# NHS Golden Jubilee

### Meeting: NHS Golden Jubilee Board

### Meeting date: 25 July 2023

### Title: **Annual Feedback Report**

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

### Report Author: **Katie Bryant, Head of Clinical Risk and Governance**

## 1 Purpose

### This is presented to the Board for:

### Approval

### This report relates to a:

* Government policy/directive

### This aligns to the following NHSScotland 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 presents the Annual Feedback Report for NHS Golden Jubilee as a requirement of the national Complaints Handling Procedure.

## 2.2 Background

This report describes the formal feedback received in NHS Golden Jubilee during the time period 1 April 2022 and 31 March 2023.

## 2.3 Assessment

Appendix 1 contains the Annual Feedback Report 2022 – 2023.

### 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 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:

* 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

### 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 Meetings throughout the year
* Division Management Team Meetings throughout the year
* Clinical Governance Risk Management Groups
* Clinical Governance Committee
* Staff Governance Person Centred Committee

### 2.4 Recommendation

* Approval

### 3 List of appendices

The following appendices are included with this report:

* Appendix No 1, Annual Feedback Report 2022/2023