

FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS

ANNUAL REPORT 2017-18



 [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 summary table below precedes the full report and provides brief details of the complaints we received between 1 April 2017 and 31 March 2018, plus other feedback, comments and concerns.

The full report provides more detailed information on feedback, comments, concerns and complaints we received during 2017-18.

SUMMARY OF COMPLAINTS RECEIVED AND OUTCOME 2017-18

Subject of complaint	Outcome of complaint
Complaint (1) about online pharmacy guidance	All online media not intentionally linked to NES webpages have been removed. <i>Upheld</i>
Complaint (2) about graphics on course materials.	Incorrect graphic replaced with geographically correct graphic. <i>Upheld</i>
Complaint (3) about experience as a dental trainer.	Dental to review their guidance on external longitudinal evaluation of practice (LEPs) and how that guidance is communicated to trainers. <i>Upheld</i>
Complaint (4) about access to training.	No recommendations made. <i>Outwith period for investigation</i>
Complaint (5) about access to training.	Training delivered by NES (or NES staff) should clearly state eligibility criteria. <i>Not upheld</i>

Subject of complaint	Outcome of complaint
<p>Complaint (6) dental trainer unhappy about their experience.</p>	<p>Apology given and improvements to communication and processes made. <i>Partially upheld</i></p>
<p>Complaint (7) dental practitioner unhappy about the organisation of a study day.</p>	<p>Apology given and learning hours clarified. <i>Resolved at frontline, upheld</i></p>
<p>Complaint (8) NHS staff member unable to print certificate and unhappy with response.</p>	<p>Apology given and problem resolved. <i>Resolved at frontline, upheld</i></p>
<p>Complaint (9) NHS staff member unhappy about automated email mistake and lack of apology.</p>	<p>Apology given and mistake rectified. No further action needed. <i>Resolved at frontline, upheld</i></p>
<p>Feedback (1) about medical trainer unhappy about their experience.</p>	<p>Not applicable – feedback only</p>

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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 capture 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 various 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 a **Contact Us** page 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 below.

1.1

OUR APPROACH TO GATHERING AND IMPLEMENTING FEEDBACK

We work in partnership with a wide range of organisations 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 Family Nurse Partnership.

CASE STUDY

SHAPING THE FAMILY NURSE PARTNERSHIP

The Family Nurse Partnership (FNP) is a preventive, licenced, early-intervention programme offered to young, first-time mothers. It is based on the principles of developing self-efficacy, promoting human ecology and attachment. The Programme begins in early pregnancy and is oriented to the future health and well-being of the child. The Family Nurses who facilitate the Programme receive specialist training from NES to equip them for the new role.

During the year we updated the FNP documentation used in home visits where Family Nurse Practitioners are accompanied by a supervisor to support programme implementation. Feedback is requested from the client about the impact of the programme on their life course. The updated documentation makes it easier for the nurse and supervisor to use client feedback in tailoring the support provided, and shaping the educational agenda.

1.2

OUR EDUCATIONAL GOVERNANCE PROCESSES

Our Educational Governance arrangements, a characteristic feature of the organisation, are designed to ensure that the quality of our education 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 Educational and Research Governance Committee (E&RGC) is responsible to the NES Board for scrutiny of our processes and how they are applied.

A key focus for our Educational Governance monitoring processes is the engagement of programme teams with partner organisations, health and care staff, trainees, service users and third sector organisations. In reviewing these relationships, our executive management and Board seeks assurance that our activities are aligned with service needs (including those of patients) and learner preferences. We also consider the methods used to elicit feedback from trainees and other learners, and the responsiveness of teams to comment and concerns.

1.3

INVOLVING OUR STAKEHOLDERS IN OUR EDUCATIONAL ACTIVITIES

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

CASE STUDY 1

LAY MEMBER INVOLVEMENT IN CORE AND SPECIALTY DENTAL TRAINING

NES controls the number of training places available for dentists in Scotland, co-ordinates this training and funds the salaries of the trainees. Following the successful completion of undergraduate education and Foundation training, NES recruits aspiring dentists to Core and Specialty programmes, which we quality manage on behalf of the Scottish Government.

One of our key roles in Core and Specialty Dental training is to support the Annual Review of Competence Progression (ARCP) for Dentists. We have recruited lay people as full members of our ARCP panels following nominations from patient groups, or through previous involvement in our work or that of other healthcare organisations (e.g. Healthcare Improvement Scotland). These lay people will conduct interviews with trainees not deemed to be engaging with their programme, or who raise other concerns. The lay interviewer will produce an Interim Review of Core Progression report, leading to action points, which are monitored by the trainee's Education Supervisor and the NES Training Adviser.

This process, based on published Guidelines and Standards for Dentistry, is valued as an independent, external check.

CASE STUDY 2

COLLABORATIVE LEADERSHIP IN PRACTICE

The Collaborative Leadership in Practice (CLiP) initiative offers tailored support to teams of health and social care professionals who are working together, (or who are planning collaboration) in localities, clusters or Health and Social Care Partnerships to integrate services. We work with each team over a period of about eight months using action inquiry (learning by doing), which means that the programme becomes a part of the locality work the team is immersed in, not separate from it. With coaching and facilitation support, teams explore and test new ways of thinking and acting that improve both the quality of the relationships, and the outcomes through the transformation of services.

A key feature of the programme has been the locality teams' meetings with their local community to identify issues, needs, priorities and preferences. The consultative meetings were designed to identify the most urgent priorities for service improvement/reconfiguration. Meetings take the form of large-scale open-space events based on a key question; for example, one open-space event looked at improving the life experience of house-bound patients.

Although the CLiP project is currently being evaluated, a number of positive outcomes have already been reported including the following:

- Changes to prescribing practices, efficiencies in pharmacy and home care and enhanced patient safety.

- Commitment to multi-disciplinary assessments with better outcomes for service users and carers.
- Greater confidence amongst GPs and other practitioners in talking to patients and referring them to other services, including non-clinical services.
- Greater knowledge of local services and resources amongst professionals, clarity of referral routes, greater sharing of practical information and consistency of approach in a locality.
- Better information about services for patients and carers.
- Better support for housebound patients with long-term conditions in the community who are socially isolated.
- Quicker response times for patients.
- Better deployment of community resources rather than acute admission.

CASE STUDY 3

PALLIATIVE AND END OF LIFE CARE FRAMEWORK

NES NMAHP, in partnership with the Scottish Social Services Council co-produced a Palliative and End of Life Care (PELC) Framework¹, promoting a consistent, inclusive and flexible approach to learning and development in this area for the health and social service workforce. During the development of the Framework we consulted with various stakeholders from different sectors, including members of our Education Advisory Group, this included representatives from the Marie Curie Voices Group, and the Coalition of Carers.

The development of the Framework, associated learning resources and wider implementation has been informed by analysis of Care Opinion² data on real life experiences of palliative and end of life care.

¹ <https://learn.nes.nhs.scot/2450/palliative-and-end-of-life-care-enriching-and-improving-experience>

² The website used by patients to provide feedback on their health and care experiences
www.careopinion.org.uk

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.

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 PEDLN 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.

The PEDLN meetings also provide a forum to share the outcomes of feedback on equality, diversity and inclusion undertaken at directorate level, to discuss the implications for other professional groups, share good practice and to inform specific projects.

Examples include:

- Sharing learning from a pilot programme to reduce differential attainment for International Medical Graduates and Black and Minority trainees in postgraduate medical training, which has been informed by engagement with educational supervisors and trainees;
- A review of barriers and enablers to inclusion for disabled trainees, which has informed ongoing work to establish a reasonable adjustments passport;
- Discussion of feedback on accessibility issues with digital platforms, ways to improve accessibility and learning points.

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.

2

ENCOURAGING AND HANDLING COMPLAINTS

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

During 2017-18 we enhanced our arrangements for complaints handling to ensure compliance with the *NHSScotland Complaints Handling Procedure* that came into force on 1 April 2017. This included putting in place a method for capturing feedback from complainants on their satisfaction with our processes and how we can make further improvements. The Scottish Public Services Ombudsman subsequently conducted a compliance assessment of NES's Complaints Handling Policy. This confirmed that our arrangements met their requirements, subject to minor amendment of information about our processes on the NES website.

Through our Educational Governance processes, we 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 2017-18 is provided in the *Feedback, Comments, Concerns and Complaints Register* below. A total of nine complaints were handled through our formal complaints process in 2017-18, with one further item of critical feedback also being investigated. There were 10 complaints formally investigated in 2016-17.

In line with the requirements of the NHSScotland Complaints Handling Procedure, we have learned from the complaints received during the year to enhance our work.

This is reflected in the table at 2.1 below, which details some of the specific improvements resulting from the complaints we have investigated.

2.1

FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS
REGISTER - YEAR TO 31 MARCH 2018

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	Complaint (1) about online pharmacy guidance	Pharmacy April 2017	yes	01/04/17	A - 05/04/17 R - 07/04/17	Upheld	yes	All online media not intentionally linked to NES webpages have been removed.
Staff (other NHS)	Complaint (2) about graphics on course materials.	NES course materials April 2017	yes	15/04/17	A - 21/04/17 R - 24/04/17	Upheld	yes	Incorrect graphic replaced with geographically correct graphic.
Staff (other NHS)	Complaint (3) about experience as a dental trainer.	May 2017 Dental	no	21/04/17	A - 02/05/17 R - 11/05/17	Upheld	n/a	Dental to review their guidance on external longitudinal evaluation of practice (LEPs) and how that guidance is communicated to trainers.

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	Complaint (4) about access to training.	November 2017 historic medical	no	07/11/17	A - 07/11/17 R - 07/11/17	Well outwith complaint timescale of 12 months.	n/a	n/a
Staff (other NHS)	Complaint (5) about access to training.	November 2017 medical training event	yes	21/11/17	A - 21/11/17 R - 27/11/17	Not Upheld	no	Training delivered by NES (or NES staff) should clearly state eligibility criteria.
Staff (other NHS)	Complaint (6) dental trainer unhappy about their experience.	Dental February 2018	yes	31/01/18	A - 01/02/18 R - 29/03/18	Partially upheld	yes	Apology given and improvements made to communication and processes.
Staff (other NHS)	Complaint (7) dental practitioner unhappy about the organisation of a study day	March 2018 Dental training	yes	13/03/18	A - 13/03/18 R - 14/03/18	Resolved at front line and upheld	yes	Apology given and learning hours clarified.

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 (8) pharmacist having difficulty obtaining/ printing evidence of certification	Pharmacy/ Digital 2018	yes	10/01/18	A – 10/01/18 R – 15/01/18	Resolved at front line and upheld	yes	Apology given and issue resolved
Staff (other NHS)	Complaints (9) NHS staff member unhappy about automated email mistake and lack of apology	March 2018 Human Factors Course	yes	21/03/18	A – 21/03/18 R – 21/03/18	Resolved at front line and upheld	yes	Apology given and mistake rectified
Staff (other NHS)	Feedback (1) about medical trainer unhappy about their experience.	Medical west February 2018	yes	25/02/18	A - 26/02/18 R – 06/04/18	Resolved at front line	unknown	Individual thanked for their feedback and a full response to the points raised was given.

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 *NHSScotland Complaints Handling Procedure* that came into effect 1 April 2017. This included encouraging ongoing training across all staff involved in handling complaints throughout the organisation, particularly around the new *Complaints Handling Procedure*. The corporate Complaints Handling Team has participated in complaints investigation training, with all members achieving the BTEC Complaints Handling and Investigation award.

During 2017-18 we have supported NHS Boards with the implementation of the new model Complaints Handling Procedure. We have worked with Healthcare Improvement Scotland, Scottish Social Services Council, Care Inspectorate, Scottish Public Services Ombudsman and Scottish Government to provide a comprehensive range of training and education which enabled staff from across health, social care and social work to share learning and good practice in complaints handling at four national events. The events enabled participants to understand the new model Complaints Handling Procedure and work together on case studies to identify common shared learning across sectors.

The events were oversubscribed and were attended by over 850 staff with over 2200 applicants for places. As well as the events, we continued to promote e-learning modules across NHSScotland.

In addition to the partnership working outlined above, the e-learning modules have been used by Defence Medical Services (DMS) to support implementation of a new approach to complaints handling across their service. We have provided strategic and operational support to DMS to enable them to implement a more person-centred approach to complaints handling in line with the approach taken by NHSScotland. A workshop was provided for DMS attended by 63 multi-disciplinary staff including civilian and military personnel. We continue to provide this support to DMS as they embark on this new challenge with further workshops planned for 2018/19.

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 1

LAY REPRESENTATIVE INVOLVEMENT IN THE QUALITY MANAGEMENT OF POSTGRADUATE MEDICAL EDUCATION

We have a well-established group of lay representatives to assist us with various quality management activities relating to postgraduate medical education and training. They are impartial individuals without a medical background who have a fundamental role of ensuring transparency and adherence to due process.

The lay representatives bring an additional level of independent scrutiny to our quality management processes. This helps us meet requirements stipulated by both the Conference of Postgraduate Medical Deans (COPMeD) and the General Medical Council (GMC). Lay representatives are part of Medical Directorate panels/committees at various local and national events relating to the management of postgraduate medical education. They also participate in Quality Management visits to Local Education Providers, and are involved in other Deanery activities such as recruitment and Annual Review of Competence Progression (ARCP) assessments. In its recent visit to the Scotland Deanery, the GMC concluded that the involvement of lay representatives in quality management processes was an area which was ‘working well’.

Their report states that:

‘The [lay] representatives we met with explained that they had been through a rigorous recruitment process, and gave details of their induction which includes generic induction to the role, ongoing additional training such as equality and diversity or recruitment, and attendance at an annual conference. The representatives spoke highly of the induction process, especially the opportunity to meet other lay representatives’

CASE STUDY 2

DENTAL CARE QUALIFICATION FOR NURSERY NURSES

NES’s Oral Health Improvement Team (OHIT) provides educational support for the delivery of national initiatives aimed at improving Scotland’s oral health as set out in the Scottish Government’s Oral Health Improvement Strategy for Priority Groups. A key workstream for OHIT is the Childsmile initiative, which focuses on child oral health improvement, through the training of Dental Nurses) and Dental Health Support Workers (DHSWs) to provide preventative services in schools, nurseries and dental practices. The initiative has been successful, with a significant proportion of dental practices delivering Childsmile services since 2006. 1,026 Dental Nurses and DHCSWs completed the training between 2011 and the end of 2015.

During the year we developed an accredited nursery nurse qualification to support toothbrushing in nurseries and the delivery of the Childsmile programme. This was in response to an approach from South Lanarkshire College and Lanarkshire Health Board. They had been working together informally to provide some input on oral health to the nursery nurse students

(HNC in Childcare Practice) and wondered if something more structured could be produced which would result in a qualification. The Oral Health Improvement Team worked together with the Scottish Qualifications Authority, NHS Lanarkshire and South Lanarkshire College to produce an SCQF level 6 oral health qualification. The aim is to establish good oral health habits for every child and contribute to a reduction in oral health inequalities, teach children an important life skill and contribute to the health and wellbeing element of the Curriculum for Excellence. Staff in nurseries have expressed how helpful it will be to have staff with these extra skills and knowledge working within the nursery.

CASE STUDY 3

USING LEARNER PERCEPTIONS OF FLYING START NHS TO SHAPE NATIONAL AND LOCAL ENGAGEMENT

Flying Start NHS is the national development programme that the Scottish Government requires all newly qualified NMAHP practitioners (NQPs) to complete. It is designed to help them make the step from student to confident and capable, registered health professional in their first year of practice, in all sectors and settings across Scotland.

In 2017, NHS Education for Scotland (NES) completely revised the programme to reflect the ever-changing environments in which NQPs work. The changes were also driven by feedback from NQPs and others with experience of Flying Start NHS, as well as managers and service leads. The new programme focuses on what is most practical and beneficial to learn in the workplace and is designed to fit in with other learning e.g. mandatory training. To date over 1,300 NQPs have registered on the new programme.

The NMAHP Flying Start NHS team have developed a plan to measure the impact of the programme based on the Kirkpatrick Model. Data is being collected in the form of a survey on views of NQPs on commencement of the programme. Since the launch in October 2017 over 300 NQPs have responded to the survey, including providing qualitative feedback. This information has provided valuable insight into how they view the programme and is helping to shape national and local engagement strategies, in collaboration with the Flying Start NHS leads group which includes representation from sectors outwith the NHS.

CASE STUDY 4

SERVICE USER INVOLVEMENT IN MULTIDISCIPLINARY PSYCHOLOGY EDUCATION AND TRAINING

Our Psychology Directorate's multidisciplinary workstreams continue to involve service users in educational methods such as role play, actors, and narratives from people with lived experience deliver specific examples or messages enhance add significant value to learning. Protocols and guidelines have been developed to ensure service user contributors have the necessary information and protection. Examples from across our work streams include:

- Active involvement of the autism community in Scotland in both the commissioning and development of the 'NHS Education for Scotland Autism Training Framework Optimising Outcomes: A framework for all staff working with people with Autism Spectrum Disorders, their families and carers' that has received international acclaim.

- Active participation from two survivors of complex trauma in the national reference group that developed the framework, *'NHS Education for Scotland Transforming Psychological Trauma: A Skills and Knowledge Framework for The Scottish Workforce'*. As part of this work survivors of complex trauma have provided feedback on the helpful and unhelpful skills that they have experienced from staff within their contact with services.
- Psycho-social Interventions for Psychosis' training materials for Mental Health Nurses and Allied Health Professionals have been co-produced with Experts by Experience, the Psychological Intervention Team (PIT), the University of Glasgow and clinical experts in the field of psychological therapies for psychosis.
- Active involvement of parents in the Incredible Years® and Triple P® within the Psychology of Parenting Project (PoPP). Service user involvement is carried out in joint partnership with PoPP and staff in Community Planning Partnerships at the earliest possible stage and continues all through the parents' journey in the programme.
- Carer representatives contribute to the Dementia Programme board, and 'Responding to Distress in Dementia: A Staff Supported Guide for Carers' which has been piloted in the Western Isles.

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. We have continued to evolve the ways in which we gather feedback from learners about specific aspects of their learning experience (educational supervision, quality of facilitation, materials provided) to enable us to make focused enhancements.

In addition to collecting and using our own feedback to enhance education and training we also share this intelligence with key partners to improve health and care services. In Medicine, Scotland's Taskforce to Improve the Quality of Medical Education & Training (TIQME) has approached educational quality at a strategic level. This Taskforce is co-led by a NES Deanery quality workstream lead, by a NHS Board Medical Director (MD) and a NHS Board Director of Medical Education (DME). It brings together the NES Medical Directorate Executive Team (MDET), the Scottish Deans Medical Education Group's (SDMEG) leads of all five Scottish Medical Schools and the MDs and DMEs of all of Scotland's territorial Health Boards to engage in tackling some of the greatest challenges we face in delivering high quality medical education and training. TIQME has also enabled sharing and dissemination of good practice across Scotland. TIQME meets quarterly to tackle challenging themes such as:

- New GMC standards for medical education & training
- Trainee engagement in improving the quality of medical education & training – showcasing the 'chief resident model'

- Joint undergraduate and postgraduate quality management visits
- Managing bullying and undermining in the training environment
- Differential attainment in postgraduate medical education and training.

CASE STUDY

PATIENT ASSESSMENT QUESTIONNAIRE

Our Dental training programmes employ valid and reliable programmes of assessment. Their aim is to assess a range of generic skills and attributes which are important in the delivery of care whilst monitoring the clinical skills and knowledge required of practitioners. Feedback generated from continuous assessment helps drive training as well as providing evidence of progress and achievement. Assessment evidence on performance is collected in an electronic portfolio throughout the training and considered for satisfactory completion at the end of training.

A key source of assessment is through a Patient Assessment Questionnaire (PAQ), which is completed anonymously by patients following consultations with dentists or dental therapists in training. The PAQ is seen as a valuable method of collecting feedback on the quality of care, which is used to check or improve trainees' practice. The feedback is given by patients using a tablet computer and a bespoke application provided by NES. This allows the anonymised data to populate trainee portfolios, which are accessed by trainers and the trainee. Data provided in this way is used to check competence and guide future training. Trainees are assessed in this way in each year of their programme.

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 the nine complaints and one item of feedback received by our corporate complaints handling team during 2017-18 is given below.

- Review of guidance on external longitudinal evaluation of practice (LEPs) in Dentistry and how that guidance is communicated to trainers
- Improved information about the eligibility criteria for training delivered by NES (or NES staff) in medicine.
- Improvements made to communication and processes in relation to VT Advisor statements.

5

ACCOUNTABILITY AND GOVERNANCE

This annual FCCC report is submitted to our Executive Team, Education and Research Governance Committee and Audit Committee and recommendations arising from 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).

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.



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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