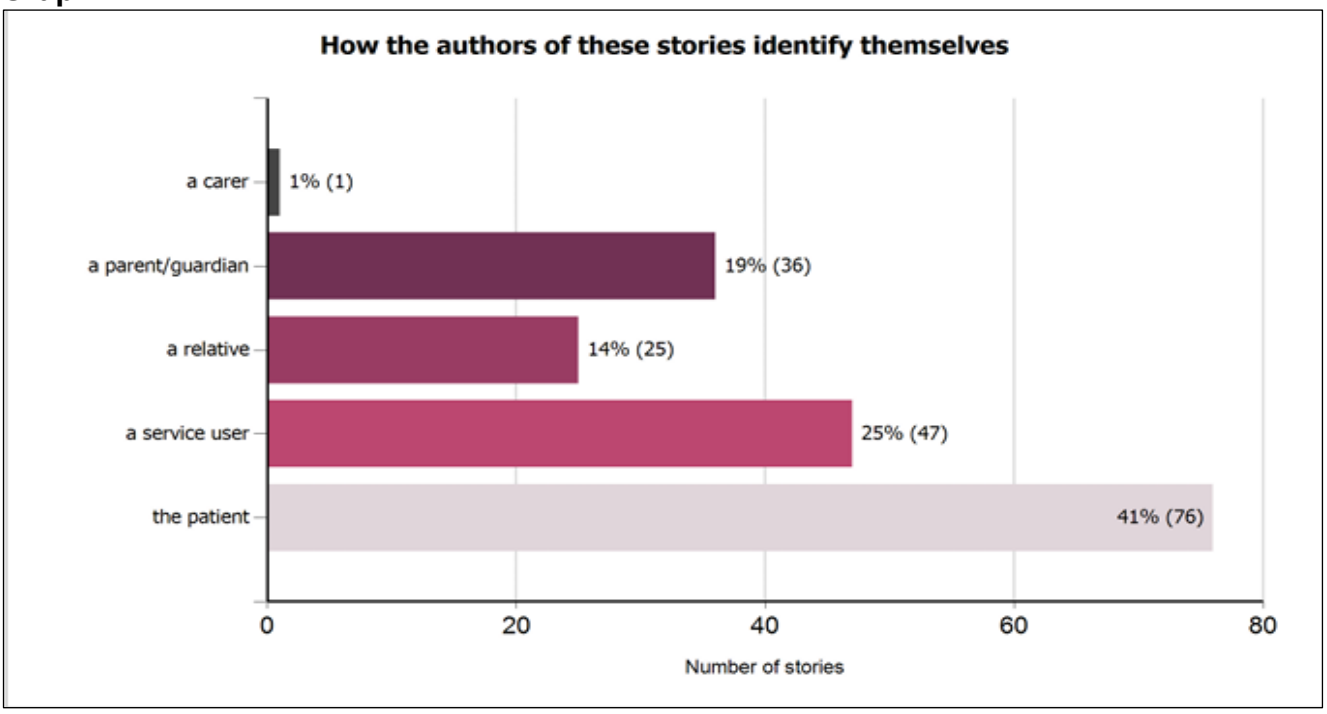
Between 1 April 2025 and 31 March 2026, 185 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories had been viewed on Care Opinion 27,680 in total 84% of the stories shared were positive stories. The following graphs/charts have been produced from the information held on the Care Opinion website. Graph 10 below shows the number of stories shared about NHS Borders during 2025/26:

Graph 10



Graph 11 below shows who has written the stories about NHS Borders with 76 having been written by the patient themselves.

Graph 11



The word clouds describe what was good and what could be improved as detailed in Care Opinion stories:

What was good



What could be improved



Accountability and Governance
NHS Borders continues to promote a culture of accountability, learning and continuous improvement, ensuring that patient feedback, complaints and patient experience information are considered alongside other quality and safety measures to support service development and improvement.

Clinical Boards and Clinical Governance Groups regularly review patient feedback, complaint themes and performance information to identify emerging trends, areas of good practice and opportunities for learning. Public involvement representatives continue to contribute to these discussions, helping to ensure that the views and experiences of patients, carers and the wider public remain central to decision-making and service improvement.

At Board level, the Clinical Governance Committee provides oversight and scrutiny of the organisation's approach to patient experience, feedback and complaints. Patient experience and complaint activity are reported through the Clinical Governance and Quality reporting framework, supporting the Board's assurance processes and enabling informed discussion regarding emerging issues, risks and opportunities for improvement.

Performance reporting includes information on complaint activity, response times, complaint themes, Care Opinion feedback and Scottish Public Services Ombudsman (SPSO) decisions. This helps services and governance groups to identify areas requiring further review and supports organisational learning across NHS Borders.

The Patient Experience Team continues to work closely with colleagues across the Clinical Governance and Quality Team, including the Patient Safety Team, to promote a collaborative and person-centred approach to managing feedback, complaints and adverse events. Through ongoing partnership working and the sharing of learning, NHS Borders seeks to ensure that patient experiences inform service development, quality improvement and the delivery of safe, effective and person-centred care.

Future Developments – 2026/27
NHS Borders continues to develop services to support high-quality, sustainable and person-centred care, with an increasing focus on supporting people to remain well and receive appropriate care closer to home. The following developments demonstrate some of the work underway across services.

Hospital at Home and Digital Innovation
NHS Borders is participating in Project CAIRN, which will test the use of remote-monitoring technology within the Hospital at Home model. The project will explore appropriate clinical pathways and how remote-monitoring technology could be integrated into existing services. The overall aim of the service and this project is to support admission avoidance, facilitate earlier discharge, improve patient flow across acute services, and contribute to the development of a scalable model for wider adoption. Alongside remote monitoring we are continuing to evaluate the true demand for Hospital at Home and looking for options to expand capacity and increase efficiency so that we can provide even more person-centred care for people across the Scottish Borders.”

Home First and Integrated Discharge
Work continues to strengthen community-based care and support people to return home following a hospital stay. NHS Borders has expanded Hospital at Home capacity, developed the NHS-delivered Home First reablement service and transformed frailty services across the Scottish Borders. Further work aims to build on these developments, supporting improved patient flow, greater independence and a reduced reliance on inpatient rehabilitation.

Developing Care Closer to Home
NHS Borders continues to explore opportunities to strengthen community-based care and improve how people access health, care and wellbeing support closer to home. Work to develop a more integrated, accessible and locality-sensitive model of community support is being progressed through the Community Hubs workstream. Stakeholder engagement is helping to shape the developing model, with opportunities for wider feedback as the work progresses.

Improving Transitions from Hospital to Community Care
Quality improvement work is also underway within District Nursing to improve the quality and appropriateness of referrals following hospital discharge. This work aims to support safer transitions between inpatient and community services and enable people, where appropriate, to continue to receive care and support at home.

Improving Access and Redesigning Hospital Services
During 2026/27, NHS Borders will continue work to improve access to urgent and emergency care and redesign outpatient and hospital services. This includes work aimed at reducing waiting times, increasing surgical capacity and developing new models of care, alongside strengthened regional working to support sustainable access to specialist services

Re-establishing the Patient Feedback Volunteer Programme
During 2026/27, NHS Borders will continue to progress the re-establishment of the Patient Feedback Volunteer Programme, which was paused during the COVID-19 pandemic. Following a recruitment campaign, several volunteers have recently come forward to support this important initiative and preparations are underway to introduce the programme within acute hospital services.

Patient Feedback Volunteers will play a valuable role in engaging directly with patients, carers, relatives and visitors, providing opportunities for individuals to share their experiences and contribute to service improvement. Feedback gathered will help NHS Borders better understand what is working well, identify areas for improvement and ensure that patient experience continues to inform service development.

As the programme develops and volunteer numbers increase, NHS Borders hopes to expand the initiative further across a wider range of services, including mental health inpatient units and community hospital settings. This phased approach will support the sustainable growth of the programme and help ensure that feedback is gathered from a broad range of patients and care environments.

Patient Reported Experience Measure (PREM)
A Patient Reported Experience Measure (PREM) is a short questionnaire designed to capture patients' views on whether the care they received was person centred and aligned with what mattered most to them. Developed through the national Excellence in Care (EiC) programme, the six-question PREM provides a consistent and evidence-based approach to understanding patient experience and supporting service improvement. During 2026, the PREM has been tested within Ward 16 to assess its usability and to help inform future implementation across NHS Scotland, providing valuable insight into patients' experiences of care and supporting ongoing quality improvement.

Quality of Care Review
NHS Borders has developed a Care Assurance System and Delivery Programme that incorporates the national EiC Once for Scotland approach through the implementation of the Quality of Care (QoC) review framework across all services. The application of the framework

has been endorsed by the Senior Leadership Team and supports the delivery of regular Care Assurance Visits (CAVs). The framework is designed to actively involve staff, patients and families, with a strong focus on continuous learning and improvement. Feedback from complaints, patients and relatives is reviewed as part of each CAV, informing local improvement priorities and service planning. The framework also encourages meaningful staff engagement through open and reflective discussions, supporting shared learning, identifying opportunities for improvement, and strengthening the quality and experience of care.

Strengthening Learning from Complaints and Feedback

Reflective learning from feedback recently reinforced the importance of listening to the patient and family voice, recognising vulnerability, maintaining reliability in fundamental care, and ensuring that learning from harm is translated into visible practice improvement rather than being limited to the completion of review actions. The methodology was deliberately reflective and multidisciplinary. Patients' stories have been shared with nursing staff, healthcare support workers (HCSWs), student nurses, medical staff, pharmacy staff, Allied Health Professionals (AHPs) and senior acute managers, with participants asked to complete structured reflective feedback. For one story, this generated 144 responses, providing a broad perspective on how the story was understood across professional groups and leadership levels.

The headline finding was that patient stories have a significant impact on staff thinking and professional reflection. Within the nursing, HCSW and student nurse groups, most respondents reported that the story changed how they think about patient care, and the majority indicated that they would, or may, change something in their practice. Feedback particularly highlighted patient experience, communication and care team actions as the aspects with the greatest impact. Across the wider professional groups, recurring themes included the need for clearer clinical ownership, stronger communication with families, earlier escalation, reliable documentation and handover, improved visibility of patients who are boarding or transferred, medicines safety, AHP involvement and stronger multidisciplinary review. These themes align closely with existing Acute Services governance priorities and provided additional assurance that learning from patient stories is being used to support culture, accountability and continuous improvement.

Improving the Timeliness of Complaint Responses

Work across Acute Services has encouraged a proactive approach to addressing concerns at the earliest opportunity, with many issues being resolved directly with patients and families while care is still being provided. Early resolution supports timely communication, enables concerns to be addressed closer to the point of care, and can reduce escalation to the formal complaints process. This reflects the commitment of ward teams, service managers and senior leaders to responding promptly to concerns and working collaboratively with patients and families to achieve resolution.

The continued focus on local resolution demonstrates effective complaints-handling practice and supports the delivery of person-centred care. Sustained emphasis on early engagement and resolution is expected to contribute to a reduction in the number of concerns progressing to Stage 2 investigation, resulting in a more proportionate, responsive and patient-centred complaints process.

Internal improvement has been identified to strengthen the processes for managing and tracking further complaint responses, ensuring that delays are minimised and responses are provided in a timely manner. Review of complaint handling arrangements identified that delays were not always attributable to the time taken by clinical teams to provide information required for responses. Rather, shortcomings were identified in the management, monitoring and escalation of outstanding further responses. In response, several improvements have been

implemented, including the introduction of a shared tracking system across the Patient Experience Team, enhanced oversight and scrutiny of outstanding cases, clearer accountability for actions, and routine review of response timescales to identify and address delays promptly. Oversight of further complaint responses has also been incorporated into weekly operational meetings to provide assurance that progress is monitored and key milestones are achieved. During 2026/27, a review of the NHS Borders complaints handling process will be undertaken to better understand service demand, capacity and workflow. This will provide valuable intelligence to inform service planning, support the effective deployment of resources, and identify opportunities to improve the timeliness, quality and consistency of responses. The findings will be used to strengthen operational processes and enhance the experience of patients, families and carers engaging with the complaints process.

NHS Borders Quality Strategy
The purpose of the Quality Strategy is to support our staff and teams to do the very best for their patients and colleagues every day. This supports the objective of ensuring that feedback is systematically acted upon and that learning is translated into meaningful and sustainable improvement for patients and staff. Throughout the year, patient feedback, concerns, complaints and compliments have been used to inform service improvement, strengthen person-centred care and support organisational learning. This demonstrates our commitment to actively listening to the voices of patients, families and carers, responding to feedback in a timely manner, and embedding learning into practice. These activities directly support the Quality Strategy ambitions of improving care experiences, strengthening feedback mechanisms, protecting opportunities for learning and reflection, and ensuring that patient insight informs the design and delivery of services in line with the principles of the Patient Rights (Scotland) Act 2011.

NHS Borders Quality Strategy explicitly sets out the ambition to strengthen feedback mechanisms, systematically triage and act on feedback, and embed learning from complaints into service improvement processes**.**

Enhancing Opportunities for Patient Feedback
Building on the reintroduction of patient feedback survey boxes within outpatient areas, NHS Borders will continue to review and develop opportunities for patients, carers, relatives and visitors to share their experiences. Feedback gathered through surveys, complaints, compliments, Care Opinion and direct engagement will continue to inform service improvements and organisational learning.

Supporting Patient and Public Involvement
NHS Borders remains committed to meaningful engagement with patients and the public. During 2026/27, work will continue to promote opportunities for involvement in service development and improvement activities, ensuring that the voices of local communities contribute to shaping future healthcare services across the Scottish Borders.

Strengthening Governance and Reporting
The Patient Experience Team will continue to work with colleagues across Clinical Governance and Quality to develop reporting arrangements that support the effective review of complaint themes, patient feedback and learning across services. This will help ensure that patient experience information continues to inform quality improvement and governance processes throughout the organisation.

We would welcome your comments on this annual report. If you would like to comment or need this report in large print, audio, Braille, alternative format or in a different language please contact:

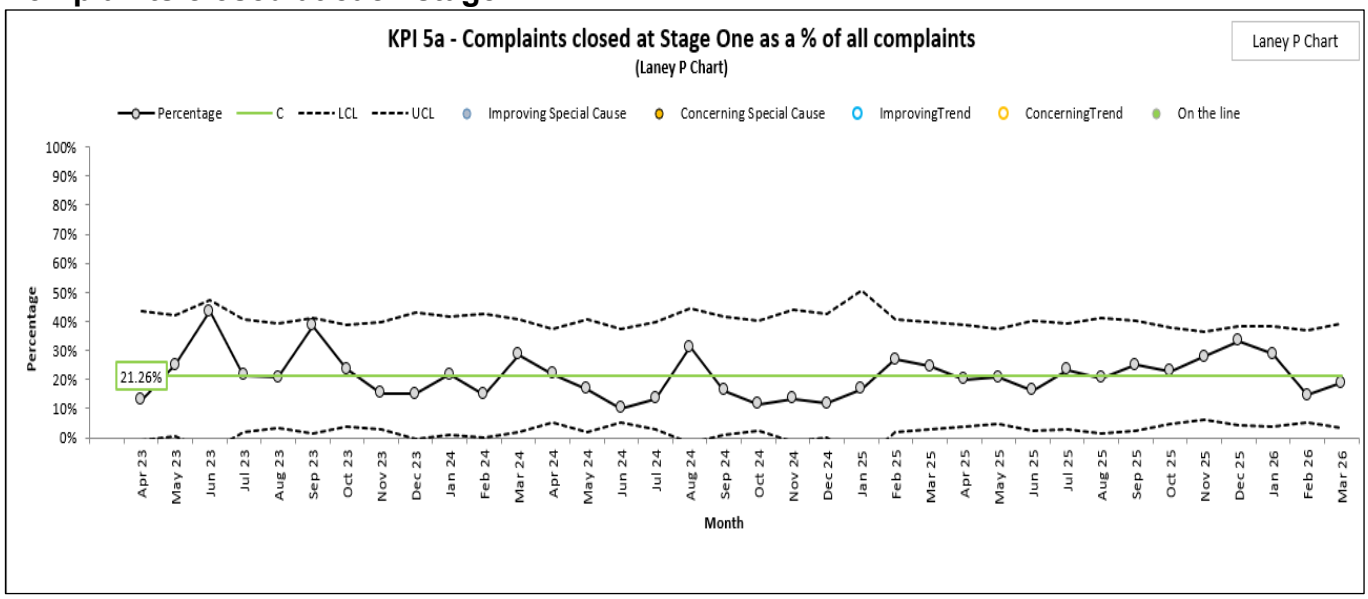
Patient Experience Team
Borders General Hospital
Melrose TD6 9BS
01896 826719
patient.experience@borders.scot.nhs.uk
www.nhsborders.scot.nhs.uk/feedback-and-complaints/

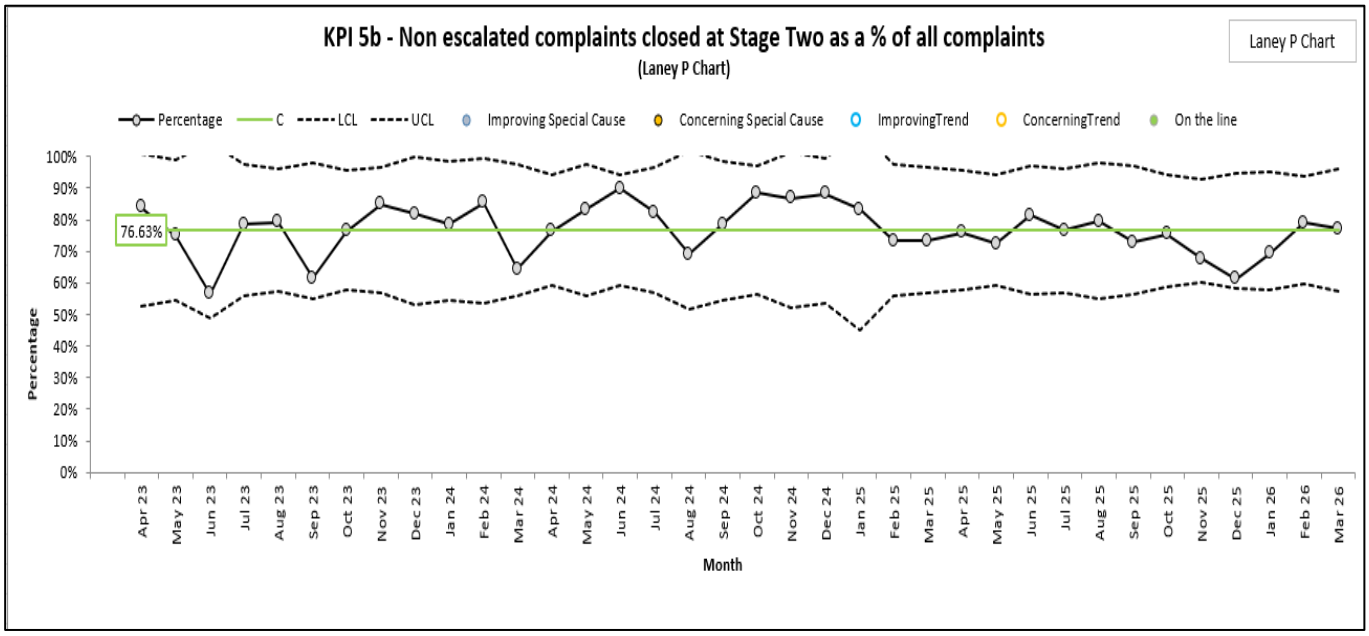
Appendix 1

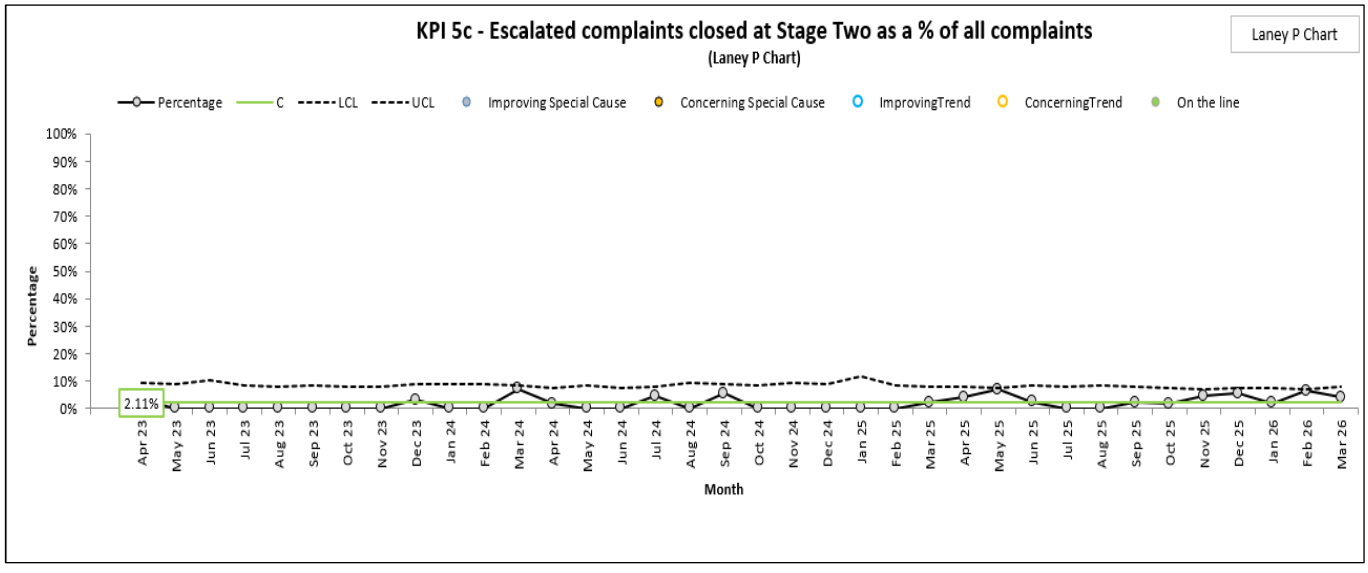
Graph explanation

Code/ symbol on chart	Definition	Explanation
C ——	Centre line	Line indicating the average performance over that time period
LCL - - -	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL - - -	Upper control limit	Line indicating highest limit deemed an acceptable performance level
◆	Shift	8 or more consecutive data points above or below the centre line or mean line
⬭	Trend	6 consecutive data points increasing (upward trend) or decreasing (downward trend). This could indicate positive or negative performance.
◇	Sigma violation	Data point above or below the upper or lower control limit
Mean ——	Mean line	Line indicating the average performance over that time period

Complaints closed at each stage

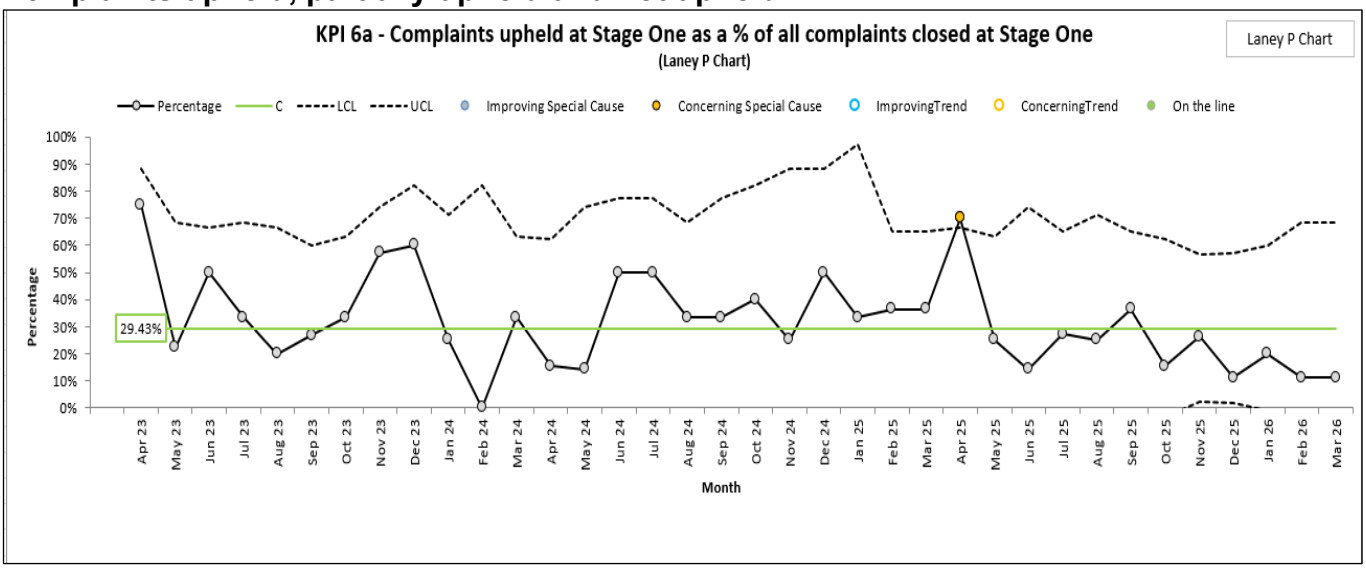


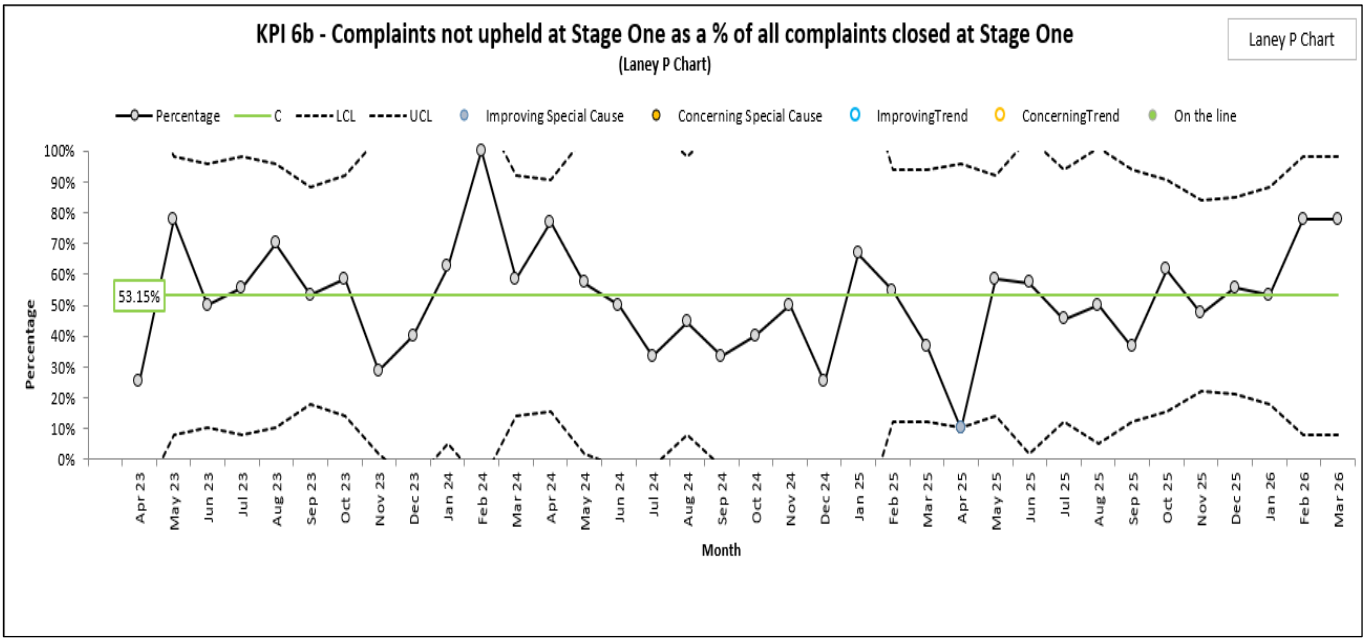


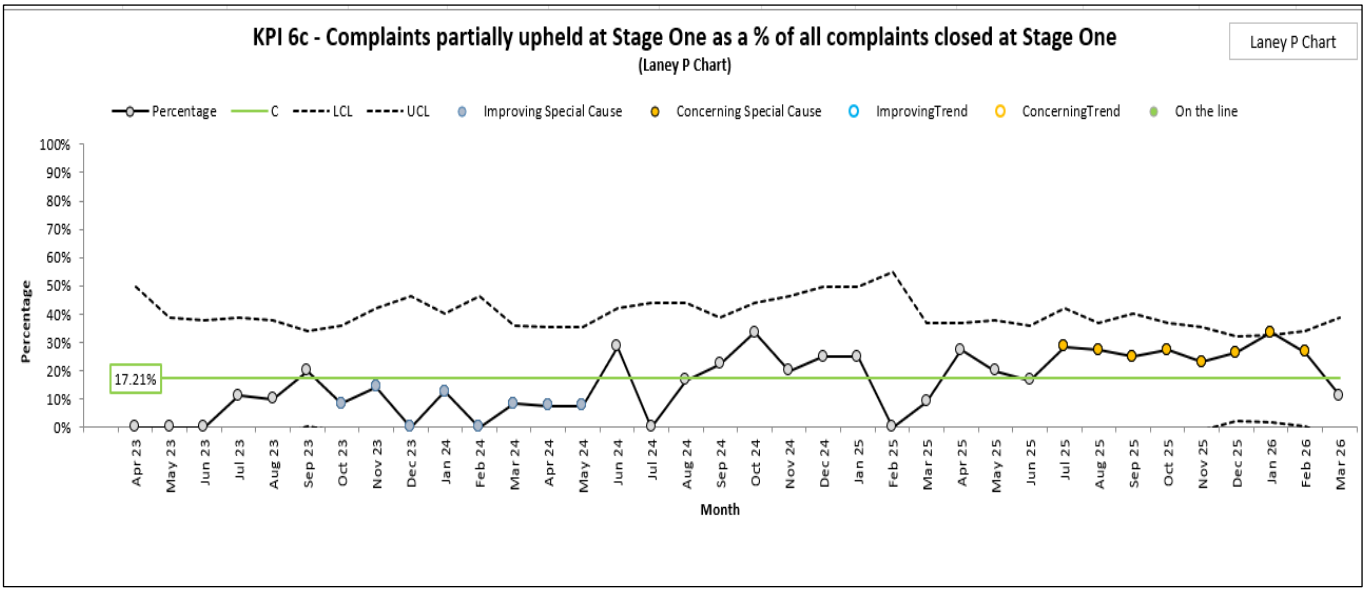


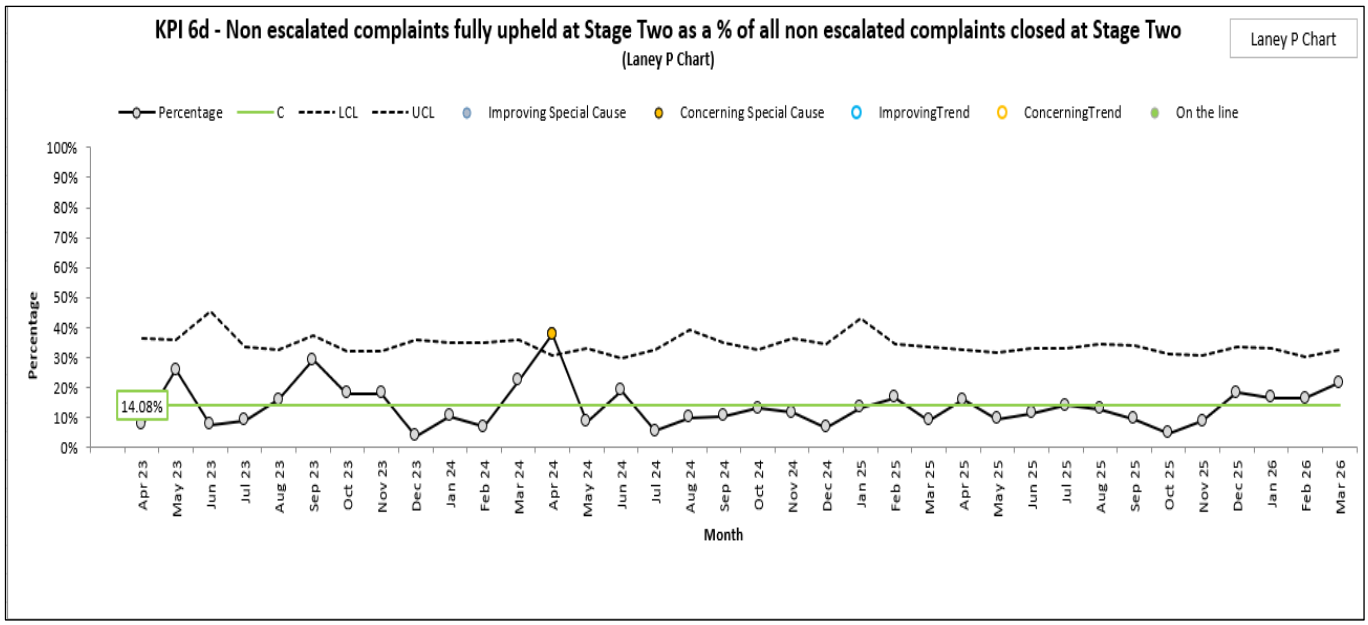
Appendix 3

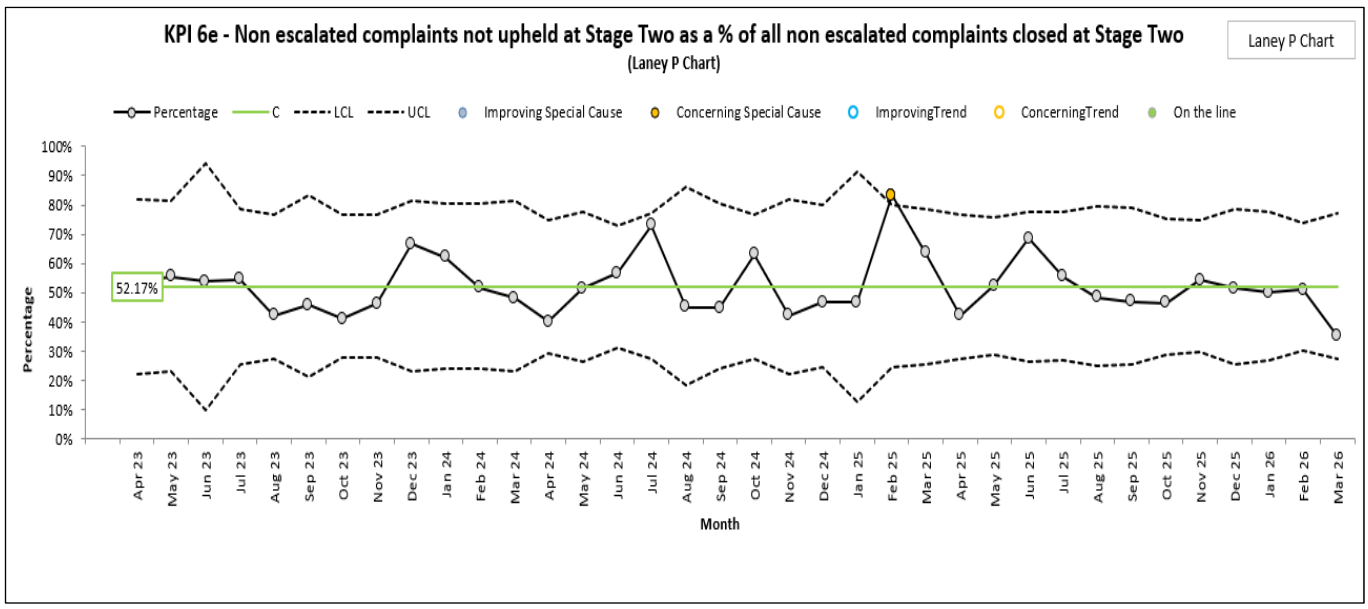
Complaints upheld, partially upheld and not upheld

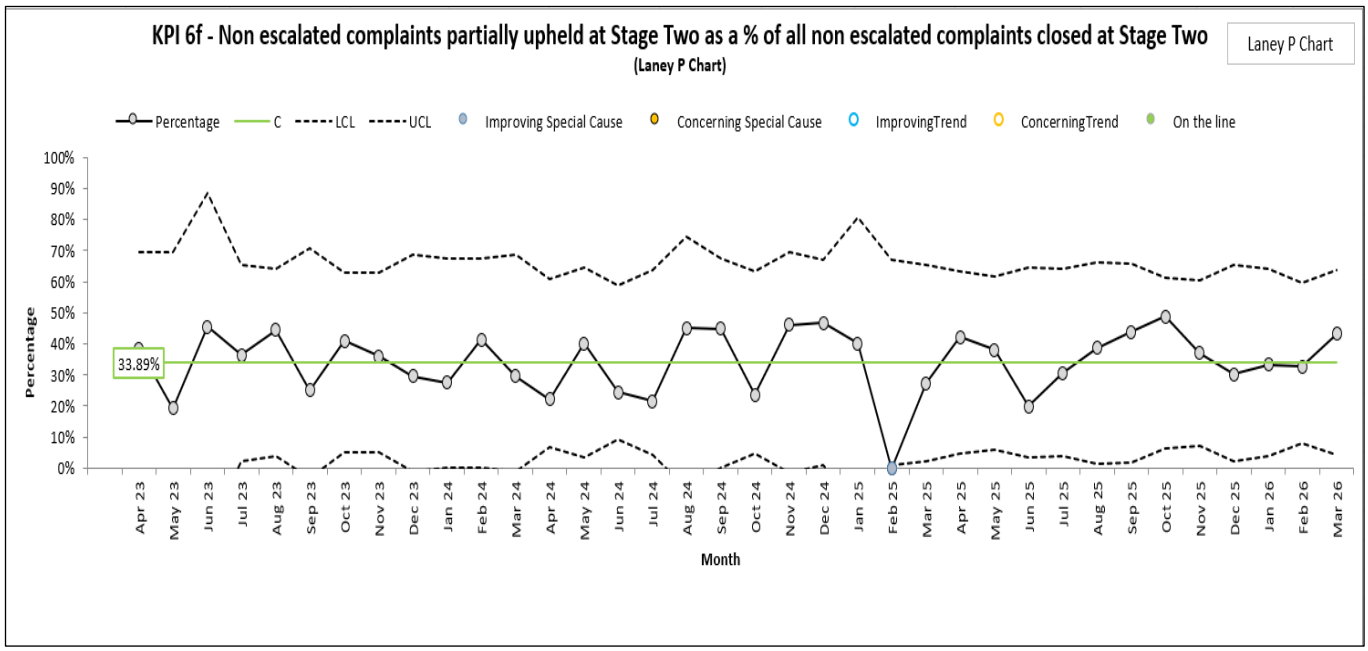


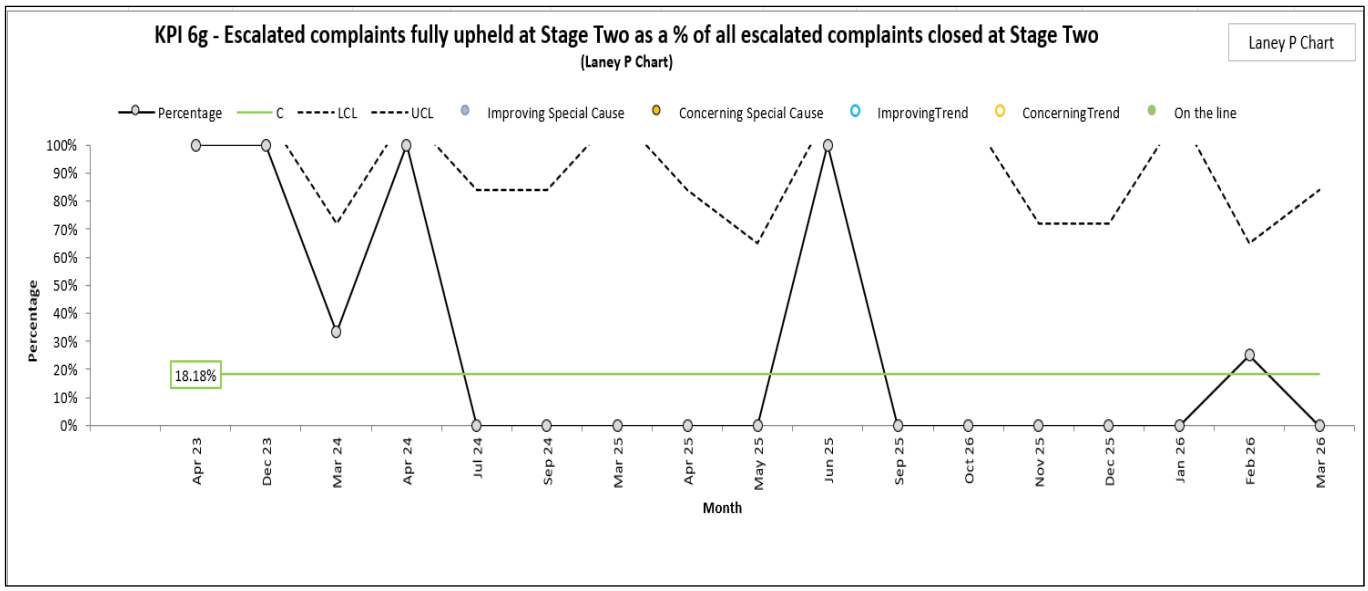


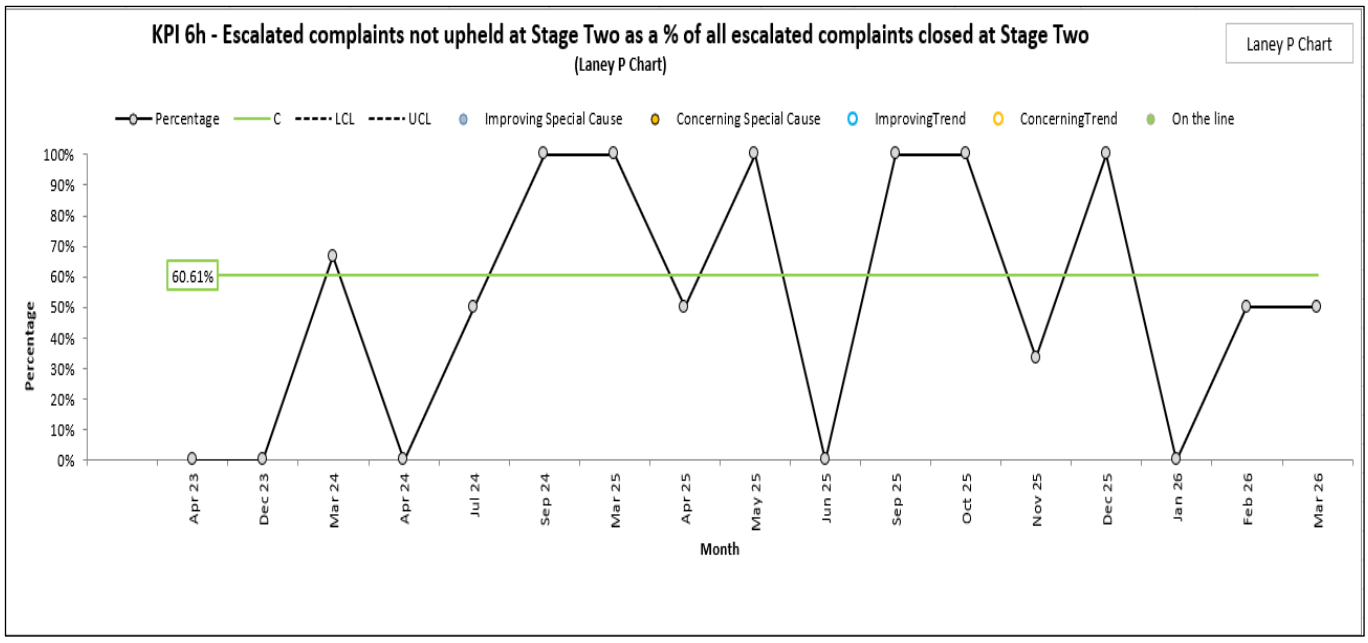


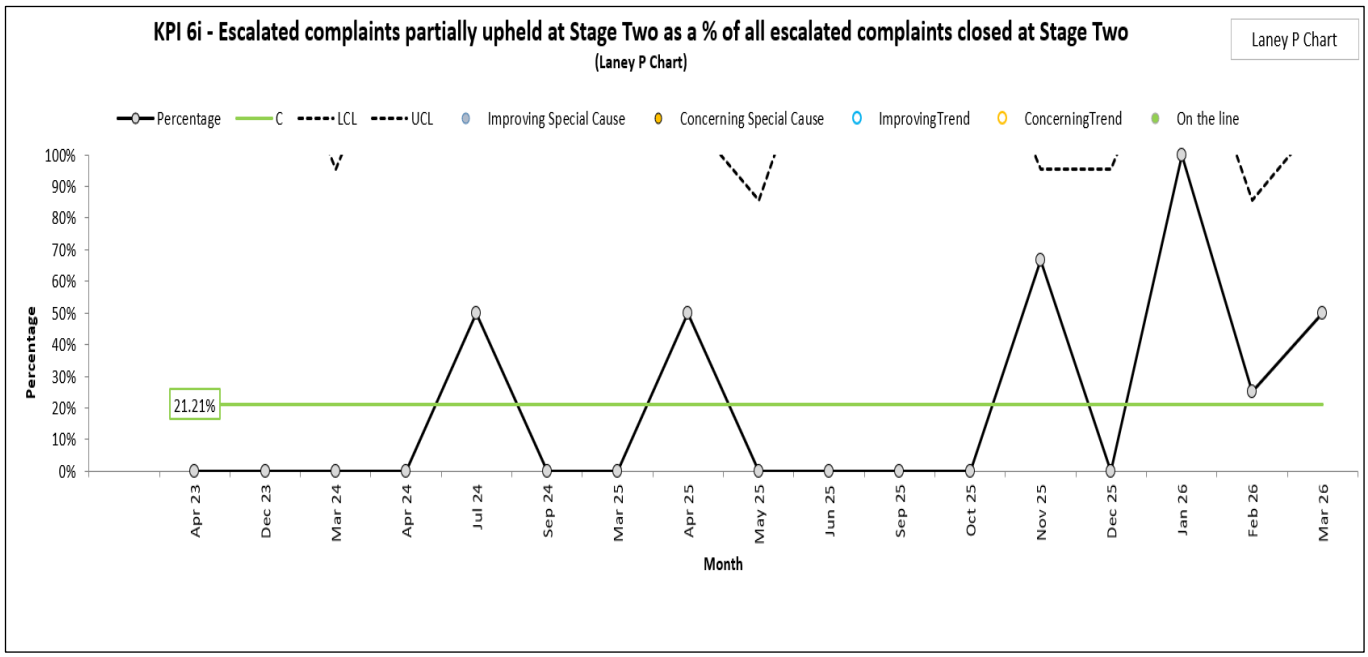

KPI 6d - Non escalated complaints fully upheld at Stage Two as a % of all non escalated complaints closed at Stage Two
(Laney P Chart)
Laney P Chart
Percentage
C
LCL
UCL
Improving Special Cause
Concerning Special Cause
ImprovingTrend
ConcerningTrend
On the line
14.08%
Percentage
Month


KPI 6e - Non escalated complaints not upheld at Stage Two as a % of all non escalated complaints closed at Stage Two
(Laney P Chart)
Laney P Chart
Percentage
C
LCL
UCL
Improving Special Cause
Concerning Special Cause
ImprovingTrend
ConcerningTrend
On the line
52.17%
Percentage
Month


KPI 6f - Non escalated complaints partially upheld at Stage Two as a % of all non escalated complaints closed at Stage Two
(Laney P Chart)
Laney P Chart
Percentage
C
LCL
UCL
Improving Special Cause
Concerning Special Cause
ImprovingTrend
ConcerningTrend
On the line
33.89%
Percentage
Month

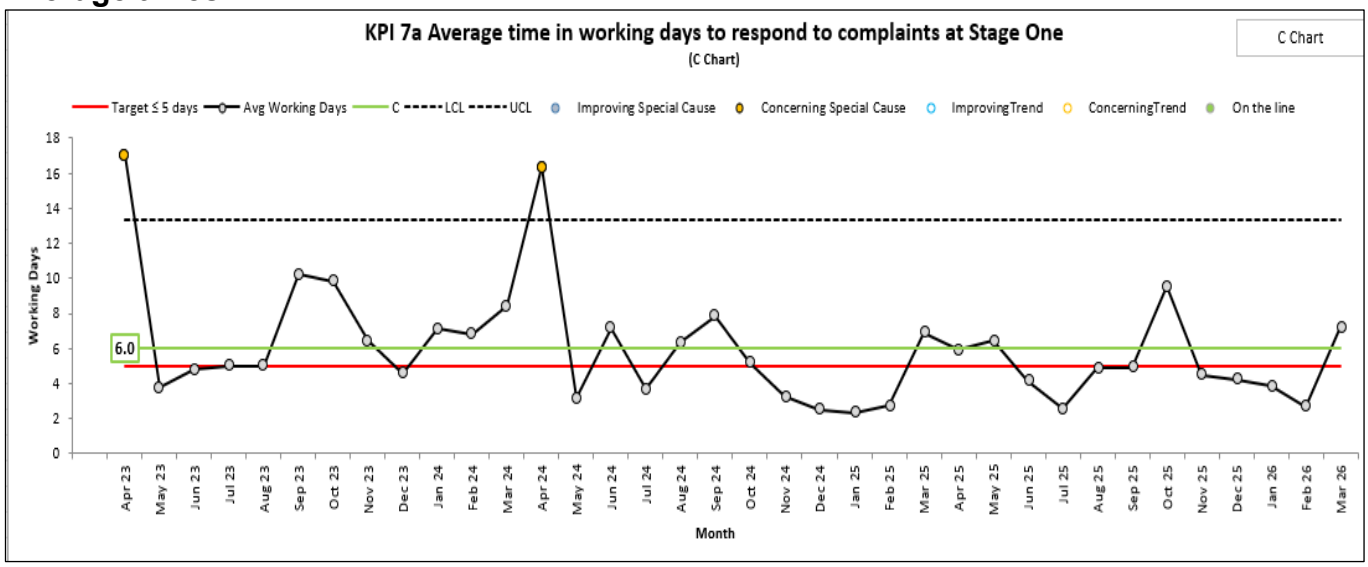

KPI 6g - Escalated complaints fully upheld at Stage Two as a % of all escalated complaints closed at Stage Two
(Laney P Chart)
Laney P Chart
Percentage
C
LCL
UCL
Improving Special Cause
Concerning Special Cause
ImprovingTrend
ConcerningTrend
On the line
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Percentage
18.18%
Apr 23
Dec 23
Mar 24
Apr 24
Jul 24
Sep 24
Mar 25
Apr 25
May 25
Jun 25
Sep 25
Oct 26
Nov 25
Dec 25
Jan 26
Feb 26
Mar 26
Month

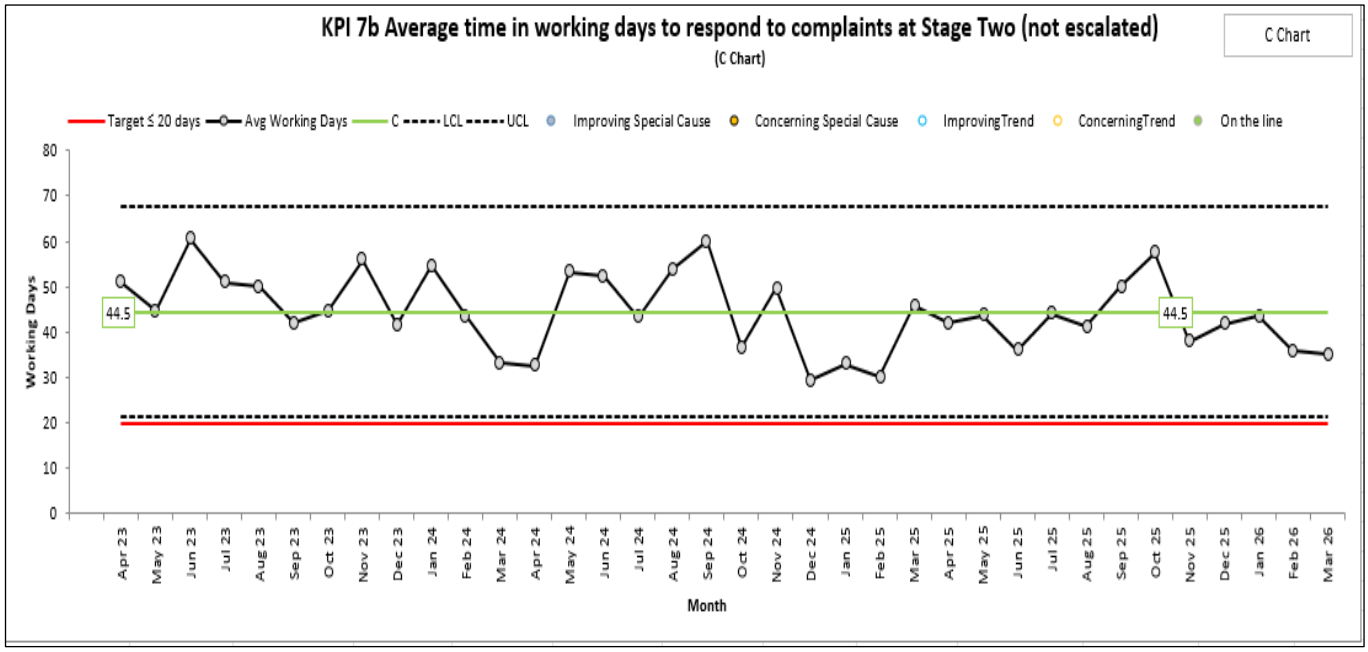

KPI 6h - Escalated complaints not upheld at Stage Two as a % of all escalated complaints closed at Stage Two
(Laney P Chart)
Laney P Chart
Percentage
C
LCL
UCL
Improving Special Cause
Concerning Special Cause
ImprovingTrend
ConcerningTrend
On the line
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Percentage
60.61%
Apr 23
Dec 23
Mar 24
Apr 24
Jul 24
Sep 24
Mar 25
Apr 25
May 25
Jun 25
Sep 25
Oct 25
Nov 25
Dec 25
Jan 26
Feb 26
Mar 26
Month

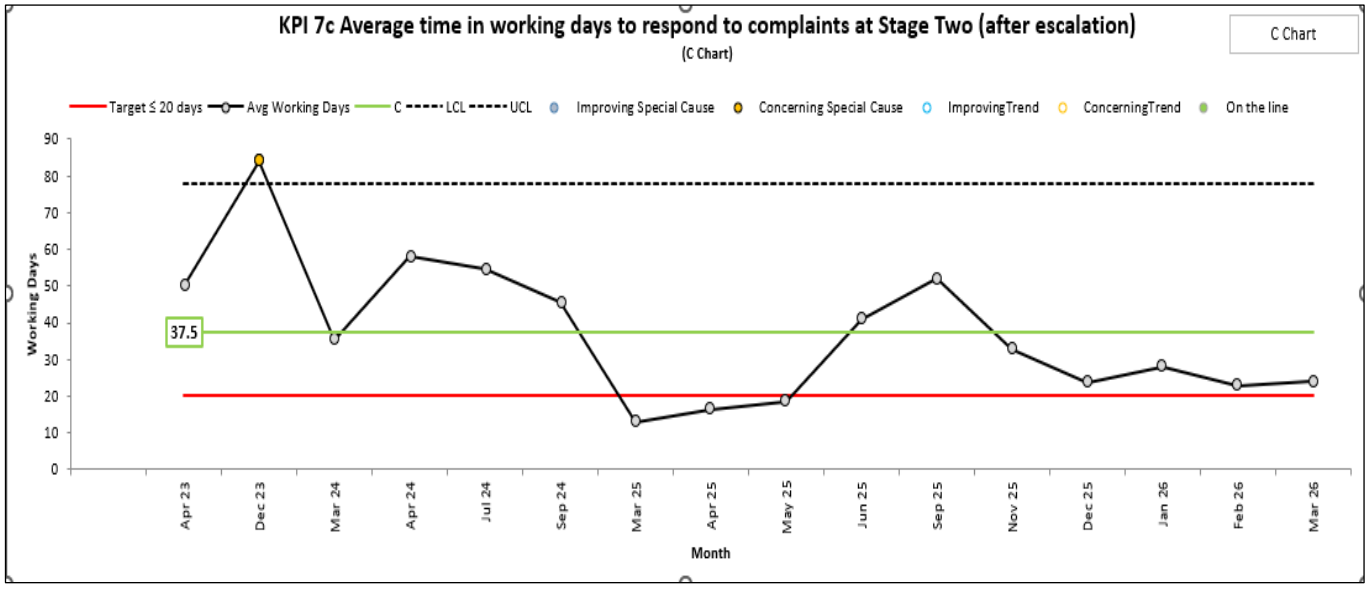

KPI 6i - Escalated complaints partially upheld at Stage Two as a % of all escalated complaints closed at Stage Two
(Laney P Chart)
Laney P Chart
Percentage
C
LCL
UCL
Improving Special Cause
Concerning Special Cause
ImprovingTrend
ConcerningTrend
On the line
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Percentage
21.21%
Apr 23
Dec 23
Mar 24
Apr 24
Jul 24
Sep 24
Mar 25
Apr 25
May 25
Jun 25
Sep 25
Oct 25
Nov 25
Dec 25
Jan 26
Feb 26
Mar 26
Month

Appendix 4

Average times

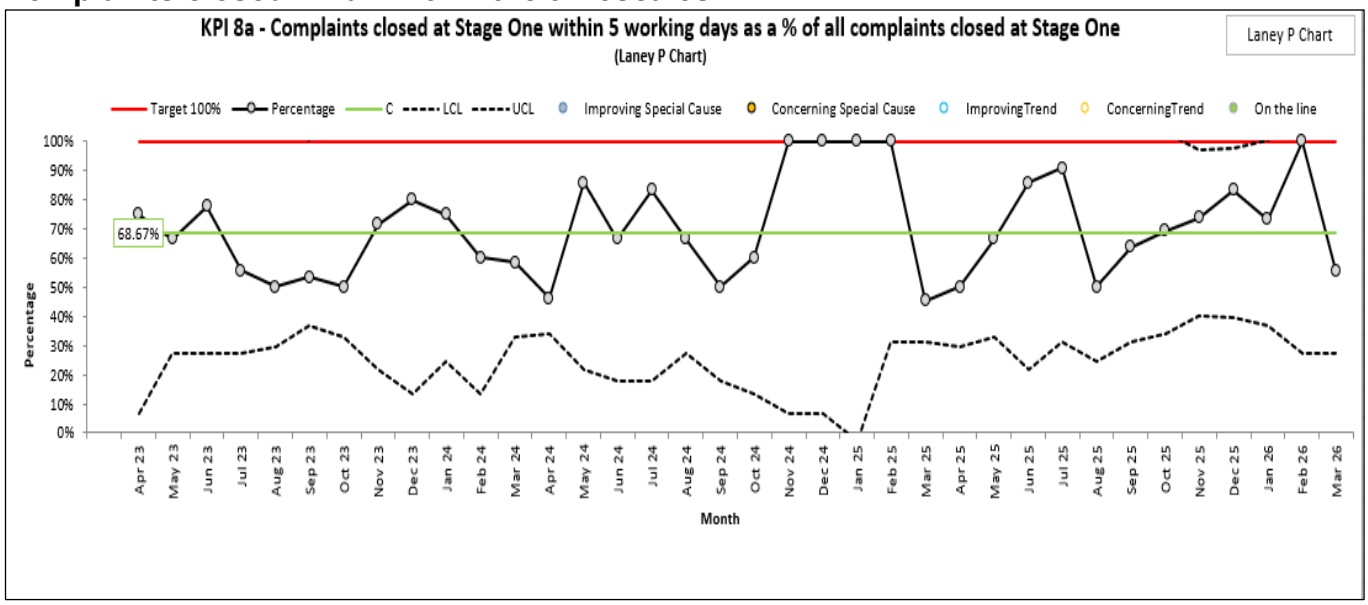


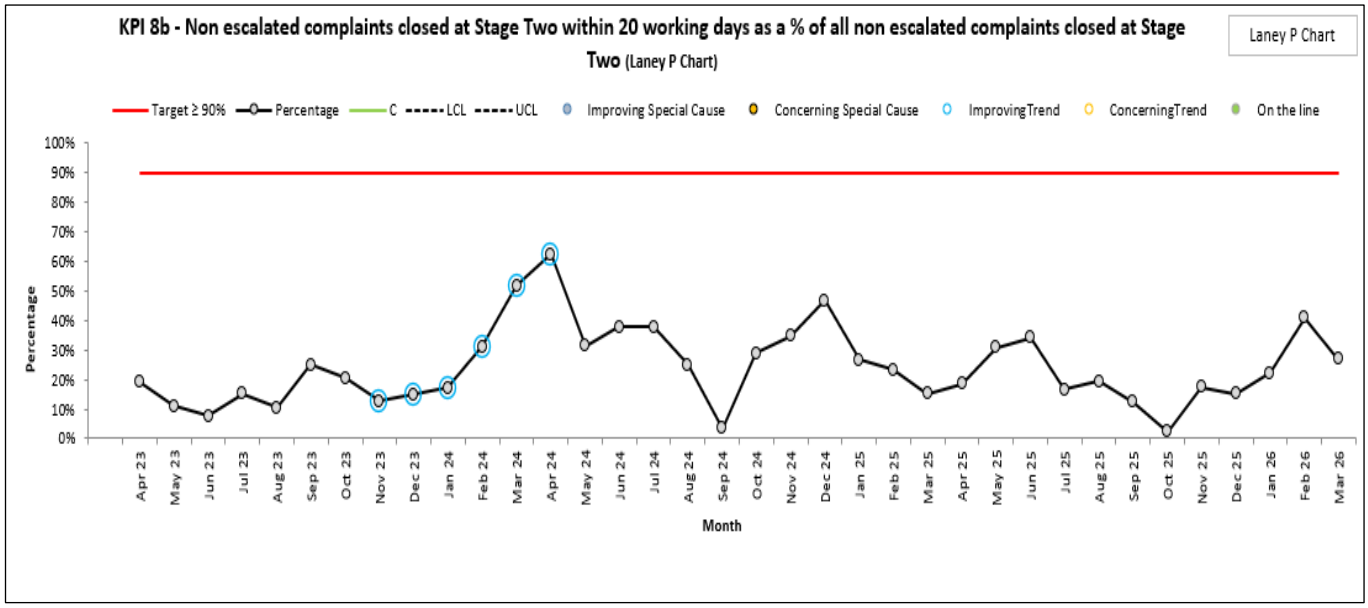


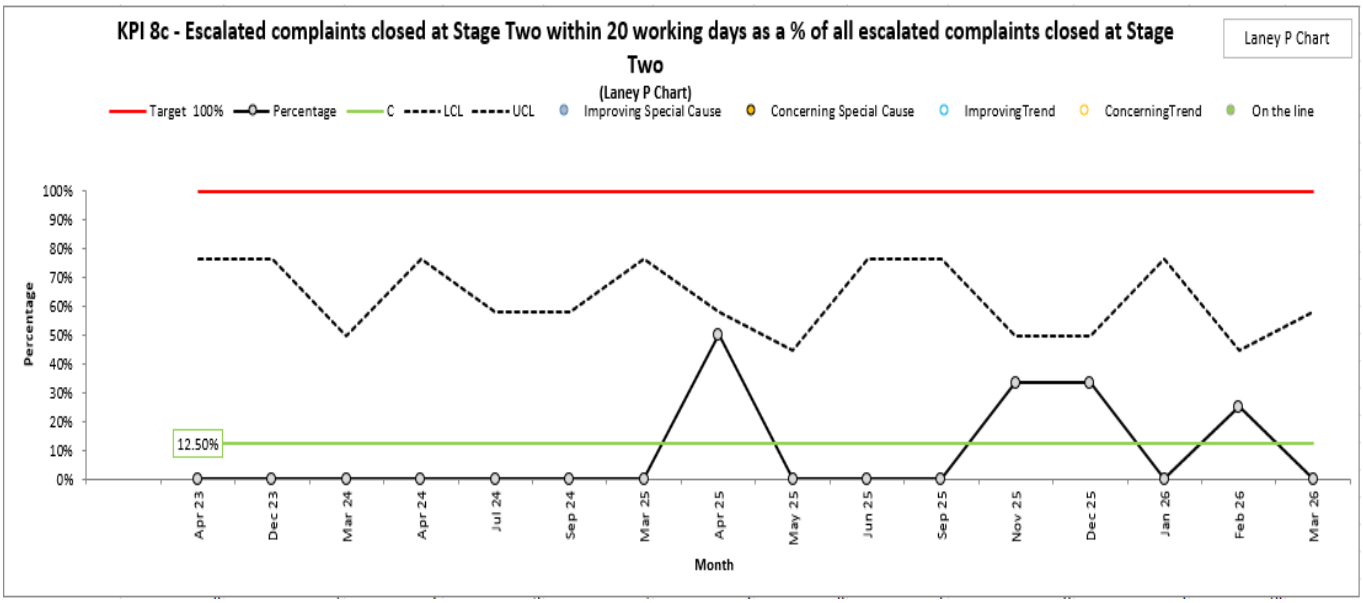


Appendix 5

Complaints closed in full within the timescales







Number of cases where an extension is authorised

