

FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS

ANNUAL REPORT 2016-17



CLICK ANYWHERE TO CONTINUE

We are a national special NHS Board responsible for education, training and workforce development for those who work in and with NHSScotland.

The following summary precedes the full report and provides brief details of the complaints we received between 1 April 2016 and 31 March 2017, plus other feedback, comments and concerns.

The full report provides more detailed information on feedback, comments, concerns and complaints we received during 2016-17.

<p>Complaint (1) about our dental audit process from a member of NHS staff.</p>	<p>Complaint upheld and our audit processes reviewed and updated and associated systems programmed to include automatic alerts.</p>
<p>Complaint (2) from an NHS member of staff about the lack of accessible parking at our Glasgow office.</p>	<p>Complaint upheld and parking arrangements reviewed and facilities improved. Processes around parking improved and team retrained.</p>
<p>Concern expressed about the withdrawal of vocational trainer status.</p>	<p>Investigation not progressed as no response received to requests for further information.</p>
<p>Concern expressed by a member of the public that a GP had been given trainer status.</p>	<p>Investigation not progressed as no response received to requests for further information.</p>
<p>Complaint (3) from an NHS member of staff about the service provided by our reception staff.</p>	<p>Complaint upheld and customer service training implemented across the team. Individualised action plans and weekly 'pride in performance' meetings also put in place.</p>
<p>Complaint (4) from a dental trainee about the withdrawal of his trainee placement.</p>	<p>Complaint not upheld, but improvements were made to correspondence issued and guidance relating to dental trainer applications reviewed.</p>

Complaint (5) from a dental trainee about our refusal to pay for a SQA certificate.

Complaint upheld and payment made for a replacement SQA certificate.

Complaint (6) from a member of the public alleging misconduct by one of our staff.

Complaint not upheld. Matter deemed to be a personal one, with no indication of fraud.

Complaint (7) from a member of NES staff about a payment error.

Complaint upheld and additional checks put in place when amending bank account details.

Complaint (8) from a medical trainee about behaviour and levels of support offered within his training.

Complaint not upheld and no recommendations made.

Complaint (9) from a member of NHS staff about discrimination in applying for a NES-funded post due to funding conditions applied to the post.

Complaint partially upheld and funding guidance reviewed and improved.

Complaint (10) from a medical trainee about the quality of training.

Complaint not upheld, but improvements to some administrative processes made.

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INTRODUCTION

Welcome to our annual report on feedback, comments, concerns and complaints for 2016-17. By gathering feedback and comments, listening to concerns and dealing with complaints we routinely seek the views of staff, trainees, stakeholders and partner organisations. This is important because it helps us to establish what matters to our stakeholders and how we can improve our educational products and services for staff and trainees across health and social care.

1 Our Processes for Encouraging and Gathering Feedback

We plan and deliver our activities and targets in partnership with a wide range of stakeholders and gather feedback from trainees and learners through our educational governance processes. This approach focuses on getting it right, making it better, sharing good practice and providing assurance that our education and training is of high quality, makes a difference and is well managed.

We use **Contact Us** on our website to provide 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 in this document.

1.1 Our Approach to Gathering and Implementing Feedback

We work in partnership with a wide range of stakeholders and individuals throughout the lifecycle of our education initiatives. This begins with engagement with the Scottish Government, employers, learners, professional bodies, third sector organisations and others to identify the most important educational priorities. This engagement is essential in enabling us to identify required learning content, understand preferred learning styles and identify potential barriers to access or knowledge and skills acquisition.

Our stakeholders play an important part in the review and improvement of education initiatives by providing informed feedback and expert advice. The development, commissioning or 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. There are several examples where service users or learners participate in the ongoing review and enhancement of our programmes such as the NES Autism Training Framework.

Case Study NES Autism Training Framework

The Autism community was integral to the development of the NES Autism Training Framework commissioned by the Scottish Government. This included work on the update of web resources on Autism Spectrum Disorders (ASDs) for GPs and Primary Care Practitioners. It was recognised early in the process and from speaking to the autism community, that researchers and professionals do not always speak the same language, have the same goals or view opportunities in the same way as those on the spectrum, their families and carers, and these differences have been highlighted in recent surveys.

Various engagement and consultation processes took place with the aim of reaching a representative group across the Autism community, using key questions and feedback approaches. Comments and insights gathered in the engagement process were used to contribute to the Framework and improve learning resources. Plans for the development of specific training resources, *Autism across the Lifespan: Transitions and Change*, include substantial involvement of the autism community, from resource content to participation in video resources.

The collection of feedback from trainees and learners (our key service users) is an essential component of our Educational Governance arrangements. We routinely elicit feedback and comments on our diverse education and training activities, which range from extended vocational training programmes and funded higher education provision to digital learning and short duration, professional development courses. 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 employ a variety of methods for collecting feedback and comments, including regular learner surveys, evaluation studies and the involvement of stakeholders, such as trainees, health boards and service managers, in programme boards. These feedback processes operate at the level of large programmes and workstreams, individual projects, professional directorates and corporate-wide governance. Our approach is to foster frequent dialogue with stakeholders throughout the lifecycle of educational programmes, beginning from early planning stages, through to the collection of feedback, and the involvement of key individuals and organisations in periodic review.

Feedback from healthcare professionals in vocational training, and other learners participating in educational initiatives, funded or quality assured by NES is an important for our programme quality management. As such it is the subject of regular scrutiny by our corporate governance groups which take a close interest in the views expressed by learners, and the processes used to collect data. Learner feedback is frequently discussed by our Educational and Research Governance Executive Group to understand issues raised by trainees, review the efficacy of feedback processes and to share good practice in this area.

Case Study

Case study: Scottish Training Survey

A key example of learner feedback being used to manage educational quality is the postgraduate medicine and dental Scottish Trainee Survey (STS), described in our 2015-2016 Feedback, Comments, Concerns, Complaints annual report. This is an important feedback tool used in combination with other sources of trainee feedback (including the GMC annual National Trainee Survey and discussions with trainees at site visits) to identify concerns and affect improvement.

The STS gives doctors-in-training and core dental trainees an opportunity to provide confidential feedback on their perceptions of their training in each post and provides an opportunity to communicate concerns about patient safety issues they have experienced. Trainees are asked to complete the STS at the end of each post. In Foundation and Core programmes this will take place every four months, while most other trainees will complete the STS twice each year.

The increased frequency of the STS facilitates quality management of the data collection from small training units which may just have one or two trainees at any one time - although it can still be challenging to get sufficient data from units with very small numbers of trainees.

Following feedback from trainees, the STS questionnaire was modified in the autumn of 2016. One key improvement now enables trainees to provide feedback about more than one location or department during a post. Previously the STS only requested feedback about trainees' main location. In the December 2016 STS, around one in ten trainees provided feedback about more than one location. A number of these additional locations had not previously been the subject of trainee feedback. This provides the Scotland Deanery with useful additional information on which to base quality management processes.

A further improvement to the STS was amendment of the open questions, and the way in which the Scotland Deanery utilises the free text comments provided by trainees. The number of open questions was reduced and the text revised so trainees do not feel obliged to respond.

There was a reduced number of responses received in the December 2016 STS but the overall quality was retained.

The outcomes of the Scottish Trainee Survey are subject to close scrutiny by our Board through the Educational and Research Governance Committee. We routinely triangulate any serious concern identified in the STS by reference to an extensive current database of information on training quality issues. Concerns are also shared at our weekly medical executive senior team brief.

Following triangulation and discussion, we take a view on whether it would be appropriate to draw our concerns to the attention of other Boards – through the Directors of Medical Education network - and, if appropriate, through the Sharing Intelligence of Health and Care Group.

1.2 Our Educational Governance Processes

Our Educational Governance arrangements, a key characteristic of NES, are designed to ensure that the quality of our educational activities is managed effectively and continuously improved. This involves the application of quality assurance and quality control processes and the sharing of information at local, directorate and corporate levels. Our Board of Directors is responsible, through the Educational and Research Governance Committee (E&RGC), for scrutiny of our processes and how they are applied.

In recent years, the E&RGC has provided advice on a range of issues relating to our Educational Governance processes. This has resulted in several enhancements in the way that educational programmes are selected for review, and the focus for monitoring. Examples of these changes include the implementation of a risk profiling process to ensure our Educational Governance resources are used to best effect, and the introduction of external, expert panels to improve the independence and quality of Directorate Reviews.

1.3 Involving our Stakeholders in our Educational Activities

We have a range of mechanisms in place to ensure that we actively involve stakeholders in the development of our educational and training activities. Below is a selection of examples illustrating our work in this area.

Case Study

Caring for people with Dementia

Membership of the NES and Scottish Social Services Council (SSSC) Dementia Programme Board includes representation from the Scottish Dementia Working Group (SDWG) and National Dementia Carers' Action Network (NDCAN), who either have a diagnosis or dementia or have experience of caring for someone with dementia. SDWG group members were active key partners in the development of our Promoting Excellence in Supporting People through a Diagnosis of Dementia Framework. SDWG and NDCAN members have subsequently supported NES and the SSSC in the design and delivery of many educational resources, training programmes and events.

Case Study

Healthcare Associated Infections education

Within our Healthcare Associated Infection Programme, extensive stakeholder consultation helped to inform the planning and development of the new *Scottish Infection Prevention and Control Education Pathway*. An initial stakeholder workshop during the planning stage captured the needs and expectations of the wide target audience, providing the building blocks for the pathway development. Advisory groups, comprising a range of stakeholders, informed the implementation of meaningful content relevant to a variety of care settings and roles. User testing groups provided a comprehensive quality assurance process and ensured stakeholder needs and expectations are met.

Case Study

Equal Health framework

Our *Equal Health* framework has been developed to help all practitioners further develop their ability to promote health equality for people with learning disabilities.

Working in partnership with the Learning Disability Forum, people with a learning disability guided the development of the framework and are currently actively involved in supporting development of resources to support implementation of the framework.

Case Study

Children and Young People Act education

Our Women, Children, Young People and Families team developed an education resource in support of the Children and Young People (Scotland) Act which focuses on children and hearing their voice. Children from a local primary school were actively involved in helping to define what wellbeing meant to them; and their drawings and story narrative have been incorporated into the resources.

Case Study

Psychology of Parenting

Engagement with service users is an integral feature of our approach to developing our Psychology programmes. A specific example of such engagement includes our Psychology of Parenting Project (PoPP) where the active involvement of parents who are attending Incredible Years® or Triple P® parenting programmes is fundamental to our service. Service user involvement is carried out in joint partnership with PoPP and staff in Community Planning Partnerships, at the earliest possible stage, and continues throughout the parents' journey with the programme. Some examples of engagement are:

- Asking parents about any potential barriers to attending the group and supporting parents to overcome these.
- Asking parents for feedback on a weekly basis for Incredible Years® groups, and at the final session for both groups, and using this information for quality improvement purposes.
- *Parents' Voices* DVD produced by PoPP. This DVD highlights parents who have been to a PoPP group. This is used nationally for promotional and recruitment purposes. It is also used in PoPP practitioner briefings which is a powerful way for new practitioners to hear about the outcomes from parents themselves.
- Some sites are using *Parent Champions* to assist with the recruitment of parents. The *Champions* have previously attended a PoPP group and are invited to talk with other parents who are thinking about attending a group with the aim of reducing stigma and easing anxieties.

1.4 Equality and Diversity

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. The findings are reviewed by the *Participation, Equality and Diversity Lead Network* (PEDLN), which comprises senior representatives from each of our directorates, as part of an annual review of performance. Findings are used to identify priorities for action, including operational planning targets and longer-term equality strategy.

The case studies throughout 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 of the PEDLN meetings and reviews, which seek to share intelligence and learning from programme and directorate-level feedback and engagement. Specific examples from the PEDLN work programme have included:

- barriers and enablers for disabled trainees
- our educational interventions to reduce differential attainment for International Medical Graduates in GP Specialty Training (with a focus on learning from feedback from the first learner cohort)
- engaging with service users in educational programmes.

We have an *Inclusive Education and Learning Policy* which sets out the expectations for embedding equality and diversity in educational work and encourages the use of feedback for improvement, particularly feedback on accessibility. The policy covers all aspects of learning. Implementation of the policy is monitored through the Educational Governance process, which includes a focus on educational inclusion and feedback from learners.

The Educational Governance Framework was reviewed in 2015. At that time, the questions on equality and inclusion were reviewed and enhanced, with the purpose of strengthening the outcome focus and establishing stronger links between the Inclusive Education and Learning Policy, the Educational Governance Framework, a developing NES outcomes framework, and supporting the establishment of a refreshed set of statutory equality outcomes. Since publication of the revised Framework we have developed more specific guidance on assessing equality impact for educational programmes, citing feedback, concerns and complaints as part of the evidence base for assessment, and launched a series of practical tools for embedding equality, diversity and participation when planning educational programmes.

To support our digital transformation and launch of TURAS Learn, our digital learning platform, we undertook a significant review of our existing standards for developing and commissioning digital learning. The revised standards establish a focus on inclusion throughout the development process and highlight the importance of participation and feedback, providing an important quality assurance mechanism to ensure that our digital educational offerings meet the aspirations set out in our *Inclusive Educational and Learning Policy*.

In 2015-16 we carried out a review of complaints handling and we developed a new process for classifying equality and diversity-related issues arising in complaints, along with guidance for staff handling complaints locally. Complaints and concerns which are resolved locally or at corporate level are logged on a central complaints register and can now be analysed thematically to identify any equality-related themes. This information is used at directorate level, and it is also reviewed annually by the corporate complaints team and our *Participation, Equality and Diversity Lead Network* to inform equality and diversity planning and performance review. As a public authority, we must set the equality outcomes we will work to deliver every four years and report on our progress delivering these outcomes biannually. We use the review of equality and diversity themes in feedback and complaints at both directorate and corporate level to inform these outcomes and to contribute to our measurement of progress.

Our *Corporate Parenting* plan is under development and will help ensure we are aware of, and alert to, the needs of looked after children and care-experienced young people, and that we use this understanding to ensure our work at NES helps fulfil our *Corporate Parenting* duties as required by *the Children and Young People Act (Scotland) 2014*. We are making a range of *Who Cares? Scotland*, Corporate Parenting educational resources freely available across NHSScotland for all health and social care staff, through our digital platform TURAS. We are also exploring what more we can do to help care-experienced young people access Modern Apprenticeships and routes to professional training, work and employment within NES and NHS Scotland.

Case Study

Using Feedback to inform educational support for International Medical Graduates in GP Speciality Training

The Scottish Training Enhanced Programme (STEP) was established in 2015 in response to recommendations from a Judicial Review which considered whether the Royal College of General Practitioners' Clinical Skills Assessment was racially biased¹.

The STEP programme includes early recognition of the special educational needs of International Medical Graduates (IMGs) and a one-day enhanced induction event for newly appointed IMG first year GP Specialty Trainees² and their Educational Supervisors. An ongoing programme of support is offered by the Educational Supervisor and at regional level. The enhanced induction event includes an introduction to the evidence regarding differential attainment and factors which can influence success. Additional sessions include a focus on Culture, Communication and Reflection.

Evaluation of the programme included feedback from trainees and Educational Supervisors. This feedback has been used to develop and refine the programme to ensure it is relevant to the needs identified by the trainees, and to refine the target audience for the programme.

¹ The MRCGP is the examination taken by trainees at the conclusion of their General Practice specialty training. It consists of three elements, including the Clinical Skills Examination. Trainees must pass this examination to practice as a GP in the United Kingdom.

² These are GP trainees in their first year of specialty training placement within a GP practice.

Participants invited as first year GP Trainees were also offered an event during their second specialty training year. However, the responses indicated that the majority did not feel this was necessary as their needs were being met locally with support from their Educational Supervisor. The three second-year GP Speciality Trainees who responded with a request for additional support were supported by their local Training Programme Director.

The feedback also suggests that participants have valued the programme for raising their awareness of the evidence, and providing them with additional support and resources. The central role of the Educational Supervisors has been emphasised and is supported by evidence from other UK deaneries and specialities.

2 Encouraging and Handling Complaints

We encourage and handle complaints directly through our Educational Governance processes, through our training programme feedback channels and through our **Contact Us** digital form for those wishing to express a concern or make a formal complaint.

During 2016-17 we continued to work on improving our arrangements for complaints handling and made the following improvements to our approach:

- our corporate complaints team and each directorate complaints lead have worked to ensure that we are compliant with the new *NHSScotland Complaints Handling Procedure* that comes into force on 1 April 2017
- encouraging ongoing training across all staff involved in handling complaints throughout the organisation, particularly around the new *Complaints Handling Procedure*
- review of the local concerns process which exists within our Medical Directorate and working together to ensure this fully aligns with the wider NHS Complaints Handling Procedure
- put in place a method for capturing feedback from complainants on how satisfied they are with our processes and how we can make further improvements.

Through our Educational Governance processes we also have in-built local appeals or complaints processes e.g. in foundation and speciality training in medicine and dentistry. In line with our educational support role as a Special Health Board we do not normally receive a high number of complaints and a detailed breakdown for 2016-17 is provided in the *Feedback, Comments, Concerns and Complaints Register*. In addition, Appendix 2 of this report includes details of the return sent to NHS National Services Scotland (NSS) confirming our complaints figures for the NHS *Complaints Statistics* publication.

2.1 Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2017

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)
Staff (other NHS)	Complaint (1) about the dental audit process.	April 2016 dental	no	24/04/16	A - 24/04/16 R - 12/05/16	Upheld	n/a	Dental audit processes reviewed; update audit user guidance; update IT systems with automatic alerts.
Staff (other NHS)	Complaint (2) about lack of suitable, accessible parking at 2CQ, Glasgow.	May 2016 training access	no	19/05/16	A - 19/05/16 R - 24/05/16	Upheld	n/a	Reviewed parking arrangements; enhanced facilities for visitors and those with disabilities; amended processes and retrained team.
Other	Concern about withdrawal of VT trainer status.	-	yes	17/06/16	A - 30/06/16	Classed as a concern, not a complaint. Investigation not progressed as no response received to requests for further information.	-	

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)
Member of public	Concern about a GP given trainer status.	July 2016 GP trainer	yes	12/07/16	A - 12/07/16	Classed as a concern, not a complaint. Investigation not progressed as no response received to requests for further information.		
Staff (other NHS)	Complaint (3) about the service provided by our reception staff.	July 2016 reception	yes	13/07/16	A - 13/07/16 R - 13/07/16	Upheld	yes	Customer service training across the team; individualised staff action plans e.g. de-escalation training; weekly 'pride in performance' meetings to share examples of good practice.
Dental trainee	Complaint (4) about the withdrawal of a trainee job offer.	Aug 2016 dental recruitment	no	08/08/16	A - 08/08/16 R - 22/09/16	Not upheld	n/a	Amalgamation of correspondence; more detail given on correspondence; review of guidance relating to dental trainer applications.

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)
Dental trainee	Complaint (5) about our refusal to pay a SQA certificate fee.	Oct 2016 dental SQA	yes	13/10/16	A - 14/10/16 R - 20/10/16	Upheld	yes	Pay SQA for a replacement certificate.
Staff (NES)	Complaint (6) alleging staff misconduct	Oct 2016 HR OD – out of scope	no	14/10/16	A - 14/10/16 R - 21/10/16	Not upheld	n/a	Investigation undertaken internally. Matter deemed to be personal. No indication of fraud.
Staff (NES)	Complaint (7) about an error in payment made to personal account rather than practice account. Difficulty speaking to payroll on the phone.	Directorate records	yes	12/09/16	A - 13/09/16 R - 22/09/16	Upheld	yes	Double-check put in place when amending bank account details on payroll. Options to be reviewed about contact via telephone.

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)
Medical trainee	Complaint (8) of unfair treatment by a member of NES staff at a meeting & failing to support trainee.	Dec 2016 medical	No	2/12/16	A - 5/12/16 R - 22/12/16	Not upheld	n/a	None – no recommendations made.
Staff (other NHS)	Complaint (9) about discrimination due to funding conditions applied to a post.	Dec 2016 psychology post	no	16/12/16	A - 16/12/16 R - 16/01/17	Partially upheld	n/a	Review clarity & completeness of written funding guidance for territorial boards; review how it responds to enquiries; meet with territorial board to ensure mutual understanding of funding criteria.
Medical trainee	Complaint (10) about the quality of medical training at a location.	Feb 2017	yes	22/02/17	A - 23/02/17 R - 20/03/17	Not upheld	Complainant declined frontline resolution	Urgent review of actual training; review & monitor workplace relationships; share action plans with trainees routinely; actions should have a named person assigned to ensure completion.

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.

3 The Culture, including Staff Training and Development

One of our key workforce priorities is creating and sustaining a healthy organisational culture which values openness, honesty and responsibility. Through our ways of working we encourage our staff to be open, to listen and learn and to take responsibility and lead by example. This applies to how we respond to feedback, comments concerns and complaints and as outlined in Section 2, during 2017-18 the corporate complaints team and each directorate's complaints lead have worked to ensure that we are compliant with the new *NHSScotland Complaints Handling Procedure* that comes into force on 1 April 2017. This includes encouraging ongoing training across all staff involved in handling complaints throughout the organisation, particularly around the new *Complaints Handling Procedure*.

We have also put in place a method for capturing feedback from complainants regarding how satisfied they are with our processes and how we can make ongoing improvements.

During 2016-17 we continued to provide training and education for NHSScotland staff to support them in handling and responding effectively to feedback, comments, concerns and complaints. During this time we worked closely with the Scottish Public Services Ombudsman and our partner organisations to ensure that we have been able to offer a range of tools and techniques for use by staff in their day-to-day practice.

We worked with the SPSO and others to develop the new Complaints Handling Procedure and hosted four national workshops where we discussed the new procedure and what this means for staff working in health services. These workshops targeted all staff working in the health sector, including independent contractors and their staff, with a total of 450 participants across the four events.

The workshops included a particular emphasis on early local resolution of complaints, and the open and learning culture we are seeking to achieve across the NHS in Scotland.

We also continued to promote our feedback and complaints digital learning resources. We updated the resources in line with the new Complaints Handling Procedure and the revised modules were launched on 1 April 2017. The resources continue to provide a good baseline of training and education in supporting staff to improve their practice in handling complaints and feedback.

The uptake of these modules continues to improve year-on-year and the uptake figures for 2016 to 2017 are included in Appendix 1.

4 Improvements to Services

We gather feedback through educational surveys, evaluation and impact assessment (as documented above). This data is held by our directorates in a variety of formats and systems. The section below provides examples of improvements made as a result of our feedback and educational governance processes in addition to improvements resulting from feedback, comments, concerns and complaints reported to our directorates or received directly by our corporate complaints team.

4.1 Education and Training Programmes

Case Study

Quality Management of the Practice Learning Environment

Within our Quality Management of the Practice Learning Environment (QMPLE) project, a national pre-registration nursing and midwifery feedback tool allows students to give responses on their learning experience. This includes whether reasonable adjustments were supported in practice. Feedback from the tool will provide evidence of any future practice education requirements for mentors.

Case Study

Family Nurse Partnership

The Family Nurse Partnership (FNP) programme invites clients to provide feedback on their experiences of the service through our subscription to the online Patient Opinion website. The findings will be taken into account in considering how the programme will be delivered in the future. Client feedback is also incorporated into the development of training for programme facilitators and course materials.

Case Study

CPD Connect for General Practice medicine

Our CPD Connect service, which offers CPD provision for GPs and other primary care professionals, evaluates all learning activities. Feedback is reviewed and improvements or changes implemented where appropriate. These have included improvements to the CPD website, amendment of course design, and selection of event venues, based on experiences and feedback.

Case Study

Leadership and Management Programme (LaMP)

Each of our Leadership and Management Programme (LaMP) Train-the-Trainer

courses includes a post-course evaluation, the results of which are collated and used in the further development of course materials. Based on detailed feedback from trainees and trainers, the programme was re-designed and new content developed. Post-course evaluations and a more detailed longitudinal online evaluation of the new content demonstrated that the changes are appropriate and the programme now meets the needs of participants.

4.2 Feedback - Educational Governance

As described in section 1.2 above, we value feedback from learners as an important source of information on educational quality. This information provides us with assurance on the efficacy of our work and helps us to identify opportunities to improve (or remediate) educational programmes. Traditionally we have collected feedback from learners about levels of satisfaction with their training or about specific aspects of their learning experience (educational supervision, quality of facilitation, materials provided) to enable us to make focused enhancements.

While feedback on learner satisfaction remains important, we have evolved our approach to Educational Governance to consider the impact of our work on learning gain, performance in the workplace, and benefits to services. The increased focus on impact is expected to yield new information about the effectiveness of our educational programmes (where they lend themselves to this type of analysis). To this end feedback elicited from participants is increasingly oriented towards post-training changes in behaviour and performance. The following case study examples illustrate how this approach has been applied in two of our programmes.

Case Study

Pharmacy Direct Learning Events

NES Pharmacy delivers a substantial programme of national and local, direct learning for pharmacy teams across Scotland. For the Autumn 2016 programme (Sept – Dec 2016), there were 1114 participants in Pharmacy seminars and webinars, including 969 Pharmacists and 145 Pharmacy Technicians. The content of these events were identified by professional or Scottish Government priorities, evolving practice and priorities suggested by participants at previous events, through our post-graduate tutor network or in response to an annual electronic survey.

Quantitative and qualitative feedback on direct learning events is provided voluntarily by delegates at direct learning events (including webinars). The quantitative data for the 2016 Autumn programme are summarised below, while the qualitative feedback is collated and stored within NES. Feedback is based on the NES multiprofessional course assessment criteria and gathered via online Questback surveys.

For the 2016 Autumn programme, as an overall indication of the perceived quality of our face-to-face and virtual courses we asked participants a number of questions within the Questback survey.

We specifically sought feedback on three areas:

- how participants rated the course overall,
- whether they thought they would change their practice as a result of attending the course (and how they would do this)
- to indicate if they would recommend the course to their colleagues.

There were 28 face to face events and 3 webinars in the Autumn programme. Of the 1114 participants, 590 (53%) completed a post-course evaluation. In relation to overall quality (5 point Likert scale), there was a mean score of 4.1 for all courses. The lowest average score for an individual course was 3.2 and the highest was 5.0. A total of 413 (70%) of respondents indicated that they would change their practice as a result of participating in the course and 541 (93.1%) of respondents indicated that they would recommend the course to their colleagues.

NES Pharmacy collates and uses this feedback for a number of purposes:

- to enhance and improve subsequent courses
- to provide constructive feedback to presenters, facilitators and course tutors
- to help assess pharmacists learning needs arising out of these courses
- to assist with forward planning of provision in future years
- to assist with performance management of local and national postgraduate tutors employed by NES

Case Study

Clinical Psychology Doctoral programme

Trainee feedback on placement and supervision is a key part of the quality assurance process for doctoral Clinical Psychology training which we fund and support. In eliciting feedback the supervisory team is aware of the inherent power imbalance between qualified supervisor and trainee and is committed to minimising the impact this may have on the feedback trainees provide.

Feedback concerning supervisor performance is treated with sensitivity and appropriate respect for confidentiality, and associated with the processes of the NHS employer such as appraisals and personal development planning and review. As such, the details of any discussion between clinical tutors, local tutors, supervisors and the supervisor's line manager is deemed not appropriate to share with trainees. This can leave open the interpretation that feedback from trainees is not considered.

In response to this issue, the Joint Training Committee, which oversees the Clinical Psychology programme, agreed that examples of trainee feedback being addressed would be collated anonymously. These were described in generic terms to balance a need for confidentiality with a desire to demonstrate that feedback is acted on.

Examples of some issues that have been addressed either at mid-placement visit or through annual meetings with line managers have included:

- ensuring sufficient opportunities for trainees to observe their supervisors or for trainees to be observed by their supervisors
- ensuring that sufficient time is available for supervision
- trainees having access to Department business meetings
- a supervisor allocating more protected time to supervision
- a team increasing their commitment to observing trainees following feedback that the team average was lower than elsewhere

In addition to using feedback, comments and complaints to enhance NES's educational support, we also share this intelligence with key partners to improve health and care services. To this end we have a leading role in the Sharing Intelligence for Health & Care Group, which was established jointly by NHS Education for Scotland and Healthcare Improvement Scotland. This brings together key stakeholders with the aim of making better use of the shared knowledge and intelligence and having an active dialogue about the quality and safety of health and care.

Specifically our aims are to:

- provide a proactive forum to identify potential or actual risks to patient safety and quality of care and, where necessary, initiate further investigation; and
- promote coordination of actions to drive improvement, respecting the statutory responsibilities of member organisations.

4.3 Complaints and Feedback

Where we have identified arising from complaints and feedback we have responded with actions to improve services. An outline of specific improvements resulting from complaints and feedback during 2016-17 is given below.

- Review of dental audit processes and update of dental audit user guidance. Automatic alerts built into associated systems.
- Improvements to dental trainer application processes and guidance.
- Improvements to a payroll procedure and review of customer contact routes.
- Review and improvement to funding guidance in relation to NES-funded post.
- Review of medical training arrangements, and improvement to some administrative processes.
- Review and enhancements to site parking facilities, improvements to local processes and retraining of team.
- Customer service training delivered to Facilities Management reception team and individualised staff action plans implemented.

5 Accountability and Governance

This annual report is submitted to our Executive Team, Education and Research Governance Committee and Audit Committee and any recommendations made because of complaints are followed up by our corporate complaints team.

The annual report is published on our website by the end of June each year at :

www.nes.scot.nhs.uk/about-us/planning-and-corporate-governance.aspx

and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO). Finally we provide a return to NHS National Services Scotland (NSS) confirming the NES complaints figures that appear in the NHS *Complaints Statistics* publication (Appendix 2).

Our Educational and Research Governance Committee (E&RGC) meets regularly to monitor and quality assure our educational services and to record recommendations made as a result of feedback. A formal note of E&RGC meetings is reported to our Board as a routine and regular agenda item.

APPENDIX 1 Feedback and Complaints E-Learning Modules

Uptake by Staff via Learnpro from 1 April 2016 – 31 March 2017

Territorial Health Board	Module 1 Valuing Feedback	Module 2 Encouraging Feedback and Using It	Module 3 NHS Complaints and Feedback Process	Module 4 The Value of Apology	Module 5 Managing Difficult Behaviour	Module 6¹ Investigation Skills
NHS Ayrshire and Arran	53	51	51	54	56	21
NHS Borders	43	42	43	42	44	32
NHS Dumfries and Galloway	14	12	13	13	13	7
NHS Fife	149	142	143	143	146	21
NHS Forth Valley	125	131	133	132	134	39
NHS Grampian ²	18	18	16	17	16	1
NHS Greater Glasgow and Clyde	2519	2480	2458	2431	2444	65
NHS Highland	29	28	28	27	27	20
NHS Lanarkshire	438	445	442	442	443	0
NHS Lothian	153	145	135	133	133	41
NHS Orkney	85	86	87	86	88	118
NHS Shetland	100	103	103	101	101	0
NHS Tayside	1094	1044	1034	1054	1039	59
Western Isles Health Board	15	15	17	19	18	6
Sub-totals – Territorial Health Boards	4835	4742	4703	4694	4702	430

¹ This is a very specialised module only suitable for those staff investigating complaints.

² NHS Grampian make the modules available to their staff via AT Learning and then provide figures directly to NHS Education for Scotland. The figures for NHS Grampian shown here are staff who have access to Learnpro through another source.

Uptake by Staff via Learnpro from 1 April 2016 – 31 March 2017

	Module 1 Valuing Feedback	Module 2 Encouraging Feedback and Using It	Module 3 NHS Complaints and Feedback Process	Module 4 The Value of Apology	Module 5 Managing Difficult Behaviour	Module 6¹ Investigation Skills
Special Health Board						
Healthcare Improvement Scotland ²	3	2	1	1	1	0
National Waiting Times Centre	12	12	13	13	13	0
NHS 24 ³	0	0	0	1	1	0
NHS Education for Scotland	9	10	9	8	9	5
NHS National Services Scotland	10	10	11	7	9	12
Scottish Ambulance Service ³	0	0	0	0	0	0
State Hospital	184	185	182	185	186	5
Sub-totals - Special Health Boards	218	219	216	215	219	22
Grand Total	5053	4961	4919	4909	4921	452

- 1 This is a very specialised module only suitable for those staff investigating complaints.
- 2 NHS Grampian make the modules available to their staff via AT Learning and then provide figures directly to NHS Education for Scotland. The figures for NHS Grampian shown here are staff who have access to Learnpro through another source.
- 3 These Health Boards either do not use Learnpro or have not made the modules available to staff via Learnpro. Staff may have access via another source.

APPENDIX 2 Complaints received year ending 31 March 2017

NHS National Services Scotland (NSS) pro-forma complaints return for the *NHS Complaints Statistics* publication.

NHS EDUCATION FOR SCOTLAND	No.	Notes
Total number of complaints received	10	(1)
Number of complaints withdrawn	0	
No of complaints used in ISD analysis	10	
Response Times		
Responded to within 20 days	9	
Responded to out with 20 days	1	
No of complaints still open	0	
Acknowledged within three days	10	
Median wait to respond	12	(2)
No. of complaint outcomes	10	
Complaints upheld	5	
Complaints partially upheld	1	
Complaints not upheld	4	
Irresolvable	0	
Number where alternative dispute resolution used	0	
Other	0	
Not Known	0	

Reference Notes

(1) comprises nine complaints received by the Corporate Complaints Team and one complaint received locally by Directorates

(2) calculation of median is based on an even number (10 complaints)

Main Complaints Issues	No.
Procedural	7
Staff Attitude/Behaviour	2
Facilities	1

Resulting Actions

Code	Description
ACTION	Review of processes and implementation of improvements Update of user guidance
SYSTEM	Improved administrative processes Improved parking facilities
COMMUNICATION	Improved quality of written communication
EDUCATION	Delivery of customer service training and individualised training

CODES:

ACCESS, ACTION, COMMUNICATION, CONDUCT, EDUCATION, NO ACTION, POLICY, RISK, SYSTEM, SHARE, WAITING



This resource may be made available, in full or summary form, in alternative formats and community languages.

Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

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