NHS Education for Scotland

Feedback, Comments, Concerns and Complaints Annual Report 2024-2025

August 2025

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 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 2024 and 31 March 2025.

Table 1: Summary of complaints received and outcome 2024-2025

Subject of complaint	Outcome of Complaint	Lessons learned
IT issues prevented a doctor from joining an online course	Upheld	Review of course administration by Medical Directorate with resulting enhancements.
Delay in processing payment for participation in Dental course	Upheld	Automated system for supplier engagement implemented
Delays in processing occupational health check	Upheld	Liaise with Occupation Health check provider to improve service standards
Pay discrepancy	Upheld	Address process for processing salary adjustment as part of review of Lead Employer arrangements
Dissatisfaction with travel allowance policy	Partially upheld	Review of Medical Additional Costs of Teaching criteria for placement funding
Dissatisfaction with practice visit	Partially upheld	Etiquette for Longitudinal Evaluation of Performance (LEP) visits to be reinforced. The LEP Evaluator involved in the complaint has participated in training on providing feedback to Dental Trainers
Dissatisfaction with decision to remove a doctor from training course	Upheld	Review the policy for late arrivals, including arrangements for clinical emergencies
A doctor in training was dissatisfied with relocation expenses	Not upheld	Improve communication with doctors in training regarding relocation expenses and eligibility criteria
A change in selection criteria for initial pharmacist education and training prevented a student obtaining a	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity

Foundation Year Training post in Scotland		
A change in selection criteria for initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity
A change in selection criteria for initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity
A change in initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity
A member of the public who stated they were a NES staff member made a racist Facebook post	Not upheld	Facebook contacted to request that reference to NES is removed
A member of the public who stated they were a NES staff member made a racist Facebook post	Not upheld	Facebook contacted to request that reference to NES is removed
Technical problems at a Dental CPD event	Upheld	A full refund was issued to the complainant by the dental directorate.
A member of the public who stated they were a NES staff member made a racist Facebook post	Not upheld	Facebook contacted to request that reference to NES is removed
A dietitian claimed that NES failed to consult a relevant professional network	Not upheld	No action but a full explanation of consultation arrangements was provided
A dental trainee complained about late payment of travel expenses	Upheld	Processes for travel expenses processing reviewed
Complaint from doctor about incorrect salary	Upheld	No specific action although an explanation was provided.

Contents

Introduction

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

2. Engaging with equalities groups

3. Supporting service users in providing feedback

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

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

Part 2. Managing and using complaints

1. Learning from complaints (Indicator 1)

2. Complaint process experience (Indicator 2)

3. Staff awareness and training (Indicator 3)

4. Complaint outcomes (Indicators 4, 5, 6, 7, 8 and 9)

5. Accountability and governance

Part 3. Positive feedback and compliments

Further information

Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2024-2025. The report is a requirement of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Amendment Directions 2024, which specifies that relevant NHS bodies should prepare an annual report at the end of each year. This summarises the action taken as a result of feedback, comments and concerns received during the reporting period.

The first part of the report provides a summary of progress in collecting and using feedback from our service users. This includes case studies 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 received from our service users during the year and the outcomes from these complaints. It also provides brief account of 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 relays some of the positive feedback and comments received from our service users, including trainees and other health service staff. It also highlights some areas where learners, stakeholders or service users have identified areas for improvement.

While the case studies and data presented in our report reflects the importance of engagement with our service users, we are committed to making further improvements in this area. Our emerging Learning & Education Quality System emphasises the need to involve people and communities in prioritisation, development, review and enhancement of education and training. To support this aspiration, we have developed an enabling Involving People and Communities Framework setting out the key requirements for involvement. Including the need to reimburse individuals for their time, effort and expertise in supporting our work. The implementation of the Framework was delayed but is expected to be used as a key reference point for staff involved in education and training during 2025-2026.

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. Feedback on learner/service user satisfaction provides key metrics for the engagement of learners, providing valuable 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 remains 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 health and social care 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. 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: Dental Workforce Development – Reducing Inequalities

Our Dental team has developed a comprehensive suite of training resources to support the dental workforce in reducing inequalities in oral health. We engaged with a range of stakeholders to obtain feedback on the proposed oral health improvement (OHIP) curricula/learner pathway as part of the review of all reducing inequalities OHIP education materials.

We held participatory workshops on key themes such as knowledge, skills and capabilities required of OHIP support staff to reduce oral health inequalities across all OHIP programmes for children, adults, and older people. These involved learners, Oral Health Improvement Programme Coordinators (OHIP), OHIP Programme managers, Dental Public

Health Consultants, Directors of dentistry involved in delivery of OHIP programmes across health boards in Scotland.

The purpose of the workshops was to identify educational materials that our partners considered to be missing from the existing educational programme to meet all OHIP programme needs (focusing more on a life course approach from children to adults and older people's oral health). Participatory engagement theory was used throughout workshops both in person and adapted for online workshops to help support and codesign a new OHIP educational framework.

Feedback was given and received anonymously through small group discussions with general group feedback given. The use of online tools such as break- out rooms, whiteboards, polls and Microsoft forms were all very helpful to gain peoples feedback and generate more in depth discussions.

Case study 2: Psychology of Parenting Programme (PoPP)

The Psychology of Parenting Programme (PoPP) was established in 2013 within NHS Education for Scotland and is funded through the Mental Health Directorate in the Scottish Government, with the aim of improving outcomes for children, through the availability of the highest quality evidence-based parenting interventions for families, where there are concerns about a child's emotional, social or behaviour development.

At the beginning of 2024 we trained 14 practitioners in a new intervention – Incredible Years Autism and Language Delay (IY-A) as pilot. In order to support decision making about whether to further invest in this intervention by training further practitioners throughout Scotland, information was gathered from the practitioners who attended the training and subsequently implemented this new intervention. This was done through questionnaires and two focus groups.

As the pilot phase continues and practitioners continue to deliver the intervention to parents in their local area, we plan to gather feedback directly from the parents, with regards to their experience of attending the IY-A groups and the impact they have had. This will be voluntary and will be in the form of a questionnaire. Parents will be fully informed that their responses may be anonymously reported in the form of a case study to help inform decision making around whether to further invest in this programme.

Feedback received about the IY-A training was generally positive, including positive comments about the pace of delivery. Participants also commented positively on the use of breakout groups/practice and how the trainer was passionate and enthusiastic.

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, employers 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:

- 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 NES Deanery, this is a process by which doctors in training, trainers or other staff can report concerns out with 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.

Case study 1: Practice and pre-registration education for clinical supervision

The annual review process between NHS Education for Scotland (NES) and NHS Boards in Scotland is part of the Service Level Agreement requirements for the practice education facilitator (PEF), care home education facilitator (CHEF) and practice educator (PE) roles. These roles are funded by NES, with the PEF roles funded in partnership with universities and practice partners. The annual review provides an opportunity to gather information from across the Boards to discuss local and national priorities for practice education, celebrate successes and explore areas for development. During these face-to-face meetings our practice partners are encouraged to be open with feedback about the professional leadership provided by the NES Practice Education and pre-registration team and asked what would enhance the support or ways of working.

Video clips were also obtained from volunteer practice education leads and PEFs, providing feedback on the difference the support provided by the Practice Educators made to them. These were used during a national team development meeting to inform ways of working.

The support offered by the team was consistently complimentary across the Boards. The local visibility of the Practice Educators in the host Boards was noted to be very beneficial and they were considered 'part of the team'. A similar sense of belonging was noted with the Senior Educators who have professional leadership responsibilities for regional areas. Our responsiveness and quality assurance were highly valued. Professionalism and supportive way of working were frequently highlighted as good role modelling for staff and providing a positive experience.

Case study 2: Development of Person-centred Therapeutic Risk Management Learning Programme

Our Nursing, Midwifery and Allied Health Professions team engaged with a range of stakeholders in the development of a new learning programme for person-centred therapeutic risk management. These stakeholders included mental health nurses/learners, professional leads (mental health), experts by experience (Lived and Living Experience Panel), Scottish Government NCISH Delivery Group/lead. As part of the development process (and prior to launch) of the new Learning Programme we agreed we required:

- a formative evaluation of the pilot to help inform the ongoing development of the learning programme

- a methodology to gather regular feedback aligned to an overarching evaluation framework.

Due to the sensitive nature of discussing current and future approaches to suicide assessment, individual interviews were chosen as the most appropriate method to gather feedback. These were done with five practitioners across four health boards who had already engaged with SG work associated with NCISH (generally referred to as the 'test sites'). Interviewees were asked to complete the learning module in advance and interviews were undertaken via Teams. Further feedback on the learning programme was gathered during a test of the workshop component of the programme in May 2025.

It was also important to gather feedback from those with lived experience of suicide risk assessment, to seek their views on the learning programme and how they felt suicide risk assessments would be different if the learning were to be put into practice.

We worked with Scottish Action for Mental Health (SAMH) to understand the most appropriate approach to gathering feedback from the Suicide Prevention Scotland Lived and Living Experience Panel (LLEP). SAMH host the LLEP and have robust safety and wellbeing structures in place therefore it was decided that SAMH would host a group session and share the notes.

Individual members of the LLEP were given a feedback form which they could fill out in their own time and return via email.

A workshop was also undertaken with a range of mental health practitioners/nurses and emergency services who work in areas that require to complete assessments of people's risk of suicide. Although some useful information was gathered the workshop proved to not be the right method to collect this information and participants required more information about the programme to comment. The learning from this influenced the data collection approach to the rest of the project.

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 Healthcare 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: Health Care Science

NES supports NHS Health Boards and other organisations by providing, funding and quality assuring education and training for health care science. This programme includes quality assurance of training programmes, provision of continuing professional development, funding training places and career promotion. Quality Monitoring is carried out through annual monitoring and surveys. In each area of activity, the Health Care Science team engages with learners and other stakeholders in the following ways:

Webinars & Annual event - We have engaged with stakeholders via MS Forms at the end of any events held.

Resources development: We have engaged with stakeholders through various mechanisms including face to face group sessions; MS forms and email

We also have mechanisms in place on our website and encourage all to email the generic HCS email account.

All feedback is being used to inform future events and requirements

Case study 2: Medical Appraisal training

Our Medical team provides support for doctors in the annual appraisal process . This includes provision of the Scottish Online Appraisal Resource (SOAR) and training nominated doctors to take up the role of medical appraiser in Scotland.

After appraisal training, we gather and analyse feedback on how we can improve our training courses moving forward. We also request feedback from appraisers and appraisees following their appraisal meetings. The purpose of this feedback is to evaluate the efficacy of the process was and identify areas on which we can improve. User feedback and

suggestions for improvements received via the SOAR system is also used to affect improvement.

Feedback is solicited from training participants via automated survey emails from our Questback system, which we set up for every training event as part of our SOP. We have made a number of minor changes to our training programme following review of comments received. Moreover, our conference topics this year were stemmed largely from delegates' suggestions.

At the conclusion of the appraisal sign off, the automated email confirmation includes a reminder to invite users to provide the requested feedback. We completed a significant redesign of SOAR this year, funded by Scottish Government, with the aim of improving appraisee user experience and login functions. This was done following an external systems review which included an all-user survey as well as user focus groups feedback. We also factored in the post-appraisal feedback received on SOAR.

Feedback on this project from appraisees had been positive despite initial challenges on 'go live'. We had inadvertently made a significant change to the appraiser function which was less well received but we have feedback and aim to address this issue in our next stage of development.

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. Through our training and support for Equality Impact Assessments we help ensure that projects and programmes consider the impact on groups of people who share a protected characteristic. This includes gathering and analysing feedback from learners and data on who benefits from the learning opportunities we offer to identify any inequalities in access.

The extent and impact of engagement with diverse learners and service users 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 identified 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 through our emerging Learning and Education Quality System will help us to identify specific barriers to inclusion. This is part of our commitment to inclusive learning as highlighted in our 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 1: Trainee Development & Well-being Service

Our Trainee Development and Well-Being Service supports doctors through their postgraduate training programme where they are facing challenges to progression. We engaged with learners, trainees (including doctors who have used our service), service users, employers etc to understand the experiences of those who have used support from the TDWS. This was to identify areas of good practice, areas for improvement and identify any current gaps in the service. We also wanted used the feedback to provide an element of quality assurance.

This was a pilot project as feedback on the user experience had not been previously gathered. We consulted with doctors in training about the questionnaire and this work was led by a doctor in training working with NES as a Scottish Leadership fellow. The survey was conducted using MS teams and each person was emailed an invitation to participate and an explanation about how responses would be used. The survey contained both questions with answer options and free text.

As the target group was defined by users of the service, no disadvantaged groups were specifically targeted. It is known however that many non-white doctors and those with a medical degree obtained outside the UK face more challenges to their progression in training. Internationally qualified doctors are therefore over-represented as users of the service and provide much of the feedback on TDSW services.

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 1: Clinical Skills Managed Educational Network

Our Clinical Skills Managed Educational Network includes a range of multi-professional training offerings through the mobile skills unit, multi-professional online resources and medical simulation training. We gather feedback from participants and trainers to evaluate the education and training delivered via Medical Simulation, Mobile Skills Unit and online learning resources.

Participants provide information relating to their training to ensure it remains relevant and of high quality. Trainers and facilitators evaluation data provide information on their own sessions as well as helping to develop the medical simulation strategies and co-ordinate training for doctors in training. For our resources the information helps to develop and update clinical skills resources.
Information collected was from the general evaluation questions (the agreed national CSMEN simulation evaluation questions as a minimum plus course specific questions as well as questions relating to the impact of training on clinical practice).

A number of different methods are used, some are anonymous, some anonymised and others gain a certificate of attendance once the evaluation has been completed. We use QR codes for the Mobile Skills Unit Evaluation forms to enable easy access to the online forms. We have the QR codes clearly displayed within the Mobile Skills Unit for participants and facilitators to scan and we also share the codes with MSU Hosts and Trainers prior to their Mobile Skills Unit visit. For online resources a link to the Questback evaluation was embedded into the resource and the Turas Learn feedback automatically opens at the completion of the resource. We use QR codes for simulation where possible, which are put on the sign-in sheet to link straight to the electronic feedback via Microsoft Forms.
When this is not possible (for example some external courses use their own sign-in sheet) we email the electronic feedback form to trainees. Reminders are sent to trainees after 1 week to ask all to complete the feedback.

Providing a certificate of attendance once an evaluation form is completed can encourage participants to provide feedback. The use of QR codes makes it easier for participants to quickly scan and complete using their phones. We have also found that allocating time during the programme creates a higher completion rate and we are moving towards doing this for all training. The use of QR codes makes it easier for participants to quickly scan and complete using their phones and means that feedback is completed on the day when still fresh in the trainee's mind.

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

NES employs several systems and processes for collecting and using feedback and comment from our service users. These systems include the collection of feedback

using online tools including Questback questionnaires and Microsoft Forms. Such 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. Our aim is to adopt a core set of feedback questions to enable a consistent approach to programme monitoring across our education portfolio and the reporting of performance.

Case study 1: Clinical Psychology training

NES funds and supports the two postgraduate Clinical Psychology training programmes offered by the University of Edinburgh and University of Glasgow. The Programmes use a range of modes of for collecting Feedback from trainees. Trainees are asked to offer their views on lecture sessions, placement experiences, research experiences and on their overall experience of being on the programme.

A range of methods are used to engage with trainees including an open access 'padlet', structured questionnaires, face to face sessions, group feedback sessions and trainee attendance at the various Programme stakeholder groups. Clinical supervisor feedback is sought through individual meetings, two hour "drop in" workshops, annual supervisor day and through structured questionnaire.

The Programme has commissioned an 'experts by experience' group involving colleagues from range of settings, all of whom offer feedback on both the content/delivery of the Programme and on their experience of being part of this group. There has been a significant expansion in this group over the last year. The group meet monthly.

We have introduced an updated process for gathering feedback from trainees about placement experience. The new system will allow easier collation of the information and a structured approach to ensuring the feedback is systematically fed back to the NHS boards involved.

The programme has set up a series of discussion groups for trainees from minoritised groups (specifically those from minority ethnic backgrounds and those identifying as from the LGBTQI+ community).

As numbers within the programme have increased in recent years, so the complexity of delivery has grown. We have had and responded to feedback on a range of matters such as timings of assessments, content and timing of communications and logistics within the research arm of the programme. In response we have adjusted the timetable accordingly where possible and developed more routine/scheduled comms in some areas.

We have also expanded the scope of our communications. In response to feedback from Boards, we have included the line managers of trainees in some of the routine communications to ensure all support systems have the relevant information timeously.

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: Autism and neurodivergence across the lifespan

NES's Psychology team offers a broad portfolio of support, education and evidence-based interventions for autism and neurodivergence/Training in Psychological Skills (TIPS) and Early Intervention for Children (EIC). The training, delivered by NES-funded TIPS-EIC local psychologists, aims to equip staff to deliver psychologically informed practices and interventions to children and young people who have elevated levels of distress but who would not meet the criteria for a referral to tier three Children and Adolescent Mental Health Services (CAMHS).

We engage with staff who have been trained/coached by NES staff and NES funded staff in CAMHS, with parents of Autistic/Neurodivergent children and young people (CYP), with CYP themselves in a range of ways and we collect clinical outcome measures pre and post psychological intervention with CYP and their parents. To this end, we designed and launched the Training Evaluation Toolkit which aims to drive good practice across child agencies**.**

This year we have developed our Let's Introduce Anxiety Management (LIAM) database, so it is easier to quickly feedback clinical outcome data to stakeholders to inform and drive local implementations of early psychological intervention delivery in schools and other community settings. For example, CYP set their own goals and rate their progress towards these as part of the intervention.

Case study 2: Mandatory Training for dentists new to working in the NHS in Scotland

Our Dental team engaged with registrants (learners) who had taken part in the 3.5 day blended learning programme to introduce them to dental services in Scotland. This engagement was to assess impact on quality of patient care to inform programme redesign.

A questionnaire was developed using NES tools and stakeholder input, assessed knowledge, confidence, efficiency, and care quality using a 5-point Likert scale.

Analysis of the training's impact showed that most respondents reported improvements in clinical knowledge, particularly in areas like treatment planning under the Statement of Dental Renumeration, managing patients during medical emergencies, and infection control procedures.

A small number of respondents (notably those who qualified in the 1980s and early 1990s) indicated limited impact on their practice, reflecting their greater clinical experience. Reviewing the levels 2-4 on Kirkpatrick (learning, behaviour change and results) the study showed that there was learning taken from all four question groupings.

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

As in previous years, NES received very few complaints or expressions of concern (19 in total), 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. Each complaint and expression of concern was reported to our Board through the Education and Quality Committee on a quarterly basis, with a summary of actions taken in response (where relevant). 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 directorates and the corporate Complaints Team. The table contains brief information about the responses to complaints, which range from reviews of process and policy 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.

A total of 19 complaints were handled by the corporate Complaints Team, with one further expression of concern considered. This is slightly more than the previous year (17 complaints with two expressions of concern). The concern is the subject of ongoing review. Investigations of concerns do not lead to a final judgement but stimulate reviews of policy, process, practice or provision.

There were three individual complaints relating to selection criteria for initial pharmacy training and, similarly, three individual complaints alleging that a member of NES staff made a racist Facebook post. None of these complaints were upheld.

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, Performance and Transformation 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. We received feedback from two complainants during the year, who each indicated they were satisfied with their experience.

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 held 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. The Complaints Team also participate in meetings on the NHS Complaints Personnel Association Scotland; a national forum for the exchange of information and good practice relating to complaints handling.

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

The outcomes from each of the complaint investigations conducted in 2024-2025 are summarised in Tables 2 to 5 below. This indicates that 19 complaints were received during the year, plus a further one expression of concern, which were investigated. None of the complaints received were whistleblowing cases. Of the nineteen complaints received, eight were fully upheld, two were partially upheld and nine were not upheld.

In addition to the complaints and concerns, NES also received several emails from individuals expressing dissatisfaction with clinical or care services. These individuals were referred to the relevant complaints contacts with health boards or contractor organisations.

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 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 either referred (or 'escalated') to the corporate Complaints Team or investigated directly by the Complaints Team ('non-escalated' Stage Two).

From the beginning of 2024-2025, we instituted a quarterly report on complaints received to our Education & Quality Committee. This report provided summary information about each complaint received across nine quality indicators.

Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2024

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
NHS Staff	IT issues prevented a doctor from joining an online course	20240507 Course	No	21 June 2024	21 June 2024 (A) 31 July 2024 (R)	Upheld	Unknown	Review of course administration by Medical Directorate with resulting enhancements.
NHS Staff	Delay in processing payment for participation in Dental course	20240814 Dental course payment	Yes	14 Aug 2024	15 Aug 2024 (A) 16 Aug 2024 (R)	Upheld	Yes	Automated system for supplier engagement implemented
NHS Staff	Delays in processing occupational health check	20240807 Dental VT Occupational Health Check	No	7 Aug 2024	9 Aug 2024 (A) 30 Sept 2024 (R)	Upheld	Unknown	Liaise with occupational health check provider to improve service standards
NHS Staff	Pay discrepancy	20240902 Pay discrepancy	No	2 Sept 2024	3 Sept 2024 (A) 15 Oct 2024 (R)	Upheld	Unknown	Address process for processing salary adjustment as part of review of Lead Employer arrangements
Student	Dissatisfaction with travel allowance policy	20241118 Travel	No	18 Nov 2024	19 Nov 2024 (A) 26 Nov 2024 (R)	Partially upheld	Unknown	Review of Medical Additional Costs of Teaching criteria for placement funding
External contractor	Dissatisfaction with practice visit	20241120 LEP	No	22 Nov 2024	26 Nov 2024 (A) 13 Mar 2025 (R)	Partially upheld	Unknown	Etiquette for Longitudinal Evaluation of Performance (LEP) visits to be reinforced. The LEP Evaluator involved in the complaint has participated in training on providing feedback to Dental Trainers

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
NHS Staff	Dissatisfaction with decision to remove a doctor from training course	20241128 Workshop	Yes	28 Nov 2024	28 Nov 2024 (A) 5 Dec 2024 (R)	Upheld	Unknown	Review the policy for late arrivals, including arrangements for clinical emergencies
NHS Staff	A doctor in training was dissatisfied with relocation expenses	20250103 Relocation	No	3 Jan 2025	3 Jan 2025 (A) 5 Feb 2025 (R)	Not upheld	Yes	Improve communication with doctors in training regarding relocation expenses and eligibility criteria
Student	A change in initial pharmacist education and training selection criteria prevented a student obtaining a Foundation Year Training post in Scotland	20250114 FYT	Yes	14 Jan 2025	14 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity
Student	A change in initial pharmacist education and training selection criteria prevented a student obtaining a Foundation Year Training post in Scotland	20250114 FYT	Yes	14 Jan 2025	14 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
Student	A change in initial pharmacist education and training selection criteria prevented a student obtaining a Foundation Year Training post in Scotland	20250116 FYT	Yes	16 Jan 2025	16 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity
Student	A change in initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	20250120 FYT	Yes	20 Jan 2025	20 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity
Member of public	A NES staff member made a racist Facebook post	20250129 Check staff	Yes	29 Jan 2025	29 Jan 2025 (A) 3 Feb 2025 (R)	Not upheld	Unknown	Facebook contacted to request that reference to NES is removed
Member of public	A NES staff member made a racist Facebook post	20250228 Check staff	Yes	29 Jan 2025	28 Feb 2025 (A) 7 Mar 2025 (R)	Not upheld	Unknown	Facebook contacted to request that reference to NES is removed
NHS Staff	Technical problems at a Dental CPD event	20250203 Recording	Yes	3 Mar 2025	3 Mar 2025 (A) 10 Mar 2025 (R)	Upheld	Unknown	A full refund was issued to the complainant by the dental directorate.

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
Member of public	A NES staff member made a racist Facebook post	20250307 Facebook	Yes	7 Mar 2025	7 Mar 2025 (A) 10 Mar 2025 (R)	Not upheld	Unknown	Facebook contacted to request that reference to NES is removed
NHS Staff	A dietitian claimed that NES failed to consult a relevant professional network	20250312 Cows Milk Allergy webinar	Yes	12 Mar 2025	12 Mar 2025 (A) 19 Mar 2025 (R)	Not upheld	Unknown	No specific action although an explanation was provided.
NHS Staff	A dental trainee complained about late payment of travel expenses	20250226 - Travel Expenses	Yes	26 Feb 2025	4 Mar 2025 (A) 25 Mar 2025	Upheld	Unknown	Processes for travel expenses processing reviewed
NHS Staff	Complaint from doctor about incorrect salary	20250321 Finance	Yes	21 Mar 2025	24 Mar 2025 (A) 26 May 2025 (R)	Upheld	Unknown	Terms and conditions being reviewed for doctors in training

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	12	63.2%
5b. Stage two – non escalated	3	15.8%
5c. Stage two - escalated	4	21.1%
5d. Total complaints closed by NHS Board	19	100%

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	4	33.3%
Number of complaints not upheld at stage one	8	66.6%
Number of complaints partially upheld at stage one	0	-
Total stage one complaints outcomes	12	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	1	14.3%
Number of non-escalated complaints not upheld at stage two	1	14.3%
Number of non-escalated complaints partially upheld at stage two	1	14.3%
Total stage two, non-escalated complaints outcomes	3	42.9%

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[1] Does not include expressions of concern.

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	3	42.3%
Number of escalated complaints not upheld at stage two	1	14.3%
Number of escalated complaints partially upheld at stage two	0	0
Total stage two escalated complaints outcomes	4	56.6%

Table 7. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one or within 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	9	75%
8b. Number of non-escalated complaints closed at stage two within 20 working days	0	-
8c. Number of escalated complaints closed at stage two within 20 working days	-	-
8d. Total number of complaints closed within timescales	9	47.4%

Table 8. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, <u>where an extension was authorised*</u> .

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	-%
9b. Number of complaints closed at stage two where extension was authorised (escalated and non-escalated complaints)	7	100%
9c. Total number of extensions authorised	7	36.8%

5. Accountability and Governance

As indicated above, we have increased the frequency and scope of reports to Board committees on complaints received. Quarterly reports detail all complaints received and their outcome. We continue to share the draft annual FCCC report with our Executive Team for comment and 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 2024 – 31 March 2025 reporting period, the Education & Quality Committee (EQC) monitored and reviewed 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 suggestions for improvement

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.

The case studies presented below are typical of the positive comments received. They also include suggestions for improvement provided by learners and others.

Case study 1: Practice and pre-registration education for clinical supervision

Commendations/planned impact

"I would like to set up more clinical supervision and build on my own skills as supervisor."

"Looking at the different types of supervision and how it could be used in my practice. To encourage my teams to undertake this."

"Use the suggested model to guide my supervision."

"I will seek out my own clinical supervision now and will do further training to become a supervisor."

"Ensure I prepare for and attend supervision regularly."

"Ensure that I schedule regular supervision which is meaningful to my practice development." – "Will add completion of the resource to my PDP and we will discuss at internal meeting." –

"Provide more person-centred supervision skills and reflect with the team about how we deliver supervision."

Suggestions for improvement

"Maybe too many videos -so less or shorter perhaps."

"Be more condensed, found it was a lot to retain and a bit repetitive." –

"Less case studies."

"Less clicking on different parts."

"Less jargon, more plain language."

"More activities e.g. diagrams or videos."

"More examples of common issues, encountered in different settings."

"I would prefer more actual 'real' people stories."

"Questions throughout the resource would be helpful to consolidate learning."

"Having questions at the end and a certificate."

"Quiz. It can feel a little overwhelming with the amount of information on the screen at the one time, possibly some quizzes to ask questions and to provoke thought and reflection."

"Issues with accessing the You Tube link, it was blocked by my organisation."

"Not all links worked for me, clearer navigation around external links."

Case study 2 – Medical Appraisal training

Commendations:

"All the tutors were very enthusiastic, supportive, provided constructive criticism where needed. Offered useful tips and tricks, and reassured re the more challenging appraisals we were all worried about. Day 2 was great - really useful, thank you."

"The course tutors were excellent; Team work was good; I was grateful for feedback and for the opportunity to ask questions to the tutors; Organisation and time keeping were excellent; I think the sessions worked as well as possible via Microsoft Teams"

"Extremely well organised with excellent pre-course communication from the Team. IT went smoothly throughout. Supportive and respectful training process with really useful practice tips and insights from tutors. Can't think of any improvements to be made!"

"Very enthusiastic tutors who made the course very enjoyable. Helped me get a much clearer understanding of the process of appraisal".

Suggestions for improvement

"I think there needs to be a little more insight into different learning styles - this format is not friendly to neurodiverse mindsets but I appreciate the difficulties catering to all learning styles."

"I wonder whether it might help to tease out the reasons why wellbeing is relevant for appraisal as there was quite a mixed view and i appreciate it can be very difficult to separate out an appropriate level of colleague support to enable them to reflect on their practice and to continue to practise safely and well from counselling. It is relatively few appraisals where this is a real issue."

"The Teams video failures were disappointing, but not your fault!"

Case study 3 – Mobile Skills Unit

· 100% of participants said training on the Mobile Skills Unit was of benefit to them.

· 90% of participants said the Mobile Skills Unit provides training they would otherwise not have access to locally.

· 99% of participants rated the Mobile Skills Unit as excellent or good

"The 2 days immersion is perfect for the education. Joel was experienced in the topic and has a natural ability to engage everyone and make it a safe space. Lynn is passionate about the MSU and everything involved in simulation. Truly amazing."

"Very informative session exploring advanced communication skills, symptom management and medication used to control symptoms"

"Very informative refresher of casualty rescue & dealing with trauma or injured casualties. This has been a well worthwhile exercise for combined emergency services & medical support team."

"It allows for additional training opportunity away from clinical time. As a trainee nurse practitioner it has given opportunity for face to face training"

"Trauma is part of our job role, due to being located in a rural area we could potentially be left with a casualty for a considerable time frame. It is therefore important that we give every casualty the best opportunity to survive until the SAS arrive"

"Great mobile unit that gives a quick refresher on using equipment that could save a life."

"We do have simulation suites in the acute hospital but as a community directorate it can be difficult to access due to priority of bookings. The MSU brought a fantastic facility to us."

"Would have to travel to mainland Scotland for more in depth training opportunities. Very fortunate to have the skills bus that covers a wide range of topics that we may not get the chance to attend to due to time and geographic location."

Case study 4 – Medical Training Development and Well-Being Service

Commendations:

'TDWS service's input was excellent and a vital part of me being able to return to work following a period of absence'

'Everything: appropriate support, quick responses, taking my issue seriously, regular follow up, successful outcome, very well trained staff. Excellent experience!'

'Easy to access, helpful information and clear guidance for what could help me'

'TDWS was very supportive and felt very personalised/person centred'

'There was compassion and listening ears from the TDWS'

Suggestions for improvement:

'After getting a dyslexia diagnosis no-one from TDWS contacted me, felt slightly dumped with no follow up'

'Barriers in attending TDWS virtual meeting within working hours in a private space'

'first assessor very unfriendly and unsympathetic... felt like I had to fight my case which was very anxiety provoking'

The TDWS team responded to all suggestions for improvement. This included training for TDWS colleagues or changes in process.

Case study 5: Enhanced Psychological Practice – Children and Young People programme

Commendations:

"I don't think many people or courses could have made me as comfortable when starting something completely new,…"

"Case studies particularly useful as feel very relevant for practice. Didn't have many options in terms of the sessions being done clinically. This was okay and didn't feel a pressure to have a 'perfect' session or case."

"In general liked the case reports as really helped with theory-practice links. Handbook and case study workshops were helpful. Good lesson in being concise as this reflects clinical work "

"Feedback on assessment work was very helpful"

Case study 6: Practice-Based Small Group Learning (various modules)

Commendations:

Chronic Pain: "*It was good to talk through some of the difficulties we face with this group of patients and to share ideas for problem solving. We were reminded of the importance of the doctor patient relationship the benefit of continuity of care and clear thinking in devising tailored management plans for each patient with collaboration and exploration of expectations. Patients with chronic pain can feel isolated and abandoned and it is important to provide compassionate ongoing support over time.*"

Chronic Pelvic Pain and Endometriosis: "Very informative and relevant to clinical practice"

Climate Change and Primary Health Care *"This module sheds light on the growing influence of climate change on population health and how primary care professionals are uniquely placed to lead change from the ground up. Through real-life scenarios and evidence-based insights, it highlights the ripple effects of environmental shifts on respiratory illnesses, mental health, and the burden of chronic disease. Rather than simply outlining the problem, it offers a hopeful and proactive approach'*.

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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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.