# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 27 November 2025**

### **Title: Quarter 2 Feedback Report with Key Performance Indicators (KPI)**

### **Responsible Executive/Non-Executive: Anne Marie Cavanagh, Executive Director of Nursing**

### **Report Author: Kevin McMahon, Head of Risk and Clinical Governance**

## 1 Purpose

### This is presented to NHS Golden Jubilee Board for:

### **Approval**

### This report relates to a:

* Government policy/directive

### This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* High Performing Organisation – Establishing the conditions for success to enable excellent outcomes and experience for patients and staff

## 2 Report summary

## 2.1 Situation

This paper provides an overview of the quarter 2 activity (July 2025 to Sept 2025) including the Key Performance Indicators (KPI’s) introduced with the national Complaints Handling Procedure.

## 2.2 Background

NHS Golden Jubilee aim to adhere to the standards set out in the Scotland’s Complaints Handling Procedure (CHP), the performance is monitored through the Clinical Governance structures within the NHS Golden Jubilee, both for learning for improvements and patient experience.

## 2.3 Assessment

Appendix 1 provides a report of feedback activity for the period 1st July 2025 – 30th September 2025.

### **2.3.1 Quality/Patient Care**

Work is ongoing with Division Management Teams to continually monitor and improve our current process to ensure a high quality of responses to patient feedback.

Divisional Assurance Templates to support the Divisions Confirm and Challenge reporting to provide assurance on system wide learning opportunities are identified. An improvement plan relating to complaints KPI’s is underway and monitored through the Clinical Governance Risk Management Group.

### **2.3.2 Workforce**

The patient feedback process undoubtedly presents challenges in various forms to the workforce both from a psychological and capacity perspective.  The organisation is reinforcing support mechanisms for those involved whilst ensuring that learning is the focus of the outcome of patient feedback.

### **2.3.3 Financial**

There is a potential for financial impact to the organisation in relation to claims as a result of adverse events.

### **2.3.4 Risk Assessment/Management**

Patient feedback is managed on a case by case basis and risk assessment is supported where required with escalation to the Significant Adverse Event process if necessary.

### 2.3.5 **Equality and Diversity, including health inequalities** An impact assessment has not been completed as this paper provides a report following an analysis of data.

### **2.3.6 Other impacts**

Potential for reputational impact due to the nature and content of the report.

### **Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

* Service Clinical Governance Groups, July – Sept 2025

### **Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

* Service Clinical Governance Groups, July – Sept 2025
* Staff Governance Group September 2025.
* Clinical Governance Risk Management Group October 2025

### **2.4 Recommendation**

* **Decision**.

### **3 List of appendices**

The following appendices are included with this report:

* Appendix No 1, Quarter 1 Feedback Report

**Complaints Report**

Quarter 2 (July 2025– Sept 2025)

1. Overview

The number of formal complaints (15 stage 1 and 9 stage 2) this is in line with 2024-25 Q4 (28) and Q3 (26) and reduced from Q1 (31). At the time of writing, of the complaints recorded in Q2, 7 were not upheld, 4 fully upheld, 5 partially upheld, 1 rejected, 7 ongoing.

Table 1 – Complaints by Quarter

|  |  |  |  |
| --- | --- | --- | --- |
| **Quarter** | **Stage 1** | **Stage 2** | **Total** |
| Quarter 2 (2025-26) | 15 | 9 | 24 |
| Quarter 1 (2025-26) | 19 | 12 | 31 |
| Quarter 4 (2024-25) | 13 | 15 | 28 |
| Quarter 3 (2024-25) | 11 | 15 | 26 |

Timelines for responses continue to remain challenging in terms of completing investigation findings, particularly in more complex cases. Recent capacity challenges within the Clinical Governance Department have contributed to this. The performance continues to be highlighted through regular reporting through governance structures such as Executive team and Confirm and Challenge.

We continue to receive a high number of compliments from patients; during quarter 2 there were 49 compliments logged and shared with the clinical teams.

Complaint Levels and Response Times within Quarter 2

The below table provides a breakdown of all quarter 1 complaints received by stage and provides reasons for those not responded to within timescale.

Table 2 – Quarter 1 Complaints Breakdown by Stage

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total rcvd** | **Stage** | **Fully Upheld** | **Partially Upheld** | **Not Upheld** | **Closed within 5 days/20 days** | **Average response times** | **Range**  **In days** |
| **Q2** | **24** | **Stage 1 = 15 \*** | 3 | 4 | 6 | (75%) | 5 days | 3-11 |
| **Stage 2 = 9 \*\*** | 1 | 1 | 1 | (33%) | 31 days | 14-46 |

\* 1 remains open, 1 complaint rejected

\*\* 6 remain open at the time of the report

**Themes and Outcomes of Complaints**

During Q2 the following themes were identified.

Table 3

|  |  |  |
| --- | --- | --- |
| **Theme** | **Number** | **Service** |
| Clinical Treatment | 8 | Interventional Cardiology (1), Cardiac Services (1), Radiology (1), Anaesthesia - NES (1). Ophthalmology (2), Orthopaedic (2) |
| Cancellation of treatment | 5 | Ophthalmology (1), Orthopaedic (4) |
| Communication | 3 | Interventional Cardiology (1), Thoracic services (1), Radiology (1) |
| Waiting List | 3 | Interventional Cardiology (2), Orthopaedic (1), |

The top common themes remains consistent.

1. Feedback

During Quarter 2 there were 49 compliments logged, below is all feedback received during the quarter.

The below chart shows that compliments were the highest during this period.

**Figure 1**

Common theme from compliments is patients wish to thank staff for the care and treatment they received.

1. SPSO Complaints

There is one new SPSO request (3437) since the last report and none closed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Type** | **First received** | **Description** | **Final outcome** | **Current Stage** | **Date requested by SPSO** |
| 3517 | Stage 2 | 01/12/2023 | Patient multiple foot and ankle surgeries | Partially Upheld | SPSO level 2 - Recommendations being implemented. | 17/12/2025 |
| 3806 | Stage 2 | 12/06/2024 | Patient wishes to complain about their eye surgery | Partially  upheld | SPSO Level 1 – Recommendations being implemented | 15/11/2025 |
| 3437 | Stage 2 | 01/12/2023 | Patient wishes to complain about their fathers care while awaiting surgery. | tbc | SPSO Level 1 – requesting information for investigation. | tbc |

Table 4 – SPSO Complaints open