NHS Education for Scotland

Feedback, Comments, Concerns and Complaints Annual Report 2022-2023

September 2023

NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. We are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development. We are a national NHS Board, which works in partnership with the Scottish Government, NHS Health Boards, local authorities and a host of other stakeholders to support health and social care services in Scotland. We do this by providing education, training and workforce development; supporting recruitment and strengthening career pathways. NES also supports health and care providers through the development and maintenance of digital infrastructure.

The summary table below precedes the full Feedback, Comments, Concerns and Complaints report and provides brief details of the complaints and expressions of concern we received between 1 April 2022 and 31 March 2023.

Table 1: Summary of complaints received and outcome 2022-2023

Subject of complaint	Outcome of Complaint	Lessons learned
1. Failure to provide a P45 for tax purposes for former employee	Partially upheld	Not applicable
2. Insufficient reasonable adjustments made during training & poor communication	Partially upheld	Review of communication around medical trainee health declaration; review of support available regarding mental health issues; review of retention policy of medical and personal records; recommendation that ARCP requirements in a repeat year are documented in a trainee's portfolio.
3. Failure to provide pension refund to former employee	Fully upheld	Finance to work with payroll provider to improve understanding of the issues raised within this complaint.
4. Selection criteria and process for NES funded programme is unfair	Not upheld	NES Psychology to facilitate a review of the entrance criteria across NES-funded courses

Subject of complaint	Outcome of Complaint	Lessons learned
5. Failure to provide refund for Approved Medical Practitioner course	Fully upheld	Review application process to ensure contact details are up-to-date
6. Inter-deanery transfers and allocation of placements	Not upheld	Not applicable
7. Unnecessary global emails sent to trainees	Partially upheld	NTS liaising with NHS NSS to ensure correct technical alignment of medical trainees regarding emails.
8. Unsuitable placement for Foundation Year medical trainee	Fully upheld	Not applicable – frontline resolution
9. Removal from Approved Medical Practitioner Course	Not upheld	Review the flexibility of arrangements for the AMP course
10. Poor communication regarding pharmacy grievance and failure to take account of supervisor perspective	Fully upheld	Review of designated supervisor status in this case; gather evidence relating to this case before devising action plan; review draft bullying procedure to ensure a right to reply and consult with trainees and supervisors.
11. Delayed results from the Scottish Practice Management Development course and poor communications	Fully upheld	Review of assessment arrangements
12. Delays in processing Tier 2 Sponsorship application from medical trainee	Fully upheld	Processes reviewed and improved; staff resourcing reviewed and improved.

Subject of complaint	Outcome of Complaint	Lessons learned
13. Access to Pharmacy Independent Prescribing course	Partially upheld	Improved communications regarding NES Pharmacy funding policy
14. Dissatisfaction with response to information given at exit interview by former employee	Partially upheld	Improved processing relating to exit interviews
15. Breach of confidentiality relating to Health Care Science vocational trainee	Not upheld	Verbal agreement for information sharing will be supported by explicit written approval before sensitive information is shared.
16. Failure to provide pension contribution refund to GP Specialty Trainee	Fully upheld	Finance will liaise with NHS NSS around improvements based on the issues raised within this complaint.
17. Process for evaluating Dental Vocational Trainer application was unfair	Not upheld	Review documentation for DVT recruitment process
CONCERN: Lack of diversity in NES funded psychology course	Not applicable	Not applicable – issue out with NES's remit
CONCERN: Suspected breach of confidentiality in NES document	Not applicable	Not applicable

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Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2022-2023. The report is a requirement of the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions which specifies that relevant NHS bodies should prepare an annual report at the end of each year summarising action taken as a result of feedback, comments and concerns received in that year.

The first part of the report provides summaries of our progress in collecting and using feedback from our service users. The summaries include case study materials to illustrate our diverse approaches to feedback collection and the difference this information has made to our work. Part 2 comprises a summary of the complaints and concerns expressed by our service users during the year and the outcomes from these complaints. It also provides brief information regarding our progress in handling and learning from complaints in accordance with the nine indicators set out in the Scottish Government's guidance to health boards.

The report also includes brief details about some of the positive feedback and comments received from our service users – including trainees and other health service staff.

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

All our services are planned, developed and reviewed in partnership with stakeholders, including health care professionals in training and other health and care staff who rely on NES educational support to provide excellent patient care. Our approach to collecting feedback focuses on the 'user experience' of our diverse training programmes and products, ensuring they are accessible and fit for purpose. We are aware that feedback on learner/service user satisfaction provides a key metric for the engagement of learners, which provides valuable predictive insight into the impact of our educational programmes and resources. Learner feedback is also essential in enabling us to improve the accessibility and quality of our training. The case studies featured in this report provide some examples of how feedback has been used to identify opportunities for improvement. The collection and use of learner feedback is a key focus for our quality management activities, which are monitored at senior levels within the organisation.

Feedback from health care professionals in training forms an essential component of our approach to quality management at NES. This feedback is invaluable in enabling us to evaluate educational quality, identify opportunities to improve learner experiences, and provide stakeholders with vital assurance that Scotland's significant investment in training for healthcare is effective. We organise regular feedback activities, such as the annual Scottish Training Survey in postgraduate medical education, or support UK surveys including the General Medical Council's annual Training Survey and the General Dental Council's annual surveys of Dental Foundation/Vocational Training and Dental Specialty Training. As described in section 5 below, the data collected through these trainee surveys is analysed closely and forms an important part of a rich dataset used to improve education quality.

In addition to our Educational Governance processes, a *Contact Us* page on our website provides an online form for feedback (positive or negative) about any aspect of our work. Further information, including examples of these processes and how we use feedback is provided below.

Case study 1: Acute Care - Medical Associate Professions/Non-Medical Endoscopy/Scottish Trauma Network

NES leads the development and implementation of a range of educational solutions to support the development of staff in medical associate professions (MAPs) and non-medical clinical roles. These include education programmes in non-medical endoscopy, cystoscopy and trauma care.

Our Acute Care team, based in the Nursing, Midwifery and Allied Health Care Professions Directorate, developed opportunities to improve education resources by eliciting feedback from live events and encouraging comment on published education resources. To this end a range of tools were used to gauge participant experience and learning, to understand what

went well, what could have gone better, how could we improve. We monitor learner experience questionnaires with a view to maintaining user satisfaction with the quality of NES designed or commissioned programmes, and to inform future developments. In this way, the use of learner feedback forms an important part of the educational governance/improvement approach. Specific methods used to gather user and stakeholder feedback included the following:

- Feedback forms on the perioperative, critical care and deteriorating adult resources
- Invitation to provide feedback by email on MAPs, perioperative and non-medical endoscopy and cystoscopy Turas Learn pages (this invitation emphasised in all delivered events/workshops)
- Feedback/evaluation questionnaires for all delivered events (e.g. MAPs workshops, Perioperative event, non-medical endoscopy event) – tailored evaluation opportunity for presenters as well as participants
- In 2022, the non-medical endoscopy/cystoscopy faculty team engaged in confidential exit interviews with learners and service managers in regions where attrition had taken place. This provided an opportunity to explore lessons learned/seeks ways to improve the educational environment/process

The above methods for gathering feedback complemented other measures for engaging with stakeholders, including a review by subject matter experts and a stocktaking exercise undertaken by the national Workforce Diversification Group.

Case study 2: Health Care Support Worker programme

Our Nursing, Midwifery and Allied Health Professions team was commissioned by the Chief Nursing Officer to develop a knowledge and skills framework for career level 2-4 NMAHP support workers. We used engagement with a broad range of stakeholders to coproduce the framework. This consisted of a steering group and several subgroups that met regularly by Microsoft Teams. This virtual approach maximised engagement by enabling representatives from all geographical areas to be involved and minimised time out of practice for practitioners. The draft framework was circulated even more widely for consultation and the responses informed the final version of the framework which is now published on our Turas Learn site.

Stakeholders were included at the very start of the project and so were involved in the development of the workplan and in all decisions. Terms of reference for each group clearly identified the role and expectations of members and a communications plan put stakeholders at the centre. This aimed to show how much we genuinely valued their engagement and was evidenced in their commitment to working with us, e.g. we always had excellent attendance at meetings, a willingness to take on tasks that contributed to the outcome and to provide very relevant comment and feedback. The Jamboard app was used extensively and very effectively during meetings, and this gave opportunity for all to give feedback anonymously on key questions and draft statements. The Jamboards were kept live for stakeholders to add any later reflections. Comments were then collated and fed back for further discussion.

1.1 Our approaches to gathering and using feedback, including how we publicise opportunities for providing comments

Our service users play an important part in reviewing and improving education initiatives by providing informed feedback. In this respect learners and trainees are uniquely placed to provide expert insight into their experience. The development, commissioning and quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, Health Boards and others. The importance we attach to this aspect of our work is reflected in our efforts to publicise and encourage feedback from learners and others involved in our work.

Across our extensive portfolio of education activities there are numerous examples of service users or learners participating in the ongoing review and enhancement of our programmes. This includes the following:

- Recruitment of doctors in training to assist in our Quality Management of training programmes
- Scottish Training Survey – an opportunity for doctors in training to reflect on their training experience at the end of each posting.
- Notification of concern process for doctors in training - Managed by the Deanery, this is process by which doctors in training, trainers or other staff can report concerns outwith the usual survey processes.
- Quality Management pre-visit questionnaires for trainers and doctors in training - Coordinated by the Postgraduate Medical Deanery within the six weeks before a quality management visit is conducted.
- Dental Care Professionals (DCP) – Collection of feedback data from participants and employers following induction, study days and at the end of the programme.
- Pharmacy – The use of focus groups to gather user insights on new e-learning modules and 'exit questionnaires' for learners completing education programmes. In addition to these feedback sources, the Pharmacy team embeds feedback tools on each e-learning resource to gather user views on completion.
- Psychology – The use of a single Training Acceptability Rating Scale (TARS) tool to collect feedback from learners attending training

Case study 1: Pharmacy simulation training

The NES Pharmacy team offered a range of training opportunities that enable participants to learn in simulated clinical environments. Feedback collected from learners/trainees after each learning event was designed to provide insight into their experience of the simulation event and their ability to take learning on into future practice. Feedback was encouraged by allowing participants easy access to the feedback forms immediately after each simulation event to allow for ease of completion. This was either through the use of printed feedback to be completed by hand or via QR codes for completing on a mobile device.

Questions included *a) how realistic was the simulation session? 2) how confident do you feel about managing similar situations in real life? 3) do you think the simulation session will change your practice in any way? 4) overall, how satisfied are you with the simulation session? 5) do you have any suggestions for how the simulation session could be improved? 6) any other comments?*

For each question more information was encouraged to justify their answer. The information gathered informs our quality improvement action plan for future pharmacy simulation events.

Feedback was also obtained from pharmacy staff involved in sending participants (employers and Health Board E&T staff) and pharmacy faculty supporting the simulation events. This was carried out using a de-brief model at the end of each simulation training event and by other methods of communication.

1.2 How we publicise opportunities for providing comments

Given the importance of feedback for our work, we use several different methods to encourage comment from trainees and other learners. These range from targeted communications for training grades in Medicine, to the provision of an open comments mailbox for Health Care Science trainees and the use of social media to invite feedback from Pharmacists. In eliciting feedback, we observe the key principles of preserving the anonymity of individuals submitting comments and being prompt to act on specific suggestions. Where possible we provide named contacts for communications, but also offer generic contact email addresses.

Case study 1: Developing Senior Systems Leadership Programme

The Developing Senior Systems Leadership (DSSL) Programme aims to develop a community of 60 senior systems leaders over 3 years from Social Care, Social Work and Health with Director level or equivalent leadership capability.

This is a cross-sector programme, comprising a mixed cohort of circa 20 senior leaders from Social Care, Social Work and Health who are:

- Currently operating at a senior level within a Social Care, Social Work and Health setting.
- Aspiring to move into a senior system, executive or director level role in the Social Care, Social Work and Health environment in the next 18-24 months.
- Sponsored to apply for a place by a Director, Chief Officer, Chief Executive, or equivalent senior leader. There are both general and sector specific criteria to guide potential applicants.

Feedback and continual evaluation are a key feature of the delivery of DSSL. Ongoing engagement with sponsors, participants from cohort 1 and potential future cohort participants and sponsors informed our more tailored, targeted engagement plans to recruit to Cohort 2.

Examples of the ongoing feedback/engagement since January have included;

- Learning from sponsor perspectives from the final shared learning event for Cohort 1
- Informal feedback obtained via the online sponsor and participant community sessions (Dec-March 2023)
- Mid-point evaluation feedback from cohort 1 participants about their learning and experience of the programme so far captured on video and written feedback.
- Ongoing dialogue with key stakeholders, especially social work.

Our contact details for the programme are published at every opportunity. Our practice is to respond to all feedback and to continually engage with stakeholders from across the system to enable DSSL to firmly take root as a high quality learning experience for developing senior systems leaders.

Case study 2 – Postgraduate Medical Education and Training, Notification of Concerns process

Most doctors in training have a positive experience in their placements on their training programme. However, from time to time some will encounter a problem or issue that causes concern. The Medical Deanery has established a process to enable doctors to notify concerns to enable responsive investigation and rapid resolution.

The subject of concerns raised cover:

- Patient safety concern

- Training experience concerns, ie, meeting competencies

- Undermining and bullying

From August 2022 – July 2023 we have received 6 Notifications of Concern. Following the receipt of a notification, Quality Improvement Managers undertake the following review of data:

Concerns database – To ascertain if it is the first one or has been raised before

Review data to ascertain if it is the first one or has been raised before

NTS - To check for any relevant information including red flags.

STS - To check for any relevant information

TPD report - To check whether issues has been raised/mentioned

LEP (DME) report - To check whether issues have been raised/mentioned

APD/GP Director -To check for any local intelligence QM To check any recent QM visit reports with regard to the issue.

The Notification of Concern process is well promoted on the Deanery website and communications with doctors in training posts. Support from Associate Deans for Quality is available and this is communicated to anyone raising a concern. If further support was

needed contact with colleagues within the Medical directorate and the wider NES would be made.

2. Engaging with equalities groups

We actively collect feedback on equality, diversity and inclusion, at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups.

Several of the case studies presented in this report illustrate how we engage with diverse stakeholders when developing our educational programmes and resources. The extent and impact of the diversity of this engagement is a focus for discussion of Equality & Human Rights Steering Group meetings and reviews, which seek to share intelligence and learning from programme and directorate-level feedback and engagement. The Steering Group discussed the need to disaggregate feedback data by protected characteristics to improve our understanding of how different equalities groups access our education programmes, differences in satisfaction, educational attainment, etc. It is anticipated that new approaches to feedback and evaluation will help us to identify any specific barriers to inclusion. This is part of our commitment to inclusive learning as highlighted in our recently updated Inclusive Education and Learning Policy.

Our complaints log enables us to code complaints and concerns thematically as being relevant to equality and diversity at both directorate and corporate level. Complaints and concerns are reviewed annually by the Steering Group within the context of our equalities review, providing another source of data which can be triangulated to inform policy and strategy development and to measure our progress delivering our equality outcomes and equality mainstreaming priorities.

Case study: Equality Learning Needs Assessment

The NHS Education for Scotland (NES) Equality, Diversity and Human Rights Team was a new team in NES in 2022. Part of the team's remit is to work with organisations to provide high quality and relevant training and educational resources on equality and inclusion for the health and social care workforce. We wanted to hear from health boards and our stakeholders to understand their current approach to training, use of the Equality and Diversity Zone on Turas, and how NES can best support meeting equality and inclusion learning needs within health and social care.

This information once analysed was used to determine the priorities for the team for the externally focused education work over the next 2-3 years.

The team used a variety of approaches to engage with stakeholders and its service users in health and care organisations. These approaches included:

- A survey of all health boards via learning and development leads and equality leads networks.

- Inviting health boards and stakeholders to meet to better understand their views and support needs for equality and inclusion learning.

- Attending various relevant professional networks to meet our stakeholders, inform, and provide further opportunities for engagement.

- Report including survey results, themes from discussions and suggested priorities shared with all survey respondents and stakeholders.

- Summary of the learning needs assessment sent to stakeholders and presentations given at various networks.

The team engaged stakeholders via professional networks including the NHS Scotland Equality Leads Network. This highlighted the need for learning resources to raise awareness and promote understanding of specific groups or issues, for example:

- Increased understanding of how discrimination presents in the workplace

- Training on reasonable adjustments

- Updated resources for LGBT+ awareness and understanding the needs of Gypsy/Travellers

The team also met with expert organisations: CRER (anti-racism resources), Close the Gap (sexual harassment resources) and the BDF (reasonable adjustments training) and established links with the NES staff networks and attending meetings to talk about the learning needs assessment and offer opportunities to feedback.

The team continues to engage to understand learning needs/ specific topics (e.g. Gypsy/ Travellers steering group and social care meetings).

3. Supporting service users in providing feedback

Given the high value that we place on our service-user feedback, we encourage comment in a variety of ways (as described at 1.2 above). While there are no formal mechanisms for supporting the provision of feedback, we offer a wide range of access points for comment. These include generic mailboxes to provide named or anonymous feedback, online questionnaires or named contacts within each of our programme teams. We advertise the opportunity to provide comments on our products and services in our learning resources and websites, including the 'Contact Us' webpage on the NES corporate website. For all our trainee surveys, regular reminders are circulated to emphasise the importance of providing feedback. This is reflected in the high response rates from trainees.

Case study: Children and Adolescent Mental Health - 1 Year Development Programme

As set out in the Children and Young People's Mental Health Taskforce (2019) recommendations, a one-year development plan (1YDP) delivers training at enhanced level to support the transition into Child and Adolescent Mental Health Services (CAMHS) of clinicians whose core professional training does not provide extensive CAMHS experience.

Since 2019, 166 clinicians, predominately nurses and allied health professionals across all health boards have attended the 1YDP. Places are allocated using the network of CAMHS Learning Co-ordinators, across two cohorts per year.

A range of information was collected from learners, service users, employers and others. Learners were asked for their reaction to the training, (using the REACTs form), and were encouraged to provide free-text comments. They were also asked to self-report their knowledge and skills for the intended learning outcomes (ILOs), at each workshop provided by NES. At the end of the programme, learners receive an overall evaluation form. Feedback from services is sought from the CAMHS Learning Coordinators (CLCs) at our regular network meetings, and via questionnaire. Workshop facilitators also stay online after the workshop which gives the learners an opportunity to provide feedback and ask any questions. Learners and CLCs can also contact the facilitators via email.

The importance of feedback is discussed during the learner induction to the programme. Rating of knowledge and skills is viewed as compulsory, however, comments are not. We explain that feedback is used to influence future training (and adaptations have been made in relation to feedback). During induction learners practice accessing the feedback form (Feedback is collected by MS Teams form). Learners are prompted to complete the form at the being and end of each workshop. At the end of the programme, the learners are asked to the complete the evaluation form to receive their certificate.

4. Systems for collecting and using feedback, comments and concerns

NES employs a range of systems and processes for collecting and using feedback and comment from our service users as described in the case studies below. These systems include the collection of feedback using online tools such as Questback questionnaires and Microsoft Forms. These tools enable us to easily share examples and good practice between directorates and programme teams.

NES's systems for collecting feedback from learners, faculty and other stakeholders are currently under review and enhancement is expected in this important area of our practice.

Case study – Medical Professional Development workstream

Our Medical Directorate has established a comprehensive Professional Development workstream to support the ongoing training of doctors and other healthcare professionals. This comprises the CPD Connect programme of validated short courses, the General Practice Nurse Education Pathway, Practice Manager Programmes, Staff and Associate Specialist (SAS) Doctor and Dentists Development Programme, Approved Medical Practitioner (AMP) programme, Faculty Development Alliance, Leadership and Development Programme (LaMP), Medical Appraisal training, Supporting Scottish Grief and Bereavement Care.

Feedback is systematically collected from learners and others across the Professional Development programmes using electronic surveys on in-person discussion. This is designed to provide insights in the following areas of enquiry:

- Did the course/resource meet the intended learning outcomes?
- Did the course/resource provide them with new knowledge/skills?
- Did it increase their confidence?
- What was the impact of the learning on patient care?
- Was the event well organised and did the method of delivery suit the learning?
- What could be done to improve the course/ training event in future?
- What further training would be useful?
- What worked well/ what could be even better/ what was missing for each session or speaker How will the learning from this session impact on your future practice?
- Learner perceptions of learning experience on the GPN Education Pathway – issued at stages throughout the duration of the course.

QR codes are being used more regularly to gain more instant feedback at the end of events, both face to face and online. This does improve response rates, as everyone usually has a smartphone to hand, and they can complete the short questionnaire before they move on to their next piece of work. Evaluation of the impact of learning on patient care is being looked at in more depth and using existing data in the form of quality improvement projects and gaining new data from specific survey questions. We are also embedding evaluations into eLearning programmes to gather more detailed feedback than is standard on the Turas Learn platform. Additionally, longitudinal evaluations of the participants provide a view of how training has influenced their practice.

5. Using feedback alongside other information to identify opportunities for improvement.

Feedback from trainees and other learners is one of many elements that contribute to quality improvement at NES. On occasions this feedback is a trigger for further investigation, as with the data from our trainee surveys. In other contexts, feedback is used as part of wider evaluations encompassing use of analytic data, peer review, site visits (now in virtual formats) etc. In our Dental and Medical directorates, feedback forms an important component of our comprehensive Quality Management Framework and the annual review process for Training Programmes. This supports decision making on any required Quality Management activities such as a Training Programme enquiry, training location visit etc.

Case study 1: Medicine – The Scottish Training Survey

We created a Scottish Training Survey (STS) to support decision-making regarding the quality of postgraduate medical education and training in Scotland. Our Postgraduate Medical Deanery's Data team survey doctors in training towards the end of each training post and invite them to make freetext comments related to patient safety or bullying and

undermining issues. These comments are then shared with the Deanery's Quality Team for review and action.

For the STS, the data is uploaded on to the STS dashboard which each Training Programme Director (TPD) can access at any point. The data is also collated and shared with both the Director of Medical Education in each Health Board and TPDs in their respective reports each year in which we ask them to provide feedback on it. That data is then reviewed each year at our Quality Review Panels and a decision is taken around the action for each site/specialty, which can be:

1 Visit recommended

2 Enquiry recommended

3 Continue monitoring through Specialty Quality Management Group

4 Good practice recognition

5 No action required

Response rates for the STS were high in 2022-2023, reflecting the efforts made by the Quality Team to send reminders to doctors in training and the high levels of trust in the process, which has been used for a number of years. The specific response rates to the survey in 2022 are as follows:

Survey	Surveyed	Completed	Response rate
Nov 22	2271	1585	70%
Jan 23	2367	1655	70%
Mar 23	2318	1674	72%

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

As in previous years, NES received a limited number of complaints or expressions of concern, but each one was used as an opportunity to learn and improve. Information about each complaint or expression of concern is held centrally by our Planning and Corporate Resources Team. Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by the corporate Complaints Team in the Planning & Corporate Resources department. The table contains brief information about the responses to complaints, which range from reviews of process, to staff training and enhancements of communications practice. Enhancements were made or reviews conducted following complaints, including several where the complaint was not upheld, only partially upheld or where NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken

forward. Recommendations for enhancement related to specific programmes or areas of business and were therefore not considered applicable to wider organisational quality improvements.

A total of 17 complaints were handled by the corporate Complaints Team, with two further expressions of concern considered. This is a small increase on the previous year (13 complaints with one expression of concern). These concerns were fully investigated and led to an apology or corrective action where NES was found to be at fault. Investigations of concerns do not lead to a final judgement.

2. Complaint process experience (Indicator 2)

Individuals and organisations dissatisfied with NES services or staff can communicate with us through a variety of routes. These include the Feedback, Comments, Concerns and Complaints mailbox on the NES corporate website, directly to the NES Chief Executive or Director of Planning and Corporate Resources by email or through local directorate staff, such as educational supervisors or quality management staff. The Medical Directorate also reviews expressions of concerns from medical trainees through its Notification of Concerns process. In addition to these processes, NES reviews the Care Opinion website, which is used by service users to comment and complain about health and care services. Although education and training was mentioned in some of these posts, there were no specific references to NES warranting investigation and response.

NES has a clear two-stage process for receiving and investigating complaints as set out in our [Complaints Procedure,](#) which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which is presented using an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions.

Complainants are invited to provide us with feedback on their experience of the NES complaints process. This invitation asks complainants to comment on issues such as the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report. Only one of the complainants in the reporting year took advantage of the opportunity to feedback comments and views about the complaint investigation process.

3. Staff awareness and training (Indicator 3)

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). Several NES staff

have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All four members of our corporate Complaints Handling team (plus the Director of Planning and Corporate Resources who had executive responsibility for complaints during the year) hold the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

Members of the corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance.

4. Outcomes from complaints investigations (Indicators 4, 5, 6, 7, 8 and 9)

The outcomes from each of the complaint investigations conducted in 2021-2022 are summarised in Tables 2 to 5 below. This indicates that seventeen complaints were received during the year, plus a further two expressions of concern, which were investigated. None of the complaints received were whistleblowing cases. Of the seventeen complaints received, seven were fully upheld, five were partially upheld and five were not upheld.

In addition to the 17 complaints and two concerns, NES also received 27 emails from individuals expressing dissatisfaction with clinical or care services. These individuals were referred to the relevant complaints contacts with health boards or social care providers. The number of this type of enquiry represents a notable increase on previous years.
There were a further nine email enquiries from doctors who lost access to their 'nhs.scot' email accounts without notice on completion of training.

Most complaint handling was conducted in accordance with the NHSS National Standards, including the timescales for acknowledging complaints, investigating complaints and reporting back to complainants with the complaint investigation outcomes. In several cases an extension to the timescale for responding to a complaint was required in order to complete the investigation. These extensions were required to schedule meetings with complainants and other individuals involved in the case. Complainants are kept informed about the progress of the investigation and any extensions required.

Tables 3 to 5 refer to Stage One and Stage Two complaints. Stage One complaints are those that are resolved locally. Stage Two complaints are referred (or 'escalated') to the corporate Complaints Team.

Beginning in 2023-24, we will be reporting to the NES Board against the following strategic Key Performance Indicator on : "*Number of complaints or concerns upheld and partially upheld.*" This report will go to the Board on a quarterly basis.

Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2023

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
Previous employee	Failed to receive a P45 for tax purposes	20220411 Ongoing Tax	Yes	11/04/22	11/04/22 11/04/22	Partially upheld	Yes	n/a
NHS Staff	Insufficient reasonable adjustments made during training & poor communication.	20220420 Foundation Training	No	20/04/22	20/04/22 07/06/22	Partially upheld	n/a	Review of communication around medical trainee health declaration; review of support available regarding mental health issues; review of retention policy of medical and personal records; recommendation that ARCP requirements in a repeat year are documented in a trainee's portfolio.
Previous employee	Failure to receive pension refund	20220612 Pension refund	No	26/11/22	29/11/22 14/12/22	Fully upheld	n/a	Finance to work with payroll provider to improve understanding of the issues raised within this complaint.
NHS Staff	Shortlisting process for a NES funded course is unfair.	20220612 Psychology access	Yes	05/10/22 (and escalated 29/11/22)	05/10/22 14/10/22 and 30/11/22 20/12/22	Not upheld	No - escalated	NES Psychology to facilitate a review of the entrance criteria across NES-funded courses.
NHS Staff	Failure to give refund for Approved Medical Practitioner course.	20220616 AMP Training Course	No	16/06/22	16/06/22 23/06/22	Fully upheld	n/a	Review application process to ensure contact details are up-to-date.

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
NHS Staff	Inter-deanery transfers and allocation of placements	20220617 Medical trainee placements	Yes	16/06/22	17/06/22 23/06/22	Not upheld	Yes	n/a
NHS Staff	Unnecessary global emails sent to trainees	20220624 Distribution list	Yes	24/06/22	24/06/22 24/06/22	Partially upheld	Yes	NES NTS liaising with NHS NSS to ensure correct technical alignment of medical trainees regarding emails.
NHS Staff	Change of placement	20220704 FY2 Rotation Placement	Yes	04/07/22	05/07/22 07/07/22	Fully upheld	Yes	n/a
NHS Staff	Removal from Approved Medical Practitioner Course	20220803 AMP course	Yes	28/06/22 (& escalated 04/08/22)	03/08/22 03/08/22 And 04/08/22 01/09/22	Not upheld	No - escalated	Recommendation that the flexibility arrangements for the AMP course are reviewed.
NHS Staff	Poor communication regarding pharmacy grievance & failure to take account of supervisors perspective.	20220816 Pharmacy process	No	15/08/22	17/08/22 31/08/22	Fully upheld	n/a	Review of designated supervisor status in this case; gather evidence relating to this case before devising action plan; review draft bullying procedure to ensure a right to reply and consult with trainees and supervisors.
NHS Staff	Delayed results and poor communication	20223008 Delayed results	Yes	30/08/22	30/08/22 31/08/22	Fully upheld	Yes	Apology given and results shared.
NHS Staff	Delayed Sponsorship Team response	20221710 Tier 2	Yes	17/10/22	18/10/22 28/10/22	Fully upheld	Yes	Apology given; processes reviewed and improved; staff resourcing reviewed and improved.

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
NHS Staff	Access to Independent Prescribing course	20221006 Pharmacy IP Course	No	15/12/22	15/12/22 13/01/23	Partially upheld	n/a	Improved communication around Nes Pharmacy funding policy.
Previous employee	Turas Learn	20221215 Turas Learn	No	15/12/22	15/12/22 13/01/23	Partially upheld	n/a	Improve our processes regarding exit questionnaires.
NHS Staff	Breach of confidentiality	20230207 Dental confidentiality	No	13/01/23	07/02/23 15/03/23	Not upheld	n/a	Verbal agreement should be supported by explicit written approval before sensitive information is shared.
NHS Staff	Failure to receive pension refund	20230228 Finance pension correction	No	28/02/23	28/02/23 08/03/23	Fully upheld	n/a	Finance will liaise with NHS NSS around improvements based on the issues raised within this complaint.
NHS Staff	Process for evaluating Dental Vocational Trainer application was unfair.	20230323 Dental DVT	No	20/03/23	21/03/23 06/04/23	Not upheld	n/a	Review documentation for DVT recruitment process.
NHS staff	CONCERN: Lack of diversity in NES funded psychology course		n/a	10/08/22	10/08/22 19/08/22	n/a	n/a	None required.
NHS staff	CONCERN: suspected breach of confidentiality in NES document		n/a	29/08/22	29/08/22 29/08/22	n/a	n/a	None required.

NHS National Services Scotland (NSS) Guidance Notes:

(1) Source: Indicate the status of the person e.g. "FYI Trainee", "External Contractors", "Educational Institution", "and Professional Organisation". For the purposes of logging, returns should be anonymous with the proviso that further information may be sought as necessary.

(2) Summary: Provide a brief outline covering the core substance of the feedback indicating whether it is a comment, a concern or a complaint.

(3) File Reference: Use your local identifier such that each case can be found as necessary.

(4) Outcome: Indicate current status if the issue has not been resolved, or indicate, in the case of complaints, whether it has been upheld, partially upheld or rejected and the grounds for that outcome.

(5) Improvements: Outline learning opportunities or improvements identified as a result of issue raised, either locally or corporately.

Table 3: Total number of complaints closed by NES during the period[1]

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	6	35%
5b. Stage two – non escalated	9	53%
5c. Stage two - escalated	2	12%
5d. Total complaints closed by NHS Board	17	100%

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[1] Does not include expressions of concern.

Table 4. Stage One complaints by outcome

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	3	50%
Number of complaints not upheld at stage one	1	17%
Number of complaints partially upheld at stage one	2	33%
Total stage one complaints outcomes	6	*100%*

Table 5. Stage Two complaints by outcome (non-escalated)

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
Number of non-escalated complaints upheld at stage two	4	44%
Number of non-escalated complaints not upheld at stage two	2	22%
Number of non-escalated complaints partially upheld at stage two	3	33%
Total stage two, non-escalated complaints outcomes	9	100%

Table 6. Stage Two complaints by outcome (escalated)

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
Number of escalated complaints upheld at stage two	0	0
Number of escalated complaints not upheld at stage two	2	100%
Number of escalated complaints partially upheld at stage two	0	0
Total stage two escalated complaints outcomes	2	100%

5. Accountability and Governance

This draft annual FCCC report is submitted to our Executive Team for comment and to the Education and Quality Committee for comment and approval.   Recommendations arising from complaints are followed up by our corporate Complaints Team. The annual report is published on our website each year and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

During the 1 April 2022 – 31 March 2023 period, the Education & Quality Committee (EQC) met regularly to monitor and review our educational activities. A key focus for assurance is the collection and use of learner feedback to enhance education quality. A formal minute of EQC meetings was reported to the Board as a routine and regular agenda item.

Part 3. Positive feedback and compliments praise

NES has no formal, corporate or local systems specifically designed to elicit and report positive feedback and compliments from our service users. Despite this, we regularly receive endorsements of our work from a range of individuals and organisations. These are usually received through our processes for collecting feedback from learners and others, or through other quality management activities. On occasions we have received unprompted commendations as described in the examples below.

Case study 1: Health Care Support Worker programme

A range of positive feedback was received from participants in the HCSW programme, practice educators and senior managers as follows:

Learners

I think it is well laid out and easy to find the relevant section. Very easy to read and to identify different areas based on pillars of practice. I think it will be useful both for HCSWs and for management/supervisors to use in the appraisal process. I could see myself using this as a way to identify areas for development.

It gives clear structure of the different levels of HCSWs and the competencies required to do each level, this gives clear indication for the delegation of tasks for healthcare professionals to ensure patient safety and competence levels of their individual support staff. This also gives a clearer guidance to assist with TURAS and ongoing training requirement evidence for HCSWs, the indication that there should be evidence of HCSWs working towards recognised qualifications is also an advantage for HCSWs to work towards in order to progress their knowledge and career as they wish.

I think there is a lot of information for each level within each pillar which gives a good understanding of the expectation at initial level and how you can progress to the next level using prior learning and being given and taking learning opportunities when they arise. I also like that the abbreviations have been clarified. I think it has also highlighted that there are a lot of learning opportunities out there, if you know where to find them. I do think that over the years more and more responsibility has been placed on support workers and maybe this gives a bit more clarity on what is expected of you from the start.

Practice Educators

- *Excellent resource for HCSW which shows the differences and requirements for progression within the levels. Easy to read, liked the RPL information and links.*

- *I like the fact that the framework is clearly set out and user friendly. I also like that it gives consistency across Scotland and levels of practice. It also gives a clear structure for development either within the individuals level of practice or to progression through the career framework. Linking each level to an educational qualification I think is excellent and gives greater clarity.*

Senior managers

- *It is clear and comprehensive.*

- *Well thought out, clear understanding of the required needs and progression*

- *Clear and straightforward in terms of development structure*

- *simplicity and easy to read and understand*

- *basic and simple.*

Case study 2 – Acute Care support programme

- Response to MAPs recorded update posted on Turas (received by email Sept 2022) from an executive colleague in NHS Scotland Academy: *"Just watched the MAPs & ACCPs update – a superb overview of progress and next steps, presented in a very accessible, succinct and engaging style – well done!"*

- *"Through being involved in the making of the major trauma development framework we have been able to find common learning needs across NMAHP professions and settings and build relationships by understanding other roles in major trauma"*

- Key strategic partners in the Workforce Diversification Group have actively commented during the stocktake on the value of this group and the style of engagement "this group, under your chair has allowed us to focus and involve key stakeholders to work collaboratively on matters which are of interest to us all". One key partner noted the opportunity to enhance function and strength of the group through reflection and an arising opportunity to shape key aspects.

Case study 3 – Health Improvement, Psychology Directorate

1. Supervisor comments on the trainees' contribution to the health board within the NES THP programme:

a. [Trainee] *has gone above and beyond his competency in achieving the above outcomes and he has been essential to the new and evolving service. He has promoted and demonstrated the role and value of health psychologist within all the work he has done.*

b. [Trainee] *contributed significantly to excellent outcomes in our Type 2 diabetes prevention and early intervention programme, and similarly to NAFLD service. The coaching work she delivered was very well received and will now be rolled out by NHS [Board] as part of our commitment to being a coaching organisation.*

2. Comments on the most useful aspects of MAP training:

a. *Listening to others in the practice sessions, reflecting on the skills used and feedback from facilitators*

b. *Actually getting to speak to the person [role/real play] and listen to what they thought was the action to be taken, which may have differed from what I thought would be needed.*

c. *The workshop events and practising scenarios using the MAP tool was the most helpful to me personally.*

d. *The sample videos were informative and the practical sessions were insightful.*

e. *Seeing in it practice/ role play examples and using the sheets.*

f. *I found the section on action planning helpful, particularly the opportunity to role play and see how my colleagues would have responded to a more complex behaviour change.*

Case study 4 – Psychology one-year development programme

All the learners that completed the overall evaluation would recommend the 1YDP to other learners.

Some of the positive quotes from learners from individual workshops include:

"Amazing presentation"

"Excellent training"

"This was a really useful and well-run workshop"

"Thank you. It really is always such a joy to be present and learn from everyone in the cohort"

"Very informative and well delivered training which I felt improved my understanding of the intervention"

"Everything excellent – videos, support and learning. Thanks!"

For each workshop delivered, there has been a statistically significant improvement in knowledge and confidence on each of the intended learning outcomes.

CLCs consistently nominate staff for the programme and is always oversubscribed. We are currently piloting expanding the size of the cohorts.

Case study 5 – Pharmacy simulation-based education

Feedback has been very positive overall with the main message being that learners want more simulation-based education and a larger variety of scenarios.

Feedback from learners asked to comment on the realism of simulation events:

- *"felt like I was in real patient consultation"*

- *"felt like the scenarios were an accurate representation of everyday practice"*

- *"each scenario presented a different patient which was a strong representation of the diverse patient types you see in community especially their personalities, expectations and individual needs"*

Feedback from learners asked to comment on how they will change their practice going forward after attending a simulation event:

- *"I have discovered gaps in my knowledge and learned from other trainees"*

- *"it will make me more open minded when I am going into a consultation and not just assume information about the patient"*

- *"I think I will be more responsive to what my patients are telling me by listening carefully and asking them open-ended questions to ensure I get all the information I need"*

- *"Highlighted the importance of using my professional judgement"*

- *"I have learned how to stick to a plan, be assertive, know my limitations and refer when necessary"*

- *"making sure communication is really clear…what you can offer as a pharmacist…promote pharmacists role within the multidisciplinary team"*

- *"when the ward round is happening...if I ever feel the need to speak up…do it at the time"*

- *"really good for learning and building confidence...a safe environment to have a really stressful situation…so feel better if that happened in real practice"*

Further information

For further information about NHS Education for Scotland's processes and performance in collecting feedback and handling complaints please contact:

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Tel: 07794218816, rob.coward@nhs.scot

To make a specific complaint or comment about any of our products and services please contact our corporate Complaints Team at: complaints@nhs.scot or use our Complaints Mailbox.