

NHS Education for Scotland

Feedback, Comments, Concerns and Complaints Annual Report 2025-2026

September 2026

This report relates to the final year of operation of NHS Education for Scotland (NES) before its functions were incorporated within a new public body, Public Services Delivery Scotland (PSD Scotland) on 1 April 2026.

NHS Education for Scotland was an education and training body and a national health board within NHS Scotland. It was responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. It had a Scotland-wide role in undergraduate, postgraduate and continuing professional development. As a national NHS board, NES worked in partnership with the Scottish Government, NHS Health Boards, local authorities and other stakeholders to support health and social care services in Scotland. This was by providing education, training and workforce development; supporting recruitment and strengthening career pathways. NES also supported 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 received by NES between 1 April 2025 and 31 March 2026.

Table 1: Summary of complaints received and outcome 2025-2026

Subject of complaint		Outcome of Complaint	Lessons learned
1	A complainant felt that an e-Learning module lacked information around authorship, transparency, governance and funding details.	Upheld	An apology was provided. A review of the resource took place and an additional document which provides details on contributors to the module development process and a transparency statement about funding arrangements produced
2	A doctor in training requested advice on their annual leave allowance. This was not provided within a reasonable timescale.	Upheld	An apology was provided. Information on calculating annual leave allowance on Turas Hub to be reviewed.
3	Complaint about an alleged member of staff "sending hate crime and racial abuse to members of the public".	Not upheld	A check was completed by workforce colleagues, which confirmed that the person was not a NES member of staff. The 'Facebook' social

			media profile was reported to the company.
4	A complainant was disappointed with the loss of a key finance document (lost in post/not received) and the level of communication experienced.	Partially upheld	Due to legislation, the paperwork that was missing/lost in post cannot be re-issued (and complaint not upheld). However, a related communication issue was apologised for and upheld – a new spreadsheet file was produced and shared with the complainant. The feedback was noted for process improvements within the team.
5	Complaint about an alleged member of NES staff and recent inappropriate social media postings.	Not upheld	Checks indicated that the social media posts were not from a current NES staff member.
6	A trainee complained of problems obtaining an "out of course" tax statement for part of a financial year.	Upheld	The team was briefed on the exceptional circumstance (out of course request out-with the usual procedure). This feedback was used for team training and the statement of earnings was issued to the complainant.
7	Complaint about the handling of Dental VTE application and reasons sought why the number was not granted.	Partially upheld	Clear and detailed explanation regarding reasons for rejection of application was sought and provided. Clarification was provided on the reasons why the Dental VT number was not granted. An apology was given for delays in handling the case.
8	Complaint about repeated delay in communications following an initial complaint on finance relocation expenses.	Upheld	Process for following up recommendations and progress on actions now included in local complaints SOP. The finance communication delays were

			the result of high volume of enquiries and complex claims, and the team will acknowledge requests and prioritise escalated queries and complaints.
9	Complaint from a GP Partner relating to timelines required for pharmacy students to request GP letters to validate their needs for reasonable adjustments during exams.	Not upheld	Further information on the required timelines was provided to the complainant.
10	Complaint about a delay in increased pay and back payments for less than full time/maternity leave.	Upheld	NES was working with NHS National Services Scotland to process all outstanding payments.
11	Complaint about a Scottish Dental Vocational Training Equivalence and Certification Committee (SDVTECC) communication delay with regards to (1) receipt of a reference and the time taken to follow up and (2) views shared by the committee on the quality of a reference provided and that no guidance for providing references was provided.	Partially upheld	The reason for the delay was provided, as well as the available SDVTECC structured reference form for providing references. An apology was issued to advise that the comments were not to be perceived as defamatory and for any distress caused.
12	Complaint from a trainee regarding delays in honouring correct salary incremental point at the commencement of a new training post.	Upheld	The issue was resolved at the frontline and salary was set correctly, with outstanding back-pay due noted. HR advised that learning within the team will take place.
13	A resident doctor in training requested clarification of his relocation expenses claim and reimbursement of additional money spent.	Upheld	An apology was issued as the complainant had acted on the advice provided by the placement board. It was noted that there was some

			confusion about the eligibility criteria for NES employed trainees. The placement board has reviewed their process and will now advise their team to refer any queries regarding NES employed trainees to the Turas Hub for accurate information.
14	A resident doctor in training complained that they did not receive a relocation package for a second placement. She also complained about delays in communication.	Not upheld	The substantive complaint about non-payment of a second relocation package was not upheld as NES adhered to national policy. However, it was noted that the standard of communication could be improved.
15	A former employee complained about poor communication since leaving NES, which resulted in errors in payments and incorrect information being shared with the HMRC.	Upheld	To prevent similar issues in future, the communication process will be strengthened by providing clear guidance and a list of contacts for relevant stakeholders. This will ensure information is shared promptly and accurately with the right parties. Regarding the handling of the complainant's queries, collaboration between NES departments will be reinforced which will help clarify responsibilities. The aim is to ensure that termination notes are properly captured in the system and flagged in reports, so that situations like this are managed effectively. The current procedure for

			requesting repayment of overpaid salary will be reviewed with a view to ensuring that the step of suppressing reminder emails (where applicable) is recognised in future.
16	A job candidate had some complications in (1) applying for an intended post (and ended up applying for another in error), (2) confirming an interview slot, and (3) connecting to an online interview, which was 'missed' / subsequently non-existent (no interview confirmation received).	Not upheld	This case was escalated to a stage two process. However, no further response was received from the complainant and so closed at stage one.
17	A Pharmacy student complained that they did not receive any responses to his communications about his application for a pharmacy placement.	Not upheld	Recruitment for NHS Education for Scotland 2026-2027 Foundation Training Year concluded with all matching complete. Formal communications regarding outcomes were due to be circulated to all applicants the next day (of the final response issued to the complainant).
18	A resident doctor in training complained that NES had misused their email information by giving their email address to a "politician" (health secretary role in Scottish Government) to share a political statement.	Not upheld	NES complied with GDPR requirements, and the complainant was contacted in line with bulk email communications practice (providing resident doctors in training with an update with regards to their pay) using details provided by the complainant.
19	A pharmacist complained that NES did not provide them with a place on a	Not upheld	It is up to individual NHS Scotland Health Boards to allocate places based on

	funded Pharmacy Independent Prescribing course. They also complained about failure to provide access to Independent Prescribing training for locum and self-employed pharmacists. This complaint was initially received at stage one and subsequently escalated to stage two.		local service needs. NES was not involved in the process. The complainant was advised on self-funded approaches. Future discussion will take place around ongoing allocation of independent prescribing NES-funded places. The complainant was also signposted to discuss career options with Community Pharmacy Scotland, if helpful.
20	A psychology supervisor had complained about the mishandling of concerns about a supervisee and the failure to take into account of client needs when considering a placement. Concerns were also raised about delays to responses of concerns, whether the supervisee could have passed the placement, and how the performance issues raised were passed on to the next supervisor.	-	The report remained under investigation at the end of the reporting period.

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Introduction

Welcome to the NES annual report on feedback, comments, concerns and complaints for 2025-2026. The report is a requirement of the [Patient Rights \(Feedback, Comments, Concerns and Complaints\) \(Scotland\) Amendment Directions 2024](#), which specifies that relevant NHS bodies should prepare an annual report at the end of each year. This summarises the complaints received, methods used to collect feedback, and action taken as a result of feedback, comments and concerns received during the reporting period.

The first part of the report provides a summary of progress in collecting and using feedback from our service users. This includes case studies to illustrate NES's diverse approaches to feedback collection and the difference this information has made to its work. Part 2 comprises a summary of the complaints and concerns received from service users during the year and the outcomes from these complaints. It also provides brief account of 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 presents some of the positive feedback and comments received from 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. In addition, the report describes our progress in implementing a new, systematic approach to collecting feedback from learners using an agreed set of core and optional questions.

While the case studies and data presented in the report highlight the importance of engagement with service users, we are committed to making further improvements in this area. Our emerging Learning & Education Quality System emphasises the need to involve people and communities in prioritisation, development, review and enhancement of education and training. To support this aspiration, we have developed an enabling Involving People and Communities Framework setting out the key requirements for involvement. This reflects our policy of reimbursing individuals for their time, effort and expertise in supporting our work where they are working with employed NES staff. The Framework is used as a key reference point for staff involved in education and training during 2025-2026 and we will report on the application of the Framework to our work in the 2026-2027 report following the transition to Public Services Delivery Scotland on 1 April 2026.

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

All our services are planned, developed and reviewed in partnership with stakeholders, including health care professionals in training and other health and care staff who rely on NES educational support to provide excellent patient care. Our approach to collecting feedback focuses on the 'user experience' of our diverse training programmes and products, ensuring they are accessible and fit for purpose. Feedback on learner/service user satisfaction provides key metrics for the engagement of learners, providing valuable insight into the impact of our educational programmes and resources. Learner feedback is also essential in enabling us to improve the accessibility and quality of our training. NES engages with service users, employers and other stakeholder groups for non-educational projects and workstreams such as the MyCare.Scot app and workforce supply initiatives and has a dedicated User Experience team.

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: Involving students, trainees and lay people in providing and considering feedback on Dental education

Vocational Training (VT) Undergraduate Interface meetings are held biannually, online or in person. This is a forum for undergraduate (BDS) students and current VDPs to discuss and provide feedback about Dental VT in Scotland. Attendance

includes the Associate Postgraduate Dental Dean for VT, Assistant Postgraduate Dental Dean for VT, VT Adviser, VT Trainer, University Dental School Co-ordinator/Lead and a cohort of BDS undergraduates and Vocational Dental Professionals.

Specialty Training Committees (STCs) are advisory committees comprising a Chair, Associate Postgraduate Dental Dean (for Core and Specialty), Training Programme Directors (TPDs), Royal College and University representatives, trainee and lay representatives and an external advisor from the relevant Specialty Advisory Committee. The role of each committee is to assist the TPDs and the Associate Postgraduate Dean on the management of the training programme and ensure that training is in line with the GDC curriculum. Trainee representation on the committee ensures that the trainee perspective is considered before decisions are reached and provides a forum in which trainees can voice ideas or concerns about any aspect of their training. Lay representation ensures the views of patients also feed into the decision-making process.

Core Training Committees (CTCs) are advisory committees comprising the Chair, Associate Postgraduate Dental Dean (for Core and Specialty), Core Training Advisors (CTAs), trainee and lay representatives. The role of each committee is to assist the CTAs and the Associate Postgraduate Dean on the management of the training programmes. Trainee representation on the committee ensures that the trainee perspective is considered before decisions are reached and provides a forum in which trainees can voice ideas or concerns about any aspect of their training. There are representatives from each year of Core training and from the Hospital Dental Service and Public Dental Service. Lay representation ensures the views of patients also feed into the decision-making process.

Case study 2: Healthcare Science education

NES supports healthcare science (HCS) in Scotland by monitoring the quality of training and supervision and providing resources for continuing professional development and career promotion.

We gathered feedback from trainees, training supervisors and the wider HCS community in several ways for different purposes. In 25-26 we introduced an annual survey – to capture thoughts and opinions on current workstreams and to influence future developments aligned to service delivery. More specific feedback collection included engagement with those who have attended webinars and annual events regarding content and possible future content.

The NES team collaborated with the wider HCS community; Scottish Government education policy team and professional bodies in the development of the education, skills and competence framework to ensure that content is contemporaneous.

In all communications relating to the collection of feedback, we explain the purposes for which comments will be used. These purposes include informing decisions on new learning resources or the compilation of statistics about training quality, which we make available in our newsletters / year in review reports.

There are confidential surveys carried out whereby we can identify any issues occurring and we follow up with our trainees / supervisors and we have supported trainees in conjunction with the national school for healthcare science. We also encourage all stakeholders to provide us with feedback through our website links or through our generic email account noting that any feedback we do receive will be taken forward for improvement purposes.

Case study 3: Enhanced Psychological Practice – Children and Young People Course

The Enhanced Psychological Practice programme is a Qualifications Scotland accredited post-graduate certificate level training scheme that has been developed to enable staff to deliver high-quality, evidence-based psychological interventions for mild to moderate difficulties in a way that can be efficiently brought to scale. This approach aims to make effective use of the large cohorts of graduates in Psychology to deliver and support, under supervision, brief, outcome-focused evidence-based interventions at the Enhanced level of practice. Within the Enhanced Psychological Practice Programme, there are two courses; one which focuses on practitioners working with Adults (EPP-A), and a course targeted at practitioners working with Children, Young People and their Families (EPP-CYP), with each course having modules related to their specific target population. Practitioners on the EPP-CYP course will be trained to deliver psychological interventions with children, young people and their families for common mental health problems (anxiety, depression and behavioural and self-regulatory difficulties).

We engaged with the learners throughout the programme, asking for feedback after each workshop delivered. At the end of the programme, after they have completed the Customised Award we complete a feedback interview asking them their views on (a) their clinical placement in a NHS Board, (b) teaching and (c) academic assignments. Their experience of supervision is also collected through a questionnaire. In addition to learners, we actively sought feedback from supervisors and service leads, inviting them to submit reports, or take part in brief interviews.

To encourage accurate and feedback, we schedule the interview after they have completed the award, therefore there is not concern that there could be any negative impact on their results as a consequence of providing feedback. The content of the feedback is considered by the course team in the review of the course and incorporated into course developments.

As an addition this year, we sought general feedback from supervisors and services about their experience of having trainees from the EPP-CYP course on placement. This was in addition and separate from the detailed feedback they provide on the trainee's progress.

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

Service users played an important part in reviewing and improving education initiatives by providing informed feedback. In this respect learners and trainees are uniquely placed to provide expert insight into their experience. The development, commissioning and quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, employers and others.

The value placed on learner feedback was reflected in the agreement of organisational requirements for learner engagement and setting of Strategic Key Performance Indicators relating to learner satisfaction. This led to the agreement and implementation of core feedback questions for use by all programme teams, enabling the organisation to identify good practice and outliers and track progress over time. The standardisation of feedback questions will continue within Public Services Delivery Scotland.

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

- Social Care – Engaging learners and service user in project discovery and design
- Centre for Workforce Supply Social Care (CWSS), offering support in recruiting New Scots¹ to Adult Social Care (ASC)
- Scottish Training Survey – opportunities for doctors and dentists in training to reflect on their training experience at the end of each posting.
- Notification of concern process for doctors and dentists in training - Managed by the NES Deanery, this is a 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.

¹ New Scots is a term used to describe people who have immigrated or moved to Scotland. The term is based on Scottish Government policy relating to refugees and economic migrants and is used in Scottish media and culture.

- Psychology education programmes – using feedback to understand the impact of education and training on learners and services.
- 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.
- Mental Health and Well-being programme – Engaging with service users directly and through intermediary organisations

Case study 1: Dental Directorate (including Optometry education)

Learners, education providers and employers are asked to provide feedback as a vital part of reviewing and improving the training and educational resources provided by the Dental Directorate. The first-hand experience of attending training events or using education materials gives those completing the feedback a unique perspective which is of great value as it informs the development, quality management, quality improvement and commissioning of our training programmes and resources. The importance of receiving feedback is reflected in our efforts to encourage feedback from everyone who attends or uses educational courses or materials provided by the Directorate.

Across our workstreams there are numerous examples of learners, education providers and employers participating in the ongoing review and enhancement of our programmes. This includes the following:

- Annual Scottish Dental Trainee Survey – an opportunity for Dental Core and Specialty trainees to reflect on their training experience for the academic year. The information gathered by the survey is reviewed and where any existing or emerging issues are identified, necessary action is taken.
- Dental Core Trainees (DCTs), Vocational Dental Practitioners (VDPs) and Vocational Dental Therapists (VDTs) are asked to complete feedback forms following each study day throughout their training. The results are available to the relevant Core Training or Vocational Training Advisers to help them develop the study day programmes.
- Raising a concern process for Dental Core and Specialty Trainees – managed by the Dental Directorate, this is a process by which dentists in training can report concerns about their training programme out with the usual feedback processes.
- Dental Vocational Training Trainee Surveys - launched twice during each training year (mid-year and year-end), and a third survey is released six months after completion of the programme to all VDPs and VDTs. These surveys ask trainees to provide feedback on their training experiences, the facilities and support within

their training practices and their experiences of study days. The results are used to identify any potential training issues and develop future training programmes.

- Annual Scottish Vocational Trainer Survey - gathers information about Vocational Trainers' experiences and potential concerns for the academic year. The results are used to inform dialogue with Dental Schools on ways in which the interface between student and practitioner can be improved and help develop future training.
- Managing concerns with a Dental Vocational Training (DVT) / Therapy Vocational Training (TVT) relationship – managed by the DVT team, this process is outlined on Turas Learn for all VDPs, VDTs and Trainers and allows them to raise any concerns with their training out with the usual feedback processes.
- Dental Care Professionals (DCP) – all learners undertaking programmes delivered by the DCP workstream are invited to complete a programme evaluation.
- DCP Pre-Registration Dental Nurse Training - Apprentices are asked to complete an evaluation form following the programme induction, at the mid-point and at the end of the programme. Educators and employers are asked after the induction and at the end of programme.
- Dental Workforce Development (DWD) – learners are asked to complete feedback at the end of every Portal TV event, webinar and in person training event.
- Dental Quality Management Pre-Review Questionnaires - for Local Education Provider and Dental Outreach Centre management teams, Trainers/Supervisors, Dental Nurses, Allied Health Professionals and Dental Core and Specialty trainees to feedback about their experience of training at the site. Co-ordinated by the Quality Management workstream prior to a Quality Management Review.
- Dental Quality Management Review Post-Event Evaluation – an opportunity for everyone who attended a Quality Management Review to provide feedback on the organisation and effectiveness of the Review.
- Optometry Postgraduate Support – learners are asked to complete feedback at the end of every educational experience, whether this is completing an online module, in person CPD event or webinar.
- Optometry Postgraduate Qualifications – NESGAT (NHS Education for Scotland glaucoma accredited training) learners are asked to complete a pre and post programme feedback questionnaire. Throughout programme individual educational experiences e.g. webinars, in person training will complete feedback questionnaires. Clinical supervisors, clinical assessors and viva assessors complete feedback on overall experience of the programme from operational and delivery perspectives and engagement with the learners.

- Optometry Postgraduate Placements and Clinical Skills – learners are asked to complete pre and post placement feedback questionnaires, gathering information regarding change in behaviours, competence and confidence.

Case study 2: Social Care – Engaging learners and service user in project discovery and design

Engagement ensured strong collaboration as part of project discovery and design phases for social care learning and education. Engagement provided strong foundation for development and delivery phases, ensuring product credibility, feasibility and viability. We believe this has enhanced adoption and implementation and sees peer to peer conversations promoting the product(s). The methods used for engaging service users, learners and other stakeholders:

- Stakeholder analyses which considered influence/impact/power went on to inform engagement methods for cohorts of stakeholders, ensuring engagement was considered and proportionate
- Multi-method evaluation-specific approaches include surveys, interviews and small group discussion
- A delphi methodology² was used to assess and develop the content validity of the National Induction Framework (NIF) and we are currently exploring journal publication on this approach.
- Stakeholder engagement sessions were used throughout product development and delivery phases – numerous iterations across the products have been made in response to engagement, ranging from the inclusion of certain topics in the NIF to the design and functionality of the Social Care Career Options Tool (SCCOT).
- Face to face meetings with stakeholders
- Feedback questionnaire on all eLearning resources
- Feedback prompt on the NES Social Care Hub landing page which is clearly signposted

² The Delphi method is a group decision-making technique. It gathers anonymous answers from a panel of experts across multiple questionnaire rounds to reach a reliable group consensus on complex forecasts or decisions.

Case study 3: Psychology education programmes – using feedback to understand the impact of education and training on learners and services

NES's Psychology Directorate supported a range of education products and training programmes to maintain and develop the supply of psychological care in health and social care and beyond. Programmes include Doctoral training programmes for Clinical Psychologists, other postgraduate programmes to support psychological care and a range of continuing professional development offers.

The psychology directorate consistently seeks feedback from learners, in relation to their experience of training (Kirkpatrick level 1), their increase in knowledge and skill (level 2) and changes in behaviour (level 3,) and impact on services (level 4). This information is used to inform developments in training, implementation support and to report to the Scottish Government. For this purpose, each Directorate workstream generated an impact plan tied to operational planning and the use of NES's core and optional feedback questions.

1.2 How we publicise opportunities for providing comments

Given the importance of feedback for NES's work, we used 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 followed the key principles of preserving the anonymity of individuals submitting comments and being prompt to act on specific suggestions. Where possible named contacts for communications were provided but generic contact email addresses were also offered.

2. Engaging with equalities groups

Feedback on equality, diversity and inclusion, was collected at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups. Through training and support for programmes NES also ensured that projects and programmes considered the impact on groups of people who share a protected characteristic. This includes gathering and analysing feedback from learners and data on who benefits from learning opportunities to identify any inequalities in access.

The extent and impact of engagement with diverse learners and service users was a focus for discussion of Equality & Human Rights Steering Group meetings and reviews, which shared 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 PSD Scotland's emerging Learning and Education Quality System will help 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: Centre for Workforce Supply Social Care (CWSS) supporting the recruitment of New Scots into Adult Social Care (ASC)

NES's Centre for Workforce Supply Social Care (CWSS), offered support to Adult Social Care (ASC) employers in recruiting New Scots, and to New Scots to find new employment within the sector. By New Scots we mean migrant workers, including displaced workers, asylum seekers and refugees. For this purpose, the CWSS engages with a wide range of stakeholders across the social care sector, including:

- Employers/providers of adult social care services
- Individual workers and prospective recruits
- Partner organisations (e.g. charities, regulators, unions) and sector bodies
- System stakeholders involved in workforce supply and migration

The purpose of engagement was to:

- Provide advice and guidance on workforce supply challenges
- Support users to navigate complex processes (e.g. recruitment, migration, compliance)
- Understand user needs, challenges and emerging issues across the sector
- Identify areas of improvement and gaps in resources required by employers and workers which can then help CWSS develop improvement resources for these areas.

The methods used to engage stakeholders included a combination of:

- Direct engagement via the CWSS inbox, including follow-up responses
- Ongoing dialogue with users during query resolution

- Informal feedback and unsolicited testimonials submitted to the CWSS inbox
- Interaction with digital resources hosted on the Turas platform (engagement data such as tracking views and downloads monthly)
- Discussions in networks, groups, meetings and social communities (including our Facebook Group for New Scots and LinkedIn Group for employers).

A significant development this year has been the increased use of internal dashboards and reporting using the Power Bi app, enabling better analysis of enquiry trends, response times and user needs. This has supported a more proactive, insight-driven approach to service improvement.

A particular focus for engagement has been disadvantaged groups, including migrant workers. Methods for engaging this diverse group included:

- Ensuring the service is open and accessible to all users via a central inbox
- Providing clear, practical guidance tailored to individual circumstances
- Engaging with partner organisations who support specific groups such as migrant workers, including charities
- Using casework interactions to capture feedback from those who may not engage through formal channels.

This approach helps to include voices that may otherwise be underrepresented.

Case Study 2: Medical Pastoral Care Quality Charter (MPCQC) for International Medical Graduates (IMGs)

The purpose of the NHS Scotland Medical Pastoral Care Quality Charter (MPCQC) for International Medical Graduates (IMGs) is to create a shared understanding, and national commitment across Scotland to the pastoral care of all IMGs new to NHS Scotland, grounded in six core values. It will also aim to create a live national framework for continuous improvement and innovation in IMG support, coordinated through the Scottish Regions' IMG Support Network Group (SING), including annual refresh of the Desirable Standards and resource packs.

The recently proposed Medical Training (Prioritisation) Bill is likely to change the career landscape for IMGs across the UK. In this context the ability of health systems to offer high quality, equitable pastoral and professional support outside formal training pathways becomes increasingly important for retention and workforce stability.

The MPCQC provides NHS Scotland with a clear, values led response: ensuring that doctors in locally employed (traditionally regarded as non-training) roles receive the same quality of pastoral support, supervision and development as those in training posts. By doing so, the charter helps mitigate the risk of a two-tier experience,

supports trust and progression for IMGs embedded into the workforce, and positions NHS Scotland as a system that invests in international medical staff beyond initial recruitment.

Engagement and Feedback Approach

The Centre for Workforce Supply (CWS) has been working closely with NES Medical Directorate colleagues and the Scottish Regions' IMG Support Network Group (SING), to develop a Pastoral Care Quality Charter (MPCQC) for International Medical Graduates (IMGs) new to NHS Scotland. The Charter brought together the learning from the successful NHS Scotland Pastoral Care Quality Award (PCQA) for internationally recruited Nurses, Midwives and AHPs (launched by CWS in 2024), and the NHS Scotland Standards for IMG Induction and Ongoing Support, developed by SING. CWS engaged with health board representatives via a Short Life Working Group, which met in July and September 2025, to develop the Charter.

A range of methods were used to encourage feedback during the development of the Medical Pastoral Care Quality Charter (MPCQC). These were designed to gather views from key stakeholders, test the draft content, and support ongoing refinement of the Charter.

- **Structured stakeholder engagement:** Short Life Working Group sessions with Board international recruitment leads, HR medical recruitment teams, NES Medical Directorate colleagues, Directors of Medical Education, and the Royal College of General Practitioners (RCGP).
- **Formal governance and network discussions**
- **Wider engagement activity:** CWS webinars and the GMC conference.
- **Targeted written feedback:** Stakeholder emails issued to Board international recruitment leads, HR medical recruitment teams, NES Medical Directorate colleagues, Directors of Medical Education, and the RCGP for draft review and comment.

Feedback from disadvantaged groups was obtained by working closely with stakeholders from the boards (including IMGs themselves) as well as professional networks/organisations and IMG Leads who represented and advocated for the needs of any specific disadvantaged groups and provided a broader range of perspectives.

Case study 3: Unpaid carers education programme

We engaged with learners, trainees, service users, employers and others in the development of education resources as described below.

Hospital Discharge Animation – Carers organisations with a focus on hospital discharge. We formed a core group of 6 people to work to shape the hospital discharge animation. This group liaised directly with carers and staff involved in HD.

Carers supporting people with mental ill health – We engaged with mental health focused third sector organisations, national carer organisations, Public Bodies and local carer centres, who helped us connect directly with unpaid carers. We have worked together to co-create and shape learning resources including:

- A masterclass chaired and led by carers
- Films – including carers with lived experience
- Content for future e-learning

Young carers – we worked with Carers Trust Scotland and local young carer centres to identify young carers who could take part in a consultation piece. In partnership with NES colleagues and the University of Strathclyde, we ran three interactive sessions with young carers to explore which innovative educational resources could help the health and social care workforce better understand their lives.

Purposes of engagement

- Collecting information to ensure an animation about Hospital Discharge addressed the current information gap
- Understanding and identifying the experiences of unpaid carers supporting people with mental ill health when they engage with health and social care services and to use this knowledge to shape resources
- Understanding how young carers feel their lives and experiences could be best understood using innovative learning resources. Use this knowledge to help form our future educational resource delivery.

Methods of engagement

A range of methods were used to engage with unpaid carers, third sector organisations health and social care staff and others. These methods included Teams meetings, in-person engagement sessions, use of polls and padlet³ tools, online questionnaires and sticky notes, pens and paper.

Particular efforts were made to ensure that the voices of unpaid carers were heard. For online and in-person meetings we used the following methods to help people feel that their inputs were valued:

- Group agreements to create safe spaces
- Meeting young carers in places that they felt comfortable
- Food e.g. pizza for young carers, lunch for carers

³ A digital programme used to by groups to collaborate in providing information, opinions and ideas.

- Remuneration for time given
- Support around digital skills
- Support around facilitation skills e.g. Leading to change team support a carer to chair the master class
- Graphic Facilitation (see Fig 1. below)

Fig. 1 Output from graphic facilitation of engagement session with carers



3. Supporting service users in providing feedback

Given the high value placed on our service-user feedback, comment was encouraged in a variety of ways (as described at 1.2 above). While there are no formal mechanisms for supporting the provision of feedback, a wide range of access points for comment are made available. These include generic mailboxes to provide named or anonymous feedback, online questionnaires or named contacts for each programme team. Opportunities to provide comments on products and services were highlighted in our learning resources and websites, including the 'Contact Us' webpage on the NES corporate website. For all 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: Family Nurse Partnership programme

NES offers a long-running and successful training programme for Family Nurses (and their supervisors). The Family Nurse Partnership is a person-centred programme supporting young first-time parents aged 19 or under, and eligible 20- to 24-year-olds in some areas, along with their children. This evidence-based programme takes place in the comfort of families' own homes, focusing on the

crucial first 1001 days of life - from early pregnancy until the child reaches the age of 2 years old.

We engaged with family nurses who had completed the Professional Diploma in Family Nursing to gather structured feedback on their experiences of undertaking this academic programme. Information was collected on both the perceived benefits and the challenges associated with undertaking the qualification, as well as key recommendations and practical tips to inform and support prospective candidates.

A small focus group was convened for a facilitated discussion, which was recorded in the form of a podcast. This format was selected to extend the reach of the insights shared, making them accessible to a wider audience of prospective candidates. Feedback from site supervisors highlighted the value of this approach, noting that the podcast serves as a useful resource that can be shared during the recruitment process with individuals seeking to gain a deeper understanding of the Professional Diploma in Family Nursing. The link is now available on the TURAS website as well as Podbean and Spotify. <https://nesletstalkfnp.podbean.com/e/the-sqa-professional-diploma-in-family-nursing/>

Case study 2: Centre for Workforce Supply (Health)

The Centre for Workforce Supply (CWS) (Health) delivers a range of national and profession-specific digital workforce improvement resources to support attraction, recruitment and retention to the NHS Scotland workforce. These resources are hosted online (on Turas) to enable wide stakeholder reach and engagement. We engage with a range of stakeholders to ensure CWS resources are relevant and engagement. These stakeholders include:

- health boards (incl. workforce /employability leads)
- profession specific subject matter experts
- learners
- educators
- partner organisations
- service users
- workforce (health and social care)
- NES colleagues and teams

Engagement and Feedback Approach

CWS uses a standardised model for engagement, feedback, and reporting across all our digital estate. This ensures a consistent, stakeholder-led and collaborative approach.

Below are the key stages of engagement and feedback within the process:

- **Development:** Stakeholder engagement to inform resource design.
- **Pre-launch:** Pilot review to ensure accuracy and usability.
- **Ongoing Reviews:** 6-month/annual reviews to maintain relevance.
- **Performance Monitoring:** Monthly/quarterly reviews to track engagement /usage metrics.
- **Ongoing Feedback**

A live feedback form is available across all online resources, enabling stakeholders and users to provide feedback while engaging with the content.

As part of a new resource launch, there is usually a supporting webinar/online learning session to support user engagement. These are well attended with: 130 people registering to attend the launch of the New GP Workforce Centre (82 attended) and 161 registering to join the IMG Hub launch (76 attended).

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

NES employed several systems and processes for collecting and using feedback and comment from our service users. These systems include the collection of feedback using online tools including Microsoft Forms. Such tools enable us to easily share examples and good practice between directorates and programme teams. We have also developed templates for presenting agreed core and optional feedback questions to learners. This ensures a consistent approach to feedback collection, enabling cross-directorate and cross-programme analyses.

It is anticipated that the use of core and optional feedback questions will be supported by a bespoke system to allow data to be presented for individual programmes and aggregated for wider analysis and reporting.

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

Feedback from trainees and other learners is one of many elements that contributed 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: Pharmacy Foundation Year supervisor training

In 2025/26, NES became a General Pharmaceutical Council (GPhC) accredited pharmacy foundation training year programme provider for the first time. As a result, we had to develop a training programme for Foundation Training Year supervisors to quality assure assessment. This included a mandatory, online 90-minute supervisor induction session to complement a series of e-learning modules. NES aimed to guide expectations in terms of assessment of performance against GPhC initial education and training standards.

Information was collected to determine any impact the induction session had on supervisor confidence to assess trainee pharmacists against identified prescribing related learning outcomes. We also sought feedback on further identified learning needs and knowledge gaps to inform further support sessions and future induction sessions.

Several different methods were used to collect feedback from supervisors before and after learning sessions. This included interactive 'Padlet' board prompted questions prior to the online session, chat function comments and opportunities for verbal comments and questions during online discussion. A post-course QR code was incorporated into the presentation slides which linked to a Microsoft Forms survey to evaluate any change in confidence to assess trainee pharmacists against GPhC initial education and training learning outcomes. Participants were encouraged to complete the survey on their phone immediately at the end of the online session. Morville's User Experience Honeycomb informed question development. Inclusion of open text questions allowed for qualitative data to be gathered which enabled further exploration of attendee learning needs.

Case study 2: Mental health and well-being programme

This programme consists of six workstreams: mental health improvement and suicide prevention, dementia, autism and neurodivergence, learning disabilities, adults with incapacity and spiritual care. Each workstream is committed to an ongoing approach to engagement to ensure a wide range of views and perspectives are understood to inform the focus, design, and functionality of all educational products. This includes:

- People who have lived and living experience – for example through Lived and Living Experience Panels examples include (Suicide Prevention Scotland/Youth Advisory Group, and with support from 3rd sector partners.

- Diverse workforce across health, social care, third and independent sector and wider public sector.
- Professional groups and learners – including the National Spiritual Care Professional Leads Group, AHP mental health leads group, Mental Health Nurse leads.
- Wider stakeholders – including Scottish Government, Mental Welfare Commission, Scottish Consortium for Learning Disabilities, National Autism Implementation Team (NAIT) and Public Health Scotland.

The purpose of our engagement is to understand:

- Best evidence and implementation gaps
- Experiences of people who have lived and living experience
- Blend of knowledge/ insight gained from other SG funded organisations
- Local service priorities and challenges
- Learners needs and experiences of learning programmes

We use this information to:

- Identify future priorities within each programme
- Design and improve learning resources
- Understand impact of learning resources

We use a range of formal and informal strategies to encourage and gather feedback and support engagement. Formal approaches include stakeholder meetings and critical friends' groups, or specific workshops to review educational materials, discuss data, and share insights to inform design and development of resources. We also include embedded feedback within each learning programme and network events to gather immediate user feedback which has been used to enhance future learning products and events.

Due to the nature of this programme, a skilled and sensitive approach is needed to support effective engagement. At times we will work with other organisations who lead engagement with people who have lived or living experience – for example through lived experience panels, youth advisory group, or third sector organisations, for example IMROC, PAMIS, Inspiring Scotland, NAIT autistic partners and Active Voice (Alzheimer's Scotland).

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

As in previous years, NES received very few complaints (20 in total), but each one was used as an opportunity to learn and improve. Information about each complaint

or expression of concern is held centrally by our Planning and Corporate Resources Team. Each complaint and expression of concern was reported to our Board through the Education and Quality Committee on a quarterly basis, with a summary of actions taken in response (where relevant). Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by directorates and the corporate Complaints Team. The table contains brief information about the responses to complaints, which range from reviews of process and policy to staff training and enhancements of communications practice. Enhancements were made or reviews conducted following complaints, including several where the complaint was not upheld, only partially upheld or where NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken forward.

A total of 20 complaints were handled by the corporate Complaints Team. This is one less than the previous year (18 complaints with 1 expression of concern).

2. Complaint process experience (Indicator 2)

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

NES has a clear two-stage process for receiving and investigating complaints as set out in our [Complaints Procedure](#), which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which is presented using an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions.

Complainants are invited to provide us with feedback on their experience of the NES complaints process. This invitation asks complainants to comment on issues such as

the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report. We received feedback from two complainants during the year, who each indicated they were satisfied with their experience. One complainant welcomed the '*openness and accountability*' of the way in which their complaint was handled. Another complainant expressed unhappiness with the outcome of the complaint investigation and requested contact details for the Scottish Public Sector Ombudsman (SPSO). One further complaint was referred to the SPSO, who declined to investigate.

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 three members of our corporate Complaints Handling team held the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

Members of the corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance. The Complaints Team also participate in meetings on the NHS Complaints Personnel Association Scotland; a national forum for the exchange of information and good practice relating to complaints handling.

Members of the corporate Complaints Team facilitated developmental workshops for directorate staff. The purpose of these sessions was to familiarise staff with the complaints handling principles and processes, ensuring they are equipped with the skills and knowledge to handle Stage 1 complaints with confidence.

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

The outcomes from each of the complaint investigations conducted in 2025-2026 are summarised in Tables 2 to 5 below. This indicates that 20 complaints were received during the year which were investigated. None of the complaints received were whistleblowing cases. Of the 20 complaints received, 8 were fully upheld, 3 were partially upheld and 8 were not upheld. One further complaint remained open at the end of the reporting period.

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 within health boards or contractor organisations.

Most complaint handling was conducted in accordance with the NHSS National Standards, including the timescales for acknowledging complaints, investigating complaints and reporting back to complainants with the complaint investigation outcomes. In several cases an extension to the timescale for responding to a complaint was required to complete the investigation. These extensions were required to schedule meetings with complainants and other individuals involved in the case. Complainants are kept informed about the progress of the investigation and any extensions required.

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

5. Complaints handling performance

As indicated above, NES followed the NHS Model Complaints Handling Procedure and adopted the associated standards for responding to complaints. These standards require all responses to all Stage One complaints to be sent within five working days. Stage Two complaints require responses within 20 days. NES's complaints handling performance was broadly in line with these standards with the mean average time for responding to Stage One complaints being 4.2 days. The mean average time for responding to Stage Two complaints was 16.3 days. While these response time averages were positive, responses to three Stage One complaints were later than the 5-day standard and responses to two Stage Two complaints were outwith the 20-day standard. Extensions for investigations requiring additional time were authorised by senior management to enable further information gathering.

Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2026

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	Complainant felt that an e-learning module lacked information around authorship, transparency, governance and funding details.	20250407 eLearning module	Yes	7/04/25	07/04/25 (A) 17/04/25 (R)	Partially Upheld	Yes	A review of the resource is taking place. The CPD Connect team apologised for this oversight. The document will confirm that the authors are GPs and a General Practice Nurse.
NHS Staff	A doctor in training requested advice on their annual leave allowance. This was not provided within a reasonable timescale.	20250421 Annual Leave Allowance	Yes	22/04/25	22/04/25 (A) 23/04/25 (R)	Upheld	Unknown	Apology provided. Information on calculating annual leave allowance on Turas Hub to be reviewed.
Public	Complaint about an alleged member of staff "sending hate crime and	20250519 Individual	Yes	19/05/25	19/05/25 (A) 19/05/25 (R)	Not upheld	Unknown	It was established that the individual responsible for offensive social media posts was not a NES member of 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)
	racial abuse to members of the public".							
NHS staff	Dissatisfaction with communication and lost post regarding a key finance document.	20250522 Lost mail and correspondence	Yes	22/05/25	22/05/25 (A) 29/05/25 (R)	Partially upheld	Unknown	Due to legislation, the paperwork that was missing/lost in post cannot be re-issued (and complaint not upheld). However, a related communication issue was apologised for and upheld. The feedback was noted for process improvements within the team.
Public	It was alleged that a NES staff member made inappropriate social media postings.	20250527 Social Media	Yes	25/05/25	27/05/25 (A) 29/05/25 (R)	Not upheld	Unknown	It was established that the person posting inappropriate social media comments was not a NES staff member.
NHS staff	A trainee had problems with obtaining an "out of course" tax statement	20250529 Finance statement	Yes	28/05/25	30/05/25 (A) 30/05/25 (R)	Partially upheld	Unknown	The team was briefed on the exceptional circumstance (out of course request out-with the usual procedure). This feedback was used for

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)
	for part of a financial year.							team training and the statement of earnings was issued to the complainant.
Trainee	Complaint about the handling of VTE application and reasons sought why the number was not granted. Clear and detailed explanation regarding reasons for rejection of application was sought and provided.	20250604 Dental VT	No	04/06/25	05/06/25 (A) 20/08/25 (R)	Partially upheld	Unknown	Escalated following Stage 1 response. Clarification was provided on the reasons why the VT number was not granted. Dental Directorate advised to meet with complainant to discuss VTE evidence requirements. SDVTECC team to provide more timely communication with VTE applicants when outcomes are delayed.
NHS Staff	Complaint about repeated delay in comms following an initial complaint on finance relocation expenses.	20250618 Communications delay	Yes	18/06/25	20/06/25 (A) 26/06/25 (R)	Upheld	Unknown	Process for following up recommendations and progress on actions now included in local complaints Standard Operating Procedures. The finance communication delays

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)
								were the result of high volume of enquiries and complex claims, and the team will acknowledge requests and prioritise escalated queries and complaints.
NHS Staff	Complaint from GP Partner regarding NES Pharmacy to consider the timelines required regarding the requests for pharmacy students to produce GP letters to validate their needs for reasonable adjustments during exams.	20250704 Timeline protocol	Yes	04/07/25	07/06/25 (A) 01/08/25 (R)	Not upheld	Unknown	An overview of the timelines required was provided to the complainant with information on how to escalate to stage two if unsatisfied. T
NHS Staff	Complaint about delay in increased pay and back	20250707 - Finance	Yes	07/07/25	07/07/25 (A) 11/07/25 (R)	Upheld	Unknown	Apology provided and working with National Services Scotland to process all outstanding

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)
	payments for less than full time/maternity leave staff.							payments. A further email update was provided on 18 July 2025.
NHS Staff	Complaint from a trainee regarding delays in honouring correct salary incremental point at the commencement of a new training post.	20250929 Salary point	Yes	29/09/25	01/10/25 (A) 10/10/25 (R)	Upheld	Yes	The issue was resolved at the frontline and salary was set correctly, with pay-back on outstanding pay due in October 2025 payroll. HR team updated and advised that learning will take place.
NHS Staff	Complaint from resident doctor in training regarding incorrect advice about relocation expenses	20251001 Relocation expenses	Yes	01/10/25	02/10/25 (A) 10/10/25 (R)	Upheld	Unknown	Placement boards need to be informed of the policy relating to the reimbursement of relocation expenses. A discretionary payment was made (given the incorrect advice given by placement board).
NHS Staff	A resident doctor in training complained that they did	20251027 Relocation expenses	No	27/10/25	27/10/25 (A) 03/12/25 (R)	Partially upheld	No	Standards of communication with doctors in training should be improved. The substantive complaint

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)
	not receive a relocation package for a second placement. They also complained about delays in communication .							about non-payment of a second relocation package was not upheld as NES adhered to the national policy.
NHS Staff	A former employee complained about poor communication since leaving NES, which resulted in not being paid correctly and that wrong information was being shared with the HMRC.	20251030 Leaver communication and finance letters	No	30/10/25	30/10/25 (A) 13/11/25 (R)	Upheld	Yes	To prevent similar issues in future, HR team will strengthen this communication process by providing clear guidance and a list of contacts for relevant stakeholders.

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)
Job applicant	An applicant for a NES post experienced issues in accessing a job interview.	20251118 Job application issues	No	18/11/25	19/11/25 (A) 19/11/25 (R)	Not upheld	Unknown	The complainant declined to proceed with the complaints process.
NHS staff	A resident doctor in training complained that their personal email had been shared inappropriately with the Scottish Government.	20251126 GDPR medical	Yes	26/11/25	26/11/25 (A) 02/12/25 (R)	Not upheld	Unknown	It was established that NES complied fully with GDPR requirements. The complainant was contacted as per bulk email communications to update resident doctors in training on their pay.
Student	A student complained that they did not receive any responses to his communications to the Oriel helpdesk about his application	20251208 FY training communication	Yes	08/12/25	08/12/25 (A) 11/12/25 (R)	Not upheld	Unknown	Pharmacy team replied noting responses issued from the Pharmacy Recruitment helpdesk. Recruitment for NHS Education for Scotland 2026-2027 Foundation Training Year concluded with matching complete. Formal communications regarding outcomes due to

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)
	for a pharmacy placement.							be circulated to all applications on Friday 12 December 2025 (this was the next day of the response issued to the complainant).
NHS Staff	A pharmacy training programme applicant complained about the use of some questions.	20260121 Rationale queries	Yes	21/01/26	21/01/26 (A) 23/01/26 (R)	Upheld	No	Programme team to explain the use of questions in future communications.
NHS Staff	A pharmacist complained that they had been denied a place on the pharmacy independent prescribing course unfairly.	20260121 Course funding prioritisation	No	19/01/26	21/01/26 (A) 19/03/26 (R)	Not upheld	Unknown	Discussion with Scottish Government regarding allocation of funded places for Pharmacy Independent Prescribing course. Liaison with Community Pharmacies Scotland to arrange a meeting to discuss career options.
NHS Staff	A Psychology training supervisor complained about the handling of	20260216 Psychology supervisor	No	16/02/26	18/02/26 (A) Complaint not resolved in reporting period	N/A	N/A	N/A

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)
	concerns about a trainee by the clinical tutor team and the way their initial complaint was dealt with.							

Table 3: Total number of complaints closed by NES during the period⁴

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	17	89.5
5b. Stage two – non escalated	-	-
5c. Stage two - escalated	2	10.5
5d. Total complaints closed by NHS Board	19	100

Table 4. Stage One complaints by outcome

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	6	35.3
Number of complaints not upheld at stage one	8	47.0
Number of complaints partially upheld at stage one	3	17.7
Total stage one complaints outcomes	17	100

⁴ Does not include expressions of concern.

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	0	0
Number of non-escalated complaints not upheld at stage two	0	0
Number of non-escalated complaints partially upheld at stage two	1	100
Total stage two, non-escalated complaints outcomes	1	

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	1	100
Total stage two escalated complaints outcomes	1	

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.	13	76.5
8b. Number of non-escalated complaints closed at stage two within 20 working days	0	-
8c. Number of escalated complaints closed at stage two within 20 working days	1	50.0
8d. Total number of complaints closed within timescales	14	

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	2	11.8
9b. Number of complaints closed at stage two where extension was authorised (escalated and non-escalated complaints)	2	100
9c. Total number of extensions authorised	4	

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 shared the draft annual FCCC report with our Transitional Leadership Group for comment and the Finance and Resources 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 2025 – 31 March 2026 reporting period, the Education & Quality Committee (EQC) monitored and reviewed educational quality. 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 had 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 some suggestions for improvement provided by learners and others.

Case study 1: Pre-registration Dental Nurse Training (25-26 Cohort – Mid Point evaluation)

Commendations/planned impact

- *'93% of learners indicating they are 'satisfied' or 'very satisfied' with their learning experience'.*
- *I have been really enjoying the course so far. I have felt supported throughout by my assessor and have especially enjoyed gaining more knowledge about my job. It makes you appreciate your role as a dental nurse a lot more.*
- *Six in-person days strikes a good balance between flexibility and meaningful face-to-face learning. It allows enough time for group discussions, and networking, keeping most of the programme online is more convenient, helps self-paced learning and also reduces travel/time costs.*
- *The programme is overall very interesting and informative, tutors do a good job delivering both in person and online,*
- *My learning experience to date has been positive. The programme has supported my understanding and development efficiently.*

Case study 2 – Optometry learning

Commendations:

Placements and Clinical Skills

96% of learners would recommend simulation placements to a colleague. The most frequent positive feedback themes included the value of actors in the sessions, the quality of case discussions, and the overall realism and usefulness of the experience. *'Loved the small group and being able to ask questions in confidence.'*

Postgraduate Qualifications

Our NESGAT programme for Cohort 4 received an excellent external verifier report, with RAG rating outcomes of 'Green' achieved across all Quality Assurance criteria with *"...High Confidence identified in the maintenance of SQA standards within this Verification Group"* and five areas of Good Practice identified. Additionally, all candidates interviewed by the EV said that they would recommend the course to others.

Overall, post-programme feedback from our NESGAT learners revealed that:

- 100% of learners felt that their knowledge or skills had improved by taking the course.
- 100% of learners rated their overall learning experience of the programme as very good or excellent.

Post-event evaluation from our in-person gonioscopy skills day found increases of over 40% in levels of self-reported competence and confidence across all three key areas surveyed. With one learner commenting that this day was, “without a doubt, the most useful and valuable learning experience I can recall in the last decade for any face-to-face CPD. Very well organised and delivered.”

Positive feedback was also received from our NESGAT Assessors, Clinical Supervisors and VIVA Assessors; with 100% of those who provided feedback saying that they would like to be involved again if the opportunity arose.

Postgraduate Support

Our Paediatric binocular vision skills CPD event, comprising lectures, practical workshops and case discussions, received excellent feedback across each of the four deliveries of this day. 100% of learners reported that they were ‘extremely likely’ to recommend the event to a colleague, and 92% reported an increase in confidence and competence in their clinical assessment skills following the hands-on training. One learner reported: *“This was one of the best NES courses I have attended. The day flew in. The team doing the course were very enthusiastic., supportive and knowledgeable. Thanks again.”*

National mandatory training for Optometrists in Scotland, completed by approximately 1600 practitioners annually, continues to receive positive reviews. The 2026 training: “A Realistic Approach to Community Optometry” is very highly rated, with 90% of respondents indicating they were either “Satisfied” (48%) or “Very satisfied” (42%).

A recent multidisciplinary CPD event delivered by the postgraduate support team, *“Diabetes: from the retina to reality”* was well received by our learners, with one learner reporting: *“NES has now delivered both intensive multidisciplinary training in diabetes and cardiovascular disease and both have been excellent as they are innovative, informative and holistic and I would be confident that your overwhelming feedback is positive.”* 94% of learners indicated that they would be ‘extremely likely’ to recommend this event to a colleague, and 97% felt that it was likely to positively impact their practice.

Case study 3 – Social care – engagement with service users, learners and other stakeholders

General feedback

An exchange at a Regulatory Forum meeting involved a care provider misunderstanding how the National Induction Framework (NIF) had been developed – they had been absent from the previous 2 meetings and assumed NES had essentially created the tool without consultation. The response from many of the partners around the virtual table was that they felt very included in the development of the NIF and the discussion concluded with an agreement from the person raising the concern that they had got it wrong and would like to engage with NES and the product.

Within a different forum the following paraphrases an account from a social care provider: *XXXX from XXXX Care Homes (they provide 3 care homes in Scotland) in noted that they as an org have moved much of their learning to Turas, including the NIF. XXXX said she decided to test it (the NIF) after hearing me present to the forum some months ago and using the infographic to show how the NES offer knits together. She said she had been sceptical but has only heard good things from people using our content (NIF and broader learning too). She said something like, Turas is more and more seen as the place to go for high quality learning for our staff to the extent that we'll probably stop using other places/providers soon...*

Scottish Care has provided praise for how well we've worked in partnership with the sector and has felt this to be a real asset.

Repurposing of learning resources on Turas Learn

Users of repurposed resources available on our Turas Learn platform were rated as significantly more relevant and accessible to social care staff than legacy versions (average suitability rising from 6.3 to 8.9 out of 10).

Improvements in clarity, language inclusivity, layout, interactivity, and alignment with social care practice were highlighted.

The proportion of reviewers “likely/very likely” to recommend the resources increased from 56% to 88%, and those “likely/very likely” to complete the learning rose from 72% to 92% with a large swing from likely to very likely for both ‘would recommend’ (likely - pre 48%/ post 20%, very likely - pre 8%/post 68%) and ‘would complete’ (likely - pre 24%/ post 20%, very likely - pre 48%/post 72%).

Reviewers reported that repurposed materials were more likely to enhance job knowledge, skills, and confidence.

The National Induction Framework (NIF)

- 88% of respondents would recommend the NIF
- 89% of workers reported the NIF positively influenced their practice
- 80% of workers reported the NIF increased their knowledge
- They enjoyed the learning experience. Learning resources were rated as high quality with scores >4.42/5

- 80% found Turas and MyLearning platforms easy or satisfactory to use

“We are using the NIF to support new Personal Care Assistants. They thought it was extremely well designed, and the quality of the content was excellent. They particularly liked the link to MyLearning and the opportunity to use learning towards the SVQ” (Care Provider)

Social Care Career Options Tool (SCCOT)

Qualitative feedback shows the Social Care Career Options Tool (SCCOT) is influencing how users understand the care sector through the information provided on the 77 roles contained therein.

The Kings Trust has provided feedback that young people they work with have used the SCCOT to identify roles and in at least two instances, young people have gone on to secure jobs in those roles

User feedback highlighted the accessibility, design and navigability as assets in the SCCOT.

Our engagement and our evaluation in particular identified room for development in products. We’re not minded to consider these as ‘negative comments’ but are worth noting. By way of example, for the NIF, feedback included considering how we can more formally recognise the learning from the NIF and for the SCCOT, feedback included being able to more seamlessly support job applications. Both of these feedback (and more) have been taken onboard to inform and instruct work across 2026/27.

Suggestions for improvement

Our engagement and our evaluation, in particular, identified room for development in products. While these are not considered as ‘negative comments’ they are considered by the team as supporting enhancement. By way of example, for the NIF, feedback suggested that we should consider how we can more formally recognise the learning from the NIF and for the SCCOT. Feedback included being able to more seamlessly support job applications. Both of these feedback points (and others) have been taken on board to inform and instruct work across 2026/27.

Case study 4 – Bereavement Education conference and ‘Getting Bereavement Right Every Time learning events

Feedback was collected from delegates at our first UK conference on bereavement and from learners participating in three virtual learning events during the year. The purpose of collecting feedback from conference delegates was to improve experiences at future events and to gather ideas on topics/speakers for a future conference (to guide and inform the development of forthcoming programmes that

meet the needs of learners). For the Getting Bereavement Right Every Time workshop series, feedback was sought to inform ongoing refinement, with opportunities to adapt the session's content, length and format in response to learner input.

Commendations:

Bereavement Education conference

- *'Excellent Speakers from a wide range of disciplines'*
- *"As ever a wonderful range of topics and speakers"*
- *"A wonderful day, well organised, efficient, excellent speakers and content"*
- *"Really well organised and great to have separate links. I know events like this can be incredibly hard to organise but you did an amazing job"*
- *"Really excellent help and responsiveness - well done." (Regarding assistance with special requirements)*

Getting Bereavement Right Every Time workshops

- *"Enjoyed this session - encouraged me to look at TURAS e learning and to use this to hold sessions with ward staff"*
- *"I felt the session was very informative and presented in a very kind and considerate manner"*
- *"I found this session very helpful & informative. I enjoyed also hearing other attendees experiences and opinions"*
- *"Very informative and thought provoking, validated my approach. Despite the amount of attendees, it felt like a really safe group."*
- *"Was very well put together and should be rolled out to all staff as part of induction to X and then to all current staff"*
- *"Good overview and very informative for all staff - as can all indirectly deal with bereaved patients / family members"*
- *"I was really surprised by the breadth of information and compassion shared in what I assumed would be more lecture style, but this was a very soft-tone, deep-rooted exploration of bereavement and loss. I really appreciated this format and attention to detail."*

Case study 5: CPD Connect

CPD Connect provides continuing professional development (CPD) primarily to GPs, General Practice Nurses and Pharmacists working in General Practice. The learners include:

- Delegates at learning events
- Learners completing eLearning modules and other asynchronous resources
- Practice Based Small Group Learning (PBSGL) members
- Expert/Primary Care Reviewers

Learners participated in continuing professional development (CPD) activities and programmes through our service, and 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 provided 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.

For Practice Based Small Group Learning (PBSGL) members, they have access to a website where their group facilitator can submit a log sheet 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. GPs can directly upload their log sheet from the CPD Connect website to their SOAR appraisal.

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.

Commendations:

A Day in the Life of a Busy General Practice (10 interprofessional webinars with different clinical topics):

In response to the question *“Can you tell us of any change in practice or any QI initiatives you have undertaken as a result of this learning?”*:

- *“Deprescribing drugs was particularly helpful, especially the patient leaflets which I am now using”*
- *“Considering QI projects in the coming year related to switching inhaler use in asthmatics, and also continuing with deprescribing of anticholinergics in the elderly”*
- *“I’m more aware of deprescribing and have managed to reduce medication in a lot of patients”*
- *“Asthma update using new BTS guidelines supported me in managing my asthma reviews and prescribing”*

- *“Menopause update very in-depth and slot if information that I can use moving forward doing the HRT reviews”*
- *“Following osteoporosis webinar and women’s health webinar I feel my actual consultations have improved as I have better understanding of physiology and can explain better to patients”*

Practice Based Small Group Learning (various modules)

In response to the question, “how will this module impact on or change the way you practice”?

Health Inequalities

“We will adopt a proactive inclusion health model by implementing trauma-informed communication that prioritizes patient safety and empowerment during short clinical contacts.

We aim to apply the principle of proportionate universalism—allocating more time and resources to those with the greatest needs to effectively reduce health inequalities.”

ADHD

“Feel more confident in suspecting ADHD and so then initiate a process of diagnosis and, if possible, sharing support and resources (including online) that are safe and reliable.

Consider reviewing in-practice mechanisms for safe prescribing and monitoring for ADHD treatments.

Being proactive about addressing inequalities for services where possible, with HSCP etc”

Case study 6: Enhanced Psychological Practice – Children and Young People Course

Feedback from NHS Greater Glasgow – Paediatric Psychology

The Paediatric Psychology Service highly valued the contribution the Psychological Interventions Assistant Trainee (PIAT) made to the team. They found the four structured psychological interventions taught on the programme suited the service context. They were particularly valuable in delivering individual interventions to children and young people experiencing procedural distress using Let’s Introduce Anxiety Management (LIAM). In addition, the PIAT frequently joined clinicians working with children and young people referred from oncology services. The PIAT often worked with parents, delivering the Incredible Years informed parenting approach, or the parent led anxiety intervention, alongside a clinician delivering

psychology therapy to the child or young person. In the consolidation phase, the PIA continued to deliver the same structured interventions and also delivered some guided self-help interventions. The multi-disciplinary team valued the input of the PIA and argued to keep them beyond the consolidation phase and were disappointed that they were unable to do so.

Case study 7: Scottish Core Obstetric Teaching and Training in Emergencies Course (SCOTTIE)

The feedback shows that the course was well organised, practical, and highly relevant to participants' clinical roles and workplace settings. Attendees particularly valued the relaxed and supportive atmosphere, the small-group and team-based format, and the realistic hands-on scenarios, which made learning feel less intimidating and more engaging. The approachable and knowledgeable facilitators, along with opportunities for practice, questions, and feedback, helped participants build confidence, strengthen teamwork, and refresh important emergency management skills. The main suggestions for improvement were to include short demonstrations before scenarios, reduce reliance on role play for anxious learners, make scenarios more balanced and relevant to different staff groups, and use clearer visual aids during simulations. A few respondents also highlighted the importance of respectful facilitation and ensuring scenarios reflect real-world practice without overemphasising less common situations.

Commendations

"I felt more at ease than previous courses. I liked that the leads considered your area of work and only expected you to do what you would do. Having people act out the patient meant it was more interactive. Less daunting than it used to be".

"As somebody who is not a midwife and has no experience in midwifery, I was very apprehensive about this course however, it was taught in a way that did not make me feel stupid, it was a very relaxed learning environment that for me personally made me feel less nervous and actually more able to learn. I have always been anxious about maternity however this course made me realise that you are not expected to be an expert - it's about teamwork and everybody bringing their different skills together to make a good team and help the woman as best they can".

"I can't think of anything I am so impressed on how the changes made to the delivery of this course have changed my learning experience".

Suggestion for improvement

“Some of the simulations seemed rushed and then there was extra time at the end of each session. More practice and detail could have been added to the sims [simulations]”.

Case study 8: Psychology of Parenting Programme (PoPP)

The Psychology of Parenting Programme (PoPP) trains practitioners from across Scotland to deliver evidence-based parenting interventions to families, where there are concerns about the child’s social, emotional or behavioural development. In recent years PoPP has trained practitioners in an additional intervention as part of a pilot of the Incredible Years Autism and Language Delay (IY-A) programme groups. The first cohort of practitioners trained in this intervention attended focus groups, so that feedback could be gathered about the acceptability of the intervention. As they started to deliver the groups, as a way of gathering information from parents about the acceptability and effectiveness of the intervention, parents were asked to complete a questionnaire. This information will be used to support the decision making around whether PoPP will continue to support further training in the intervention.

Feedback from parents participating in Incredible Years – Autism & Language Delay feedback sessions:

What impact has attending the group had on your child?

“It has improved my son’s understanding more.”

“They are speaking more words and is engaging in a broader range of activities with us such as reading picture books.”

“My child has made progress in communication and also in following instructions and understanding boundaries.”

“My son now relates well to his little sister and I get to spend time with him in his spotlight.”

“In some situations it has enabled me to identify what my child is feeling when she is dysregulated and return her to a calm state.”

“More connected through play.”

What impact has attending the group had on you and your family?

“It has changed the way I do things. I am now more consistent with setting boundaries...”

“I am more patient and understanding.”

“I am more cautious on how I react to a behaviour. I have more of a calm approach and keep a calm voice and praise more of the positives and ignore negatives.”

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](#).