NHS Education for Scotland
Feedback, Comments, Concerns and Complaints
Annual Report 2015-16

We are a national special NHS Board responsible for education, training and workforce development for those who work in and with NHSScotland. The summary table below precedes the full report and provides brief details of the complaints we received between 1 April 2015 and 31 March 2016, in addition to other feedback, comments and concerns. The full report provides more detailed information on the feedback, comments, concerns and complaints received during 2015-16.

Complaint (1) from a member of the public about unauthorised use of a copyrighted digital product.	The complaint was upheld. A recommendation was made that externally hosted websites are reviewed and brought in-house.
Complaint (2) from a dental nurse trainee about a decision to remove her from a course.	The complaint was upheld following successful appeal, and course documentation is to be revised.
Complaint (3) from a member of the public that a NES website used a copyright photo without permission.	The complaint was upheld. A recommendation was made that externally hosted websites are reviewed and brought in-house.
Complaint (4) from a dentist that an in-practice decontamination course was below standard.	Not upheld.
Concern expressed by a psychology trainee's union about the individual's removal from a training post by the employer and training provider.	Information was provided on recent improvements to Psychology training programmes and feedback sought on further improvements.
Complaint (5) from a nurse graduate that the One Year Job Guarantee Scheme did not enable a post to be secured in their preferred area.	Not upheld.
Feedback received from a clinical psychologist about a NES commissioned training programme.	A response was provided outlining progress on a new accreditation framework and potential employment opportunities.
Complaint (6) from a medical trainee alleging discrimination on grounds of ill-health.	This complaint was partially upheld and an apology given. An offer of specialist careers advice was made and accepted.
Complaint (7) from an NHSScotland staff member about the administration of a Health and Care Professions Council approval visit.	The complaint was upheld and a review of administration procedures was undertaken.
Complaint (8) from an optometrist about a corneal abrasion at an optometry training event.	The complaint was upheld and improved processes were put in place including increased governance.
Complaint (9) from an NHSScotland staff member about an alleged data breach.	Not upheld.
Complaint (10) from a medical trainee with special needs about the level of support provided.	This complaint was out with the timescales for investigation but it was considered appropriate for an investigation to be conducted by the Medical Directorate (currently ongoing).
Complaint (11) from a doctor about alleged unfair treatment by the Scottish Deanery.	This was a historical complaint, significantly out with the timescale for investigation.

Contents

Introduction

1. Encouraging and Gathering Feedback

1.1 Educational Governance

1.2 Engagement and Intelligence Gathering

1.3 Equality and Diversity

2. Encouraging and Handling Complaints

2.1 Feedback, Comments, Concerns and Complaints Register

3. The Culture, including Staff Training and Development

4. Improvements to Services

4.1 Educational Governance

4.2 Complaints and Feedback

5. Accountability and Governance

Appendix 1 Feedback and Complaints Digital Learning Resources

Appendix 2 NHS National Services Scotland (NSS) pro-forma complaints return

Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2015-16. By gathering feedback and comments through extensive surveys, listening to concerns and handling complaints we routinely seek the views of staff, trainees, stakeholders and partner organisations. This is important because it helps us to establish what matters to our stakeholders and how we can improve the educational products and services we provide for staff and trainees across health and social care.

1. Encouraging and Gathering Feedback

We plan and deliver our activities and targets in partnership with a wide range of stakeholders and we gather feedback from trainees and learners through well-established Educational Governance processes. This approach focuses on getting it right, making it better, sharing good practice and providing assurance that education and training is of high quality, makes a difference and is well managed. Following an evaluation of the existing arrangements for Educational Governance and Risk Management during 2015-16 we have implemented a revised Educational Governance Framework and Risk Management Strategy with improved alignment between educational quality management and risk.

In addition, we are currently evaluating the effectiveness of our corporate Engagement and Intelligence Gathering process to ensure that feedback from colleagues in government, across health and social care, and in the third sector helps to identify the right priorities and informs our corporate plans. As a result, we are aiming to introduce a revised approach to stakeholder engagement during 2016 to improve the consistency and quality of the feedback we gather from key partners.

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

1.1 Educational Governance

Our Educational Governance processes remain a key source of information and assurance for the Board in relation to performance and quality across the wide spectrum of our educational programmes and work streams. These arrangements are subject to periodic review and annual audit which reflects their importance in terms of accountability and improvement. During 2015-16 we implemented and audited revised processes to ensure that Educational Governance is aligned with key risks, and involves a wider range of our staff and external stakeholders in quality monitoring processes. Our Educational and Research Governance Committee also maintains scrutiny of processes and practice throughout the year to identify opportunities for improvement and ensure due process is followed. Within this section we highlight some of the improvements to Educational Governance arrangements during 2015-16, with illustrative examples of good practice.

A significant change to the core Educational Governance processes has been the implementation of a risk profiling approach by clinical directorates to identify and select programmes for review. This has involved the review of all programmes against the five dimensions of the corporate Risk Management Framework (governance, finance, reputation, operational, strategic) to highlight any work streams where the assessed risks exceed the Board's agreed risk tolerance. The outputs from this exercise enabled us to establish a new risk-based quality monitoring schedule which reflects the Board's key priorities. Our risk profiling approach was subject to internal audit, which confirmed that the process was robust and implemented effectively. An audit recommendation that the outcomes of risk profiling should be documented more fully and reported to the Board is planned for implementation during 2017-18.

A second enhancement to the Educational Governance processes has been increased involvement of a wider group of our staff and external stakeholders in monitoring the quality of educational programmes. We have now recruited four staff and three external experts to act as Critical Readers for Educational Governance quality monitoring reports. This is intended to bring fresh perspectives to this aspect of our work and introduce a greater degree of transparency and accountability while also benefiting staff development and succession planning.

The collection of feedback from healthcare professionals in training and other learners continues to feature as an important aspect of quality management. As reflected in our 2014-15 *Feedback, Comments, Concerns and Complaints Annual Report*, feedback data is routinely collected from a broad range of service users and partner organisations. This is used to identify educational needs and preferences and to inform evaluation of training programmes and educational products. User feedback represents an important aspect of quality improvement and is therefore the subject of close scrutiny by our Educational Governance groups. A notable example of such user feedback is the Scottish Training Survey, which is used to assess the quality of the learning environment for postgraduate medical trainees. This data, combined with other intelligence on training quality, is used by the Scottish Deanery to affect quality improvement and is reported to our Educational and Research Governance Committee on a regular basis.

Case study: Nursing & Midwifery Undergraduate Programme

Our commitment to enhancing the quality of feedback from learners is illustrated by the Nursing and Midwifery Undergraduate Programme which is undertaken on behalf of the Scottish Government. We work in partnership with providers of undergraduate nursing and midwifery programmes to support educational quality assurance activities. As part of the performance management process, survey data is gathered from a number of sources and used to support ongoing dialogue and feedback with the universities and their NHS Board stakeholders about the delivery and quality of nursing and midwifery programmes in Scotland.

The Nursing, Midwifery and Allied Health Professions (NMAPH) Directorate has implemented improvements in the way that feedback is collected through establishment of a tripartite working group to co-ordinate the management and use of the survey. During 2015-16 this has improved the production of institution-specific data, and introduced data collection software which can be used across all device types. An increase of 11% in survey feedback response rates among student nurses and midwives was evidenced during 2015-16.

1.2 Engagement and Intelligence Gathering

We are currently reviewing the corporate Engagement and Intelligence Gathering process to improve the quality and consistency of engagement with partner organisations in government, and across health and social care and the third sector.

During 2015-16 we identified the following priorities through this process:

Recruitment and Retention – We are aware of the challenges in recruitment and retention, particularly with regard to the medical and nursing workforce. These are complex issues affecting the whole of the UK and we continue to engage in discussion at a Scottish and UK level. We are working hard with our key stakeholders e.g. NHS Boards and Royal Colleges, to ease immediate pressures by implementing solutions where possible. These include the expansion of trainee numbers in some specialties and proposals to recruit more trainees where we anticipate gaps due to: less than full time working; trainees satisfactorily completing training; or going out of programme for more than a year for research or training. We are also continuing to promote post-graduate training in Scotland through career fairs and other activities. We are mindful of the potential risk to retention of nurses and midwives as a result of the introduction of revalidation and we have made available our *ePortfolio* to help registrants collect the evidence required for revalidation.

Health and Social Care Integration – We are engaging with Integrated Joint Board Chief Officers to review emerging plans and consider our future contribution. We have also been working with the Scottish Government (SG), Joint Improvement Team (JIT) and Scottish Social Services Council (SSSC) to develop a digital resource on strategic commissioning to support the planning and delivery of services in a new way. In partnership with SSSC and the Royal College of General Practitioners (RCGP) we have launched a leadership programme for primary care staff across health and social care and we are working with SSSC to provide appreciative inquiry workshops. In conjunction with NHS Highland and SSSC we have begun the process of developing generic support workers in preparation for integration in our remote and rural programme; and we are continuing our work on educational pathways and support for healthcare support workers. We continue to work jointly with SSSC on a number of other projects. The further development of *TURAS* (the NES Digital Platform), represents a key element of the infrastructure that will support learning and development for staff working across health and social care, and will allow administration and reporting of learning within teams where line management arrangements may not accord with employment arrangements.

Access to Education and Training – We are progressing well in the development of a new vision for the future of our digital services and we have already delivered the

two major components planned for 2015-16. This Digital Transformation puts users at the centre, achieving personalised access to our cloud based digital resources, irrespective of the employing authority; anywhere, on any device, and with a single sign on. We are also mindful of the need to take user capabilities into account and our remote and rural work includes the production of a multi-disciplinary Technology Enabled Learning (TEL) programme for health and social care staff. We are currently working with the eHealth Strategy Board to scope out how we can support implementation of a national learning plan. We understand the service pressure our stakeholders are experiencing and the need to support staff and trainees as close as possible to the point of care, whilst acknowledging that there will always be times when it is necessary for staff to be released to support their learning.

Leadership and Management – We are conscious of the particular training and development needs identified to support middle management, talent management and succession planning, and we are working closely with SG colleagues to establish clear plans for our activities in this area. We are also putting an increasing emphasis on leadership for change and we have worked with SG, SSSC and NHS Boards on a leadership and management statement and the development of a Scottish Public Service Leadership Framework. We acknowledge that there is a need to improve access to digital learning for senior and middle managers and we are working through our Digital Transformation to prioritise our leadership and management development activities to support integration. Current specific initiatives include: public service leadership exchanges and the Enabling Collaborative Leadership Pioneer Programme; a Dialogue Community of Practice; a Scottish Coaching Collaborative; a programme to support leadership for integration; and the joint initiative with the RCGP and SSSC on collaborative leadership in primary care.

Role Development – We are considering the outcomes from the reviews of out of hours and public health and we are working with the Chief Nursing Officer to develop nationally consistent education pathways for advanced nursing practice roles. We have a renewed focus on opportunities for enhancing the service contribution of nurses and midwives in the context of the reviews of children and young people's services; unscheduled care/out-of-hours; seven day working; and changes to models of community-based care. We are also developing more qualified independent prescribers (IP) to help shift the balance of care into the community and we have put in place early clinical career and AHP fellowships plus practice internship

opportunities and a range of remote and rural, health inequality, paediatrics and academic fellowships.

Feedback gathered through this process is summarised and presented in an annual stakeholder engagement report which is submitted to our Board in October each year. This is followed by a communication to our stakeholders from our Chief Executive summarising the actions we are taking in response to the priorities identified. Individuals or organisations that raise specific queries are provided with a more detailed report which summarises their enquiry and our response. These reports inform our strategic and operational planning each year and are summarised in our Local Delivery Plan (LDP).

1.3 Equality and Diversity

We actively collect feedback on equality, diversity and inclusion, at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups. The findings are reviewed by the Participation, Equality and Diversity Lead Network, which comprises senior representatives from each of our directorates, as part of an annual review of performance. Findings are used to identify priorities for action.

We have an *Inclusive Education and Learning Policy* which sets out the expectations for embedding equality and diversity in educational work and encourages the use of feedback for improvement. Implementation of the policy is monitored through the Educational Governance process, which includes a focus on educational inclusion and feedback from learners. The Educational Governance Framework was reviewed in 2015 and we have been implementing the revised framework during 2015-16, including updated aspects of equality and inclusion. We have also developed more specific guidance on assessing equality impact for educational programmes, citing feedback, concerns and complaints as part of the evidence base for assessment.

In 2015-16 we carried out a review of complaints handling and we developed a new process for classifying equality and diversity-related issues arising in complaints, along with guidance for staff handling complaints locally. The corporate complaints team will undertake further training, which includes a focus on implementing a human factors based approach to complaints and feedback, to further improve practice. We

will monitor the implementation of this new process in 2016-17 and use the data to inform the review and refresh of our organisational equality outcomes.

2. Encouraging and Handling Complaints

We encourage and handle complaints directly through Educational Governance processes, through training programme feedback channels and through the *Contact Us* digital form for those wishing to express a concern or make a formal complaint. During 2015-16 we evaluated the current arrangements for complaints handling and made the following improvements:

- *The complaints team completed in-depth complaints handling training.*
- *A network of complaints leads was established across the organisation and formal training has been made available for this group. In addition, workshops have been established to support implementation of consistent processes, identification of common themes, and dissemination of learning.*
- *Organisational procedures were established setting out the steps to be taken by staff who might receive feedback, comments, concerns and complaints.*
- *A formal record was put in place to document the authorisation of responses to complaints by the appropriate director.*
- *A single record of all complaints received by directorates and the corporate complaints team was put in place along with a quality review process to confirm that each directorate is applying complaints handling procedures consistently and in line with procedures.*
- *A formal process was put in place to confirm that directorate level actions have been completed and to help ensure that that lessons learned in one directorate are shared across the organisation.*

Through Educational Governance, we also have in-built local appeals or complaints processes e.g. in foundation and speciality training in Medicine and Dentistry. In line with our educational support role as a Special Health Board we do not normally receive a high volume of complaints and a detailed breakdown for 2015-16 is provided in Section 2.1 *Feedback, Comments, Concerns and Complaints Register*. In addition, Appendix 2 of this report includes details of the return sent to NHS National Services Scotland (NSS) confirming complaints figures for the NHS Complaints Statistics publication.

2.1 Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2016

Source (1)	Summary (2)	File Ref (3)	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Lessons Learned/Improvements (5)
Member of public	***Complaint (1)*** about the unauthorised use of a copyrighted digital product.	June 2015 GP website	15/06/15	A – 16/06/15 R – 24/06/15	Upheld	Recommendation that externally hosted websites are brought in-house and reviewed to ensure the appropriate governance and controls are in place.
Dental nurse trainee	***Complaint (2)*** from a dental nurse trainee about a decision to remove her from a course.	July 2015 west dental trainee appeal	29/06/15	A – 13/07/15 R – 13/07/15	Upheld Appealed successfully.	The decision was appealed successfully and course documentation revised to ensure consistency in all NES dental education centres.
Member of public	***Complaint (3)*** that a NES website used a copyright photo without permission.	August 2015 photography medical	13/08/15	A – 14/08/15 R – 03/09/15	Upheld	Recommendation that externally hosted websites are brought in-house and reviewed to ensure the appropriate governance and controls are in place.
Dentist	***Complaint (4)*** that an in-practice decontamination course was below standard.	September 2015 dental training	14/09/15	A – 15/09/15 R – 18/09/15	Not upheld The course evaluation and feedback did not support the view that the training was below standard.	N/A

Source (1)	Summary (2)	File Ref (3)	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Lessons Learned/Improvements (5)
Psychology trainee's union	***Concern*** regarding a psychology trainee's removal from their training post by the employer and training provider.	December 2015 historical psychology	19/11/15	A – 13/01/16 R – 13/01/16	This concern was about the employer and training provider and feedback was provided on recent improvements in psychology training.	Information requested to establish what further improvements could be made to psychology training programmes.
Nurse graduate	***Complaint (5)*** that the One Year Job Guarantee Scheme did not enable the graduate to start a post in their preferred area.	December 2015 OYJG	13/12/15	A – 14/12/15 R – 14/12/15	Not upheld	Apology that the preferred post was not secured and an explanation of the process provided.
Clinical psychologist	***Feedback*** about a NES commissioned Psychological Therapy in Primary Care programme.	January 2016 psychology	18/01/16	A – 01/02/16 R – 01/02/16	An e-mail response was provided, reporting progress with the programme.	Progress reported on a new accreditation framework for Associate Psychologist Practitioners and potential employment opportunities.
Medical trainee	***Complaint (6)*** alleging discrimination on grounds of ill health.	January 2016 medical trainee	20/01/16	A – 22/01/16 R – 16/02/16	Partially upheld Letter of explanation forwarded and offer of specialist careers advice made (accepted and now underway).	Apology given as some Annual Review of Competence Progression (ARCP) procedures were not followed correctly. Consider making careers advice available in all such cases.

Source (1)	Summary (2)	File Ref (3)	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Lessons Learned/Improvements (5)
Staff (other NHS)	***Complaint (7)*** about the administration of a Health and Care Professions Council (HCPC) approval visit.	March 2016 - NMAHP	02/02/16	A – 03/02/16 R – 03/02/16	Upheld Complaint managed at Directorate (NMAHP) level.	Apology given and a review of administration procedures undertaken.
Optometrist	***Complaint (8)*** about a corneal abrasion at an optometry training course.	February 2016 optometry	04/02/16	A – 04/02/16 R – 29/02/16	Upheld	Post course *slit lamp* checks put in place and simulation now used where possible. Also standardised sterilisation procedures put in place and records kept on who has procedures carried out.
Staff (other NHS)	***Complaint (9)*** alleged data breach.	N/A Medical Directorate	12/02/16	A – 16/02/16 R – 16/02/16	Not upheld Full explanation provided and complainant satisfied with the response.	N/A
Medical trainee	***Complaint (10)*** about the level of support provided to a trainee with specific needs.	February 2016 medical trainee Tayside	19/02/16	A – 19/02/16 R - ongoing	Although this complaint is out with timescales for investigation it was judged appropriate to address the trainee's concerns through an investigation by our Medical Directorate.	Investigation ongoing.

Source (1)	Summary (2)	File Ref (3)	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Lessons Learned/Improvements (5)
Doctor	***Complaint (11)*** about alleged unfair treatment by *the Scottish Deanery*	March 2016 medical deanery	14/03/16	A – 15/03/16 R – 22/03/16	Not progressed This historical complaint was significantly out with the timescale for investigation.	N/A

NHS National Services Scotland (NSS) Guidance Notes:

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

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

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

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

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

3. The Culture, including Staff Training and Development

A key workforce priority is creating and sustaining a healthy organisational culture which values openness, honesty and responsibility. Through our ways of working we encourage staff to be open, to listen and learn and to take responsibility and lead by example. This applies to how we respond to feedback, comments, concerns, and complaints and as outlined in Section 2, during 2015-16 we evaluated the complaints handling arrangements and put in place a range of improvements designed to improve capacity and capability in this area. This included the development of formal organisational procedures and training for a newly developed network of directorate staff, as well as more in-depth training for the corporate complaints team.

We continued to support the training, education and development of health and social care staff in relation to feedback, comments, concerns and complaints during 2015-16. In conjunction with Scottish Public Services Ombudsman (SPSO), NHS Health Scotland, and Scottish Human Rights Commission, we provided seven workshops across different geographical locations in Scotland. This included delivery to the remote and rural NHS Boards using video-conferencing and digital learning resources. By deploying these technologies, we have been able to provide remote and rural staff with the same training as that offered to staff across the other NHS Boards. These sessions support staff in preparation for the upcoming changes to the feedback and complaints procedure for NHSScotland with a focus on valuing feedback and early resolution. We also introduced new elements to the training such as human rights based approaches to resolving complaints; and tools and techniques such as human factors approaches and values based reflective practice.

The joint NES/SPSO digital learning resources for feedback and complaints continue to be rolled out across NHSScotland and the uptake figures for 2015-16 are provided in Appendix 1.

4. Improvements to Services

We gather feedback through educational surveys, evaluation and impact assessment. This data is held by our directorates in a variety of formats and systems. The summary below provides examples of improvements made as a result of Educational Governance processes in addition to improvements resulting from

feedback, comments, concerns and complaints reported to directorates or received directly by the corporate complaints team.

4.1 Educational Governance

As reflected in Section 1.1 above, we have well-established Educational Governance arrangements designed to provide assurance to the Board and external stakeholders about continuous improvement of core educational activities. Much of our assurance and improvement activity is based on the collection and analysis of feedback data from trainees and other learners.

A key priority is the quality management of postgraduate training programmes for clinicians (including Medicine, Dentistry, Pharmacy, Psychology and Healthcare Science). These programmes are designed to ensure that training meets the relevant regulatory standards; trainees have a positive learning experience; and that the supply of competent clinicians is maintained. The following case study illustrates the use of feedback data by the Medical Directorate to improve educational quality in postgraduate training.

Case study: Using feedback to improve postgraduate medical education

Our Medical Directorate uses several tools to monitor the quality of postgraduate training against the General Medical Council's standards for training. These include the GMC's National Trainee Survey; the Scottish Trainee Survey; and Deanery Visits to Local Education Providers (LEPs) in the NHS Boards. These tools generate data which enables us to understand educational quality across a range of criteria and to make improvements in partnership with LEPs.

Trainee survey feedback led to an action plan being developed for implementation of improvements at Glasgow Royal Infirmary Canniesburn Unit. GMC survey data highlighted trainee dissatisfaction in a number of areas including supervision, induction, and rostering. Following further investigation and discussions an action plan was agreed and put in place. Subsequent monitoring has demonstrated significant improvements and greater assurance about the provision of a good quality medical training environment.

Case Study: Demonstrating the Impact of our Educational Activities – Childsmile

In addition to using Educational Governance processes to support quality improvement we are also committed to demonstrating the impact of our work on health and social care services in key areas such as increased productivity, cost savings, and better quality of care.[1] During 2015-16 we continued to re-orient the focus of our educational evaluation activity from *outputs* to *outcomes*. We have made significant changes to the corporate operational planning process to articulate the intended impact of our work on services, and we have supported staff with training, guidance and consultancy in impact planning and measurement. Educational Governance monitoring processes now report the different types of impact generated by programmes and record progress towards impact measurement. The following case study on our *Oral Health Improvement Programme* illustrates a developing approach to impact evaluation.

The Oral Health Improvement Team (OHIT) provides educational support for the delivery of national initiatives aimed at improving Scotland's oral health as set out in the Oral Health Improvement Strategy for Priority Groups. A key work stream for OHIT is the *Childsmile* initiative, which focuses on child oral health improvement, through the training of Dental Nurses (DNs) and Dental Health Support Workers (DHSWs) to provide preventative services in schools, nurseries and dental practices. The initiative has been successful with a significant proportion of dental practices delivering *Childsmile* services since 2006.

Despite the progress achieved by the Oral Health Improvement Team it became apparent that dentists were receiving referrals from qualified *Childsmile* staff where treatment was incorrectly prioritised. A *risk assessment* digital learning module was introduced to assist in the standardisation of DN and DHSW assessment of dental caries. The training was evaluated at four levels of impact: staff engagement; learning; changes in practice; and the reduction of inappropriate referrals for dental treatment. The evaluation results indicated a high degree of engagement from the

[1] NES Strategic Framework 2014-19, Key Outcome 1 – *A demonstrable impact on health and social care services*.

participating staff, of whom a high proportion were found to be applying the recommended risk assessment process.

4.2 Complaints and Feedback

Where we have identified improvement opportunities arising from complaints and feedback we have responded with targeted actions. An outline of improvements resulting from complaints and feedback during 2015-16 is given below.

Action taken to improve services as a result of complaints:

- *Improvements to Optometry clinical training procedure introduced, including standardisation and increased governance.*
- *Revision of course documentation to ensure consistency in all NES dental education centres.*
- *Proposal for review of externally hosted websites to ensure appropriate governance and controls, and migration to in-house platforms.*
- *Review of administration procedures in relation to regulator visits.*
- *Proposal for provision of specialist careers advice where appropriate for medical trainees.*

Action taken to improve services as a result of feedback, comments and concerns:

- *Enhanced communication in relation to Psychology training programme improvements, accreditation framework; and potential employment opportunities.*

5. Accountability and Governance

This annual report is submitted to the Executive Team and Audit Committee in June each year and any recommendations made as a result are followed up by the corporate complaints team. The annual report is published on our website by the end of June each year at www.nes.scot.nhs.uk/about-us/planning-and-corporate-governance.aspx and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO). Finally, we provide a return to NHS National Services Scotland (NSS) confirming the NES complaints figures that appear in the NHS *Complaints Statistics* publication (Appendix 2).

Feedback gathered through the Engagement and Intelligence Gathering process is summarised into an annual report which is submitted to the Board in October each year and distributed to all our stakeholders followed up by a detailed response to specific stakeholder queries. This report informs operational planning across our organisation and is summarised in our Local Delivery Plan (LDP).

Our Educational and Research Governance Committee meets regularly to monitor and quality assure educational services and to record recommendations made as a result of feedback. A formal note of this committee is reported to the Board as a routine and regular agenda item.

APPENDIX 1

Feedback and Complaints Digital Learning Resources

Uptake by Staff of Learning Modules via Learnpro from 1 April 2015 – 31 March 2016

Health Board[1]	**Module 1** Valuing Feedback	**Module 2** Encouraging Feedback and Using It	**Module 3** NHS Complaints and Feedback Process	**Module 4** The Value of Apology	**Module 5** Managing Difficult Behaviour	**Module 6** Investigation Skills[3]
NHS Ayrshire and Arran	64	60	59	59	56	16
NHS Borders	73	73	76	73	74	32
NHS Dumfries and Galloway	25	21	15	14	15	1
NHS Fife	86	82	79	80	78	14
NHS Forth Valley	184	174	164	163	161	43
NHS Grampian[2]	260	183	153	149	158	93
NHS Greater Glasgow and Clyde	3097	3038	3008	2981	2966	161
NHS Highland	36	33	32	33	33	26
NHS Lanarkshire	723	706	703	693	693	0
NHS Lothian	154	158	154	157	155	26
NHS Orkney	106	105	98	97	95	140
NHS Shetland	93	89	86	80	84	7
NHS Tayside	1099	1070	1041	1021	1010	38
Western Isles Health Board	23	24	19	17	16	2

Cont'd over/

Notes

[1] Excludes Health Boards which do not use Learnpro (NHS Health Scotland)

[2] NHS Grampian make the modules available to their staff via AT (All-Time) Learning

[3] This is a very specialised module only suitable for those staff investigating complaints

Uptake by Staff of Learning Modules via Learnpro from 1 April 2015 – 31 March 2016

Health Board[1]	**Module 1** Valuing Feedback	**Module 2** Encouraging Feedback and Using It	**Module 3** NHS Complaints and Feedback Process	**Module 4** The Value of Apology	**Module 5** Managing Difficult Behaviour	**Module 6** Investigation Skills[3]
Special Health Boards						
Healthcare Improvement Scotland	2	2	2	2	1	0
National Waiting Times Centre	10	11	10	9	9	0
NHS Education for Scotland[4]	17	14	13	13	13	3
NHS National Services Scotland	9	8	8	8	8	7
NHS 24	0	1	1	0	0	0
Scottish Ambulance Service	0	0	0	136	0	0
6192	131	138	139	0	133	5
Grand Total	**6192**	**5990**	**5860**	**5785**	**5758**	**614**

Notes

[1] Excludes Health Boards which do not use Learnpro (NHS Health Scotland)

[2] NHS Grampian make the modules available to their staff via AT (All-Time) Learning

[3] This is a very specialised module only suitable for those staff investigating complaints

[4] NES Directorate complaints leads (nine) will complete Modules 1 to 6 during 2016-17 as part of their formal training and development programme

APPENDIX 2 Complaints received year ending 31 March 2016

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

NHS EDUCATION FOR SCOTLAND	No.	Notes
Total number of complaints received	11	(1)
Number of complaints withdrawn	1	(2)
No of complaints used in ISD analysis	10	(3)
Response Times		
Responded to within 20 days	9	
Responded to out with 20 days	0	
No of complaints still open	1	
Acknowledged within 3 days	10	
Median wait to respond	6.5	(4)
No. of complaint outcomes	10	
Complaints upheld	5	
Complaints partially upheld	1	
Complaints not upheld	3	
Irresolvable	0	
Number where alternative dispute resolution used	0	
Other		
Not Known	1	

Reference Notes

(1) comprises five complaints received by the Corporate Complaints Team and six complaints received locally by Directorates

(2) refers to a complaint not taken forward

(3) includes complaints still open (1)

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

The number of complaints resolved within three days is three.

APPENDIX 2 Complaints received year ending 31 March 2016

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

Main Complaints Issues	**No.**
Copyright	2
One Year Job Guarantee Scheme	1
Dental nurse training course	1
Optometry clinical training procedure	1
Medical ARCP (Annual Review of Competence Progression) procedures	1
Dental in-practice training course	1
Administration process	1
Medical trainee special needs support	1
Unfair treatment	1
Data breach	1

Resulting Actions	
Code	Description
ACTIONS:	- Review of externally hosted websites - Review of administration procedures - Revision of training course documentation - Provision of specialist careers advice
SYSTEM:	- Improved Optometry clinical training arrangements including standardisation and increased governance

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

APPENDIX 2 Complaints received year ending 31 March 2016

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

Comments on data accuracy, data quality, and/or any other issues/concerns

The number of complaints received continues to be relatively small with 21% fewer complaints during 2015-16 compared with the previous year.

Excluding complaints still open, the number of complaints resolved within 20 days has increased from 60% in 2014-15 to 100% during 2015-16.

As a result of the improvements we have implemented in our data collection processes this year, we are able to confirm the *median wait to respond* in our statistical return for 2015-16.

There were no complaints this year which required to be re-directed to another health board (under the *withdrawn* category). Our published Feedback, Comments, Concerns, and Complaints Procedure details the specific areas that are out with the scope of our complaints process.