

NHS Education for Scotland

Feedback, Comments, Concerns and Complaints Annual Report 2023-2024

September 2024

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

The summary table below precedes the full Feedback, Comments, Concerns and Complaints report and provides brief details of the complaints and expressions of concern we received between 1 April 2023 and 31 March 2024.

Table 1: Summary of complaints received and outcome 2023-2024

Subject of complaint	Outcome of Complaint	Lessons learned
1. Deletion of trainee's @nhs.scot email account (NES Technology Service)	Upheld	Need for early communication of staff rotation between boards. Working with board colleagues to improve the communication process.
2. Deletion of trainee's @nhs.scot email account (NES Technology Service)	Upheld	Need for early communication of staff rotation between boards. Working with board colleagues to improve the communication process.
3. Unfair selection for Dental Vocational Training trainer post (Dental)	Partially upheld	<ul style="list-style-type: none"> • Review of timelines for DVT trainer recruitment ensuring early communication of outcomes. • Development of a contingency plan in case of delays in process. • Screening out applicants who will be unable to meet the essential criteria before mentoring visit takes place.
4. Dissatisfaction with conduct of GP Specialty Trainee (Medicine)	Not upheld	Complaint investigated locally by GP practice – complainant referred to Scottish Public Services Ombudsman

Subject of complaint	Outcome of Complaint	Lessons learned
5. Patient dissatisfaction with conduct of NES staff member in clinical role (Medicine)	Not upheld	Referred to Health Board for local resolution
6. Delay in providing sponsorship information for trainee (Medicine/Workforce)	Not upheld	<ul style="list-style-type: none"> • Implementing changes into planning to better incorporate the helpdesk within allocation of resources. • Better process for queries – involving communication with the Home Office and person involved.
7. Delay in processing information for Tier 2 visa application (Workforce)	Upheld	<ul style="list-style-type: none"> • Better management of service desk queries. • Training more staff in the team with the skills required to independently support the sponsorship service desk (queries).
8. Scoring of application for Specialty Training post (Medicine)	Not upheld	Issues addressed by UK Medical and Dental Recruitment and Selection team at Health Education England
9. Dissatisfaction with selection process for post (Workforce)	Not upheld	No issues identified requiring remedial action or improvement.
10. Delay in processing expense claims for trainee (Finance)	Upheld	<ul style="list-style-type: none"> • Review and refresh of webpages. • Review issue with digital colleagues. • Clarification/learning with staff.
11. Delay in processing expense claims (Finance)	Upheld	<ul style="list-style-type: none"> • Review base locations to ensure that these reflect a central point for the programme locations. • Consider cover arrangements for leave and staff absences.
12. Inability to revisit completed e-learning modules on Turas (NHSSA, Learning & Innovation)	Upheld	Technical issue identified. A solution is now in place.

Subject of complaint	Outcome of Complaint	Lessons learned
13. Delay in processing mileage claim for trainee (Finance)	Not upheld	Need for improved guidance in submitting travel claims.
14. Reimbursement of relocation expenses (Finance)	Upheld	<ul style="list-style-type: none"> • Need for clearer policy, guidance and process for reclaiming relocation expenses. • Significantly improve customer service in handling requests
15. Dissatisfaction with decision to remove learner from course (NMAHP)	Not upheld	Need to communicate attendance requirements for Family Nurse Partnership courses more clearly
16. Request for part repayment of Dental Bursary (Dental)	Partially upheld	Need for earlier communication with former trainees regarding decision on bursary repayments.
CONCERN: Discrepancy in one-off payment to trainee pharmacists (Pharmacy)	Not upheld	<ul style="list-style-type: none"> • Need to update Pharmacy training handbook • Collect further information on pension discrepancies
CONCERN: Access to SDCEP and other learning resources and events (Dental)	Not upheld	Consider further extending the range of materials and recorded learning sessions available through Turas Learn and Portal.

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Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2023-2024. The report is required by the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions, which specifies that relevant NHS bodies should prepare an annual report at the end of each year summarising action taken as a result of feedback, comments and concerns received in that year.

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

The report 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. To this end NES has developed a new Involving People and Communities Framework; an enabling document setting out our expectations for service user engagement and clarifying the key purposes and processes. The Framework, which is to be implemented from 2024-2025 will be supported by more detailed policy and procedural information.

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 a key metric for the engagement of learners, which provides 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: Use of QR codes to obtain feedback from supervisors of pharmacy trainees

Supervisors who are not yet qualified independent prescribers were trained on assessing basic physical assessment skills required to undertake a NEWS2 score for the diagnosis of sepsis.

Supervisors of trainee pharmacists are very experienced individuals but some have yet to complete the independent prescriber course. It is important to continue to keep this group engaged in supporting trainee pharmacists whilst the profession transitions to newly qualified pharmacists being prescribers from 2026 onwards.

Following the course's pilot, NES evaluated the extent to which it gave participants sufficient confidence in their abilities to conduct and complete supervised learning forms. These are to assess trainee pharmacists' physical assessment skills.

A pre- and post-course QR code was incorporated into the presentation slides which linked to an online survey (using the Questback survey package) to evaluate any change in confidence to conduct and assess the physical assessment skills covered. Participants were encouraged to complete the survey on their phone immediately after faculty introductions and again at the end. This had the effect of markedly increasing the number of participants providing feedback. This was helpful in confirming the utility of the course and highlighting areas for enhancement.

Case study 2: Facilitation of Learning Toolkit

Our Facilitation of Learning Toolkit is designed to support educators to effectively facilitate learning in practice, either with service users or practitioners. We conducted a survey of users of the Toolkit to find out:

- how the resource is being used
- how the toolkit could be improved
- understand users experience in using the toolkit

Questback was used to collect feedback from stakeholders which contained both closed and open-ended questions. Users of the toolkit were invited to provide feedback using a Questback link located on the home page of the toolkit hosted on TURAS Learn. To further prompt feedback we posted on X and emailed all education leads in the territorial boards to encourage stakeholder engagement.

The feedback received has enabled changes to the toolkit to ensure that it is fit for purpose and supports them to deliver an evidenced based programme in the future.

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:

- 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 1: CPD Connect, Practice Manager Programme and Network, GP Nursing Pathway

NES coordinates a range continuing professional development (CPD) activities and programmes for General Practice and primary care through our Medical Directorate. We were keen to ensure that the learning met their expectations, needs and to explore whether any improvements could be made.

Online evaluation forms were gathered in different ways depending on the format of the education. In eLearning resources, an online form was embedded at the end of the resource. At online workshops or webinars, links and QR codes were shared on screen/in chat and emailed after the session to participants. At face to face training, learners were encouraged to scan QR codes in real time before leaving the session, significantly increasing the completion rate, as well as having this sent in email form afterwards.

Practice Based Small Group Learning (PBSGL) members have access to a website where their group facilitator can submit a logsheet after each meeting to review the module studied and to record learning, reflections and onwards commitments to improvement. This is also used for appraisal and revalidation evidence.

When writing any kind of module, feedback is sought at all stages of the creation of an eLearning module, from having an expert review stage, primary care reviewers and proof reading both internally and externally.

Case study 2: Supporting learners and clinical supervisors in Clinical Psychology training

NES works with universities and NHS health boards to train clinical psychologists in Scotland. A short survey was created to gather feedback on the work of the Clinical Tutors in supporting learners and their NHS practice placement supervisors.

The aim was to help us review, reflect on and improve the service we offer as individual clinical tutors to trainees and supervisors. In addition, the feedback has been aggregated across the whole team so we can reflect together on the feedback and consider themes as well as monitor progress. The survey covered areas such as responsiveness, supportiveness, approachability, time and sensitivity to any issues or difficulties, helpfulness of input and sensitivity to equality, diversity and inclusion. This was a new process to collect feedback on the work of the Clinical Tutors. It will be repeated every 2 years.

The Clinical Psychology team was very pleased with the response to the survey with forty-three trainees and fifty-one supervisors completing it. Each clinical tutor has reflected on and discussed the feedback as part of their appraisal. We were encouraged by the generally positive feedback. From the trainee responses, 91% of the ratings were “Good” or “Excellent” across the eight questions. Particular strengths were support for trainee development, understanding of individual circumstances and approachability. From the supervisor responses, 95% of the ratings were “Good” or “Excellent” across the eight questions. Other specific strengths were approachability, sufficient time to consider issues, and helpfulness of input. Themes we are reflecting on as a team is how we further support supervisors in their development as supervisors and how we continue to develop sensitivity to Equality, Diversity and Inclusion in our work with trainees.

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: Armed Forces Talent Development Programme (AFTP)

The Armed Forces Talent Programme is an NHS Scotland-wide recruitment initiative for the armed forces community. It supports service leavers, veterans, spouses,

partners, dependants, reservists, cadets, and cadet forces adult volunteers to enter our workforce. We engaged with learners, the Armed Forces Community (AFC) and NHS Boards to confirm what we were delivering is useful, pitched at the right level and is at times and through means suitable for our target audience to attend.

As part of our engagement, we provided QR codes in presentations with time to allow for completion. The QR code took people to short MS Forms that took less than two minutes to complete. Previous examples of feedback were given at the start of the session to illustrate the positive improvements resulting from participation in the programme. It was verbally reinforced how much it would help with user experience.

Previous examples of feedback were given at the start of the session to show how it was presented, verbal confirmation of type of feedback collected and how long it would take were reiterated at the start of the session and prior to asking for feedback. Multiple options for providing feedback were suggested. These included an MS Forms questionnaire, waiting at the end of sessions for participants to give verbal feedback and the sharing of links/email addresses for those without smart phones to voice their thoughts.

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 have demonstrated the consideration of the impact on groups of people who share a protected characteristic. This includes gathering and analysing feedback from learners and data on who is benefitting 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: Family Nurse Partnership education programme

Our Nursing, Midwifery and Allied Health Professions directorate supports a well-established education programme for Family Nurses working in partnership with young mothers from disadvantaged backgrounds. The Family Nurse Partnership (FNP) team engaged with family nurses and supervisors because we have an ethos of continuous quality improvement. As educators we wish the participants to have a rich education which will in turn benefit the FNP clients and their children.

We collected information over time to understand how the participants were feeling about their educational experience, what their learning was from the education and how this is impacting on their clinical practice. Through the supervisor learning forum and the FNP education forum, family nurses and supervisors are also able to feedback any emerging learning needs that they wish considered in education.

There are a range of methods to encourage feedback including: an activity to explore 'what helps us learn', QR code for feedback from participants and educators, MS Forms for reflective feedback, family nurse representative within the education forum, supervisor feedback through a learning forum, and an evaluation channel on MS Teams.

FNP clients (young first-time mothers) are recognised nationally as a disadvantaged group. Client's input to the education programme has been achieved through engagement with their thoughts on the family nurse role in supporting breastfeeding and in supporting young fathers. During this process the clients were encouraged to share their thoughts about family nurses and the FNP programme. Educators also spend 1-day every year shadowing a family nurse in practice. This provides an opportunity to ask the clients if there is anything they feel the family nurses need education/training on. In the year 2023-24 clients we met shared that their relationship with the family nurse was the foundation of the work undertaken in the FNP programme. Therapeutic relationships and the underpinning psychological theories which underpin this, is threaded through the education programme in its entirety.

Case study 2 Raising awareness of neurodiversity in the workplace

We are currently developing a new learning resource to raise awareness and understanding of neurodiversity in the workplace. This resource is being developed as a direct consequence of feedback from colleagues across the health and social

care sector who recognise that there is an unmet learning need. Furthermore, we have a number of people on our working group who are neurodivergent to ensure that this resource reflects lived experience and engages learners in real life scenarios where they can reflect on their own practice. We are currently engaging with a number of disability and neurodiversity staff networks to further enhance the authenticity of this new learning resource: NHS Grampian; NHS Greater Glasgow and Clyde, NES, Doctors and Dentists in Training.

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: Transgender Care Knowledge and Skills Framework

NES was commissioned by the Scottish Government to develop a Transgender Care Knowledge and Skills Framework for all clinical and non-clinical NHS staff at all levels of practice. The aim was to support staff development in this area, leading to improved standards of care for transgender patients.

We engaged with wide range of health and social care staff, including nonclinical staff, educators, a variety of professions, e.g. health visiting, nursing, medicine, pharmacy, psychology, people with lived experience, Royal colleges, 3rd sector organisations, PHS, Health Improvement Scotland, NSS, Scottish Government, joined a development group that co-produced the framework. We also integrated a person with lived experience into the NES project team and consulted with 3rd sector organisations, UK wide subject matter experts.

We wanted to understand the needs of all NHS staff and those with lived experience using health care services and explore what was important to them. Four levels of knowledge and skill were identified as important, from essential – what everyone needs to know or be able to do, through to expert level - the domain of clinicians providing gender identity/transgender health care.

- We held a full day in person workshop for our development group at the very start of the project. This helped to familiarise the group with the project, the topic and to enable everyone to share their thoughts about what should be included in the four levels.

- We used an MS Teams meeting to develop each level of the framework with our development group. We shared a linked to an MS Teams form and worked through each statement so that members of the group could respond from their laptops -agree/disagree/comment/suggest amendments anonymously by poll and request to discuss if wished. All members were able to see the responses and engage in real time. We found this very interactive method very helpful, and the anonymity was important with such a sensitive subject.
- Focus groups were used to engage staff and with people with lived experience with the framework as it was developing and use their feedback to inform the framework.
- Once we had a final draft of the framework, we used a consultation process to include a wider reference group. A three month time frame was given for the reference group to respond and we drew up a response summary sheet so that all responses could be discussed and addressed by the project team.
- Meetings were also held with representatives from other organisations, such as third sector organisations, staff from gender identity services in Scotland, England and Wales.

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. These systems include the collection of feedback using online tools such as 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.

Case study 1: Clinical Skills Managed Education Network

NES's Clinical Skills Managed Education Network (CSMEN) delivers essential training for health care professionals primarily in remote and rural settings. CSMEN uses various modes of delivery including 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).

Several different methods are used, some are anonymous, some anonymised and others gain a certificate of attendance once the evaluation has been completed. We have moved away from using paper forms and we now use QR codes for the Mobile Skills Unit 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. For medical simulation we use QR codes where possible which are put on the sign-in sheet to link straight to the electronic feedback. When this isn't possible (for example the venue has made their own sign-in sheet) we email the electronic feedback form to trainees. Reminders are sent to trainees after 1 week to remind all to complete the feedback.

Providing a certificate of attendance once an evaluation form is completed can encourage participants to provide feedback. We have also found that allocating time for feedback 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.

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: Healthcare Science training

Trainee healthcare scientists are issued with a national training number whose progression is monitored as part of our quality monitoring process. Predominantly, these are clinical scientist trainees, postgraduate bursary awardees and clinical physiology practitioner trainees. All are NHS employees.

NES has national oversight of the state of training for Healthcare science. Our QA process is a necessary activity for some of these trainees for regulatory purposes. Engaging and harmonising oversight across the wider healthcare science community is important for demonstrating parity and consistency. It has been a longstanding approach to bind the identity and expectations of this diverse workforce.

We use an Annual Review of Competency Progression (ARCP) process that summarises trainees' state of progress. ARCPs are reported to us using a standard MS Form questionnaire. This was issued at the end of March 2024 to 239 national training number holders and 70 training centres. We have achieved a 90% *satisfactory* response to requests from trainees for Annual Review of Competency Progression.

In addition, we run a trainee voluntary annual survey to help triangulate the state of training with ARCPs and supervisors feedback. Of the 306 trainees invited to participate, 158 responded, resulting in a response rate of 51.6%.

Trainees were asked if they were encouraged to suggest improvements to the training programme with 70.6% reporting that they were, and 4.9% reporting that they were not. Trainees were also asked if they were encouraged to raise concerns, with 75.9% reporting that they were, and 24.1% reporting that they were not. Some trainees who felt encouraged to raise concerns, felt these were not being listened to or acted upon.

10.1% of trainees reported facing bullying or harassment, either within their training department or external training department. This is a concerning figure, and the HCS Core Team at NES will investigate the possible circumstances surrounding this and implement more training to counteract it.

Trainees reported their overall satisfaction with their training experience, with 74% reporting a feeling of satisfaction and 10% being dissatisfied with their training experience. 85% of respondents said that they would recommend their training programme to others, although 2% of those would not recommend carrying it out within their department. Unfortunately, 13% of respondents said they would not recommend their training programmes, with comments including lack of support and the unachievable expectations of the training. The NES HCS Core Team are working more closely with training departments to assist them in providing the required level of support.

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

As in previous years, NES received very few complaints or expressions of concern (18 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. 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. Most of the recommendations for enhancement related to specific programmes or areas of business and were therefore not considered applicable to wider organisational quality improvements.

A total of 16 complaints were handled by the corporate Complaints Team, with two further expressions of concern considered. This is one fewer than the previous year (17 complaints with two expressions of concern). These concerns were fully investigated and led to an apology and corrective action where NES was found to be at fault. Investigations of concerns do not lead to a final judgement but stimulate reviews of policy, process, practice or provision.

2. Complaint process experience (Indicator 2)

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

NES has a clear two-stage process for receiving and investigating complaints as set out in our [Complaints Procedure](#), which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for

investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which is presented using an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions.

Complainants are invited to provide us with feedback on their experience of the NES complaints process. This invitation asks complainants to comment on issues such as the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report. We received no feedback from complainants about their experience during the year, although one complainant indicated their dissatisfaction with the complaint investigation outcome by seeking review by the Scottish Public Services Ombudsman (SPSO). The SPSO declined to review the complaint as this was received outwith their time limit.

Our complaints handling procedures and practice was the subject of an internal audit in November 2023. This confirmed that NES's complaints handling practice is effective and meets Scottish Government requirements. The auditors, KPMG, identified several areas where current practice could be enhanced and the Complaints Team have made several improvements in response. These enhancements include an increase in the frequency and scope of complaints reports to the NES Board (via the Education & Quality Committee), development of clear criteria for the escalation of complaints for Stage 2 investigation, development and implementation of a new complaints tracking and recording system and new guidance on the obtaining legal advice in relation to complaints.

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 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 2023-2024 are summarised in Tables 2 to 5 below. This indicates that 16 complaints were received during the year, plus a further two expressions of concern, which were investigated. None of the complaints received were whistleblowing cases. Of the sixteen complaints received, eight were fully upheld, two were partially upheld and six 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. The number of such enquiries has decreased following the provision of clearer information on the NES Feedback and Complaints mailbox redirecting individuals with complaints about clinical services to local Health Boards.

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 referred (or 'escalated') to the corporate Complaints Team.

From the beginning of 2023-24, 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	NHS.Scot email deleted	20230413 Email	Yes	13 April 2023	13 April 2023 (A) 17 April 2023 (R)	Upheld (and shared complaint with local board)	Unknown	Working with board colleagues to resolve and ensure that it doesn't happen again. Looking to ensure improvements in the communication process. Contacted local board.
NHS Staff	NHS.Scot email deleted	20230414 Email	Yes	14 April 2023	14 April 2023 (A) 17 April 2023 (R)	Upheld (and shared complaint with local board)	Unknown	Working with board colleagues to resolve and ensure that it doesn't happen again. Looking to ensure improvements in the communication process. Contacted local board.
NHS Staff	DVT mentoring application	20230424 Dental Vocational Training	No	22 April 2023	24 April 2023 (A) 16 May 2023 (R)	Partially upheld	Partially	Review of timelines for DVT recruitment. Development of a contingency plan in case of delays in process. Screening out those applicants who will be unable to meet the essential criteria before mentoring visit takes place.

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	Disparity in pay settlement	20230626 Pharmacy concern	Yes	15 June 2023	20 June 2023 (A) 28 July 2023 (R)	Not upheld	Unknown	Concern: Update trainee handbook. Collect further information re pension discrepancies. Liaise with Chief Pharmacist.
Member of public	Issues with GP trainee	20230627 GP trainee practice	Yes	27 June 2023	27 June 2023 (A) 03 July 2023 (R)	Not upheld – out of scope	Unknown	Note: this case was already investigated by the GP practice.
Member of public	Issue with staff member	20230711 Medical conduct	Yes	11 July 2023	11 July 2023 (A) 15 August 2023 (R)	Not upheld.	Unknown	No recommendations.
Potential NHS employee	Delay in information to Home Office	20230713 Visa and COS CONCERN	Yes	13 July 2023	14 July 2023 (A) 17 July 2023 (R)	Upheld	Unknown	Implementing changes into planning to better incorporate the helpdesk within allocation of resources. Better process for queries – involving communication with the Home Office and person involved.

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)
Trainee (NHS Staff)	Delay in information to Home Office	20230728 Tier 2	Yes	28 July 2023	28 July 2023 (A) 28 July 2023 (R)	Upheld	Unknown	Apology given for the delay. With respect to learning/improvement: <ul style="list-style-type: none"> • Better management of service desk queries. • Training more staff in the team with the skills required to independently support the sponsorship service desk (queries).
Trainee (NHS Staff)	Dissatisfaction with scoring for training post	20230912 Scoring	Yes	12 Sept 2023	12 September 2023 (A) 18 September 2023 (R)	Not upheld	Unknown	No recommendations.
Member of the public	Dissatisfaction with recruitment process.	20230920(18) Recruitment	Yes	17 Sept 2023	20 September 2023 (A) 30 Oct 2023 (R)	Not upheld	Unknown	Email sent to MS (and cc'd to CAM) 20 Oct 23. (AL – response expected from 30 Oct 23) Reminder sent on Tue 07 Nov 23.
Former trainee	Communication issue and delay in receiving expenses claims.	20230922 Expenses	Yes	22 Sept 2023	22 September 2023 (A) 27 September 2023 (R)	Upheld	Yes	Review and refresh of webpages. Review issue with digital colleagues. Clarification/learning with staff.

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)
Trainee (NHS staff)	Address update and the process for handling expenses.	20230928 Expenses	Yes	28 Sept 2023	02 October 2023 (A) 20 October 2023 (R)	Upheld	Yes	Review base locations to ensure that these reflect a central point for the programme locations.
NHS staff	Record of completion of TURAS modules.	20231010 Completed TURAS modules	Yes	10 Oct 2023	11 October 2023 (A) 12 October 2023 (R)	Upheld	Unknown	Response from complaints: 12 October 2023 (R). Fix in place regarding new issue identified and is being addressed. Complainant being kept up to date with developments (16 November 2023).
Trainee (NHS staff) and another NHS staff member	Process for expenses and delay.	20231024 Expenses	Yes	24 Oct 2023	24 October 2023 (A) 24 October 2023 (R)	Not upheld	Unknown	No recommendations. Can consider further information.
Trainee (NHS staff)	Experience of claiming relocation expenses	20231117	No	17 Nov 2023	17 November 2023 (A) 15 December 2023 (R)	Upheld	Unknown	<ul style="list-style-type: none"> • Need for clearer policy, guidance and process for reclaiming relocation expenses. • Significantly improve customer service in handling requests

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)
Dentist	Access to Dental webinars	20231120	Yes	18 Nov 2023	20 November 2023 (A) 24 November 2024 (R)	Not upheld	Unknown	Consider further extending the range of materials and recorded learning sessions available through Turas learn and Portal.
NHS staff	Dissatisfaction with removal from course (NMAHP)	20240205	No	04 Feb 2024	07 February 2024 (A) 29 February 2024 (R)	Not upheld	No – referred to SPSO	Clearer communication of attendance requirements to participants
Dentist	Dissatisfaction with request for part repayment of dental bursary	20240226	Yes	26 Feb 2024	28 February 2024 (A)	Partially upheld	Unknown	Earlier communication with dental staff regarding decisions on repayment of dental bursary

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 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 because of issue raised, either locally or corporately.

Table 3: Total number of complaints closed by NES during the period¹

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	13	81%
5b. Stage two – non escalated	3	19%
5c. Stage two - escalated	-	-
5d. Total complaints closed by NHS Board	16	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	7	54%
Number of complaints not upheld at stage one	5	38%
Number of complaints partially upheld at stage one	1	8%
Total stage one complaints outcomes	13	100%

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

	Number	As a % of all complaints closed by NHS Boards at stage two
Non-escalated complaints		
Number of non-escalated complaints upheld at stage two	1	33%
Number of non-escalated complaints not upheld at stage two	1	33%
Number of non-escalated complaints partially upheld at stage two	1	33%
Total stage two, non-escalated complaints outcomes	3	100%

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	0	0
Number of escalated complaints not upheld at stage two	0	0
Number of escalated complaints partially upheld at stage two	0	0
Total stage two escalated complaints outcomes	0	0

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.	10	77%
8b. Number of non-escalated complaints closed at stage two within 20 working days	1	33%
8c. Number of escalated complaints closed at stage two within 20 working days	-	-
8d. Total number of complaints closed within timescales	11	69%

Table 8. Number of cases where an extension is authorised

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

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	3	23%
9b. Number of complaints closed at stage two where extension was authorised (escalated and non-escalated complaints)	2	66%
9c. Total number of extensions authorised	5	31%

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 2023 – 31 March 2024 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: Supervision skills for Pharmacy Independent Prescribing and Clinical Skills training

Commendations

“Great course, full of really good information and lots of opportunities to put learning into practice. Not only will it help me support my trainee it will help support me in my own practice.”

“I felt that having the safe space to ensure our own skills level was up to standard has given me the confidence to go back and assess my own trainee. In addition, I felt that the scenarios helped me think about where I could use this in my day-to-day practice.”

Suggestions for improvement

“[Include] Several written examples of good examples of SBAR Socrates fever pain score etc case studies/answers etc to take away and work upon.”

"I think this has been a very useful day. I think another thing that would be helpful is a manual BP practice session. This is a useful skill to have as a prescriber as automatic one is not as helpful for patients with AF. Using a stethoscope is also helpful for respiratory rate."

Case study 2 – Clinical Skills Managed Education Network

Commendations:

Mobile Skills Unit:

"The teaching was excellent. Altogether a great tool for professional and personal development."

"Practical, real-time training is far more beneficial than online, or paper led learning"

"It gave a good insight of the work the retrieval team undertake and how teams work together"

Online resources:

"Section one has been very informative and opened my understanding to how various types of practice can be delivered to health care workers/medics and surgeons to practice, discuss and improve care delivery in a simulation setting and bring those skills back into the workplace with confidence"

Medical Simulation Training

- *"All scenarios really relevant to us and our training."*
- *"All highlighted a structured approach which will hopefully help us feel a bit less anxious about dealing with difficult situations."*
- *"Excellent safe learning environment and faculty"*
- *"Great to include the ambulance and involve paramedics and ICU nurses in the course - increased realism"*
- *"Simulation was extremely realistic. Use of a real ambulance. Structured but also good coverage of lots of topics brought up by trainees. Friendly and approachable faculty."*
- *"Good use of simulation training with mix of home training simulators and in person courses."*
- *"I found boot camp both extremely enjoyable and educational - it is something that makes the Scottish CST programme stand out from others and something to be proud of."*

Case study 3 – CPD Connect, GP Nursing Education Pathway, Practice Manager Programme and Network

“I thought it was a really useful format to learn. Learning from seeing how others consulted, doing the scenarios myself in a comfortable setting, and all the debrief conversations afterwards. There was a good mix of patient presentations – all realistic.”

“Actors were superb. Environment was very supportive and non-judgemental with excellent detailed debrief which cemented key learning points.”

“Loved the peer-to-peer learning as missed opportunities for this in Covid and really valuable to discuss specific issues.”

“The scenarios were well planned and really well acted. It was an interesting premise for a teaching session with some great learning points. Wonderful team who were very constructive with their feedback.”

“Useful course and I liked the way the hyperlinks took you straight to the relevant information so you could read it there and then and print if useful to practice.”

“Brilliant programme and very informative. Really enjoyed it and learned loads.”

Case study 4 – Developing trauma skilled practice (Psychology)

“Every person in Scotland should complete this.”

“Having this knowledge will allow me to be a more sensitive, more effective and impactful professional. And probably, in some ways, I will be a nicer human being too...”

“I wish I'd had access to this earlier in my life. This course should be widely available”

“Absolutely brilliant course. Well-structured and with great learning. Inspiring!”

“I have twenty years' experience working with children and young people with trauma ... and I still found this accessible and enlightening.”

“Very insightful session. It has helped me understand my adopted child far better and to know how to help her and myself particularly my window of tolerance and connection before correction.”

“I was very impressed and at points found it quite moving especially exploring the positive things adults can do.”

Case study 5: Family Nurse Partnership

“I cannot thank you all enough for the training, in 23 years of nursing I have never received such high-quality training. Not only have I made new FNP friends for life, but I am able to do a job that I love, and I am passionate about. All round fantastic - thank you”.

“Thank you to the Educators for making the FNP learning such an enjoyable experience. I am sad it has come to an end!”

“FNP is an amazing programme which I feel very humbled and proud to be part of. I have enjoyed being taught by a very passionate team of FNP educators. Sometimes it was overwhelming developing into the role of FNP on the job with the training but during the training the educator’s enthusiasm and experience helped alleviate that stress.”

“The FNP learning programme provides the education at the right time, in a positive learning environment where your contribution feels valued.”

“Overall I thoroughly enjoyed the training and found out it greatly beneficial to my role as a FN and being able to consolidate my learning in practice.”

“...the education team have all been excellent, approachable and clearly passionate about what they do”

“...the education team consistently provide such a positive learning environment and go out of their way to ensure they meet our needs as learners.”

Case study 6: Scottish Multiprofessional Maternity Development Programme (SMMDP)

“The course presenters were knowledgeable and presented in a way that made me feel like the scary unmanageable is quite manageable. venue was suitable and the mannequins realistic enough. Good mix of chat and videos and they weren’t afraid to shy away from the reality of the less pleasant aspects of the job.

The course tutoring was very professional and knowledgeable, I enjoyed this course. :)

Excellent course-I thoroughly enjoyed the clinical practice and felt it help consolidate my knowledge and give me more confidence in my clinical ability and skills.

Overall, I was highly impressed with this course. I felt a little intimidated with the idea of coming but the instructors and course organisers were so welcoming. I felt you all created a very positive and supportive learning environment. I left feeling far more confident in my knowledge and skills. I have been recommended to colleagues!

Excellent expert teaching from the midwifery faculty. Great workshops giving plenty time for each candidate to practice. A very supportive atmosphere. All aspects of the day helped me immensely. good lectures, following on from the pre-course reading needed to be done prior to attending the 2 study days.

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](#).