

# NHS Golden Jubilee

<b>Meeting:</b>	<b>NHS Golden Jubilee Board</b>
<b>Meeting date:</b>	<b>26 February 2026</b>
<b>Title:</b>	<b>Quarter 3 Feedback Report with Key Performance Indicators (KPI)</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Anne Marie Cavanagh, Director of Nursing</b>
<b>Report Author:</b>	<b>Kevin McMahon, Head of Risk and Clinical Governance</b>

## 1 Purpose

**This is presented to Board for:**

- Discussion, Noting and 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 3 activity (Oct 2025 to Dec 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 1<sup>st</sup> Oct 2025 – 31<sup>st</sup> Dec 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.

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

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

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

- Service Clinical Governance Groups, Oct - Dec 2025

### **2.3.8 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, Oct - Dec 2025
- Clinical Governance Committee – 12 February 2026

### **2.4 Recommendation**

- **Approval**– For Members' information only.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Quarter 1 Feedback Report

<b>Feedback Report</b> <b>Quarter 3 (Oct 2025– Dec 2025)</b>
---

### 1. Overview

The number of formal complaints 38 (13 stage 1 and 25 stage 2) is an increase in Q2 (24) and Q1 (31). During Q3, of the complaints that have been closed there were 4 fully upheld, 7 partially upheld, 13 not upheld, 4 rejected, 1 withdrawn and 9 ongoing.

**Table 1 – Complaints by Quarter**

Quarter	Stage 1	Stage 2	Total
Quarter 3 (2025-26)	13	25	38
Quarter 2 (2025-26)	15	9	24
Quarter 1 (2025-26)	19	12	31
Quarter 4 (2024-25)	13	15	28

The increase in complaints has been recognised by other areas of the Board such as hospital reception from the enquiries they have received seeking more information on how to complain. The Clinical Governance department are working with reception to understand more information.

We continue to receive a high number of compliments from patients; during quarter 3 there were 96 compliments logged and shared with the clinical teams.

### Complaint Levels and Response Times within Quarter 3

The below table provides a breakdown of all quarter 3 complaints received by stage and provides reasons for those not responded to within timescale.

**Table 2 – Quarter 3 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
Q3	38	Stage 1 = 13 *	3	1	6	(66%)	5 days	2-12
		Stage 2 = 25 **	1	6	7	(25%)	30 days	15-51

\* 3 complaints rejected

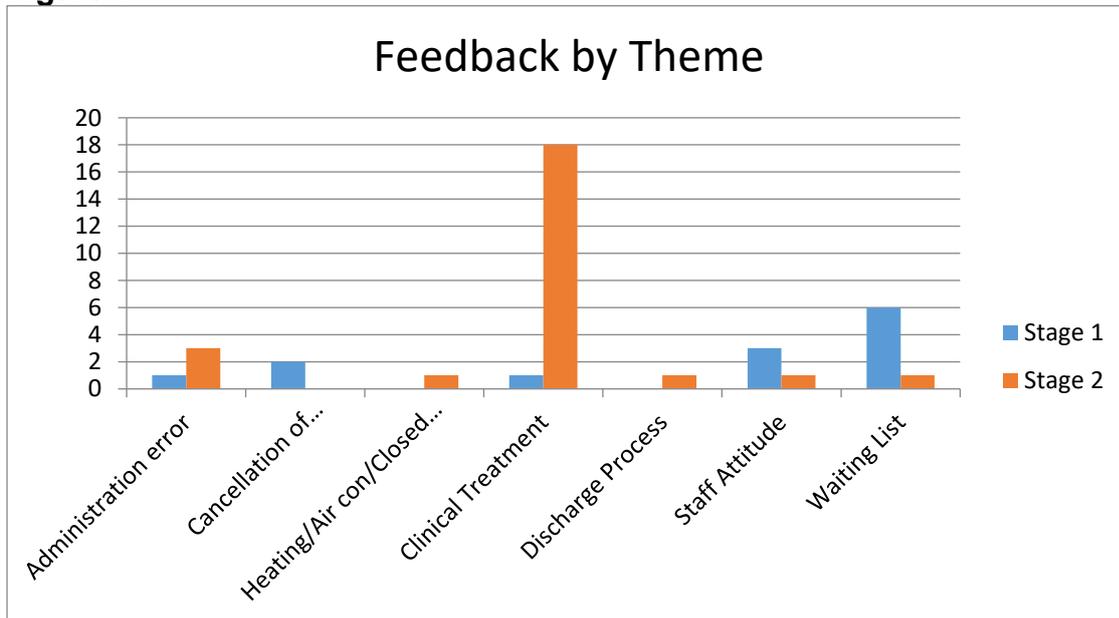
\*\* 9 remain open at the time of the report, 1 withdrawn, 1 rejected

Timelines for responses continue to remain challenging in terms of completing investigation findings, particularly in more complex cases. This continues to be highlighted through regular reporting through governance structures such as Executive team and Confirm and Challenge.

**Themes and Outcomes of Complaints**

During Q3 the following themes were identified and remain consistent.

**Figure 1**



The top common themes remains consistent.

**2. Feedback**

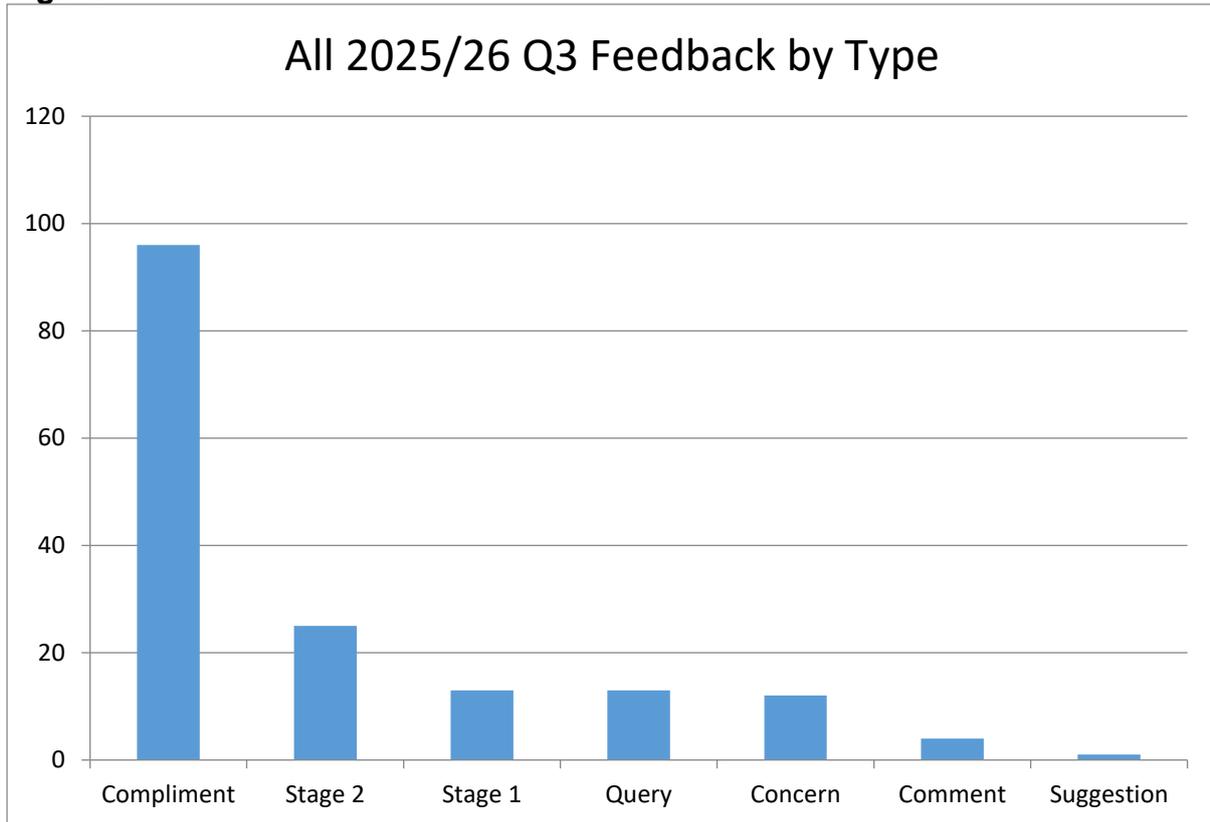
During Quarter 3 there were 96 compliments logged.

**3. All feedback**

Detailed below is all feedback received during Quarter 3.

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

**Figure 2**



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

**4. SPSO Complaints**

There are no new SPSO requests since the last report and one closed (3806).

**Table 3 – SPSO Complaints open**

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 3 - Recommendations being implemented.	5/02/2025
3437	Stage 2	01/12/2023	Patient wishes to complain about their fathers care while awaiting surgery.	No Decision.	SPSO Level 1 – requesting information for investigation.	tbc