Board Item 2.6

NHS Golden Jubilee

Meeting:	**NHS Golden Jubilee Board**
Meeting date:	**27 August 2026**
Title:	**Annual Feedback Report**
Responsible Executive/Non-Executive:	**Anne Marie Cavanagh, Executive Nurse Director**
Report Author:	**Kevin McMahon, Head of Risk and Clinical Governance**

1 Purpose

This is presented to the Board for:

Assurance	☒	Awareness	☐
Decision	☒	Discussion	☐

This report relates to a:

Annual Delivery Plan	☐	Local Policy	☐
Emerging Issue	☐	NHS / IJB Strategy or Direction	☐
Government Policy or Directive	☒	Other	☐
Legal Requirement	☐		

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

Safe	☒	Effective	☒
Person-Centred	☒		

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

Significant	☐	Moderate	☒
Limited	☐	No Assurance* / Not Yet Assessed* (*delete)	☐

Comment:
The Annual Feedback Report for NHS Golden Jubilee as a requirement of the national Complaints Handling Procedure.

Service Sustainability	☐	Financial Sustainability	☒
Workforce Sustainability	☒	Environmental Sustainability	☐
Quality and Safety	☒	Population Health and Health Inequalities	☐
Other	☐		

Comment:
Establishing the conditions for success to enable excellent outcomes and experience for patients and staff and reduce financial impacts of claims on the organisation. Support is also provided for staff to reduce psychological and capacity impacts.

2 Report summary

2.1 Situation

This paper presents the 2025 – 2026 Annual Feedback Report for NHS Golden Jubilee as a requirement of the national Complaints Handling Procedure. The paper is tabled for assurance and awareness.

2.2 Background

This report describes the formal feedback received in NHS Golden Jubilee during the time period 1 April 2025 and 31 March 2026.

2.3 Assessment

Performance against complaints response timescales shows improvement, particularly for Stage 2 complaints, with 30% responded to within 20 working days, compared to **12% in the previous year**. Whilst not achieving the KPI, this represents an improved position with a stronger performance in Q4.

2.3.1 Quality/ Patient Care

The Clinical Governance team work closely with services to ensure the best possible outcome for patients/families who are dissatisfied with their experience or who have highlighted a good experience. This is done to ensure continuous learning from both positive and negative outcomes.

2.3.2 Workforce

Dealing with feedback within NHS Golden Jubilee 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 the investigations.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

All feedback is managed on a case by case basis and risk assessment is supported where required, this is further embedded within action plans if appropriate.

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 Climate Emergency and Sustainability

No impact.

2.3.7 Other impacts

No other impacts.

2.3.8 Communication, involvement, engagement and consultation

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

- Service Clinical Governance Meetings throughout the year
- Division Management Team Meetings throughout the year
- Clinical Governance Risk Management Group
- Clinical Governance Committee
- Staff Governance Person Centred Committee

2.3.9 Route to the Meeting

The paper was presented for approval at;

- Clinical Governance and Risk Management Group, 29 June 2026
- Clinical Governance Committee – 12 August 2026

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Annual Feedback Report

Appendix 1

Executive Summary

This report presents an overview of formal feedback received by NHS Golden Jubilee during the period 1 April 2025 to 31 March 2026, in line with the national NHS Complaints Handling Procedure.

A total of 661 feedback items were recorded, representing a 2.16% increase on the previous year. Compliments remained the largest category, with 365 recorded (55%)**,** demonstrating continued positive patient experiences across services.

A total of 129 complaints were received, comprising 55 Stage 1 and 74 Stage 2 complaints**.** This reflects a reduction in Stage 1 complaints (36%) alongside an increase in Stage 2 complaints (24%)**,** indicating a shift towards more complex cases requiring detailed investigation.

Performance against complaints response timescales shows improvement, particularly for Stage 2 complaints, with 30% responded to within 20 working days, compared to 12% in the previous year. Whilst not achieving the KPI, this represents an improved position with a stronger performance in Q4.

The most common themes identified across complaints were clinical treatment, waiting list management, and staff attitude, consistent with previous years. Concerns data also highlighted communication and staff attitude as key areas requiring continued focus.

Feedback continues to directly inform service improvement. Key actions taken during the year include enhancements to communication processes, patient information, consent procedures, and service coordination, demonstrating a clear link between feedback and quality improvement.

Engagement through digital and social media channels remained strong, with a Positive Engagement Score of 99.98**%** and social engagement exceeding target levels, indicating a high level of positive interaction with patients and stakeholders.

Referrals to the Scottish Public Services Ombudsman (SPSO) remained low, with six cases referred, suggesting that, while response times remain a challenge, the quality of responses and local resolution are generally effective.

Overall, the report demonstrates:

- Sustained high levels of positive feedback
- Increasing complexity in complaints
- Improving response time performance, albeit from a low baseline
- Strong evidence of learning and service improvement

Continued focus is required on timeliness of Stage 2 complaint responses, alongside maintaining high-quality, person-centred engagement with patients and service users.

ANNUAL FEEDBACK REPORT 2025/2026

Introduction

At NHS Golden Jubilee, we are committed to ensuring every patient receives high-quality, safe, effective and person-centred care.

We recognise the important role that patient feedback plays in helping us achieve this and are committed to sharing feedback directly with clinical teams. Doing so enables us to celebrate good practice, recognise excellence, and identify opportunities for improvement.

When care falls short of the standards we strive to provide, we are committed to responding promptly, addressing concerns, and learning from the experience to improve services for future patients.

This report provides an overview of the formal feedback received during 2025–2026 and highlights the themes, learning and improvements arising from patient experiences.

Overview of Formal Feedback

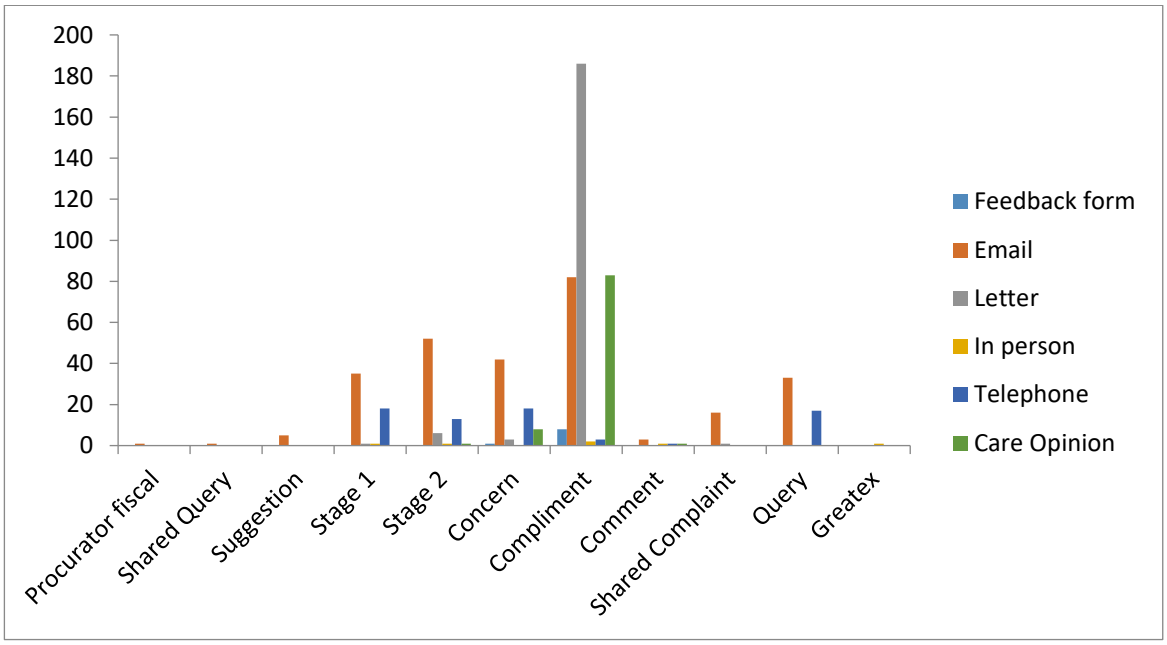
During the year, a total of 661 pieces of formal feedback were received and recorded, representing a 2.16% increase from the 647 received in 2024/2025.

The chart below shows the methods by which feedback was received during 2025/2026, with email remaining the most common route for patients and families to provide feedback.

Compliments continued to be the largest category of feedback, with 365 formal compliments received during the year, accounting for 55% of all feedback recorded. This reflects the high standard of care and positive experiences reported by many patients across NHS Golden Jubilee services.

During 2025/2026, staffing capacity challenges within the Clinical Governance Department resulted in feedback being logged and managed by a wider range of staff than in previous years. This may have influenced the categorisation and progression of some cases and could partly explain the increase in concerns recorded compared with 2024/2025, as well as the higher number of Stage 1 complaints subsequently escalated to Stage 2. However, all complaints were managed in line with the NHS Scotland Complaints Handling Procedure, with the focus remaining on timely resolution, learning and service improvement.

Chart 1 Methods of Feedback



Compliments

As noted in the overview, there were 365 compliments logged. This is a 10% increase on previous year figures for 2024/2025. The wards and staff members continuously receive thank you card/letters/messages and general complimentary feedback on a daily basis, which is not always formally logged.

Orthopaedic, Interventional Cardiology, Cardiac, Endoscopy and General Surgery Services received the highest number of compliments; this has been consistent for Orthopaedics, Interventional Cardiology and General Surgery.

As noted in the overview, 365 compliments were formally recorded during 2025/2026, representing a 10% increase compared with 2024/2025.

While formal compliments provide valuable insight into positive patient experiences, it is important to recognise that wards and staff members receive a significant volume of informal praise throughout the year in the form of thank-you cards, letters, emails and verbal feedback, much of which is not routinely recorded within the formal feedback system.

The services receiving the highest number of compliments during the year were Orthopaedics, Interventional Cardiology, Cardiac Services, Endoscopy and General Surgery. The consistently high number of compliments received by Orthopaedics, Interventional Cardiology and General Surgery reflects a sustained pattern seen in previous years.

Feedback received frequently praised staff professionalism, kindness, communication and the support provided to patients and their families throughout their care journey. Such feedback provides assurance regarding the quality of care delivered and offers an opportunity to recognise and celebrate the contribution of our staff and teams.

Some examples of compliments received:

- The patient wished to compliment the entire team on Ward 2 West, including ward staff, pre-theatre and theatre teams, the consultant and medical staff, catering and domestic services. Everyone appeared professional, positive, and clearly passionate about their roles. The patient felt very well cared for throughout, including during follow-up care.

- Patient would like to thank all staff for the care received during her aortic valve replacement.
- Patient would like to thank staff on ward 3 west for all their care and attention during their stay.
- Patient who visited for MRI scan wanted to thank staff who looked after him and the sounds he heard during the scan even inspired him to write, play, sing and record a song based on the sounds he heard as a backing track.
- Patient who was transferred to GJ Ward 2 East who mentioned he was looked after by an amazing team of doctors, Tzolos, Dr Lee and Dr Joshi — who performed a complex procedure to insert three stents. Patient wanted to express his thanks to all involved in his care.
- Endoscopy patient sent email to express thanks and gratitude for the care and treatment received. All staff were welcoming and friendly, and patient felt they were treated with dignity and everything was explained clearly. They had a very positive experience.
- Pt wishes to thank all staff. She was terrified but all the staff made her feel so at ease and she now has excellent vision, could not be more thankful
- Patient had total knee replacement, she was very anxious and noted that every person involved in her care went out their way to be understanding and helpful during what was a very stressful experience. Everything was well organised and co-ordinated with all staff members working together efficiently and effectively. Patient had plenty of time to speak through the procedure with consultant Mr Welsh and Mr Fallaha, both who put patient at ease and made the experience more bearable. Aftercare in 4West was efficient and kind. Patient also added that pre-op visits to the jubilee were carried out efficiently with minimum delay. all in all, a very positive experience

Care Opinion

During 2025/2026, 94 Care Opinion stories were received, representing an increase from the 68 stories received in 2024/2025. As in previous years, the majority of feedback was positive, with 83 compliments submitted. In addition, there were eight concerns and one comment recorded. One concern was progressed through the Stage 2 NHS Scotland Complaints Handling Procedure for further investigation and response.

The increase in Care Opinion activity demonstrates continued public awareness and use of the platform as a means of sharing experiences and engaging with NHS services.

The image below illustrates the key themes identified from Care Opinion feedback received during 2025/2026, providing further insight into the aspects of care most valued by patients and areas where improvements may be required.

Some key words used within these posts are:

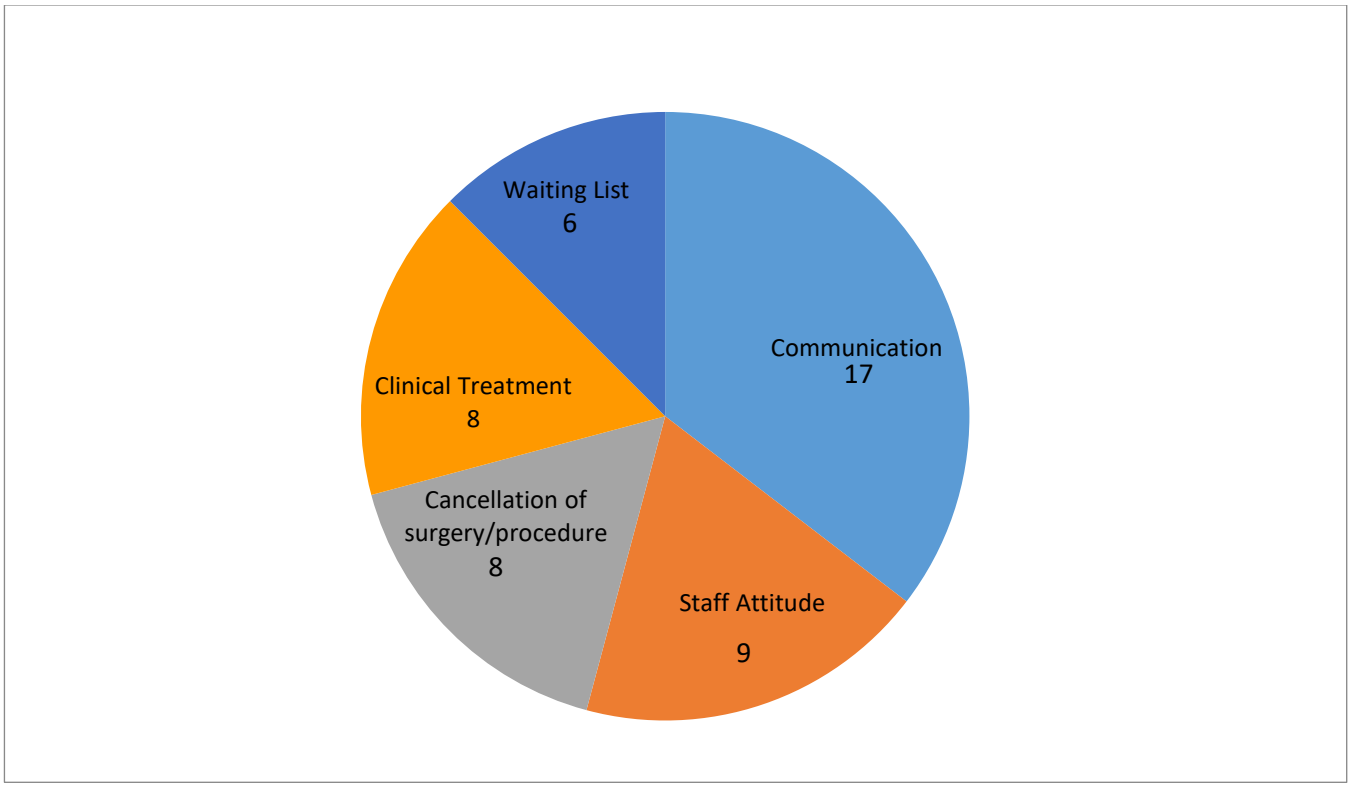
Concerns

In 2025/2026, 73 concerns were received, representing a 26% increase compared with the previous year. The chart below summarises the five most frequently reported concern categories during the reporting period.

Communication and staff attitude were the two most common themes identified. Communication has consistently featured among the highest categories of concerns and was also one of the top themes reported in 2024/2025.

Staff attitude accounted for nine concerns, making it the second most frequently reported category. Cancellation of surgery/procedures and clinical treatment each accounted for eight concerns, while waiting lists generated six concerns.

Chart 2 Concerns by theme 2025/2026



Communications feedback and engagement

The Communications Team manages 22 external digital channels. These include 5 websites, 15 social media channels and 2 central mailboxes.

We use our digital channels to:

- communicate with patients, staff, partners and other stakeholders
- provide clear, accessible information for a wide range of audiences
- share news and updates
- promote services and events
- support recruitment and engagement
- signpost people to the right services or teams
- respond to comments and questions

We monitor and respond to all comments on our corporate social media channels and to emails sent to the Communications and Enquiries mailboxes.

This year, we changed how we measure engagement to give us a more accurate picture of how people engage with our content. We now include all Facebook interactions, not just comments.

Positive Engagement Score

Our Positive Engagement Score is a unique reputation score by collating all interactions, reviews and feedback from social media and media coverage.

During the year, we recorded 1,002,947 interactions across media and social media. Of these, 216 were negative, giving us a Positive Engagement Score of 99.98 per cent.

Social Engagement Rate

Our social engagement rate covers all interactions (likes, comments, clicks and shares) on X, Facebook, Instagram and LinkedIn.

Measure	Benchmark or Target	Actual	Target achieved
Positive Engagement Score *	≥ 95%	99.98%	Yes
Social Engagement Rate	≥ 2%	3.08%	Yes

For further information, see the Communications and Marketing Annual Report 2025/2026.

Formal Complaints

During 2025/2026 there were 129 complaints received – 55 Stage 1 and 74 Stage 2. There has been 36% decrease in stage 1 complaints from the previous year (stage 1 (86)). There has been 24% increase in stage 2 complaints from the previous year (stage 1 (59)).

The chart below provides an overview of the formal complaints received by month over the last 3 years:

Chart 3 Complaints received per financial month/year 2023-2026

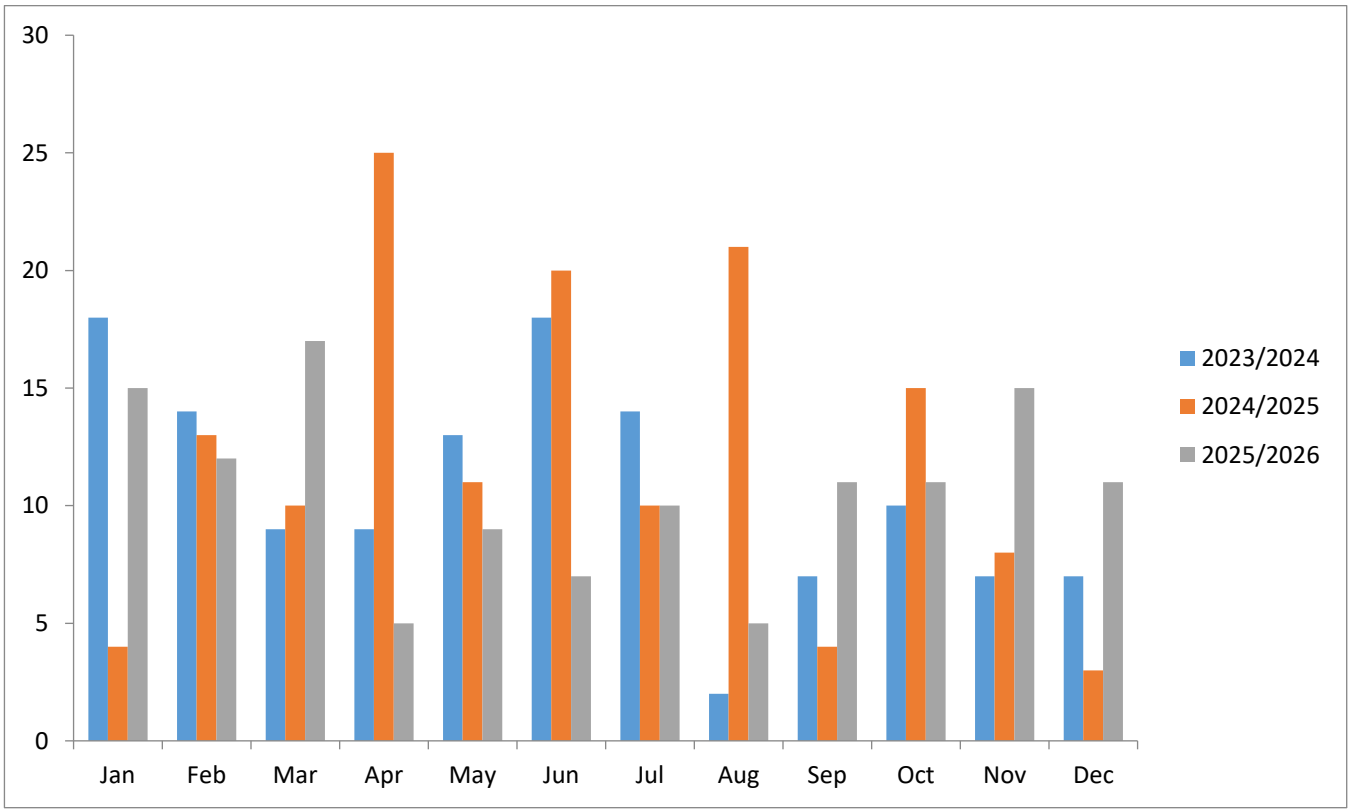


Table 1 provides a breakdown of the formal complaints received in 2025/2026 by quarter noting the numbers of complaints, outcomes, percentage that were closed within timescales and the average responses times:

Table 1 Formal Complaints Outcomes by Quarter

	Total rcvd	Stage	Fully Upheld	Partially Upheld	Not Upheld	Closed within 5 days/20 days	Average response times
Q1	21	Stage 1 = 9*	3	2	3	5 (62.5%)	5.3 days
		Stage 2 = 12**	2	4	2	0 (0%)	52 days
Q2	27	Stage 1 = 12	2	5	5	3 (23%)	4.5 days
		Stage 2 = 14*	4	6	3	1 (8%)	55 days
Q3	37	Stage 1 = 12*****	4	1	6	4 (36%)	6 days
		Stage 2 = 25******	1	9	11	6 (29%)	39 days
Q4	44	Stage 1 = 22	8	6	8	(82%)	4.5 days
		Stage 2 = 22********	0	14	6	13 (68 %)	20 days

Q1* One complaint was withdrawn (n=8)
Q1**Three were withdrawn and one progressed to an Initial Assessment Tool (IAT) and was upheld (n=8)
Q2*** One was withdrawn (n=13)
Q3**** One had no consent obtained (n=11)
Q3***** Two complaint was time barred, one was withdrawn and two complaints progressed an IAT (n=21)
Q4******** Two complaints were time barred,

Stage 1 Complaints
Thirty seven (68%) Stage 1 complaints were responded to within 5 working days timescales. One Stage 1 complaint was withdrawn and there was one complaint where consent was not obtained.

There were 16 where an extension was granted for various reasons; all of these were responded to within the agreed 10 working days:

Table 2 Stage 1 Complaint Response

2025/2026 Complaints response	Overall
Number of formal complaints	**55**
Number closed within 5 days	37 (68%)
Number closed out with 5 days/ Number where extension was granted	16 (29%)
Number of withdrawn/time barred/No consent received	2 (3%)

Examples of reasons for extensions include:

- Service manager attempted to contact patient on day 5 but was unsuccessful so called again on day 6.

- Investigator waiting on information from patient Consultant.
- Delayed due to MDT taking place and patient getting call following this.
- Extension required due to patient availability to take call.

There were 17 Stage 1 complaints that were escalated to Stage 2. The reasons for these included the complexity of the investigation required, complainant unhappy with the outcome of stage 1 complaint, investigation was delayed by the investigator and some were better investigated through the stage 2 process so were escalated and responded to appropriately.

Within the Stage 1 complaints, waiting list (n=18) and staff attitude (n=9) were the highest themes. Clinical treatment and cancellation of surgery/procedure (n=6) were also in the top 3. Waiting list (n=31), cancellation of surgery/procedure (n=13) and staff attitude (n=9) were in the top three themes in 2024/2025.

Stage 2 Complaints

NHS GJ always aim to provide complainants with their response within timescales, there has been an improvement in the 20 day timescale with 30% of complaints being responded to within timescale. This is an improvement from 12% in 2024/2025. Timeframes as shown below:

Table 3 Stage 2 Complaint Response

2025/2026 Complaints response	Overall
Number of formal complaints	**74**
Number closed within 20 days	22 (30%)
Number closed out with 20 days	44 (58%)
Number of withdrawn/ time barred/ no consent received	9 (12%)
Number progressed to SAER	0 (0%)

During 2025/2026 there have been many contributing factors that caused delays to Stage 2 responses. The complaints that were received continued to be challenging and complex, often with multiple points across different skill sets. Throughout 2025/2026, the Clinical Governance team have been working alongside the Divisional Management teams/Executives/Clinical Leads with a focus on response timescales, ensuring that the quality of the response remains high, whilst endeavouring to provide complainants with a more timely response. This information is reported monthly at confirming challenge meetings to identify areas for improvement. A Clinical Governance Improvement Project focusing on the complaints response process and timelines. There has been an improvement in response times with 30% being responded to within timeframe which is an increase from 12% in 2023/2024 and 2025/2026

Our longest response time was 96 days within Quarter 2. This complaint was related to a complex case. An initial assessment tool was also completed for this patient to determine if an SAER was required and collate the learning from this complaint.

There were 7 fully upheld complaints, 32 partially upheld and 22 not upheld.

During 2025/2026 there was no complaint that progressed to a Significant Adverse Event review (SAER), 3 complaints had an initial assessment tool completed, 4 family meetings took place for 2025/2026 complaints.

Referrals to the Scottish Public Services Ombudsman remain low (six when n=73,

investigated complaints, SAER investigations and time barred). This suggests that although complaint responses were over timescales, the complainants appeared satisfied.

Formal Complaint Themes

During 2025/2026 the top three highest themes received were Clinical Treatment (n=55), waiting list (n=20) and staff attitude (n=13). Over the past five years, Clinical Treatment has been the highest theme. As in previous years waiting list has remained consistently within the top three themes.

Orthopaedic services had the highest amount of complaints with 18 relating to clinical treatment and 9 relating to waiting list. Ophthalmology and Interventional Cardiology are also within the top three services. Ophthalmology highest was clinical treatment (7) and Interventional Cardiology was Clinical Treatment (6). These three are the largest services within NHS Golden Jubilee hospital. Orthopaedics and Interventional Cardiology were also the top three services in 2022/2023, 2023/2024 and 2024/2025.

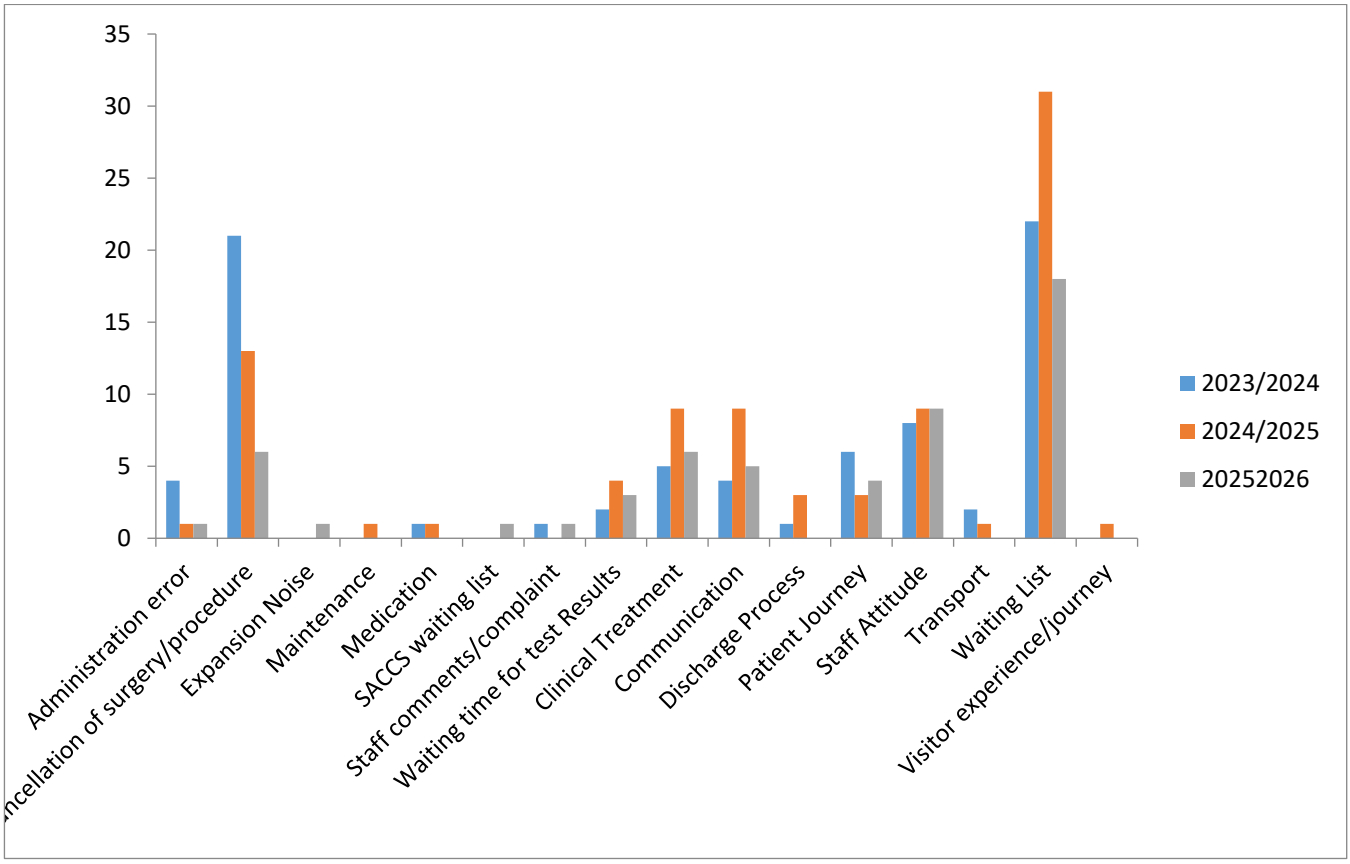
The charts below shows the top themes comparison for 2024/2025 and 2025/2026.

During 2025/2026 staff attitude had the highest upheld complaints (n=7) and Clinical Treatment (n=22) was the highest category in partially upheld complaints.

The below charts shows a breakdown of all themes via stage 1 and stage 2.

Stage 1

Chart 4 Themes Stage 1 complaint



Stage 2

Chart 5 Themes Stage 2 complaints

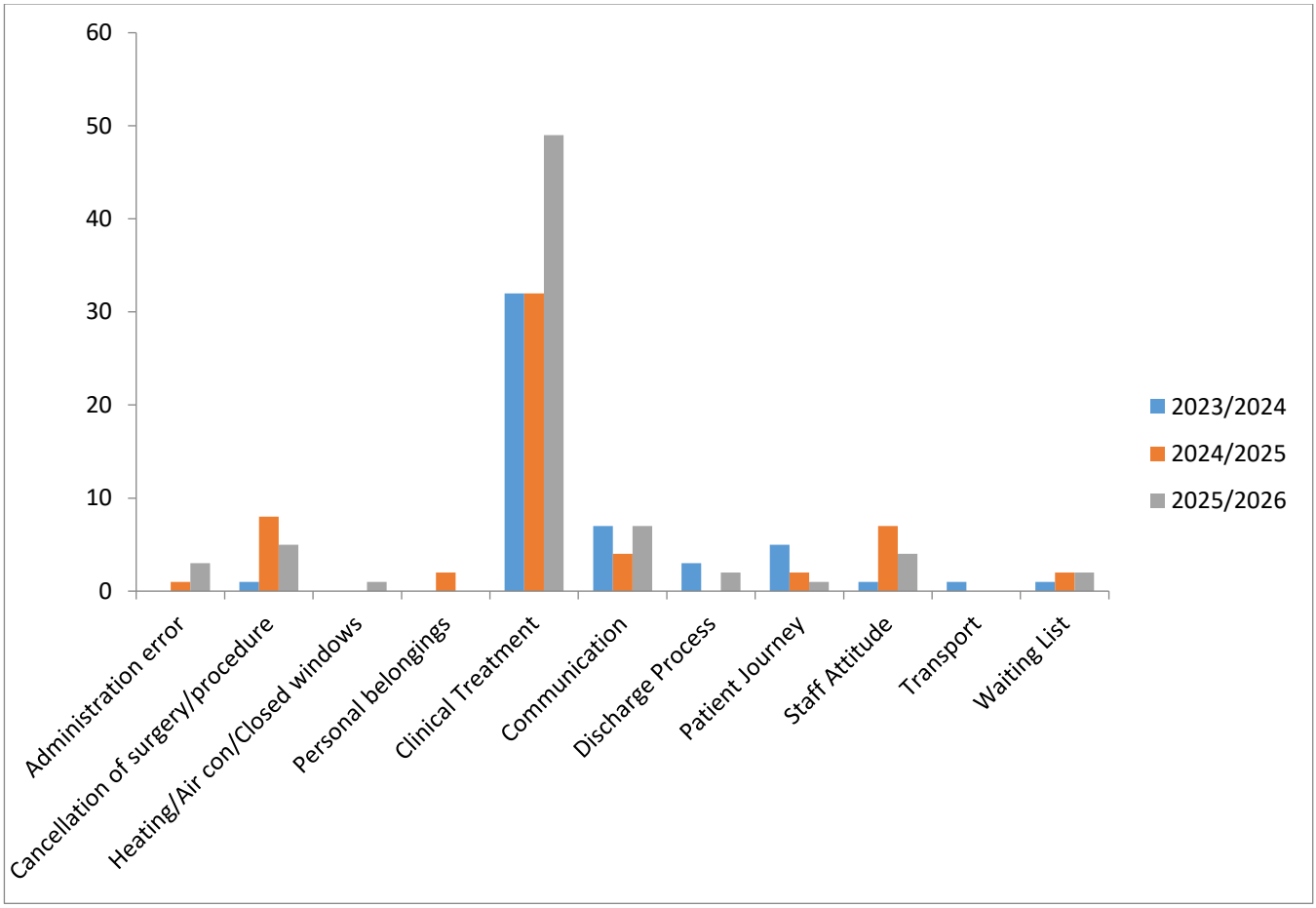
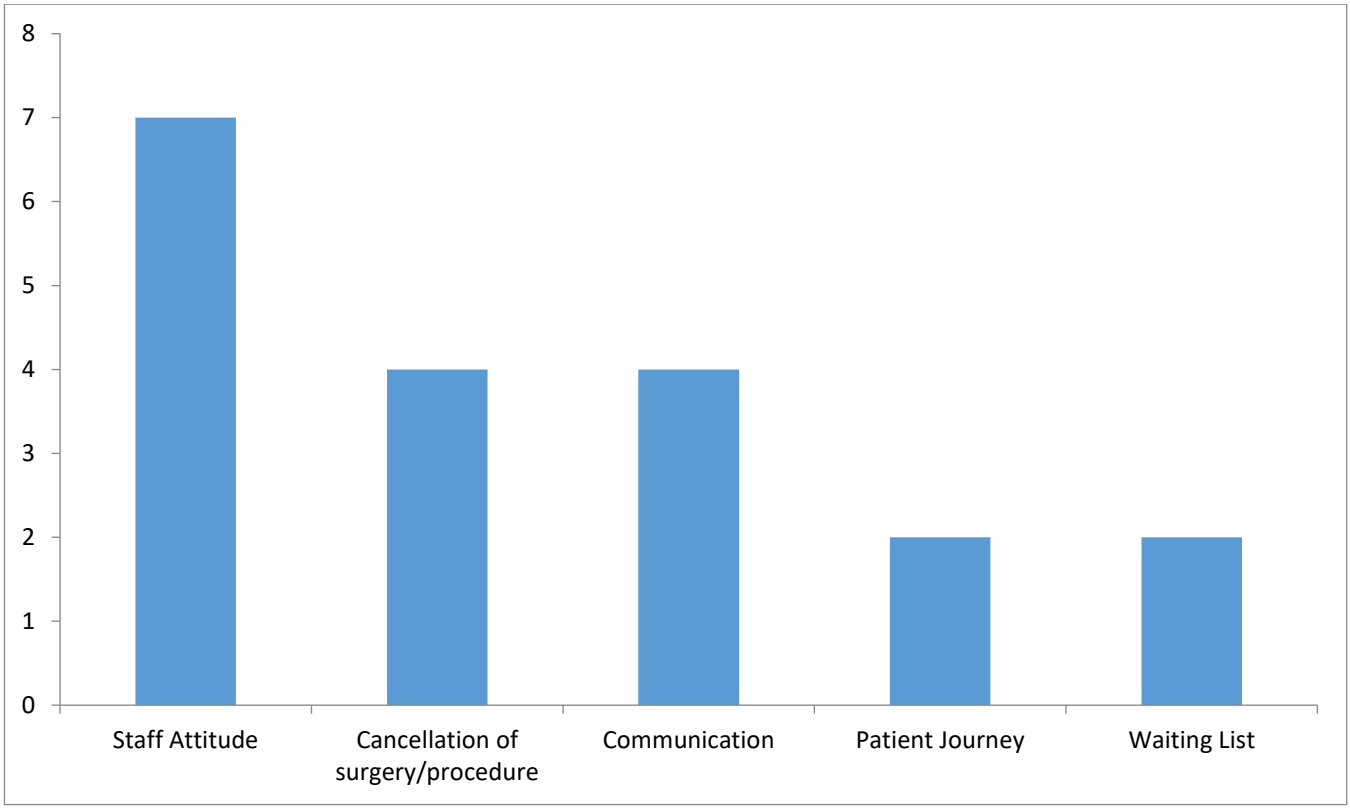


Chart 6 Themes of Upheld Complaints (top 5)



Scottish Public Services Ombudsman (SPSO)

During 2025/2026 NHS GJ had 6 cases referred to the Scottish Public Services Ombudsman which is 8% of all cases. One of the cases was not progressed further by the SPSO following an initial review. One case was fully upheld by the SPSO and NHS GJ are working with the SPSO to complete the actions. Four cases are still being reviewed by the SPSO at the time of reporting.

Learning from complaints

NHS GJ appreciates all feedback to the hospital as this helps us improves our services for our patients and visitors. Where complaints are upheld, a full apology is given and learning is identified and learning is shared widely within the teams and where required via the Clinical Governance Service meetings. Thematic analysis of feedback actions is outlined below.

Communication with Patients

The most frequent theme is improving clarity, timeliness, and quality of communication with patients. Communication failures are a pervasive issue across clinical and administrative pathways, particularly around scheduling, procedures, and follow-up care. The actions relate to clarity of information, timely updates on treatment and managing expectations.

Patient Experience, Dignity & Compassion

Strong emphasis on person-centred care, including dignity, respect, and compassion. Feedback frequently relates to relational care, suggesting that interpersonal behaviours remain a key driver of complaints and learning. Individual and team actions relating to staff attitude and behaviour, privacy and dignity have been actioned throughout this year.

Process Improvement & Operational Reliability

Many actions focus on improving systems and consistency in processes relating to scheduling and cancellations, general administrative processes and workflow standardisation. There is a persistent need to reduce variation and improve reliability, especially in booking systems and patient flow.

Information Provision & Patient Education

Focus on ensuring patients are properly informed before, during, and after care. Consent processes and pre-procedure guidance. Gaps in information clarity and completeness contribute to patient satisfaction and potential safety risks.

Learning, Training & Staff Development

The organisation uses education and reflective practice as a key response mechanism rather than solely procedural fixes. Frequent use of feedback loops to reinforce learning and professional development. This has been undertaken through reflective learning, specific CME sessions.

Staff Awareness and Training

Complaints handling process training is integrated into a number of hospital wide training opportunities to capture as many staff as possible. During the reporting period of 2025/206 58 employees attended the Board's Induction Welcome Event and 762 completed the online NHS GJ induction e-Learning module.

Senior Charge Nurse training sessions are attended by Clinical Governance attend to discuss incidents, feedback (managing and investigating appropriately) and clinical effectiveness.

All staff have the availability to request a face to face training session for our datix incidents and feedback modules.

Obtaining feedback from equalities and particular groups

We have several mechanisms in place to support particular groups in providing us with their feedback:

- People with hearing or visual impairments can use accessibility options on our website.
- People whose first language is not English can access an interpreter or request written information in their own language or format of their choice.
- Patients can access support from our advocacy provider if they do not feel confident about making a complaint or highlighting their concerns.

Further information showing how we work in partnership with a variety of equalities groups can be found in our recently published Equality Outcomes Midpoint Report by visiting this link. Alternatively, you can visit the Equalities page on our website at: NHSGoldenJubilee.co.uk/ Publications/reports/equalities.

We do our best to make sure that everyone feels able to approach any member of staff with feedback and in turn that staff are confident in listening to and responding to this feedback.

We always encourage discussing any issues locally in the first instance, however recognise that in some cases patients may not wish to do so. In these situations, our volunteer supported feedback mechanisms are highly valuable in offering patients an opportunity to speak with someone outside the clinical team. This can be done anonymously if they wish. There is support available from the Clinical Governance department in facilitating feedback discussions with patients and relatives.

We also have feedback post boxes throughout the Hospital where patients can post feedback forms. Viewpoint has also been introduced throughout the Hospital to gather patient and staff feedback. The ViewPoint Feedback solution enables organisations to capture real-time, in-the-moment feedback. All feedback is consolidated into a centralised, live dashboard, allowing teams to monitor satisfaction, analyse trends, and act quickly through real-time alerts and reporting.

Helping people feel that their feedback is welcome

All of our feedback mechanisms are advertised across the Board in print and electronic formats. These are all easily accessible to people who may want to use them and can be requested in alternative formats of their choice.

Our website provides information on how people can provide feedback and we also encourage this via our social media channels.

Recording of feedback, comments and concerns

It is essential that all feedback is shared with those who deliver care, particularly anyone who is named personally. This will ensure they receive any personal thanks or recognition and allows them an opportunity to respond to any feedback.

Support and guidance is provided to clinical staff from our Senior Managers, Executives and Corporate Affairs and Clinical Governance teams to enable them to respond to feedback.

This streamlined approach means we have appropriate leadership and administrative support across our Board within a robust governance structure.

We have a central system on which all formal complaints, comments and compliments are captured and shared with local leads, allowing them to view or amend the records and share information with wider staff.

Feedback gathered from other methods including our Volunteer programmes (e.g. Meet & Greet and Mealtime Monitoring) and Caring Behaviours Assurance System (CBAS) is captured to support collation and feedback to the areas.

Feedback is included in regular reports to our services from the Clinical Governance Department to help inform our improvement focus.

Volunteer Supported Feedback

In October 2024 three Care Experience Volunteers began gathering feedback from patients and visitors in Critical Care and it has grown from strength to strength. With the help of ViewPoint, reports are delivered to the Clinical Nurse Manager on a monthly basis. The volunteers cover HDU2, HDU3, ICU1 and ICU2 on separate days over the month. On average, they gather vital information from a total of 15 patients and visitors. The audit captures their opinion on their care and treatment, communication, rest and sleep, emotional and psychological support, environment and facilities and overall experience. The volunteers are skilled in capturing patients' comments and an example is noted below:-

The patient felt a bond was established with staff due to their length of stay in the unit. She felt supported by all the staff and could not find the words to express the wonderful care she received in ICU2.

In February 2026 the Care Experience Volunteers kindly carried out the Patient Experience Outcome Measure (PREM). This questionnaire asked patients about their experience with the Spiritual Care Team to help the hospital improve care and understand what matters most to patients. The volunteers allowed 5 patients to feel heard and supported.