NHS Education for Scotland

**Feedback, Comments, Concerns and Complaints
Annual Report 2020-2021**

September 2021

We are a national special NHS Board responsible for supporting health and social care services in Scotland by providing education, training and workforce development. 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 2020 and 31 March 2021.

Table 1: Summary of complaints received and outcome 2020-21

Subject of complaint	Outcome of Complaint	Lessons learned
1. Delays to recruitment process	Not upheld	No significant issues raised
2. Dental trainee not adhering to social distancing	Upheld	Apology given and issue addressed.
3. Poor communication & support from NES Finance	Upheld	Training provided to improve customer service focus. Technical glitches resolved so that email senders will know if an email hasn't been delivered.
4. Poor communication between NES and trainers	Partially upheld	Improved communication and managing expectations at an earlier stage.

Subject of complaint	Outcome of Complaint	Lessons learned
5. Failure to change contact details administratively caused delays in payment	Upheld	Apology given. Offered BACS transfer instead of cheque. Contact details updated.
6. SCOTGEM Bursary	Upheld	Apology and review of entire process
7. Tone of emails from medical sponsorship team	Upheld	Apology given and wording of emails improved. Working with Digital to review the frequency and timing of automated emails.
8. Insensitive handling of the uplift of NES equipment and poor communication	Upheld	- Improve communication with our courier companies. - Staff briefing on communication skills - Review process for the return of personal property - Improve Death in Service guidance for staff.
CONCERN: Data Protection on CARP (COVID Recruitment Portal)	Not applicable	Apology given and issue resolved.

CONCERN: Poor placement experience whilst employed by NES	Not applicable	NMAHP to work with existing practice education networks to raise awareness of the two different routes for students to raise concerns; work with HEIs to develop communication for students to clarify position; NMAHP to seek additional assurance around the suitability of placement site, Should this employment situation arise again, Workforce and NMAHP will consider the most effective communication channel to reach students.

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Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2020-2021. The report is a requirement of the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions which specifies that relevant NHS bodies should prepare an annual report at the end of each year summarising action taken as a result of feedback, comments and concerns received in that year.

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

In a departure from previous Feedback, Comments, Concerns and Complaints reports, this year we have included brief details on the positive feedback and comments received from our service users – including trainees and other health service staff.

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

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

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

section 5 below, the data collected through these trainee surveys is analysed closely and forms an important part of a rich dataset used to improve education quality.

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

Case study 1: Family Nurse Partnership

The Family Nurse Partnership is a strategically important programme designed to support young women during the early years of motherhood. We use the following methods to encourage feedback from participating Family Nurses and any significant developments in the use of feedback during the year

- We invite participants on the FNP Education Programme to provide feedback both during and after each session. When face to face, this is undertaken by providing an opportunity for participants to anonymously share their thoughts on what they liked about the day, how they are feeling about the day, what was their lightbulb moment and what they are taking away.

- The Education Programme invites individuals to state their hopes and expectations (on a luggage tag) on the first day of any residential education which they place on a tree of knowledge. At the end of the education if their hopes and expectations have not been met, they remove their luggage tag and place it as "fallen fruit" below the tree. This is then used to inform developments to the programme if required, to address learning needs.

- An anonymous feedback questionnaire is sent to every participant following education. The average return rate is 60% and this feedback is used to develop the education programme

- Online evaluations have had specific questions added to gain a sense of the experience of e-learning which we have required to adapt to over the past year.

- In the virtual learning environment, each nurse has been appointed a link educator with the potential of building a therapeutic relationship. It is recognised that building a relationship can support transparency, promote trust and psychological safety for the learner and so aid feedback and feed-forward processes.

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

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

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

- Recruitment of doctors in training to assist in our Quality Management of training programmes

- Scottish Training Survey – an opportunity for doctors in training to reflect on their training experience at the end of each posting.

- Notification of concern process for doctors in training - Managed by the Deanery, this is process by which doctors in training, trainers or other staff can report concerns outwith the usual survey processes.

- Quality Management pre-visit questionnaires for trainers and doctors in training - Coordinated by the Postgraduate Medical Deanery within the six weeks before a quality management visit is conducted.

- Dental Care Professionals (DCP) – Collection of feedback data from participants and employers following induction, study days and at the end of the programme.

- Pharmacy – The use of focus groups to gather user insights on new e-learning modules and 'exit questionnaires' for learners completing education programmes. In addition to these feedback sources, the Pharmacy team embeds feedback tools on each e-learning resource to gather user views on completion.

Case study: NES Covid-19 Survey

In July 2020, NES introduced a multidisciplinary survey to collect information from health professionals in training. This was designed to collect information about their experiences of working during the Covid-19 pandemic, with a view to identifying pressure points and offering new types of support.

For doctors in training, the Covid-19 survey had a response rate of 71% for GPs and 72% for hospital trainees with 4,671 trainees providing feedback. The survey outcomes enabled NES and training providers to gain important intelligence about the challenges faced by trainees during the pandemic, enabling new support

arrangements to be put in place. The survey indicated that 91% of trainees were not shielding. Of the shielding trainees, 67% were able to work from home. 66% of trainees worked in a COVID ward with 40% of our trainees were redeployed into a different specialty. Almost half (48%) of the out-of-programme trainees suspended their training to support service. Around 20% of trainees reported sickness since April 2020. Of this cohort, 17% had tested positive for COVID with 57% indicating possible COVID symptoms. Almost a third (31%) of trainees reported feelings of burn-out on a weekly or more frequent basis.

The findings of the Covid-19 survey match those of the GMC's National Training Survey and have been shared with Directors of Medical Education in each Health Board, where they are being addressed.

1.2 How we publicise opportunities for providing comments

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

Case study: Optometry 'Feedback Fridays'

Our Optometry team have embraced the potential of social media to communicate with their learners to encourage feedback. This is evident in the promotion of 'Feedback Fridays' to encourage comment on NES's Continuing Professional Development initiatives. A recent Feedback Friday example involved the use of social media to distribute links to short videos of learners giving their feedback on our mandatory training leadership module. The Optometry team also used this format to disseminate feedback quotes from optometrists recently completing the NES Glaucoma Award Training programme.

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.

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

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.

Directorates review feedback on accessibility and inclusion as part of their educational governance processes. Accessibility and inclusion are part of educational governance review for workstreams and at whole directorate level; this supports learning and improvement.

Case study 1: Developments to enhance staff feedback opportunities

In 2020-21 we carried out focus groups with specific staff populations to gather feedback on their experiences working at NES, with a particular focus on working through the pandemic and the lockdown. Focus groups were held with the following groups of our office-based staff: parents and carers, Black, Asian and minority ethnic staff; disabled staff, including staff living with long-term conditions. We also carried out a webinar focus group with Black, Asian and minority ethnic trainee doctors who we employ on training placements. Following these focus groups, we developed a series of staff networks for each group to enable ongoing feedback and engagement and launched a new LGBTQ+ staff network. These networks are providing feedback and input to workstreams on a continuing basis, which will enable us to identify specific aspects of staff experience for improvement and to codesign solutions with staff.

Case study 2: Dental Reducing Inequalities workstream

The Dental Reducing Inequalities workstream (formerly Priority Groups) has regularly engaged with focus groups to get feedback on our educational activities and initiatives. One current example is our work with partners to update the Smile4Life training guide aimed at improving the oral health of the homeless. Included in this is consulting with those with lived experience of homelessness. Another example is working with the Care Inspectorate and Care Home management and staff to review the educational input to care homes related to oral health.

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.

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

NES employs a range of systems and processes for collecting and using feedback and comment from our service users as described in the case studies below. Following the move to technology enhanced modes of delivery during the Covid-19 pandemic, these systems often relate to the collection of feedback using online tools including Questback questionnaires and Microsoft Forms. These tools enable us to easily share examples and good practice between directorates and programme teams.

Case study 1 – Psychology and psychological therapies training

Participant feedback is gathered routinely and used to improve the quality of education delivery and content across the Directorate. Trainees participate in anonymous feedback surveys as well as through various other formal and informal communication channels. Feedback from multi -professional short courses includes pre and post learner ratings of knowledge and skill as well as satisfaction ratings. Themes from the participant evaluations are shared at Senior Strategy Group and Directorate review days.

Case study 2 – Optometry Continuing Professional Development

Our Optometry team currently seek feedback request following each CPD event, using an online questionnaire. We have reviewed our feedback questionnaires with the support of the corporate Planning and Corporate Governance team to ensure they provide us with useful insight into the impact of our work. The questionnaires elicit an overall 'satisfaction' rating but also uses engagement measures such as willingness to recommend, as well as markers for confidence to apply learning, and indeed how much learning was new. Finally, we always ask for what other things the

audience would like to see covered in our CPD delivery. With some projects we attempt to get information on previous development in the topic, and to gauge what 'next steps' could look like.

Case study 3 - Dental Continuing Professional Development

In its role as statutory regulator for dentistry, the General Dental Council requires that participants in continuing professional development (CPD) activities are given the opportunity to provide feedback. This is in order that we can issue certification of their completion of verifiable CPD. Our online Questback survey tool is mainly used to achieve this and attendees are strongly encouraged to complete an evaluation form after each event. The standard evaluation form was modified when Enhanced CPD was introduced in January 2018 and it now contains reflective prompts to aid the attendee's CPD planning. The evaluation forms are normally open for two weeks after each event, and once they close, our CPD Adviser reviews the report and will share the feedback with the speaker as part of the quality assurance of CPD and with other CPD Adviser colleagues.

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 Quality Management Framework and the

annual process of reviewing all sources of data for Training Programmes as part of the monitoring process and to support decision making on any required Quality Management activities such as a Training Programme enquiry, training location visit etc.

Case study 1 – Dental Care Professions programme

The Dental Care Professional (DCP) workstream has responsibility for the delivery of pre-and post-registration educational opportunities for DCPs. In addition, the workstream provides training programmes for Dental Administrators/Receptionists and Dental Practice Managers to work towards achieving a formal qualification in their occupational field.

Learner feedback is collected from participants to ensure our educational support is valued, and subject to continuous improvement. Feedback from participants and employers, and reflection from workstream team is reviewed by local and national teams including a DCP Quality Management Group, and areas for improvement identified and actioned. We use feedback from QA visits – SQA External Verification, SDS Annual Quality Reports, GDC Programme Inspections and share such reports with DCP Quality Management Group for review and action, and across workstream.

Case study 2 – Clinical Psychology training

Psychology Clinical Practice teams are employed by NES and affiliated to University Programme partners. Their primary function is to support, manage and quality assure the practice placement element of Clinical psychology Training. Key tasks include the accreditation, monitoring and evaluation of practice placements and

educators; identification of new placement opportunities; planning and supporting the clinical competence development of trainees; evaluating trainee progress both directly through examination of course work, placement documentation and reflective reports and indirectly through placement educator report; management of placement difficulties including supporting the development of supervision skills in placement educators. A number of these activities involve improving the quality of placements and placement supervision on an ongoing basis. These include gathering and collating trainee evaluations and providing feedback to supervisors and their line managers about the quality of supervision and the placement environment and overseeing programmes of remediation where necessary.

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

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

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by the corporate Complaints Team in the Planning & Corporate Resources department. The table contains brief information about the responses to complaints, which range from reviews of process, to staff training and enhancements of communications practice. Enhancements or reviews were conducted following complaints, including several where the complaint was not fully upheld, or 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 eight complaints were handled by the corporate Complaints Team, with several further expressions of concern considered. These concerns were fully investigated and led to an apology or corrective action where NES was found to be at fault. Investigations of concerns do not lead to a final judgement.

2. Complaint process experience (Indicator 2)

Individuals and organisations dissatisfied with NES services or staff can communicate with us through a variety of routes. These include the Feedback, Comments, Concerns and Complaints mailbox on the NES corporate website, directly to the NES Chief Executive or Director of Planning 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 on 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 encouraged to provide feedback on their experience of the NES complaints investigation process, although no one took advantage of this opportunity during the year.

The request for feedback from complaint investigations invites 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.

3. Staff awareness and training (Indicator 3)

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). Several NES staff have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All four members of our corporate Complaints Handling team (plus the Director of Planning and Corporate Resources who has executive responsibility for complaints) hold the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

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

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

The outcomes from each of the complaint investigations conducted in 2020-2021 are summarised in Tables 2 to 5 below. This indicates that eight complaints were received during the year, plus a further two expressions of concern, which were investigated. None of the complaints received were whistle blowing cases. Of the eight complaints received, six were upheld, one was partially upheld and only one was not upheld.

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 one case an extension to the timescale for responding to a complaint was required in order to complete the investigation. Such extensions are usually required to schedule meetings with complainants and other individuals involved in the case.

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

Table 2. Feedback, Comments, Concerns and Complaints Register[1] - Year to 31 March 2021

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)
Doctor in Training	Delays to recruitment process	20200605 FY1 Recruitment	Yes	06/05/20	(A) 06/05/20 (R) 07/05/20	Not upheld	Yes	Resolved – no lessons learned.
CONCERN Social care staff	Data Protection on CARP (COVID Recruitment Portal)	2020-06-03 Recruitment Portal Data	Yes	03/06/20	(A) 03/06/20 (R) 10/06/20	n/a	Yes	Apology given and issue resolved.
Member of public	Dental trainee not adhering to social distancing	20200610 Receipt social distancing	Yes	16/06/20	(A) 16/06/20 (R) 16/06/20	Upheld	Yes	Apology given and issue addressed.
Dentist in training	Poor communication & support from NES Finance	202008 Pension Refund	No	15/08/20	(A) 17/08/20 (R) 14/09/20	Upheld	Yes	Training provided to improve customer service focus. Technical glitches resolved so that email senders will know if an email hasn't been delivered.
NHS Staff	Poor comm - unication between NES and trainers	Dental Directorate File	Yes	25/08/20	(A) 26/08/20 (R) 26/08/20	Partially upheld	Yes	Improved communication and managing expectations at an earlier stage.
Doctor in Training	Failure to change contact details administratively	20200924 Medical address	Yes	24/09/20	(A) 24/09/20 (R) 28/09/20	Upheld	Yes	Apology given. Offered BACS transfer instead

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[1] None of the complaints or concerns summarised in Table 2 relates to whistleblowing concerns, which are handled using a separate process.

	caused delays in payment							of cheque. Contact details updated.
CONCERN Student Nurse	Poor placement experience whilst employed by NES	20201014 Student Nurse CARP	No	14/01/21	15/01/21 02/03/21	n/a	Yes	NMAHP to work with existing practice education networks to raise awareness of the two different routes for students to raise concerns; work with HEIs to develop communication for students to clarify position; NMAHP to seek additional assurance around a placement site's suitability; should this employment situation arise again, Workforce and NMAHP will consider the most effective communication channel to reach students.
NHS Staff	SCOTGEM Bursary	Medical Directorate File	Yes	11/02/21	(A) 11/02/21 (R) 24/02/21	Upheld	Yes	Apology and review of entire process
Doctor in Training	Tone of emails from medical sponsorship team	20210223 Medical sponsorship emails	Yes	23/02/21	(A) 23/02/21 (R) 24/02/21	Upheld	Yes	Apology given and wording of emails improved. Working with Digital to review the

								frequency and timing of automated emails.
Bereaved family	Insensitive handling of the uplift of NES equipment and poor communication	2021-03 Death in service	No	02/03/21	(A) 02/03/21 (R) 02/03/21	Upheld	Yes	• Improve communication with our courier companies. Any request marked as 'sensitive' must follow collection instructions in detail. • All staff involved in communicating with families must remember the need for sensitivity and to be mindful that the approach taken may need to be flexible, as different families will have different needs and preferences. • Consider, where possible, that a member of staff collects items to help reduce the impersonal nature of this role. • We are still in the process of reviewing and improving our Death in Service guidance for staff. This will include adding in some of the elements above and including reference to us

							providing packing materials, if necessary. We will also strengthen the guidance around the sensitivity needed when families come to collect any personal items from NES offices.

NHS National Services Scotland (NSS) Guidance Notes for table:

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

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

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

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

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

Table 3: Total number of complaints closed by NES during the period[2]

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
Stage One	6	75.0
Stage two – non escalated	2	25.0
Stage two - escalated	-	-
Total complaints closed by NHS Board	8	100

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[2] Does not include expressions of concern.

Table 4. Stage One complaints by outcome

Complaints closed by the NHS Board	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	6	75.0
Number of complaints not upheld at stage one	1	12.5
Number of complaints partially upheld at stage one	1	12.5
Total stage one complaints outcomes	8	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	2	100
Number of non-escalated complaints not upheld at stage two	-	-
Number of non-escalated complaints partially upheld at stage two	-	-
Total stage two, non-escalated complaints outcomes	2	100

Table 6. Stage Two complaints by outcome (escalated)

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two

Number of escalated complaints upheld at stage two	-	-
Number of escalated complaints not upheld at stage two	-	-
Number of escalated complaints partially upheld at stage two	-	-
Total stage two escalated complaints outcomes	-	-

5. Accountability and Governance

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

During the 1 April 2020 – 31 March 2021 period, the Educational and Research Governance Committee (E&RGC) and subsequently the Education & Quality Committee (EQC) met regularly to monitor and quality assure our educational services and to record recommendations made as a result of feedback. A formal minute of E&RGC and EQC meetings was reported to the Board as a routine and regular agenda item.

Part 3. Positive feedback and compliments praise

While NES has no corporate or local systems specifically designed to elicit and report positive feedback and compliments from our service users, we regularly receive endorsements of our work from a range of individuals and organisations. These are usually received through our processes for collecting feedback from

learners and others, or through other quality management activities. On occasions we have received unprompted commendations as described in the case studies below. During the reporting period, a common theme in these positive comments was NES's proactive work in supporting the response to the Covid-19 pandemic, including the significant achievements in adapting face-to-face learning to technology enhanced formats.

Case study 1 - Equality & Diversity team

We collect feedback on our equality and diversity learning resources through our Turas Learn platform. Participants have the opportunity to provide feedback when engaging with any of our materials, which are reviewed regularly to assure the quality and relevance of the offerings and to inform future developments.

This also provides a way to identify examples of positive engagement and compliments for this work. Recent examples of this positive feedback on our new offerings include.

Deafblind awareness '*Very interactive and some useful learning points, especially about practical things we can do to make our health centres more user friendly***'.

Dyslexia awareness for managers '*Clear, concise and incredibly informative. Will definitely signpost this as a tool for education in our clinical area'.*

Menopause awareness '*Delighted that this resource is available, raising the profile and significance of menopause. Very good helpful information'.*

Transgender awareness '*Thank you so much for this very well made training, I shall be adding it to the useful resources in the lecture I am presenting to student midwives'!*

Equality Impact Assessment '*I really like this and have had feedback from a few colleagues who had used it and they thought it was really helpful too. I can see this being rolled out widely in my area'.*

Systemic Racism and Healthcare '*I've found this incredibly informative and thought provoking, thank you. Many lessons here for wider health and social education/training too'.*

Approaches to Race Equality Training '*This is fabulous! Challenging existing assumptions about what "works" is the first step towards achieving meaningful and embedded change. Really glad I've dialled in to this'.*

Case study 2: Online Pharmacy Continuing Professional Development

In response to COVID-19 all Pharmacy face-to-face CPD events were cancelled and education was delivered via e-learning, Turas Learn or webinar. The population of learners most affected by this were the community pharmacy teams, which represented 80-90% of the attendees at traditional face to face events. In response to a new, dynamic and interactive webinars, on topics relating to Common Clinical Conditions, we received numerous emails to thank NES Pharmacy for running such events. This was outwith the normal channels for providing feedback on learning.

Unprompted positive compliments of this nature are unprecedented from this group of learners, many of whom are senior and influential pharmacists, and new to webinars. An example of these compliments is as follows:

'*Excellent webinar last night. Very well presented and hugely informative. The IT worked smoothly, so all in all, a very worthwhile exercise as we prepare for Pharmacy First Plus.*'

Continuing this change of approach to e-learning the Pharmacy Professional Development (PD) team adapted education to webinar format and there were 1698 attendees over 7 webinars. A 'Common Clinical Conditions' series was exceptionally well received and several Community Pharmacists, who traditionally attended face to face events, proactively contacted the NES Principal Lead to compliment NES on this format which was new to them. One example of many was:

'*I just want to feedback on how much I enjoyed the webinar...I thought the format was excellent with the participation from attendees in suggesting condition and treatment before answer given a great way of learning. I would have happily spent another couple of hours at it. I truly hope there will be more webinars to enjoy soon.*

Case study 3 – Family Nurse Partnership

The following positive feedback about our Family Nurse Partnership programme was taken from the programme evaluation data:

"Heartfelt thanks to each and every one of you I have met on the way and for all your kind words and wisdom. Particular thanks for the kindness and understanding shown during my distress relating to eLearning IT challenge"

"I have never experienced training like FNP in my career to date, despite being online it did not hinder my experience at all although it would have been nice to be together. Thank you to all the trainers for your hard work- and dedication, for mirroring the FNP role so well consistently and for inspiring me in my FNP journey. One day I would love to join your team and inspire the next generation of Family Nurses. THANK YOU! "

The greatest strengths of education was….. "Relaxed atmosphere with trainers who were familiar and friendly. This made learning easier, the group was wanting to learn which was also a strength."

"I think we are so privileged to have been given this learning opportunity, and I am excited about the prospect of using this in practice and what this will mean for the future of our client's children's outcomes".

"Really enjoyed the training. I have a much better understanding of what PIPE (Partners in Parenting Education) is and why it is used and brought a PIPE to my visit today and the baby and mother loved it-thank you for all your support in learning this very important method of partnership working."

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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