

AGENDA FOR THE ONE HUNDRED AND FIFTY-FIRST BOARD MEETING

Date: Thursday 26th September 2019
Time: 10.15 a.m.
Venue: Meeting Rooms 3 and 4, Westport 102, Edinburgh

- 1. Chair's introductory remarks**
- 2. Apologies for absence**
- 3. Declarations of interest**
- 4. Minutes of the One Hundred and Fiftieth Board Meeting** NES/19/86
To approve the minutes of the meeting held on 25th July 2019. (Enclosed)
- 5. Matters Arising from the Minutes**
- 6. Actions from Previous Board Meetings** NES/19/88
For review. (Enclosed)
- 7. Chair and Chief Executive Updates**
 - a. Chair's Report Oral report
 - b. Chief Executive's Report NES/19/89
(Enclosed)
- 8. Update on Cabinet Secretary's Priorities**
 - a. Mental Health NES/19/90
(Enclosed)
- 9. Governance and Performance Items**
 - a. Finance and Performance Management Committee: 22nd August (D. Garbutt) NES/19/91
To receive a report and the minutes. (Enclosed)
 - b. Finance Report (A. McColl) NES/19/92
To receive and endorse. (Enclosed)
 - c. Organisational Performance Report (D. Cameron) NES/19/93
To receive and endorse. (Enclosed)

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| d. | <u>Staff Governance Committee: 8th August (L. Dunion)</u>
To receive a report and the minutes. | NES/19/94
(Enclosed) |
| e. | <u>Board and committee meeting dates 2020/21 (C. Lamb)</u>
For approval. | NES/19/95
(Enclosed) |
| f. | <u>Establishment of a new Board Standing Committee (D. Garbutt)</u>
For Approval. | NES/19/96
(Enclosed) |
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| 10. Strategic Items | | |
| a. | <u>Programme for Government (C. Lamb)</u>
For consideration. | NES/19/97
(Enclosed) |
| b. | <u>Corporate Parenting (J. Thomson)</u>
To receive an update paper. | NES/19/98
(Enclosed) |
| c. | <u>Annual Review 2019 Draft Self-Assessment Document (C. Lamb)</u>
For consideration. | NES/19/99
(Enclosed) |
| d. | <u>Dental Recruitment (D. Felix)</u>
For consideration. | NES/19/100
(Enclosed) |
| e. | <u>NDS Update (G. Huggins)</u> | |
| | • Status update | NES/19/101(a)
(Enclosed) |
| | • Procurement | NES/19/101(b)
(Enclosed) |
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| 11. | Risk Register (C. Lamb) | NES/19/102
(Enclosed) |
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| 12. Items for Noting | | |
| a. | <u>Sharing Intelligence for Health & Care Group: Annual Report</u> | NES/19/103
(Enclosed) |
| b. | <u>Partnership Forum: 2nd September (C. Lamb)</u>
To receive a report and the minutes. | NES/19/104
(Enclosed) |
| c. | <u>Training and Development Opportunities for Board Members</u> | NES/19/105
(Enclosed) |
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| 13. Any Other Business | | |
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| 14. Date and Time of Next Meeting | | |
| Thursday 28th November 2019 at 10.15 a.m. | | |

CLOSED SESSION

- 15. Business case for extension of the Bayes Centre Lease** (*D. Cameron*) NES/19/106
For consideration and approval. (Enclosed – Restricted circulation
- Board members only)

(N.B. This paper is being circulated on a restricted basis, as it contains 'Commercial – In Confidence' information)

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September 2019
DJF/tn/kmcc/dg

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FIFTIETH BOARD MEETING HELD ON THURSDAY 25th JULY 2019 AT WESTPORT 102, EDINBURGH

Present: Mr David Garbutt, Chair
Ms Anne Currie, Non-executive member
Mrs Linda Dunion, Non-executive member
Mrs Jean Ford, Non-executive member
Ms Liz Ford, Employee Director
Mr Douglas Hutchens, Non-executive member
Professor Stewart Irvine, Medical Director
Ms Caroline Lamb, Chief Executive
Ms Vicki Nairn, Non-executive member
Mrs Janice Sinclair, Head of Service, Finance (deputising for Director of Finance)
Dr Doreen Steele, Non-executive member
Ms Sandra Walker, Non-executive member

In attendance: Mr David Ferguson, Board Services Manager (Board Secretary)
Mr Donald Cameron, Director of Planning and Corporate Resources
Mr Geoff Huggins, Director, NDS
Dr David Felix, Postgraduate Dental Dean
Mr Christopher Wroath, Digital Director
Mr Colin Brown, Head of Governance, Digital
Mr John MacEachen, Head of Communications
Ms Lizzie Turner, Principal Lead, Finance

1. CHAIR'S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting, especially Vicki Nairn, who was attending her first Board meeting since being appointed as a non-executive member. and Janice Sinclair (Head of Service, Finance), who was deputising for Audrey McColl (Director of Finance).

The Chair also advised that Colin Brown, who is currently on secondment from Scottish Government as Head of Governance, Digital, was attending to observe the meeting.

2. APOLOGIES FOR ABSENCE

Apologies were received from Audrey McColl, Karen Wilson and Dorothy Wright.

3. DECLARATIONS OF INTEREST

Vicki Nairn declared interests in two of the items on the agenda, as follows:

- Agenda item 9d – Scotland’s Paramedic integrated Education Programmes (SPiNE): Vicki is employed by Robert Gordon University, which is a potential provider of education programmes; and
- Agenda item 11a – Partnership Forum minutes: Vicki’s husband is a senior manager in NHS Highland and there is reference to the Sturrock Report in these minutes.

4. MINUTES OF THE ONE HUNDRED AND FORTY-NINTH BOARD MEETING (NES/19/70)

Subject to an agreed amendment at agenda item 7c(ii) on page 3, the minutes of the meeting held on 27th June 2019 were approved. **Action: DJF**

5. ACTIONS FROM PREVIOUS BOARD MEETINGS (NES/19/72)

The Board noted that most of these actions had been completed or were in hand.

The following points were noted or discussed:

- A further iteration of the Assurance Framework will be brought to the Board in November.
- It was agreed to circulate the final version of NES’s response to the Sturrock Report. **Action: DJF**
- The Audit Committee has received an interim update in relation to the amended Standing Financial Instructions (SFIs). New national standards are anticipated.
- A paper on the Scottish Government’s Programme for Government will be brought to the September Board meeting. **Action: CL**
- Professor Stewart Irvine has undertaken to take forward with the RDBS an action point in relation to Medical Revalidation.
- A NES Communications Plan will be brought to the Board in September. **Action: DJF (to note for September Board agenda)**

6. MATTERS ARISING FROM THE MINUTES

There were no matters arising.

7. CHAIR AND CHIEF EXECUTIVE REPORTS

a. Chair’s Report

The Chair provided a verbal report on recent meetings and activities, including the following:

- The first meeting of the Talent Management Board took place in June.

- The NHS Board Chairs Group has been considering how to rationalise its business.
- Remuneration Committee roadshows have been taking place across Scotland. The intention is to re-write the terms of reference and introduce a user's guide.
- Discussions have been ongoing with Scottish Government regarding Board development.
- The subject of Differential Attainment was discussed with one of the Scottish Clinical Leadership Fellows.
- The Chair attended a recent meeting of the NHS Global Citizenship Board.
- A meeting took place with Alison Taylor (Scottish Government) to discuss integration and 'hospital at home'.
- Turas Appraisal was demonstrated, in the context of the system's use for NHS Board non-executive directors.
- A new Doctors' Health Service is being developed.
- A meeting took place with Donna Bell (Scottish Government) to discuss Mental Health.
- The Chair met Colin Brown to discuss the scope of his new seconded role as Head of Governance, Digital.
- Discussions have been taking place around QI programmes and global citizenship.
- In his role as Chair of the Chairs' Group, the Chair met the Chair of the Chief Executives' Group to discuss the integration of work plans.

b. Chief Executive's Report

(NES/19/73)

The Chief Executive introduced a report on recent meetings and activities, highlighting the following items in particular:

- The recent appointment of Malcolm Wright, a former NES Chief Executive, to the post of Director General of Health and Social Care at Scottish Government.
- The recent successful NHS Scotland Event.
- Recruitment is now live for the appointment of dedicated non-executive Whistleblowing Champions in each NHS Board.
- The Chief Executive has been invited to join a short-life working group to examine how further improvements in workplace cultures might be delivered across NHS Scotland. It was suggested that the opportunity should be taken to promote NES's 'Our Way' initiative.
- A proposal around how Turas can support pay progression has been submitted to Scottish Government.
- Attention was drawn to the results of the GMC National Training Surveys for 2019. It was noted that service pressures and issues in relation to facilities are having an adverse effect on training opportunities for junior doctors. There is also concern at the number of junior doctors experiencing burn out due to heavy workloads.
- It was noted that General Practice Nursing is a major priority for the Chief Nursing Officer. This gave rise to a discussion regarding the ageing workforce across NHS Scotland generally and it was suggested that this issue might usefully be discussed at a future Board development session. **Action: CL**
- NES's Psychology of Parenting Project (PoPP) has now reached more than 500 families. This result was commended by the Board.

- The Scottish Psychological Trauma Training Plan was launched recently and was well-received.
- A number of meetings have taken place to discuss the possible extension of the ATOS contract.

In discussion, it was agreed that the Board should consider, at a future meeting, an update on the NDS and its integration into NES organisation.

Action: CL

c. Cabinet Secretary's priorities

The Chair advised that the Cabinet Secretary expects the NHS Board Chairs and non-executives to hold their executives to account for the delivery of services. The Cabinet Secretary has published a list of priorities and expects the Chairs to report regularly on assurances in relation to these areas. There is also an expectation that updates on these priority areas should appear regularly on Board agendas.

It was emphasised that NES is already making significant contributions across the priorities and a paper was tabled to set out NES's contributions in the areas of Waiting Times Improvement; Mental Health; and Integration.

In discussion, it was recognised that NES actions in relation to some of the priorities will be quite long term in a number of instances, there may not be a significant volume of a short-term impacts capable of being monitored regularly. This point will be taken into account in producing the first of the regular updates to the Board.

Action: CL

8. GOVERNANCE AND PERFORMANCE ITEMS

a. Finance Report

(NES/19/74)

Janice Sinclair introduced a paper presenting the financial results for the first three months of the financial year to 30th June 2019 and indicating the current forecast outturn as at 31st March 2020. The following points were highlighted:

- The NES budget for 2019/20 is currently £508.8 million.
- The year to date position, as at 30th June, reflects an underspend of £1.2 million, due primarily to how the budgets have been phased across the year.
- A break-even position is currently forecasted for the year-end.
- The appendix detailing the historic position of underspends will be produced for the September Board meeting.

Action: JS

Particular attention was drawn to the sections of the paper relating to savings/vacancy clawback; Transformation Fund projects; and the risks to the forecast position.

In discussion, it was noted that it remains necessary to maintain a separate funding stream for the GP 100 posts, although no distinction is made between these trainees and other GP trainees in educational terms.

The Board noted the information contained in the Finance Report.

b. Remuneration Committee: 29th May 2019 **(NES/19/75)**

The Board received and noted a summary of this meeting, which was introduced by Dr Doreen Steele.

c. Digital Sub-Committee: 28th June 2019 **(NES/19/76)**

The Board received and noted the unconfirmed minutes of this meeting, a summary and a note of the NES Digital Service (NDS) deliverables, which were introduced by Geoff Huggins.

Geoff Huggins also gave a brief supplementary verbal update, as follows:

- The work of the Transition Group is almost complete and the direction of travel for NDS has been endorsed by this group.
- Engagement with the NHS Boards is now proceeding well.
- NES's response to the Programme for Government Commission reflects discussions at the Transition Group and the Digital Sub-Committee, with a particular focus on citizen-focussed activity; and research and clinical innovation.
- The digital agenda is now moving at pace.

d. Remuneration Committee: 11th July 2019 **(NES/19/77)**

The Board received and noted a summary of this meeting, which was introduced by Dr Doreen Steele.

e. Caldicott Guardian: Annual Report to the Board **(NES/19/78)**

Professor Stewart Irvine introduced a paper providing the Board with assurance around NES's compliance with the Caldicott Principles during 2018/19, highlighting the following points:

- Tracey Gill was thanked for supporting the development of the report.
- An evaluation of the risks of inappropriate disclosure of patient identifiable information (PII) in all the workstreams within NES has determined that they are low, while the level of attention to the Caldicott principles is generally high.
- Preparations are in hand for 2019/20, when NES will take on additional responsibility for PII, under both the Family Nurse Partnership work and the delivery of the National Digital Platform.

The Board noted the content of the report.

9. STRATEGIC ITEMS

a. Progress against Strategic Outcomes **(NES/19/79)**

Donald Cameron introduced a paper providing an update on progress against NES's nine key strategic outcomes for 2014-2019. The following points were highlighted:

- This is the fifth and final update on progress against the outcomes of the NES Strategy for 2014-2019.
- The report provides detail around each of the nine strategic outcomes and a narrative summary of progress, highlighting specific areas of work.
- The report also outlines key challenges and presents concise case studies to illustrate development of a project, programme or other aspect of business.
- This report supports the development of the NES Annual Report and the Annual Review self-assessment document.

The Chief Executive gave a presentation drawing out key points in relation to progress against the nine strategic outcomes for 2014-2019 and illustrating how this feeds into the direction approved for the new NES Strategy for 2019-2024, in relation to which education and training are still key, but areas of responsibility are widening to include:

- attraction, recruitment, retention and returners;
- flexible employment models;
- national digital platform, data analysis, intelligence and modelling;
- developing supporting business systems and agile digital capability; and
- working increasingly collaboratively with other national agencies on a range of projects, including the National Boards' Collaborative Programme.

The following points arose in discussion:

- The Board welcomed what was felt to be a very useful report and commended the case studies in particular.
- It was acknowledged that the health and wellbeing of the population should be central to NES's work.
- Some discussion took place on learning from the report, with particular emphasis on evaluation and impact. It was noted that impact is embedded in NES's planning systems and that NES has a small team which engages with NHS Boards in relation to evaluation and impact. Due to resource issues, this engagement with Boards is not systematic.
- It may be useful to reflect on some of the learning from this report in the context of Board development.
- It was understood that an updated/refreshed version of the 2020 vision is in preparation at Scottish Government.
- In terms of communications, it was agreed that it would be useful to cascade the key points from this report to NES staff and to highlight the report in the comms around the Annual Report.

Following discussion, the Board noted and welcomed the progress information in this report.

b. Medical Recruitment

(NES/19/80)

Professor Stewart Irvine introduced a paper providing the Board with a brief overview of recruitment to postgraduate medical education and training, reporting on the 2019 recruitment cycle to date and outlining key issues relating to recruitment/retention of doctors in training in Scotland and across the UK. The following key points were highlighted:

- Medical workforce supply remains a substantial challenge across the UK.
- While recent increases in graduate intakes in Scotland and the UK are welcome, and the recent upturn in applicants to medical schools is encouraging, it will be some years before this translates into applications to specialty training.
- Against this challenging background, it is encouraging to note that the UK application process continues to support the complex process of recruitment to foundation and specialty training.
- Overall vacancy fill rates have improved in 2019 compared to 2018. However, it remains the case that some specialties and some geographies are more popular than others.
- Against a background of limited supply, increasing training places to provide an increased supply of trained doctors is likely to lead to increased numbers of vacancies in less popular specialties and locations.

In response to a question from one of the members regarding the level of influence which NES, as an employer of junior doctors, has over the facilities provided for doctors in training, it was noted that NES has data to provide some leverage in this area, although any robust activity in this area would have resource implications for NHS Boards.

The Board noted the information and data contained in the paper.

c. NES Digital: Supporting the NHS Scotland Workforce **(NES/19/81)**

Christopher Wroath introduced a brief paper outlining a presentation which would be given, consisting of the following main sections:

- An overview of the scope and scale of the activities, products, services and functions NES Digital delivers to NES and NHS Scotland in support of the NES Strategy and the Digital Health and Care Strategy 2018.
- The challenges the Digital Directorate faces in undertaking this work.
- The plans and opportunities that NES Digital will lead on to drive forward the benefits and outcomes from the NES and Digital Health and Care Strategies in the next year, three years and beyond.

Christopher Wroath then delivered the presentation, “NES Digital: Supporting the NHS Scotland Workforce”, which covered the following main areas:

- NES Digital Structure: Core Services; Head Count
- Applications
- Cloud Hosting
- Stories (Functionalities delivered into Applications)
- Turas: Log On Accounts; Applications and Users
- Turas People: Supporting the Lead Employer Model
- Turas Data Intelligence
- Turas Appraisal
- Operations: Malware Detections; Service Desk Tickets; Registered Devices: New Service desk (JIRA)
- Knowledge Management & Discovery: Journal Articles; Database Searches; eBooks; Digital Information Skills Training or Health Literacy; Turas Learn

- Communications
- Challenges: Funding Cycles; Recruitment & Retention of Staff (in a challenging market); Sustainability
- NES Digital: The Future – Business Systems; Identity; Robots (Automated Processes); Insight (Data Science); Convergence between NES Digital and NDS

The following points were highlighted during the presentation:

- NES is now a technology organisation and NES Digital employs around 10% of the NEs workforce.
- NES is actively working towards ISO27001 compliance, in the contexts of information security and information governance.
- Reliance on Transformation Fund resourcing results in a reliance on contractors. A move towards non-recurrent funding would smooth out the workflows.

Christopher Wroath was thanked for his very helpful presentation.

The Chair reported that the new Board Development system will be hosted on the Turas platform and that there may be an opportunity for the NES non-executives to view the system at some point.

d. Scotland's Paramedic integrated National Education Programmes (SPiNE) **(NES/19/82)**

The Chief Executive introduced a paper providing an update on the procurement and funding for Scotland's Paramedic integrated National Education Programmes (SPiNE), highlighting the following points:

- The procurement timeline for SPiNE is continuing to progress as projected, with bids received from seven institutions in total, including one collaborative bid.
- Evaluation of the bids is currently in process.
- At this stage, there are no anticipated issues which will impact on the programme timelines.
- Funding reassurances have been sought and obtained from Scottish Government by the Scottish Ambulance Service.

The Board noted the update paper.

10. RISK REGISTER **(NES/19/83)**

The Chief Executive introduced a paper presenting the NES Risk Register as at July 2019.

The Board noted this paper and the fact that there have been a number of small changes to the narratives, particularly associated with Risks 15 and 16 on the Corporate Risk Register.

11. ITEMS FOR NOTING

- a. Partnership Forum: 28th May 2019 **(NES/19/84)**

The Board received and noted the unconfirmed minutes of this meeting and a summary, which were introduced by the Chief Executive.

- b. Training and development opportunities for Board members **(NES/19/85)**

The Board noted a paper providing details of any upcoming training and development events for Board members, together with details of opportunities for members to gain a deeper understanding of NES's business.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE AND TIME OF NEXT MEETING

The next Board meeting will take place on Thursday 26th September 2019 at 10.15 a.m.

NES
July 2019
DJF/dg

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 25th July 2019					
4	June 2019 Board minutes	One agreed amendment, then add to Corporate Hub.	David Ferguson	N/A	Completed
5	Actions from previous Board meetings	(i) Circulate the final version of NES's response to the Sturrock Report.	David Ferguson		Completed
		(ii) Bring a paper on the SG Programme for Government to the September Board meeting.	Caroline Lamb	Early September	Completed
		(iii) Note that a NES Communications Plan will come to the September Board meeting.	David Ferguson	N/A	Following some preliminary discussion at the August 2019 Board workshop, now scheduled for the November 2019 Board meeting.
7b	Chief Executive's Report	(i) Consider the suggestion that an item on the ageing NHS Scotland workforce be discussed at a future Board development session.	Caroline Lamb	N/A	Ongoing
		(ii) Arrange to bring a paper to a future Board meeting on the further integration of NDS into NES.	Caroline Lamb	N/A	Paper on agenda for September 2019 Board meeting.
7c	Cabinet Secretary's priorities	Bring an update on NES's contribution to a future Board meeting, and then on a regular basis thereafter.	Caroline Lamb	N/A	Completed. First update on September 2019 Board agenda.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
8c	Finance Report	Arrange for the next Finance Report to the Board (September) to include an appendix on the historical pattern of underspends.	Janice Sinclair	N/A	Completed
Actions agreed at Board meeting on 29th May 2019					
8f	Blueprint for Good Governance Action Plan	Bring an update on progress to the September 2109 Board meeting.	Caroline Lamb	Mid-September	Feedback still awaited from Scottish Government. Paper being produced for 24 th September 2019 Executive Team meeting.
Actions agreed at Board meeting on 31st January 2019					
6a	Matters arising: Policies and strategies	Arrange to produce a synopsis of external policies and strategies which impact on NES's work.	Caroline Lamb	N/A	To be associated with a paper on the SG Programme for Government for the September 2019 Board meeting.
9b	Medical Revalidation	Discuss with the RDBS Chair how best to present the recommendations from the annual quality assurance reports in future.	Stewart Irvine	N/A	To be pursued and resolved with the RDBS.
Actions agreed at Board meeting on 19th April 2018					
8c	E&RGC minutes: 22 nd February 2018	Arrange for the Board to receive, at an appropriate time, an update on the corporate position regarding NES's communication with the IJBs and the community planning partnerships.	Caroline Lamb	N/A	To be considered in the context of a NES Communications Plan, which will come to the November 2019 Board meeting.

**NES
Item 7b
September 2019**

**NES/19/89
(Enclosure)**



CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive

September 2019

1 INTRODUCTION

At our last meeting we discussed ensuring that Board members were fully sighted and had a regular opportunity to comment on NES work in support of the Cabinet Secretary's priorities: Mental Health, Access and Integration. In discussion with the Chair we have agreed that we should focus on one priority, in each formal Board meeting. A full update on our activities in support of improved Mental Health is included on this agenda.

The agenda also includes a briefing on the Programme for Government, updates on our Corporate Parenting role and the NES Digital Service (NDS) as well as a paper on Dental Recruitment and a draft version of our Self-Assessment Document for the 2019 Annual Review. We have recently received confirmation from Scottish Government that our Annual Review this year will be non-ministerial.

The agenda also covers our normal cycle of governance items, including the Performance Report, Finance Report and minutes from two NES Standing Committees. The NES Board Chair will also present a paper on governance arrangements for all future NES/NDS digital developments.

2 ANNOUNCEMENTS

The Government's Programme for Scotland – 'Protecting Scotland's Future'

The 2019/20 Programme for Government was published on 3 September 2019. Key announcements connected to NES's work include the development of a proposals for a new medical school, increased nursing and midwifery places and numerous mentions relating to the provision of improved Mental Health Services. References are also made to our data platform that will improve future NHSS workforce planning. The Board will consider the Programme for Government in more detail as part of item 9a.

Dorothy Wright (Director of Workforce)

Dorothy has announced her intention to retire from NES at the end of March 2020. We are very grateful to Dorothy for her very significant contribution to NES, and we will have further opportunity to recognise this before Dorothy leaves..

3 STRATEGIC UPDATES

Transfer of responsibility for Workforce Statistics from NSS to NES

A letter from myself and Colin Sinclair (Chief Executive, NSS) was issued to relevant staff and stakeholders on 23 August 2019. The letter sets out the rationale behind the transfer, the governance and engagement arrangements and the ISD workstreams involved. Staff and stakeholders will be kept fully briefed plans progress.

4. Communications

Refresh of our Communications Strategy

At the Board Development Day in August we discussed the refresh of our [Communications Strategy](#) developed in 2017 to align with our new Strategic Plan. An indicative timetable for this work is set out below:

September: design stakeholder survey

October: procure stakeholder survey, develop outline framework for communication strategy

November: survey carried out

December: receive survey results, and analysis, use these to discuss and agree positioning, risk appetite, priorities for activity.

January: updated communications strategy for Board discussion/approval.

We will keep Board members engaged throughout this process, through formal Board meetings and also through a short life working group.

Corporate Communications update

Over the last two months, we have engaged in a variety of communications activity, both to improve internal communications and to explore how we should communicate the NES five-year strategy over the longer term.

In terms of external activity, on 12 July, the Cabinet Secretary launched our Trauma Training Plan, which received broadcast as well as print and online coverage. We also issued news releases on medical training numbers, General Practice nurse recruitment and a Dental app to support clinical best practice.

Working with partners, we have been pushing material through social media to promote Pharmacy 'Experiential Learning' placements, highlighting their value for both students and hosts, as part of a broader drive, using traditional media as well, to promote Pharmacy in Scotland.

In this period, we have had two significant media stories in the Daily Mail, relating to Glasgow's Queen Elizabeth University Hospital. Informed by our Quality Management Deanery Visit reports, the Mail reported on the concerns that were being reported for both General Internal Medicine and for Obstetrics & Gynaecology. Although the stories were critical of NHS GG&C, NES' scrutiny role was accurately represented.

More information can be found in our regular Quarterly Report, which is published here: [2019 Corp Comms Quarterly Report Q1.pdf](#)

5. Dental

SDCEP Dental Companion App launched

The Dental Directorate's Scottish Dental Clinical Effectiveness Programme (SDCEP) launched a second smartphone app in August. The *Dental Companion* provides a convenient means for healthcare workers to access SDCEP's dental clinical guidance and focusses on four priority clinical topics. Key recommendations from the full guidance publications are included, together with supporting tools such as flowcharts and links to patient information.

The new app has been developed using a platform that enables straightforward updating and simultaneous creation of both Android and iOS phone apps and a website version for viewing via desktop computer or laptop. Within the first month of its launch, the app had been downloaded nearly 2000 times, with several five-star ratings given, and the website had been accessed by over 850 new users. More in-depth evaluation of this new educational resource in the coming months will inform future strategy for app development and use by both SDCEP and other NES programmes. Further details are available [here](#).

Professional Development Award in Supporting the Healthcare Team in the Workplace (Scottish Credit Qualification Framework (SCQF Level 8))

The Professional Development Award (PDA) in Supporting the Healthcare Team in the Workplace, is a qualification awarded by the Scottish Qualification Authority (SQA).

The qualification aims to develop the knowledge and skills required to effectively induct, mentor an existing or new member of staff, and facilitate performance management processes towards the delivery of high-quality and safe patient care within the workplace.

The two-day programme delivered by the NES Dental Directorate's Dental Care Professional (DCP) Workstream aims to provide opportunities for multidisciplinary professionals to network and share their own learning and experiences in a variety of healthcare settings. The summative assessments within the qualification provide valuable opportunities for participants to reflect and improve upon current processes for induction, mentoring and performance management with their own workplace.

The first cohort delivered at Aberdeen Dental Education Centre has successfully completed this qualification and the programme has been evaluated using a 'Questback' survey gathering qualitative and quantitative data. Student assessment and the evaluation evidenced changes made within their workplace as a result of their learning within this programme, demonstrating effective impact of learning.

Caroline Taylor, Lead DCP Tutor, Dental Care Professional Workstream recently presented this project during the NES Executive Team's Regional Visit that has initiated conversations on this new leadership and management development opportunity.

SQA

NES is engaging with the Scottish Government Strategy to equip 500,00 people in Scotland with CPR skills. To date our actions have been:

- Register with Save a Life Scotland to collate data
- Developed a training session to cover basic CPR (Cardio Pulmonary Resuscitation) and AED (Automated External Defibrillator) training to all staff
- Delivered 12 sessions of basic CPR and AED training to NES staff across five sites (2CQ, Glasgow Dental Education Centre, Westport, Dundee Dental Education Centre, and the Centre for Health Sciences)
- 135 staff (clinical and non-clinical) attended the sessions
- Further sessions are currently being arranged in October and November
- Resuscitation equipment and training AED will be set up in each centre in January for refreshers for previous attendees

6. Digital

The Workforce Transition Data Sharing Agreement (DSA) has been signed between NSS and NES. This agreement enables access to the necessary NSS information systems, data, data structure and reporting definitions in order for NES to facilitate the design of NES's data platform for workforce data. The National Workforce and HR Shared Services DSA has been signed by all NHS Scotland Health Boards.

The advent of NES Digital Service means NES now falls under the scope of the Network & Information Systems (NIS) Regulations 2018 which came into force on the 10th May 2018. NES did not initially fall within the regulations however NES hosting and processing patient data has meant coming into scope. The regulations require health boards to identify service resilience risks to their network and information systems and to have appropriate organisational structures, policies and processes in place to understand, assess and systematically manage them. More information is available on the Scottish Health Competent Authority [website](#).

NES Digital Operations have completed a tender process for Audio/Visual (AV) implementation and support services in all NES offices. This contract will address the backlog of AV upgrades with previously procure hardware across the NES estate. 95% of Staff devices have been upgraded/migrated onto the Window 10 operating system with plans in place to secure further completion.

The second NES elearning group took place in August. The group is for learning technologists, module developers and subject experts. The group discussed the role and remit of the group, peer review learning, naming conventions, reporting & testing. The chosen topic from of interest from the last meeting was Instructional Design. The group also discussed changing the name of the group from the elearning group to the Digital Learning group.

A meeting of the Alma/Primo working group took place on 3rd September. The focus of this meeting was on making improvements to document delivery and reduce costs around British Library requests.

We carried out an evaluation on library services for 2018/19. Feedback was received from all the boards who currently provide a library service and NES are currently producing a report on their feedback.

The national ebooks purchasing group met in June to discuss joint purchasing of ebooks by NHS Scotland libraries for 2019/20, we are now collating the financial commitments from the Boards.

7. NES Digital Service (NDS)

NDS are continuing to engage with the project team in NHS Forth Valley to further develop ReSPECT as part of the initial testing phase. NHS FV's Project Lead recently spent two days working with the team at the Bayes Centre.

There has been early positive engagement with Scottish Government around Online Identity Assurance culminating in agreed actions.

NDS is progressing work on the National Genomics Data Store. We will be attending a Ministerial visit by the Cabinet Secretary for Health and Sport to the MRC Human Genetics Unit on 7th November, to consider the current status and future direction of genetic testing for NHS Scotland patients.

The Cloud Procurement process for the National Digital Platform is progressing – an invite to tender stage is now open, further information on this procurement process is provided in a separate paper.

NDS' Clinical Leads attended and presented on the National Digital Platform at the UK's Digital Health Summer School, generating international interest. Geoff Huggins gave a presentation on NDS and the future of the National Digital Platform to stakeholders at a Bayes Centre Seminar in July.

Work continues to redevelop the NDS' website. We're aiming to go live in October.

NDS has engaged with a number of stakeholders, including NHS Wales, Police Scotland and the Alliance to consider collaborative opportunities and promotion of the National Digital Platform.

NDS has led a number of meetings on innovation. Progress has been made and actions agreed.

Geoff Huggins has been invited to appear before the Health and Sport Committee in November, as part of its Inquiry into Primary Care.

8. Medicine

GMC regulation of physician associates and anaesthesia associates

The General Medical Council will regulate physician associates (PAs) and anaesthesia associates (AAs) across the UK, the Department of Health and Social Care has announced¹. The GMC is now working with the department to determine when it will begin regulating the two professions, as well as how the process will be funded. The announcement follows lengthy discussions over who should regulate the associates. The BMA has opposed the move, with members at its junior doctors conference and Annual Representatives Meeting passing motions in opposition to the GMC regulating PAs.

Sharing Intelligence for Health and Care Group – Annual Report

At today's meeting the Board will receive the annual report of SIHCG for 2018-19². The Sharing Intelligence for Health & Care Group is a mechanism that enables seven national agencies to share, consider, and respond to intelligence about care systems across Scotland (in particular NHS boards).

The seven organisations, each of which has a Scotland-wide remit, are: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence (part of NHS National Services Scotland), and Scottish Public Services Ombudsman. The Group was established in 2014 with the aim of supporting improvement in the quality of care provided for the people of Scotland by making good use of existing data and intelligence. Our main objective is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems which can then be acted upon. It is important to note that this does not allow the Group to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do so. The agencies on the Group report that there is now much better sharing and consideration of key pieces of intelligence, and they are now much better prepared to take additional action when this is required.

Realistic Medicine website now live

The Chief Medical Officer's fourth annual report on Realistic Medicine, with a focus on the principle of Building a Personalised Approach to Care, was published earlier this year³. NES has now launched a new website⁴ to support this initiative, providing information on the principles of Realistic Medicine, links to a range of educational resources, including eLearning modules, guides and frameworks and information on other programmes that support the practice of Realistic Medicine. The Realistic Medicine site is open to everyone and will be updated and expanded as the practice of Realistic Medicine becomes embedded across Scotland.

¹ <https://www.bmj.com/content/bmj/366/bmj.l4783.full.pdf>

² [Sharing Intelligence for Health & Care Group - Annual report for 2018–2019](#)

³ [Personalising Realistic Medicine](#)

⁴ <https://learn.nes.nhs.scot/18350/realistic-medicine>

Supporting LGBT+ people around bereavement

The NHS Education for Scotland (NES) Grief & Bereavement team have released a set of new resources - 'Supporting LGBT+ people around bereavement', which aim to provide guidance to medical professionals on addressing the bereavement care needs of those in the LGBT+ community (representing people who are Lesbian, Gay, Bisexual, Transsexual/Transgender, and of other non-heterosexual identities). The resources (which include an educational leaflet and additional information on the NES Support around Death website⁵) highlight key issues that LGBT+ people may face when bereaved, offer practical guidance on how to address these issues, and feature a glossary to explain relevant words and phrases. The resources' content was developed in collaboration with the organisations Stonewall Scotland, the Scottish Trans Alliance, and LGBT Health and Wellbeing.

Implementation and Spread QI eLearning module

We have recently launched a new Implementation and Spread eLearning module on the QI Zone⁶. This can be accessed via the digital platform Turas Learn. This module helps staff understand the differences between testing and implementation, how to implement change and make it stick and explores the ideas behind how to spread successful changes to other locations. Our eLearning modules are all free to access and suitable for anyone working in the public-sector workforce looking to improve local services.

Health and Sports Committee

NES has submitted evidence⁷ to the Health and Sports Committee in relation to its Inquiry into Primary Care, and will attend the committee on 1 October.

9. NMAHP

Nurse Endoscopy

Following successful endorsement of recommendations within the *Nurse endoscopy SBAR (SENDS May 2019)*, funding has been agreed from the Scottish Access Collaborative (SAC) to progress all listed nurse endoscopy learner needs. This contains varied initiatives to increase nurse endoscopists progressing service delivery including:

- An added cohort of 8 funded places have now been allocated to boards across Scotland, with learners starting on 7 October 2019 at Glasgow Caledonian University. This element includes the added funding for the specific upper or lower GI basic skills course for each learner.
- 4 train-the-trainer places (yet to be allocated) improving resilience and access to clinical supervision within this service
- Development of a career and development framework for nurse endoscopy (work underway and to complete Q4)

⁵ <http://www.sad.scot.nhs.uk/bereavement/supporting-lgbtplus-people-around-bereavement/>

⁶ <https://www.scotlanddeanery.nhs.scot/news-events/implementation-and-spread-qi-elearning-module/>

⁷

https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/HS_S5_19_PC_35_NHS_Education_for_Scotland.pdf

- A national educational event supporting nurse endoscopy development and networking/ knowledge exchange.

These funded nurse endoscopy places and subsequent clinical supervision will apply the ADEPt model of enhanced development. This supports the conditions within which learners will complete requirements to qualify and function independently in service, reducing waiting times and enhancing service responsiveness.

Launch of the TURAS Professional Portfolio for AHPs

The AHP Professional Portfolio is an online resource for AHPs to record and store their evidence for continuing professional development. The tool offers templates for recording reflective practice, feedback, and support and supervision. It is designed to help AHPs develop a portfolio of evidence to support appraisal, planning career development and HCPC audit.

The tool is for all AHPs in Scotland, including those working the NHS, social care, education, voluntary and independent sectors.

Over the next few months the portfolio will be embedded into practice. NES will work with the NES AHP Practice Education Leads, providing a communication toolkit which will give the PELs the information they need to help promote and encourage the use of the portfolio. Each Board area has been provided with a roller banner to raise awareness of the portfolio and leaflets are available with the details of how to access the resource.

Digital Health and Social Care Practice for NMAHP Educators

This short bespoke programme is being delivered by NES for over 25 university and college educators who are leading NMAHP Health and Social Care programmes. This supports *Scotland's Digital Health and Care Strategy* (2018) which states; 'Workforce development in digital skills and capabilities across the whole health and care sector underpin the successful uptake and use of digital technologies.' The anticipated outcomes of this programme are to:

- Ensure educators on under- and post-graduate programmes have up-to-date knowledge of national digital policy
- Enhance knowledge of the range of existing and emerging technologies that students may encounter or are available to them
- Share and learn educational approaches to supporting digital health and care with peers across Scotland
- Increase awareness of available resources and support mechanisms for digital practice
- Contribute to the national digital health and care discussion.

Successful recruitment of 24 General Practices as GPN training practices for newly qualified nurses

NES is supporting enhancement of the current GPN workforce by adopting a positive recruitment-and-retention strategy by providing an opportunity for newly qualified nurses to enter the GPN workforce.

As part of the initiative, the nurses will gain skills in:

- Public health, including prevention and addressing health inequalities
- Care and Support Planning within long-term condition management including anticipatory care
- Assessing illness and injury
- Supporting management of long-term conditions
- Supporting people with complex conditions or who are frail as part of integrated community teams
- Promoting mental health and wellbeing
- Providing nursing care across the life cycle.

The initiative is part of the wider 'Transforming Roles' drive, across hospital, community and third sector which includes nurses working in general practice at all levels of the career framework to play a pivotal role in integrated community nursing teams.

10. Pharmacy

Scottish Pharmacy Clinical Leadership Fellows – Cohort 2

The Scottish Pharmacy Clinical Leadership Fellowship (SPCLF) scheme which was launched in 2018 has been successful in supporting future pharmacy leaders and taking forward strategic objectives to improve the pharmaceutical care of patients in Scotland. One clear success from cohort 1 has been the appointment of Laura Fraser to the post of General Pharmaceutical Council Director for Scotland.

From September 2019, the five Scottish Pharmacist Clinical Leadership Fellows and one Scottish Pharmacy Technician Clinical Leadership Fellows making up cohort 2 are responsible for taking forward some of the key actions from the Scottish Government Pharmacy Strategy 'Achieving Excellence in Pharmaceutical Care' (AEiPC). The pharmacy fellows undertake the NES Leadership and Management Programme along with their medical colleagues. They are each supported by a Director of Pharmacy leadership mentor

Vocational Training Foundation Programme for Pharmacy Technicians

Development of the pharmacy technician workforce is vital to the transformation of pharmacy services in Scotland. A pharmacy technician career framework with associated strategy and infrastructure is recognized by Scottish Government as a current development need. As an interim step NES Pharmacy with support from NHS Scotland has developed a competency framework for early career pharmacy technicians. The Vocational Training Foundation Programme for Pharmacy Technicians is in pilot stage across 10 health boards with 43 trainees in hospital and primary care sectors. There is a plan to roll out to community pharmacy in 2020. Primary Care Transformation and the subsequent development of the pharmacotherapy service has driven a need from the service to accelerate roll out of the programme. This has now commenced on a board by board basis. NES support consists of induction training, peer review and tutor support. Assessment for this programme is being developed in collaboration with an advisory group representing the service.

11. Psychology

The NES Psychology Trauma workstream are delighted to have been highlighted in the Scottish Government Programme for Government 19-20. We are looking forward to starting the work with the announced expanded project.

The new Children and Young People's Mental Health and Wellbeing Programme Board met for the first time in August and Judy Thomson was pleased to attend as Lead for Workforce. The main task for the Programme Board which is jointly chaired by COSLA and Scottish Government is to implement the recommendations of the Taskforce led by Denise Coia that were published in July.

Since 2017, the **Training in Psychological Skills – Early Intervention for Children: TIPS-EIC** workstream has delivered increased access to high-quality evidence-based early psychological interventions for school-aged children and young people who have elevated levels of distress, by upskilling staff in children's services across Scotland to deliver these. To date, we have delivered training and coaching to 1,218 staff, e.g., Let's Introduce Anxiety Management (LIAM), Trauma Skilled workshops and Psychological Skills Modules. Recent analyses of clinical outcome data for a sample of 91 CYP who received the LIAM intervention shows significant reductions ($p < 0.001$) in distress on outcome measures, with moderate to high effect sizes, and high satisfaction with the quality of care received.

CALENDAR

23 July

Deryck Mitchelson, Director of National Digital and Information Security, NSS
Deryck and I met to discuss the extension of the ATOS contract.

NHSS Business Systems Programme Board

I chaired the NHS Business Systems Programme Board Meeting. The focus of discussions was the development of the NHS Business Systems Road Map. The Programme Board also received updates on the progress of the implementation of O365, e:SSS, Jobtrain, Turas Developments and eRostering. The group will next meet on 24 October.

24 July - Launch of Service for the Scottish National Neonatal Transport Service (ScotSTAR), Aberdeen

Tom Steel, Chair of Scottish Ambulance Service invited me to attend the launch of the launch of service for the ScotSTAR Aberdeen. ScotSTAR is a division of the Scottish Ambulance Service that exists to provide a national service for the safe and effective transport and retrieval of neonates, children and adults in Scotland. The service is run by a team of neonatal consultants, advanced neonatal nurse practitioners, transport fellows (doctors), specialist neonatal transport nurses and ambulance staff. Each journey is staffed according to the needs of the baby.

26 July - James Hall, Director of IT, NSS

I attended this regular catch-up meeting with James and we discussed the progress with the extension of the ATOS contract and the NHS Business Systems programmes of work.

29 July

GPST Recruitment

Tim Davison, Chief Executive and Tracey Gillies, Chair NHS Lothian requested to meet Stewart Irvine and I on behalf of three Boards in the East Region; Fife, Borders and Lothian. The focus of the meeting was to discuss issues pertaining to GP recruitment for August 2019.

Shirley Rogers, Scottish Executive

Stewart Irvine and I met with Shirley. The focus of the meeting was to discuss workforce challenges. Other items we discussed included junior doctors' terms and conditions, NES role in the single systems and the GMC announcement on medical associate professionals.

30 July

Executive Team Regional Visit – Glasgow

The Executive Team met with colleagues from our offices in Glasgow. Presentation were provided and staff received the opportunity to ask the ET questions.

eRostering/SSTS Meeting with NSS

Christopher Wroath and I meet with colleagues from NSS to discuss the next steps to allow a full evaluation of SSTS against the published requirements.

31 July - Improving Workplace Cultures in NHS Scotland: Ministerial Short-Life Working Group

The short-life working group was commissioned by the Cabinet Secretary to examine how we deliver further improvements in workplace cultures across NHS Scotland. The group was asked to focus on how to drive forward behavioural and attitudinal changes in leadership and management, at all levels of the service. The group discussed practical measures to support improved behaviours focussing on the role collective leaders have.

1 August - Definitive Human Meeting with Glasgow School of Art

David Felix and I met with colleagues from the Glasgow School of Art, Royal College and SFC. We discussed technical matters, delivery platforms, current/future commercial matters and a formal launch.

6 August

National Boards Collaborative Programme Board

The items discussed at the Programme Board included a paper on National Procurement Proposal and an ISST Project Board Update. Other updates received were on stakeholder engagement and finances.

NHS Chief Executive Private Meeting

The Chief Executives received updates on the Ministerial SLWG on Culture, Mental Health Action Plan, Scottish National Maternity Network and Safe Staffing. I provided the CEs with an update on the NHS Business Systems and eRostering.

7 August - Board Chief Executives Group Development

I participated in the development session along with other NHS Chief Executives. The purpose of the session was to consider how we address the above complex areas whilst dealing with the current issues/ climate, and how we bring this into our practice.

8 August - Workforce Statistics Programme Board

I chaired the Programme Board meeting where we discussed update from Joint Delivery Team meeting.

9 August

Deputy Director for Digital Health & Care

I participated on the short-listing the new Deputy Director for Digital Health and Care for the Scottish Government. The post will play a leading role in establishing the structure that incorporates teams currently leading work on eHealth and Technology Enabled Care.

Implementation Leads - Business Meeting

I Chaired the meeting of the Implementation Leads. The appointments in the North region, the Transformation Fund & refresh of the Health and Social Care Delivery Plan were all discussed.

12 August - NHSScotland Payroll Services Programme Board

Christopher Wroath and I joined this meeting via telephone. I provided an update on the progress with the NHS Business Systems programme of work. Other items for discussion included SSTS / eRostering Management Group, Doctors & Dentists in Training Group and Workforce Development Group.

13 August

NES Executive Team

The NES Executive Team held its meeting in Inverness and discussed a paper provided by Robert Farley on Healthcare Science, the Business Continuity Plan and an Organisational Performance Report.

NES Executive Team Regional Visit – Inverness

The Executive Team met with colleagues from our offices in Inverness. Presentation were provided and staff received the opportunity to ask the ET questions.

14 August

Sharing Intelligence for Health and Care Group (SIHCG) and Scottish Government

Malcolm Wright met with myself, Stewart Irvine, Robbie Pearson (HIS) and Ann Gow (HIS) to discuss how the SIHCG and SG can work effectively together. Other items discussed included the publication of next SIHCG annual report.

SSTS/eRostering

I met with James Hall, Christopher Wroath and Dawn McCormick to discuss the next steps to allow a full evaluation of SSTS against the published requirements.

Fiona Watson & Eva Thomas-Tudo, Audit Scotland

I met with colleagues from Audit Scotland to discuss the NHS Overview 2019. They were interested in leadership and management development for executives and board directors and the work going on to create the right culture to support collaboration and cross sector working.

15 August - The State of the State 2019-20

Pete Locke (Deloitte) invited me to participate in interview as part of research for The State of the State 2019-20. I was asked to talk about the issues and trends in our organisation and the wider sector. The State of the State is their annual report on the public sector in Scotland as well as the rest of the UK.

16 August - Health and Sport Committee - Phase Two Primary Care inquiry

I met with Stewart Irvine to discuss the invitation to give evidence the Health and Sport Committee on 1 October 2019.

19 August - Scottish Trauma Network (STN) Steering Group

I chaired this meeting at which members received updates on the overall STN programme of work of and the national Annual Conference held on 26-27 June. Members also discussed the work of the steering group going forward.

20 August - Corporate Governance, Scottish Government

I met with colleagues from Scottish Government to discuss a programme of work to match resources to priorities in Scottish Government. I have asked to be part of this programme as an external 'critical friend'.

21 August

National Boards Collaborative

I was interviewed as part of a series of interviews with the CEs of all the National Boards to provide an overview of the work of the National Boards collaborative. The video will be shared across the National Boards to help inform staff of the work of the collaborative working taking place across the National Boards.

NES/Scottish Government catch-up

I attended this regular catch-up with Penni Rocks and Alastair Hodgson from the eHealth Directorate.

Waiting Times Improvement Plan Operational Performance Board

I attended this meeting and presented a paper on behalf of NES regarding future NMAHP role developments that support increased access to healthcare. The paper was well received and a further update will be provided at the October meeting. I will also present a Healthcare Science paper at the meeting on 26 September.

Members also received updates on pensions and Mental Health waiting times.

26 August

eRostering/SSTS Teleconference

Christopher Wroath and I spoke with James Hall (Director of IT, NSS) regarding the evaluation of the Scottish Standard Time System (SSTS) (Build 25) which is happening in parallel to the National eRostering solution procurement process.

NES Executive Team Away Day

The Executive Team travelled to Aberdeen as part of a wider regional visit. We met for a development session where we discussed our 2019/20 iMatter action plan and delivery of the 2019-24 NES Strategy.

27 August

NES Executive Team

Substantive items on the agenda included a best practice guide on education commissioning, an update on the NES Sepsis app and updates from Judy Thomson (Director of Psychology Training Services) on three separate areas of work in Psychology.

NES Executive Team meeting with Aberdeen regional staff

The NES Executive Team met with colleagues from our Aberdeen offices and received presentations on the Modern Apprenticeship in Dental Nursing and a new SQA Programme which supports Healthcare teams in the Workplace.

National Health and Social Care Workforce Planning Programme Board

I dialled into this meeting. Members received updates and presentations on various workforce planning areas within the National Health and Social Care Delivery plan.

28 August

Digital Health & Care Strategic Portfolio Board – Development Day

Members met to agree a refreshed Terms of Reference for the Board and consider how and what Digital can mean for users. Members were reminded of the overall focus of Scottish Government's Digital Health and Care strategy which is on improving the experience, use and uptake of digital technologies in support of better co-ordination and delivery of care and improved health and wellbeing outcomes for people in Scotland.

Angiolina Foster, Chief Executive NHS24 – Telephone Call

I spoke with Angiolina to catch up on various matters concerning our role as Implementation Leads and as joint Chairs of the National Planning Board.

29 August

NES Board Development Session

The Board received and discussed presentations from NMAHP and Corporate Communications.

4 September - Deputy Director for Digital Health and Care, Scottish Government

I was a member of the interview panel for this role in Scottish Government.

5 September

Professor Alex McMahon, Director of NMAHP, NHS Lothian – Telephone Call

I spoke with Alex McMahon to update him on the National eRostering solution procurement process.

Stuart Parks, NHS Greater Glasgow and Clyde

Colin Brown and I met with Stuart Parks to discuss the implications for future digital developments in light of new Medical Devices regulations.

Christine McLaughlin & Penni Rocks, Scottish Government

I met with Christine McLaughlin (Chief Finance Officer NHS Scotland and Director of Health Finance) and Penni Rocks (eHealth Directorate) to discuss next steps relating to the Digital Finance Strategy.

10 September

NHS National Boards Collaborative Programme Board

I chaired this meeting where the Board received and discussed Finance, stakeholder engagement and strategic communications updates regarding National Boards collaboration.

As part of the Finance update, members discussed progress towards the £15 million savings target. Members agreed it would be helpful for National Boards Chairs and Chief Executives to meet and discuss current progress. It is hoped this meeting will take place end of October/early November.

NHSS Chief Executives – Private Meeting

This CE meeting comprised a very full agenda across a wide range of areas. Key items to highlight included an update on issues relating to the national rollout of Microsoft Office365, papers on the 2019/20 financial position and the Medical workforce planning program of the Shape of Training Transition Group, and updates on the Public Health Reform programme and the NHSS BSL Improvement Plan. I also presented an update on NHSS Business Systems with particular reference to the National eRostering solution procurement.

11 September

NHSS Chief Executives – Strategy Meeting

Substantive agenda items at this meeting included a paper on NHSS Culture, Strategy and Redesign, a potential Memorandum of Understanding with NHSS Boards regarding sudden, suspicious and unexplained deaths and a Mental Health outline action plan which highlighted current workforce issues. There may be opportunities for NES's new data platform in relation to this action plan and I have put relevant colleagues in touch to begin initial discussions.

NHSS Chief Executives – Business Meeting

The main item of business at this meeting was a paper on the National Performance Framework. Other substantive items include an update on EU withdrawal, a paper on Mental Health trajectories and a paper on Transformational Annual Operational Plans. Malcolm Wright (Director-General Health and Social Care/NHSS Chief Executive) also provide an update on Medical Foundation Posts.

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Update on the Cabinet Secretary's Priorities:
NES Contribution to Workforce Development for Mental Health September 2019

2. Author(s) of Paper

Judy Thomson (Director of Training for Psychology Services)

3. Purpose of Paper

3.1 The overall purpose is to brief Board colleagues of work being undertaken by NES in relation to Mental Health. The detailed paper is provided as a reference paper to provide information about work being taken forward across directorate's in NES

3.2 Strategic background

Scottish Government published a ten-year mental health strategy in 2017 that included 40 actions. In 2019 a further three key documents were published:

- [Every Life Matters](#), Scotland's suicide prevention action plan
- [Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services](#)
- [Children and Young Peoples Mental Health Task Force recommendations.](#)

NES is following programmes of work linked to all of these. The Recent Programme for Government confirms and extends these priorities along with that of the ambition for Scotland's public services workforce to be informed and responsive to Psychological Trauma. In addition, a critical requirement has been for services to meet referral to treatment access standard for Psychological Therapies and CAMHS with NES being funded to deliver workforce development to support improvements in capacity and capability.

4. Key Issues

4.1 Mental Health is a major priority for Scottish Government and public services across Scotland. NES is making a major contribution to mental health. NES contributes to the mental health and well-being of the population of Scotland through the education and training of the workforce in three main areas:

- Pre and post registration training of mental health disciplines (e.g. mental health nursing, psychiatry, clinical psychology)
 - Mental health training for pre and post registration healthcare disciplines including those in primary care settings (general medical practitioners, practice nurses, health visitors, school nurses)
- 1
- Mental health training for multidisciplinary staff, social care and third sector staff (e.g. care home/residential staff) This is a growing area for NES and demand is likely to increase as Health and Social Care integration continues to develop.

4.2 There are considerable challenges in workforce recruitment and retention in psychiatry and mental health nursing training and service posts. In contrast, expansion in training posts in psychology pharmacy and allied health professionals is possible due to high demand.

4.3 Emerging short to medium term Scottish Government priorities include Suicide Prevention, Perinatal and Infant Mental Health, Adult Mental Health Collaborative, Primary care and community mental health support, Comorbidities, Prison mental health, Drug and Alcohol misuse and Psychological Trauma

5. Educational Implications

The entire health and social care and wider public service workforce is involved in mental health and there are educational implications across all NES work, spanning pre-registration training and continuing professional development across sectors and disciplines.

6. Financial Implications

Funding for mental health education and training is from a mixture of permanent and non-recurring sources. Scottish Government Mental Health Directorate is funding significant programmes of work on a non-recurrent basis. Discussions on continuing and expanding these programmes are underway.

7. Which of the 5 Key Strategic Areas does this align to?

1. A high-quality learning and employment environment.
2. National infrastructure to improve attraction, recruitment, training and retention.
3. Education and training for a skilled, adaptable and compassionate workforce.
4. A national digital platform, analysis, intelligence and modelling.
5. A high performing organisation (NES).

8. Impact on the Quality Ambitions

This work is aligned to all the quality ambitions:

Caring, Compassionate, Communication, Collaboration, Clean environment, Continuity of Care and Clinical excellence

13. Recommendation(s) for Decision

Colleagues are invited to note the information and provide comments and questions.

NES
September 2019
JT

NES Contribution to Workforce Development for Mental Health **September 2019**

NHS Education for Scotland (NES) is a national board with responsibility for developing and delivering education and training for the health and care workforce in Scotland. This paper summarises the contribution that NES is making in the area of mental health workforce development.

NES contributes to the mental health and well-being of the population of Scotland through the education and training of the workforce in three main areas:

- Pre and post registration training of mental health disciplines (e.g. mental health nursing, psychiatry, clinical psychology)
- Mental health training for pre and post registration healthcare disciplines including those in primary care settings (general medical practitioners, practice nurses, health visitors, school nurses)
- Mental health training for multidisciplinary staff, social care and third sector staff (e.g. care home/residential staff) This is a growing area for NES and demand is likely to increase as Health and Social Care integration continues to develop.

Some examples of our work are included in this paper.

1. Education and Training of Mental Health Disciplines

Mental Health Nursing

Pre-Registration Nursing Programmes are commissioned by the Scottish Government. NES NMAHP Directorate undertakes a Performance Management function on behalf of the Scottish Government, with a focus on recruitment to target and completion from the programmes.

There has been a steady increase in commissioned numbers to Mental Health pre-registration nursing programmes over several years, with good performance in recruitment to target over several years.

Year	Target number
2013	360
2014	420
2015	420
2016	443
2017	465
2018	516
2019	602

Psychiatry

The Scotland Deanery provides a full range of regional and national psychiatry training programmes. There are 13 mental health training programmes:

- 4 x regional Core Psychiatry
- 4 x regional General Adult Psychiatry: sub specialties – Rehabilitation Psychiatry, Substance Misuse Psychiatry
- National Programme Child & Adolescent Psychiatry
- National Programme Forensic Psychiatry
- National Programme Old Age Psychiatry
- National Programme Medical Psychotherapy
- National Programme Intellectual Disability Psychiatry

The establishment and numbers in programme at August 2018 is as tabulated below

No. of trainees in post (establishment)	Trainee grade	Programme
137 (161)	Core	Core Psychiatry
56 (60)	Higher	General Adult Psychiatry
23 (28)	Higher	Child & Adolescent Psychiatry - National
25 (25)	Higher	Old Age Psychiatry - National
14 (15)	Higher	Forensic Psychiatry - National
8 (13)	Higher	Intellectual Disability Psychiatry - National
7 (8)	Higher	Medical Psychotherapy - National

CCT output of trained psychiatrists in the four years from Jan 15 to Dec 18	
General Adult Psychiatry	43
Child & Adolescent Psychiatry	23
Old Age Psychiatry	21
Forensic Psychiatry	14
Psychiatry of Intellectual Disability	8
Medical Psychotherapy	4
Total	113

Recruitment to core psychiatry remains challenging with 41 of 65 posts across Scotland filled for the August 2018 recruitment round. This was a dip in recruitment; 63% compared to 87% in 2017 and 69% in 2016. Recruitment to higher specialty training in psychiatry specialties is also challenging, but with some notable successes as detailed above. Recruitment problems are a persisting pattern, which is increasingly a cause for concern, with difficulties in recruitment to consultant posts an inevitable consequence.

There is a recognised need to increase the exposure to and improve the experience of mental health placements in both undergraduate and early-years training to try to improve recruitment. The GMC survey data confirms that psychiatry trainees are amongst the most satisfied trainees in Scotland and amongst the most satisfied psychiatry trainees in the UK as illustrated by the 2018 data from the GMC's national Training Survey:

- Core Psychiatry - 4th of 17 Deaneries
- General Adult Psychiatry - 4th of 16 Deaneries
- Forensic Psychiatry - 9th of 13 Deaneries
- Child & Adolescent Psychiatry - 5th of 14 Deaneries
- Old Age Psychiatry – 3rd of 15 Deaneries
- Intellectual Disability – 2nd of 12 Deaneries
- Psychotherapy – 1st of 4 Deaneries

The Scotland Deanery is responsible for ensuring the quality management of postgraduate medical education and training to the standards set by the General Medical Council (GMC) and organises its quality management structure around eight specialty Quality Management Groups (QMGs), one of which is Mental Health. A range of data-sources support the function of the Mental Health QMG including the GMC’s National Training Survey, the Scottish Training Survey and reports from both scheduled and triggered visits. There were two scheduled visits, three revisits and three triggered visits in the last year and where recommendations for improvement have been made, they are monitored through the QMG. One site (NHS Tayside) is under the GMC’s enhanced monitoring arrangements because of concerns about the training environment and the training experience.

Psychology

NES is responsible for the pre-registration training of psychologists for the NHS in Scotland and has a commissioning and direct delivery role. Trainees in Clinical Psychology are employed by NHS Boards and deliver services under supervision in 6 clinical placements over three years while enrolled on doctoral programmes at the Universities of Edinburgh and Glasgow.

Clinical Psychologists are trained to apply psychology across the lifespan, in mental and physical health and disability domains and are a flexible workforce for the NHS. The training equips them for their roles in working with people with the most complex psychological needs, clinical leadership and supervision and supporting the wider workforce to deliver psychological care.

	2016/17 Output	2017/18 Output	2018/19 Output	2019/20 Output	2020/21 Output	2021/22 Output	2022/23 Output	Total
Doctorate in Clinical Psychology (3 years)	45	52	56	57 (expected)	64 (expected)	61 (expected)	59 (expected)	394
Child and Adolescent Psychotherapist in Training (4 years)	0	5	0	0	0	5 (expected)	0	10
MSc Applied Psychology for Children and Young People (1 year)	16	16	18	29 (expected)	30 (expected)	30 (expected)	30 (expected)	169

MSc Psychological Therapies in Primary Care (1 year)	20	29	29	29 (expected)	30 (expected)	40 (expected)	40 (expected)	217
Health Psychology (2 year)	3	4	5	4 (expected)	0	5 (expected)	3 (expected)	24

As a result of demand from the service to increase access to psychological expertise, two one-year masters programmes were developed to enable a rapid supply of therapists for children's and adult services. These programmes are the MSc in Psychological Therapies in Primary Care (PTPC) and Applied Psychology in Children and Young People (APCYP).

Demand for training posts is high: for every place for clinical psychology training there are 17 applicants. For every masters place there are 8 applicants. The steady supply of psychology graduates in Scotland means that expansion of the workforce is possible when training and service posts are available. In recent years, Scottish Government has provided funding for service posts as well as increased training posts.

The data evidence that multidisciplinary Psychology services have grown by 89.7% since 2006 (from 620 WTE to 1176.2 WTE) for all clinical staff. This growth has been the result of the impact of expansion of NES commissioned postgraduate applied psychology training, including the development of two MSc courses, graduates of which take up a variety of roles within NHS Scotland mental health services.

Retention within the NHS Scotland mental health workforce of graduates of all NES commissioned postgraduate applied psychology training courses is high (82% of Doctorate Clinical Psychology graduates remain in NHS Scotland after 5 years, and further longitudinal data evidence high retention over time; after 10 years 75% are within the NHS Scotland workforce. 71% of graduates of the MSc in Applied Psychology of Children and Young People remain in NHS Scotland in employment or in further training. This figure is 74% for the graduates of the MSc in Psychological Therapies in Primary Care (adult and older adult).

2. Examples of Education and Training of wider healthcare disciplines in Mental Health

Health Visitors and School Nurses

NES has a central role in the transforming roles programme, in designing, commissioning and delivering education to support the new roles for health visitors and school nurses. This has included commissioning an additional 500 health visitor training places, work to support new and existing education to support staff with the new universal health visiting pathway and named person responsibilities. The new school nursing pathway for vulnerable children has required a strong educational focus on developmental needs, communication and emotional wellbeing. Support for practitioners adopting new roles is being enhanced by education for clinical supervisors

NES has made contributions to the mental health component of the revised school nurse training pathway.

The Programme for Scottish Government 2019 committed to recruit an additional 250 school nurses by 2022. This will help provide a response to mild and moderate emotional and mental health difficulties experienced by young people, in the form of local help available immediately

- The NES School Nurse Education Subgroup, which also functions as a working group for the School Nurse Pathway Digital Resource Development, will conduct a learning / education needs analysis process in autumn 2019 to inform the breadth and level of CPD required by the existing school nursing workforce, as well as content development of digital training resources. Mental Health Awareness training has been delivered to the School Nurse CPD programme across Scotland and is planned again for 2019-20.
- TIPS-EIC workstream has been engaged in training and coaching School Nurses across Scotland, since 2017, to deliver early psychological care and interventions. More detail about this training offer is included later in this paper.

Allied Health Professions

NES has produced the ***Allied Health Professions (AHP) Advanced Practice Education and Development Framework (Mental Health)*** which aims to promote a more consistent approach to the development of current and future AHP advanced practitioners in mental health. It focuses on Occupational Therapists, Physiotherapists, Arts Therapists, Dietitians and Speech and Language Therapists working in Mental Health. The AHP Careers Fellowship Scheme also supports AHP mental health practice development and service improvement projects, most recently related to risk enablement, establishment of community occupational therapy clinics and dementia.

General Practice

Managing people with mental health issues in the context of their families and their communities is a major component of the Royal College of General Practitioners' specialty training curriculum (<http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/online-curriculum.aspx>).

Competencies are met both through placements in psychiatry specialties (there are 82 psychiatry posts in Scotland that contribute to GR Speciality Training programmes) and in the training experience in primary care itself, the context in which 90% of people with mental health problems across the lifespan are managed. For the training year 2017-18, 249 doctors completed their training in General Practice.

The Medical Directorate has two workstreams that focus on the business of training doctors (Training Management and Quality), and one that has a wider remit with a range of uni-professional and multi-professional activities and programmes. Professional Development (PD). Within the PD workstream there are a range of activities that are relevant to the continuing training and education of the mental health workforce, including (but not limited to; Approved medical Practitioner training; CPD for GPs and other primary care professionals; the Specialist & Associate Specialist Development Programme.

Other Multidisciplinary Training and Education Relevant to Mental Health and Wellbeing NES is leading significant programmes of work in the following areas relevant to mental health. More details available if required.

- Grief and Bereavement

- Safety, Skills and Improvement
- Dementia
- Autism
- Learning Disabilities
- Family Nurse Partnership
- Trauma

3. Education and Training in Psychological Interventions and Therapies

Scottish Government Funded Workforce Development Programme - Improving Access to CAMHS and Psychological Therapies

In March 2016 NES was awarded funding of £24.6 million to deliver a four-year workforce development programme to enhance the supply and training of the mental health workforce to deliver evidence-based therapies in support of the Local Delivery Plan (LDP) Access Standards for CAMHS and Psychological Therapies (i.e. 18-week referral to treatment standard).

The NES workforce development programme has the following main components:

3.1. Service posts to increase access in NHS Scotland

These posts support stepped care models of service delivery by providing training/coaching and supervision in evidence based psychological interventions as well as direct psychological therapy delivery in specific pressure/high demand areas. Individually negotiated packages were agreed with each Board with service level agreements in place.

- Older People's Services/Other priority areas - Clinical Psychology Posts equivalent to 19 new 8a (1.0wte) posts created across Scotland
- Primary Care - MSc Applied Psychology (Clinical Associates in Applied Psychology/other relevant roles) equivalent to 30 new B7 (1.0wte) posts created across Scotland
- Early Psychological Intervention Practice Support Children's Services equivalent to (8.9wte) Band 8b posts created across Scotland to be deployed sessionally.

Tracking of service posts and trainee data has allowed evidence of funding utilisation. Funding awarded over the last 3 years is equivalent to approx. 53wte. Monitoring and tracking has allowed us to confidently evidence 51.78wte people currently in post, with a further 16.6wte still in recruitment.

Increase in Professional Training Posts

In recognition of the increased pressure to increase the workforce supply the numbers in training annually have been raised. Service Level Agreements with NHS Boards and contracts with education providers are in place.

- MSc (child training posts) – equivalent to an increase in training numbers of 5 to make a total of 18 annually. Further funding has been obtained as a result of taskforce recommendations to a total 30 annually.
- MSc (Adult and Older Adult training posts) equivalent to an increase in training numbers by 10 to make a total of 30 annually.
- Clinical Psychology training programme equivalent to 32 of the 168 (CAMHS aligned pathway) Clinical Psychology training places annually
- Child and Adolescent Psychotherapist in Training posts, 5 training posts over the 4 years

3.2 Psychological Interventions and Therapies for Adult Mental Health

NES has increased the number of therapists able to provide:

- Cognitive Behavioural Therapy, which is highly recommended for a wide range of mental health problems such as; anxiety, psychosis, bipolar affective disorder, perinatal mental health, depression, borderline personality disorder, alcohol, substance misuse, and eating disorders. Multidisciplinary staff working within mental health services have been educated to widen access to evidence based psychological therapies and deliver high intensity Cognitive Behavioural Therapy. They will also provide the supervisory infrastructure for the delivery of brief psychological interventions.
- *194 places in Cognitive Behavioural Therapy PG Certificate/Diploma*
- NES has also increased the number of active trainers (75) in Mindfulness-based Cognitive Behavioural Therapy (MBCT) who deliver 98 MBCT places per year
- 30 skills and 30 advanced practitioner workshop places in Mentalisation Based Therapy (MBT) Scotland per year.

NES also provides a national programme of work-based training in brief Psychological Interventions for multidisciplinary staff to incorporate within their routine roles to meet the needs of adults and older adults with mental health problems including; anxiety & depression – ‘Brief CBT for Anxiety’, ‘Behavioural Activation for Depression’, ‘Motivational Interviewing’, ‘Core Skills for working with Substance Misuse’, ‘Psychosocial Interventions for Psychosis’, ‘Psychological Interventions for Secure Mental Health Settings’. Some courses within this programme are delivered in partnership with the NHS boards through a network of local trainers supported by NES.

- 2472 training places in psychological interventions such as Behavioural Activation, Motivational Interviewing, and Guided CBT for anxiety since 2016 (239 Psychological Therapists, 603 Applied Psychologists, 763 Nurses, 239 Allied Health Professionals, 104 Social Workers, 30 Support staff, 494 Other staff)

3.3 Psychology of Parenting Project (PoPP)

Psychology of Parenting Project (PoPP) has been working with Community Planning Partnerships (CPPs) across Scotland to equip staff to deliver these parenting interventions to the families of 3 and 4 year olds with elevated behaviour problems.

Headline PoPP Data	2016 - 2019 ³
Number of families enrolled	3,040 ²
Number of children for whom pre and post SDQs have been gathered	1,562 ²
% of children moved out of high-risk range	61% ²
Number of Community Planning Partnerships that have adopted the PoPP model	22
Number of practitioners trained to deliver PoPP groups	312 ¹

Source: ISD PoPP Database

Notes:

1. There are a number of practitioners not included in these figures who undertook training recently and are not yet on the database.
2. Includes all ages of children (range 1 - 12 years).
3. PoPP groups have been running across parts of Scotland since 2013.

3.4 Infant Mental Health (IMH)

The Solihull Approach helps early years practitioners think psychologically about development in the early years of life.

Some new infant mental health initiatives have been developed as part of a systematic training pathway for practitioners working with families of children up to 18 months. The new pathway includes further online training followed by additional in-depth training in two specific interventions suitable for work with parents and infants where the relationship is subject to high levels of stress.

Solihull Approach Cascade Scheme (SACS) Headline Data	
Number of Practitioners trained via SACS since 2014	1124
Headline Connecting with Parents Motivations (CwPM) Cascade Data	
Number of Practitioners trained since 2016-2019	1339

3.5 Training in Psychological Skills – Early Interventions for Children (TIPS-EIC)

The NES Training in Psychological Skills-Early Intervention Children project employs Implementation Science principles to select, train and coach individuals across professional groups in the Scottish child workforce (e.g. school nurses, guidance teachers, educational psychologists, social workers and pupil support workers) to deliver evidence-based / informed psychological interventions to children and young people who may not otherwise be able to access such support.

- Training has been well-received and evaluated (over 1,000 school staff and school nurses) including an evaluation of the NHS Lothian Let’s Introduce Anxiety Management roll-out which showed medium to large effect sizes on pre to post intervention outcome measures and very positive qualitative feedback from staff as well as from the children and young people who received the intervention
- Colleagues have welcomed the coaching that is available to support the translation of skills into practice (coaching is arranged for all who deliver LIAM and follow-up Application to Practice groups are organised for those who attend the Psychological Skills Modules)
- Really good engagement with School Nurses and Schools who, broadly, have welcomed this intervention
- Skills that can be used flexibly to enhance working practices, e.g., in communication, motivational interviewing and anxiety management

At Aug 2019	Training since Oct/Nov 17
Let's Introduce Anxiety Management	513
Mental health Awareness for School Nurses	300
CwPM	61
Recognising and responding to common mental health difficulties	18
Psychological Skills Modules	70
Trauma	178

3.6 Child and Adolescent Mental Health (CAMHS)

NES CAMHS has delivered on the training plan submitted to SG in Autumn 2014. The aim was to build up supervision and psychological therapy/intervention capacity in evidence-based interventions. A contribution to backfill was provided for longer courses of a year or more to enable release of clinicians from the boards.

Since end of 2015, CAMHS clinicians have been offered training to different levels in Cognitive Behavioural Therapy (CBT) with children and young people with anxiety, depression and other mental health difficulties.

Training	Numbers Trained since 2015
CBT supervisor level	114
1 year-long CBT certificate training for anxiety and low mood	40 completed (11 ongoing)
CBT diploma year	14 completed

In addition, training in low intensity anxiety management interventions is being rolled out within the CAMHS community.

Analysis of clinical outcomes of children/young people seen by the CAMHS CBT trainees during training showed a highly significant improvement in pre and post measures of anxiety and depression (RCADS), with 76% of those cases presenting in the borderline or clinical range before treatment falling below the borderline range at completion of treatment.

Family therapy training has been completed by a range of CAMHS clinicians to a variety of levels since 2015 including:

Training Level	Numbers Trained
Foundation year level	39 completed (12 ongoing)
Intermediate year level	22 completed (12 due to start)
Masters training	3 completed (3 ongoing)
Masters training - Supervisor level	10 completed
Family Based Treatment (FBT) for anorexia	7 completed

Regional analysis shows that the implementation of FBT coincides with a reduction in admissions to the inpatient units for children/young people with eating disorders. In addition, training in specialist cognitive behavioural therapy for eating disorders was completed by 23 clinicians. Year-long training in Interpersonal therapy (IPT) for depression has been completed by 6 clinicians and 4 of them are currently undertaking supervision training.

CAMHS clinicians have also been trained in trauma and resilience to different levels including:

Trauma Informed Practice	174
Trauma Focussed CBT	135
LD Skills	54
Applied Behaviour Analysis	57

CAMHS Clinicians can also access a newly developed NES 'Introduction to trauma in children, young people and their families' online module. In addition to the existing 931 registered users of the original Essential CAMHS resource, a total of 53 learners are engaged in the newly updated Essential CAMHS resource which was completed in April 2019.

3.7 Workforce data and analysis

To support the above work in collaboration with National Services Scotland funding has been provided to ensure that relevant data and analysis are available for the following additional purposes;

NES is responsible for the multidisciplinary CAMHS, and Psychology Workforce National Statistics and funding tracking data. Data are reported quarterly as National Statistics and include data tracking the impact of Scottish Government and NES mental health services capacity building funding. Data are extracted from NES developed bespoke databases.

- CAMHS – workforce monitoring and modelling, trainee and qualified
- Psychology – workforce monitoring and modelling, trainee and qualified
- Psychological Therapies – training, supervision, therapy delivery and workforce data monitoring
- Psychology of Parenting (PoPP) – practitioner, delivery and outcome data to monitor progress
- Implementation Science – implementation improvement monitoring and analysis

The data evidence that since 2006, when data collection began, there has been a 60.7% increase overall in the WTE of staff in post within CAMHS in Scotland and Psychology workforce has grown by 89.7%.

4. Additional Children & Young People Mental Health Services Resource

NES led the workforce development subgroup of the Children & Young People Mental Health Taskforce. In December 2018 NES was awarded £10.7m over 3 financial years to extend CAMHS capacity in support of transformation of Scotland's approach to children and young people's mental health following recommendation by the Children & Young People's Mental Health Taskforce. Funding has been provided for the expansion of CAMHS workforce, additional training and additional MSc APCYP Trainees.

- Increased intake of MScAPCYP trainees up to 30 per year as of February 2019
- Increase workforce capacity in CAMHS, taking account of local needs, agreements reached with all Boards. (42 nursing posts, 20 psychology posts, 11 AHPs. 3 doctors, 9 admins and 3 others) covering:
 - Crisis care/unscheduled care – dedicated staff to undertake this work so routine outpatient appointments are not cancelled with knock on impact to waiting times
 - Additional clinicians for routine specialist CAMHS to help wait list flow
 - Early intervention work with schools, in communities and in primary care settings to prevent specialist referrals
 - Neurodevelopmental to increase access to specialist assessment and intervention

Following the resignation of the chair of the C&YP Mental Health Taskforce due to ill health, Scottish Government and COSLA have established a C&YP Mental Health and Wellbeing Programme Board to take forward the recommendations of the taskforce. NES is leading on workforce development for the programme board which met for the first time on the 22nd of August.

5. Suicide Prevention

NES and NHS Health Scotland were jointly commissioned to support Action 2 of the Scottish Government Suicide Prevention Action Plan on mental health and suicide prevention training. This work includes the development of a Knowledge and Skills Framework, a workforce development plan and the commissioning of a universal online foundational resource, as well as the development of specific workforce resources and programmes. The knowledge and skills framework and three mental health and suicide prevention animations were launched in 2019, along with an iterative workforce development plan.

Vimeo views as of 13/08/19 -

Figures are likely underestimated; these do not account for videos which have been downloaded and are subsequently used in training, as well as video views on other websites.

Ask, Tell - Save a Life - 3,069

Ask, Tell - Look after your MH – 2,290

Ask, Tell - Have a Healthy Conversation – 1,970

We currently have some TURAS Learn data. It is expected that this will improve over the coming months.

Plans are being made for Suicide prevention week 9-15 September to further promote the animations externally via social media and various networks, and internally through the Intranet and Yammer as well as the Line Managers briefing.

6. Perinatal Mental Health

The Perinatal Mental Health Curricular Framework- A framework for maternal and infant mental health, was launched in February 2019, in partnership with the Perinatal Mental Health Network Scotland, National Managed Clinical Network. The Framework outlines the knowledge and skills

required by the workforce across four levels: informed, skilled, enhanced and specialist, ranging from the baseline knowledge and skills required by all staff working within health, social care and the third sector, right through to those working within specialist perinatal and infant mental health services.

Activity has been undertaken to scope out the perinatal and infant mental health resources and training that are currently available to support the implementation of the Framework. These include resources and training within NES Psychology, Midwifery, Health Visiting and Neonatology, as well as those within the wider educational environment. Delivery across all four levels has been delivered or is planned for delivery across 2019-20.

Three key areas of activity have been proposed to support the implementation of the Framework, in response to the recommendations of the Perinatal Mental Health Network Scotland report, *Delivering Effective Services*.

1. The development of a 'Essential Perinatal and Infant Mental Health' resource, aimed at the Enhanced and Specialist levels of the workforce. This resource will build on existing resources (such as the NES Infant Mental Health- Developing Positive Early Attachments interactive pdf), as well as the development of additional modules. Where relevant and possible, external resources will be incorporated into the new development.
2. Increasing the supply of the psychological therapies workforce for Perinatal Mental Health. Potential sources of additional capacity include practitioners on the Clinical Associate in Applied Psychology course, the multi-disciplinary CBT training programme, Child Psychotherapy training, and the development of Perinatal Mental Health aligned Clinical Psychology trainees. This capacity could be further enhanced with additional funding for increased numbers of trainees on each of these programmes.
3. Improving the knowledge and skills of the wider workforce. As highlighted above, some highly relevant education and training resources already exist, and are readily available for the workforce, however, it is acknowledged that additional resources may be required, in order to have a suite of blended learning that will suitably equip the informed and skilled levels of the workforce.

7. Once for NES – Mental Health, Learning Disability and Dementia Group.

With support from Organisational Performance & Improvement Programme colleagues, the above group has been in operation for eighteen months. It brings together colleagues from across NES directorates to improve our contribution in these areas. It is an active and engaged group that facilitates:

- collaborative operational planning
- sharing and widening access to existing resources
- collaborative approach for developing new resources
- creation of TURAS Learn learning sites for multi-professional topics (the intention is for this model to be replicated across other multi-professional areas)
- ability to respond swiftly and confidently to requests from Scottish Government and other stakeholders
- sharing of intelligence
- efficiency and effectiveness through closer collaborative working
- allows a collective/coordinated NES 'voice' to influence developing policy/direction.

8. Future Directions

Discussions are underway with Scottish Government colleagues surrounding the continuation and expansion of work in many of the above areas.

- In adult mental health, a whole system approach similar to that promoted for Children and Young People is being considered, and NES has been asked to help implement these ideas.
- A major focus will be to strengthen primary care and community delivery of mental health support.
- The mental health and wellbeing of the health and social care WF will also continue to be a priority.

NHS Education for Scotland

Board Paper Summary: Finance and Performance Management Committee Minutes

1. **Title of Paper**

Unconfirmed minutes of the Finance and Performance Management Committee meeting held on 22nd August 2019: copy attached.

2. **Author(s) of Paper**

Jenn Allison, Board Services Manager

3. **Purpose of Paper**

To receive and note the unconfirmed minutes of the meeting of the Finance and Performance Management Committee meeting held on 22nd August 2019.

4. **Items for Noting**

Item 7 – Finance Report

The committee noted the report for the period April to July 2019.

Item 8 – Performance Management Report

The committee noted the report and was satisfied with the current performance of NES.

Item 9a – Procurement Update Report

The committee noted the current and planned procurement activity.

Item 9b – Procurement Annual Report

The committee noted the report and approved it for publication on the NES website.

Item 10a – Properties and Facilities Update

The committee noted the verbal update.

Item 10b – Sustainability Action Plan

The committee noted and approved the actions outlined within the Sustainability Action Plan.

Item 11 – Performance Improvement Report

The committee noted the update report.

Item 12 – Equality & Diversity Annual Report

The committee noted this report.

Item 13 – Internal Audit Reports

The committee noted internal audit reports in relation to Strategic Planning; Equality and Diversity and Property Transaction Monitoring.

5. Recommendations

None.

NES
August 2019
JA

Unconfirmed

IN CONFIDENCE

NES/FPM/19/30

NHS Education for Scotland

FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

Minutes of the Finance and Performance Management Committee meeting held on Thursday 22nd August 2019 at Westport 102, Edinburgh

Present: David Garbutt, Chair
Douglas Hutchens, Non-Executive Director (via VC)
Jean Ford, Non-Executive Director
Liz Ford, Employee Director

In attendance: Donald Cameron, Director Planning and Corporate Resources/Lead Officer
Audrey McColl, Director of Finance
Caroline Lamb, Chief Executive
Janice Sinclair, Head of Finance (via VC)
Declan Walkden, Procurement Manager, Finance
Lizzie Turner, Principle Lead, Finance
Jenn Allison, Senior Officer

1. Chair's welcome and introduction

The Chair welcomed everyone to the meeting, particularly Declan Walkden who was deputising for Kenny McLean.

2. Apologies for absence

Apologies were received from Nicola Todd and Kenny McLean.

3. Minutes of the previous meeting held on 22nd May 2019 (NES/FPM/19/20)

The minutes of the previous meeting were approved. **Action: JA**

4. Action list from previous meeting held on 22nd May 2019 (NES/FPM/19/21)

It was noted that all the action points were completed or in hand.

5. Matters arising from the minutes

There were no matters arising which did not arise elsewhere on the agenda.

6. Declarations of Interests

There were no declarations of interest in relation to the items on the agenda.

7. Finance Report

(NES/FPM/19/23)

Lizzie Turner introduced a paper presenting the financial results for the period April to July 2019 and indicating the current anticipated forecast outturn as at 31st March 2020. The following points were highlighted:

- Overall, there is an underspend of £2.3 million as at 31st July 2019, this is primarily due to how the budgets have been phased across the year.
- The current forecast outturn for 2019/20 is an underspend of £0.5 million. The majority of this projected underspend sits within the medical directorate and is a result of a £286k underspend within Professional Development relating to fewer than budgeted rural fellows being recruited and reduced spend in the Achieving Excellence in Pharmaceutical Care (AEIPC) funding which accounts for an underspend of £120k within Pharmacy due to the 5 year degree programme being pushed back a year and the scope of the Prescribing Programmes being reduced.
- Outstanding allocations from the Scottish Government total £79.4m which Scottish Government have verbally confirmed will be allocated in course. As this figure includes £31.2m of recurring baseline allocations a member of the committee queried if there would be any impact for NES of this funding being received late. Lizzie Turner confirmed that there were no concerns regarding this.
- Since June month-end we have received confirmation that we will receive the funding for the £2.048m Transformation bid. This is including the £1.5m carried forward from 2018/19 although it is less than was originally bid for.

Discussion of the paper resulted in the following main points:

- The committee were pleased that the transformation fund money has now been confirmed.
- The committee raised concern at the £700k funding gap for the package of work agreed between the Chief Nursing Officer Directorate and NES. Discussions are underway with the Scottish Government to understand the full implications of this reduced funding.
- A member raised a concern regarding a recent Audit Scotland report that income from taxation had been overestimated, which could result in a 1-2billion shortfall, which will affect organisations across the public sector.

Following discussion, the committee noted and was satisfied with the information in the report.

8. Performance Management Report

(NES/FPM/19/24)

Donald Cameron introduced a paper providing a summary of NES's performance for the first quarter of 2019/20 and a summary of targets which were rated as amber during the last quarter of 2018/19. The following points were highlighted:

- The report includes a link to the Corporate Dashboard, which is now accessible via Turas. Workforce data will be built into the dashboard in the future.
- Of the 559 targets, 8 are red, 41 are amber, and 510 are green. Of the 111 have priority targets, 3 are red, 10 are amber and 98 are green. Some of the reds and ambers were linked to previously unconfirmed transformation funding.

The report was discussed, and the following main points emerged:

- A member raised a query regarding a red rated workforce target relating to appraisals. Donald explained that this is due in part to some members of staff being unaware that a learning activity is required to be attached to the learning need and noted that workforce colleagues are working to rectify this. Caroline Lamb also noted that the Staff Governance Committee are kept up to date regarding essential learning and appraisal rates.

Following discussion, the committee noted and was satisfied with the current performance of NES.

9. Procurement Reports

a. Procurement Update Report (NES/FPM/19/25)

Declan Walkden introduced a paper providing an update on the procurement activity undertaken during the period April to June 2019:

- Savings of £295k have been identified in the first quarter.
- A paper outlining further opportunities to leverage the collaborative approach with the National Health Boards collaborative working group has been submitted to the Internal Support Services Transformation (ISST) steering board.
- NES has been tasked with tendering for a new 3-year paramedic degree course which will provide a standardised degree qualification for the whole of Scotland, provided by multiple suppliers. The formal multi-lot (by geographical area) tender process has been launched and award is expected in September, subject to all relevant budgetary approvals.
- A procurement exercise is taking place for one cleaning contract for all NES offices, a key element of this contract is that the company must be a real living wage employer. Savings are expected to be made from this contract.
- An e-learning framework specification is in progress. This will cover all National Boards.

The committee noted the information in the report.

b. Procurement Annual Report

(NES/FPM/19/26)

Declan Walkden introduced the NES Procurement Annual Report for 2018/19, highlighting the following main points:

- This is the 2nd National Annual Procurement Report, following a standard template issued by Scottish Government to publish annual regulated procurement activities (commitments >£50k).

The committee noted the information in the report and approved it for publication on the NES website.

Action: DW

10. Property and Facilities Management Reports

a. Property and Facilities Management Update

Donald Cameron provided a verbal update on ongoing developments within the Property and Facility Management team.

- A business case has been submitted to extend the lease of the NDS office space at the Bayes centre for 12 months.
- Office space is being redesigned to accommodate more staff coming into Westport and 2CQ.
- PFM colleagues are working with staff in Inverness to redesign office space to comply with SMARTER working polices and to release space no longer required.

The committee noted the information provided.

b. Sustainability Action Plan

(NES/FPM/19/27)

Donald Cameron introduced the Sustainability Action Plan, which has been developed from a centralised national reporting tool linking to the United Nations, Sustainable Development Goals.

- This is the first year Health Boards have been required to implement an action plan based on an assessment from the Centre for Climate Change on behalf of the Scottish Government. Colleagues have raised that some of the areas NES has been marked down on are not applicable and discussions have taken place with Edinburgh University regarding this.
- NES's first assessment has given a rating of Bronze by achieving 52%. 2019/2020 reporting will take place this October with the new reporting platform being launched by the end of August.

The committed noted and approved the actions outlined within the Sustainability Action Plan.

11. Performance Improvement Report

(NES/FPM/19/28)

Donald Cameron introduced a paper providing an update on the activities undertaken by the OPIP team, with a particular focus on four key improvement programmes, including support for workforce data analysis.

- The main areas of work for the OPIP team continue to focus on cross-organisational projects identified as priorities by the Executive Team: Training Programme Management, Support for Workforce Data Analysis, Leadership and Management and Mental Health Learning Disabilities and Dementia and SMARTER working.
- The OPIP team are also working with colleagues in the Quality Improvement (QI) team to provide training improvement training for staff across NES. A communication has gone to all NES staff regarding the NES Improvement Programme, which has informed staff of the dual aims to support the delivery of measurable improvements for NES and grow NES capacity and capability in QI by providing education and coaching to staff who are working on live projects.

The committee noted the ongoing performance improvement developments taking place in NES.

12. Equality and Diversity Annual Report

(NES/FPM/19/29)

The committee noted the Equality and Diversity Annual Performance Report for 2018/19, which summarised performance against the operational plan equality and diversity targets, equality impact assessments and statutory reporting requirements, and provided an overview of key pieces of equality and diversity work from the reporting year.

The committee were satisfied with the governance and performance management arrangements in place and noted that the Staff Governance Committee monitor issues and developments relating to Equality and Diversity.

13. Internal Audit Reports

a. Strategic Planning

This report was noted.

b. Equality and Diversity

This report was noted.

c. Property Transaction Monitoring

This report was noted.

14. Any Other Business

There was no other business.

15. Date of Next Meeting

The date of the next meeting was confirmed as Thursday 21st November 2019.

NES
August 2019
JA/dc/amc

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Finance Report as at 31st August 2019.

2. **Author(s) of Paper**

Audrey McColl, Director of Finance
Lizzie Turner, Head of Finance Business Partnering.

3. **Purpose of Paper**

The purpose of this paper is to present the financial results for the first five months of the year to 31st August 2019 and to indicate the current forecast outturn as at 31st March 2020.

4. **Key Items**

The NES budget for 2019/20 is currently £517m. The year to date position, as at 31st August 2019, reflects an underspend of £2.1m which is primarily due to how the budgets have been phased across the year. We are currently forecasting a year-end underspend of £1m.

Of the £1m forecast year-end underspend £0.68m relates to Medical Training Grades and will be required to reduce the £4.881m previously reported as being required from Scottish Government to address the recurrent historic budget gap highlighted during the development of the 2019/20 financial Plan. This will reduce the forecast year end variance to £0.3m.

Allocations received in July and August total £26.8m resulting in the value of outstanding allocations from the Scottish Government now being £60m, including £9.4m of our original Baseline budget. Although these are significant amounts, we remain confident that NES will receive the allocations, however the expected allocation for the NMAHP outcomes framework has been reduced by £700k. Discussions on how the £0.7m gap can be addressed have been held with the Scottish Government and both the expected outcomes and directorate plans reviewed. A gap of £0.2m remains and a detailed review of each programme's spend plan will be undertaken to identify efficiencies.

5. **Equality and Diversity**

The forecast outturn position is currently reflecting a balanced financial position. The recommendations within the report will not create any equality and diversity risks.

6. Recommendations

The Board is invited to note the information contained in this report.

**NES
September 2019
AMc / LT**

Finance Report to 31st July 2019

1 Overview

1.1 Revenue Funding

NES' original baseline budget for 2019/20, as reviewed by the Board on 28th March 2019, was £439.2m. We now anticipate a recurring baseline of £460m due to increases in Employer pension contribution (£16.37m), NDS funding (£5m) and £0.6m in other allocations.

Our planning assumptions for pay uplift treated all staff groups the same i.e. a 3% rise with a cap at £1,600. This was confirmed for Agenda for Change and the Executive cohort, however, the pay award for the Doctors and Dentists was announced in August and provides a 2.5% increase in pay, with no cap. This has resulted in a reduced requirement in baseline funding of £1.2m.

The additional £1.5m which was removed from NES in relation to the National Boards savings target has not yet been returned. We continue to work with the SG and other National Boards to ensure that this is re-instated to the NES recurring baseline.

In addition to the baseline funding, we expect to receive a total of £57m from Earmarked and non-recurring allocations giving a total budget of £517m as shown in Table 1 below. This represents an increase of £9.5m since the last budget reported to the Board in June which reflects confirmed funding for Transformation £2m, Chief Nursing Officer Directorate bundle £2.7m and a further £4.7m in Primary Care Funding as well as other smaller adjustments.

Table 1 – Revenue Funding:

Area	Recurring		Earmarked		Non Recurring		Total		
	Received	Outstanding	Received	Outstanding	Received	Outstanding	Received	Outstanding	
2018/19 Baseline	423,353						423,353	0	
2018/19 Pay award	8,558						8,558	0	
National Boards Savings	(4,000)	1,500					(4,000)	1,500	
2019/20 Pay Award	511	9,058					511	9,058	
Board Development posts (HIS)		70					0	70	
Excellence in care	165	0					165	0	
Original budget	428,587	10,628	0	0	0	0	428,587	10,628	
Reduction to 2019/20 Pay award		(1,244)					0	(1,244)	
Additional Training Grade Funding						4,881	0	4,881	
Superannuation	16,370						16,370	0	
NDS		5,012					0	5,012	
Transformation					378	1,670	378	1,670	
Aberdeen Dental School				3,113			0	3,113	
Dental Outreach				350			0	350	
Dental VT						335	0	335	
Speciality Training Expansion posts						6,961	0	6,961	
MEP funding gap						5,144	0	5,144	
Improving Surgical Training Funding						431	0	431	
Mental Health Programme						7,000	0	7,000	
Psychology Trauma Funding					480	0	480	0	
Psychology CAMHS						4,889	0	4,889	
Pharmacy AEIPC						722	0	722	
Pharmacy PRPS				5,362		588	252	588	5,614
Pharmacy ACT					1,993	454	1,993	454	
Other Pharmacy			350	421	382	164	732	585	
GPN Funding - Primary Care					931	399	931	399	
GP Bursary - Primary Care					1,394	597	1,394	597	
Other Primary Care Fund					1,241	63	1,241	63	
Project LIFT		347					0	347	
Digital Pharmpress				371			0	371	
WF Funding for data platform					157		157	0	
Outcome Framework-CNOD Bundle					2,000	770	2,000	770	
Other allocations		63	10	333	1,536	1,092	1,546	1,488	
Total Revenue Allocation	444,957	14,806	360	9,950	11,802	35,102	457,119	59,858	
Total		459,763		10,310		46,904		516,977	

1.1.1 Outstanding Revenue Allocations

A significant amount of funding expected from the Scottish Government has not yet been received. Following a meeting with Scottish Government we expect the adjustments to our baseline (as reported to the Board in March) will be processed in a future allocation letter. The baseline allocations expected include the additional £1.5m for the National Boards savings which was removed from NES in error, and the remaining £7.8m Pay Award for 2019/20.

Board members will be aware that to balance the 2019/20 budget, the Scottish Government agreed to fund the remaining gap which exists within training grades (at that point estimated to be £4.881m). A series of meetings are scheduled in the autumn following the August rotation to agree what this final figure will be. Any funding received will be provided on a non-recurrent basis in 19/20 with an aim to agree an increase to the recurrent baseline from 2020/21 onwards.

We are working through the outstanding non-recurring and earmarked allocations and, as with last year, we expect to receive the bulk of these by the September allocation letter. Some allocations, such as the MEP funding gap, are received later in the year once costs can be estimated with more certainty.

We have agreed with Scottish Government that Primary Care funding (PCF) and Transformation funding will be received on a 70/30 funding split – 70% in August and the remaining 30% in December based on projections at that time.

1.2 Summary Financial Position

The summary financial position is shown in Table 2 below. We are currently forecasting spend of £516m by year end against a budget of £517m giving a projected underspend of £1.0m. Of this projected underspend £0.68m relates to Medical Training grades and will reduce the £4.9m required from Scottish Government in 2019/20 to address the recurrent Medical Training Grade gap.

The year to date position shows an underspend of £2.1m mainly due to the timing of spend and phasing of budgets as well as savings from unfilled posts early in the financial year which are expected to be offset by increased spend on other directorate priorities by the year end.

Where full year variances within Table 2 are considered material or of particular relevance they are discussed in section 2 below. Material year to date variances are also highlighted unless they primarily relate to the phasing of budgets.

Table 2 – summary Financial Position

MONTHLY REPORTING FOR AUGUST 19				Period 05				
Directorate	Year to Date			Full Year				Movement in variance from last month
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	
<i>Quality Management</i>	33,410	33,381	28	82,351	82,338	13	10	3
<i>Strategic Planning and Directorate Support</i>	2,724	2,636	88	6,131	6,216	(85)	(72)	(12)
<i>Training Programme Management Excl Training Grades</i>	7,612	7,323	289	17,798	17,847	(49)	8	(56)
<i>Training Programme Management - Training Grades</i>	102,871	102,825	45	268,538	267,859	679	0	679
<i>Professional Development</i>	2,306	2,130	176	7,653	7,358	295	286	9
<i>Pharmacy</i>	3,614	3,515	98	12,661	12,552	109	180	(71)
Medical Total	152,536	151,811	725	395,133	394,170	963	412	551
Dental	18,902	18,961	(59)	45,950	45,949	1	36	(35)
NMAHP	2,551	2,575	(24)	14,004	14,050	(46)	(37)	(9)
Psychology	8,544	8,425	119	24,770	24,767	3	9	(6)
Healthcare Sciences	1,066	1,065	1	2,767	2,754	13	8	5
Optometry	431	408	23	1,094	1,073	21	7	14
NDS	791	668	124	3,959	3,959	0	0	0
Digital	4,846	4,539	307	12,035	12,040	(5)	60	(65)
Workforce	2,216	2,004	212	5,454	5,453	1	35	(35)
Finance	991	806	185	2,435	2,342	93	1	92
Properties	1,682	1,655	28	4,058	4,087	(29)	(29)	0
Facilities Management	295	281	14	712	712	0	(0)	30
Planning (incl OPIP)	524	513	11	1,283	1,277	6	7	(1)
Net Provisions	612	175	437	3,324	3,324	(0)	30	(30)
NES Total (revenue)	195,988	193,885	2,103	516,977	515,957	1,020	539	511

All figures are in £000's

2.0 Variance Analysis of material movements

2.1 Medical

2.1.1 Year to Date

The £0.7m Year to date underspend is primarily within Training Programme Management (TPM) and Professional Development (PD). Within TPM £45k relates to Training Grades with a further £286k across the rest of the TPM budget - £246k of which relates to timing of payments (including the £146k of study leave claims not yet being claimed). The year to date underspend of £176k in Professional Development (PD) is mainly due to under recruitment of fellows (4WTE) and a range of timing issues including the backdated pay award not yet being made.

2.1.2 Full Year Forecast

The Medical full year forecast underspend is £0.96m which primarily relates to training grades (£0.68m) and Professional Development (£0.3m).

Training Grades

- A £1.2m underspend in Hospital Trainees due to:
Core and ST:
 - more Less Than Full Time gaps than budgeted creating an underspend of £826k.
 - Price variances create a further underspend of £370k (including £206k due to a change to the payment rate of out of programme (OOP) vacancies to make them consistent with other baseline funded posts)
 - Of the 55 new posts created from the 2019 expansion 52 posts have currently filled. Of these, 10 posts were funded from vacant baseline posts in associated programmes creating an underspend of £433k
 - offset by 11WTE more Certificate of Completion of Training (CCT) extensions, where Trainees can choose to extend their trainee placement by up to 6 months while they secure their next role, costing an additional £530k.
- GPs in Hospitals:
 - 4.5WTE fewer trainees cause an underspend of £134k.
- Offset by £0.5m overspend in GP Trainee placements
 - A significant overspend in the cost of GPST3 placements of £1.179m is being offset by 25WTE unfilled places across ST1 and ST3 (£707k). Whilst we expect, and budget for, Trainees entering GPST3 to be higher up the scale than other specialty trainees, we have noted salary scales are higher than anticipated in this year. Whilst we are able to offset this by the vacancies in the current year, consideration will need to be given to the rate used in next year's financial plan.
 - Other small price and volume variances account for the remaining £43k.

The current net £0.68m underspend in Training Grades will be monitored to reflect any movements in Trainee numbers as the final impact of the August rotations is known. We will then agree with Scottish Government how this will alter the level of funding to be provided to address the funding gap for 2019/20 which was originally anticipated to be £4.9m

All of the available August rotation information is now reflected in the forecast figures however we know from previous years there may still be significant fluctuations during September and October as there is ongoing movement in trainee placements. For example, the overspend in CCT places may reduce if more Trainees than anticipated choose not to stay in their placement for the full additional 6 months.

Professional Development (PD)

The full year forecast underspend of £295k in Professional Development arises primarily from under-recruitment of Rural Fellows due to start in August 2019. Of the 12 posts available, only 4 have been filled (£270k underspend). This is a similar position to last year due to a lack of applicants despite repeated advertising.

Pharmacy

The Pharmacy forecast underspend of £109k is likely to change as the directorate tries to identify new training sites for some of the 5 trainees who were unable to complete their training in July as scheduled which will absorb some of the £35k underspend this creates. Discussions with Scottish Government are underway to identify new priorities for the £50k projected underspend in Achieving Excellence in Pharmaceutical Care (AEIPC)

2.2 NMAHP

The Chief Nursing Officer Directorate recently notified NMAHP that of the £3.4m of funding requested to deliver education and training for Nurses, Midwives and Allied Health Professionals only £2.7m will be allocated. The funding to enable NMAHP to deliver education and training is agreed between Scottish Government and NMAHP and forms part of the Outcomes Framework. The funding covers a wide range of work which is referred to as the CNOD bundle and is usually allocated twice per year. Discussions on how the £0.7m gap can be addressed have been held with the Scottish Government and both the expected outcomes and directorate plans reviewed. A gap of £0.2m remains and a detailed review of each programme's spend plan will be undertaken to identify efficiencies.

2.3 Psychology

A year to date variance of £115k arising from long term sick and the resignation of 5 Trainees will be reduced as the associated funding is adjusted. Informal feedback from the boards indicates the reasons for the resignations are in the main personal and the directorate is confident that the increased resignation rate is not related to the training scheme, however, they continue to monitor the situation.

2.4 NDS

The year to date underspend of £124k is primarily due to delays in recruitment and the phasing of non-pay budgets.

The year-end forecast is currently breakeven. We shall however monitor the tender submissions for the cloud hosting solution expected later in the year for any potential over or underspend.

2.5 Digital

The year to date position for Digital is a £307k underspend. The main drivers of this are £108k in pay as the directorate is undergoing reorganisation and is experiencing delays in recruiting to full establishment; and £170k in timing issues.

When budgeting for new posts we use the midpoint of the scale, however new appointments within Digital are now expected to be paid above midpoint. Therefore, the year to date pay underspends will be offset as posts are filled.

2.6 Workforce

The year to date position for Workforce is a £212k underspend. The main drivers of this are reduced pay costs totalling £170k due to pay savings arising from the ongoing reorganisation within the directorate. Throughout the remaining months of the year the savings from this will be redirected to new projects which support staff across the organisation and the wider NHS and include; improved dashboard reporting (including on essential learning), further development of the Equalities & Diversity zone in Turas and the development of an app to support coaching and mentoring. Projects focussing on Staff wellbeing have been prioritised, partly in response to the Sturrock report.

2.7 Finance

The year to date variance is £185k mainly due to 7 posts being vacant for the first part of the year following a review of the structure within the Directorate. A schedule of recruitment is now underway with 2 preferred candidates recently identified. The year-end forecast is a 93k underspend as some of the savings are expected to be absorbed by the agency fees required to fill the vacant posts on both a short and a long-term basis.

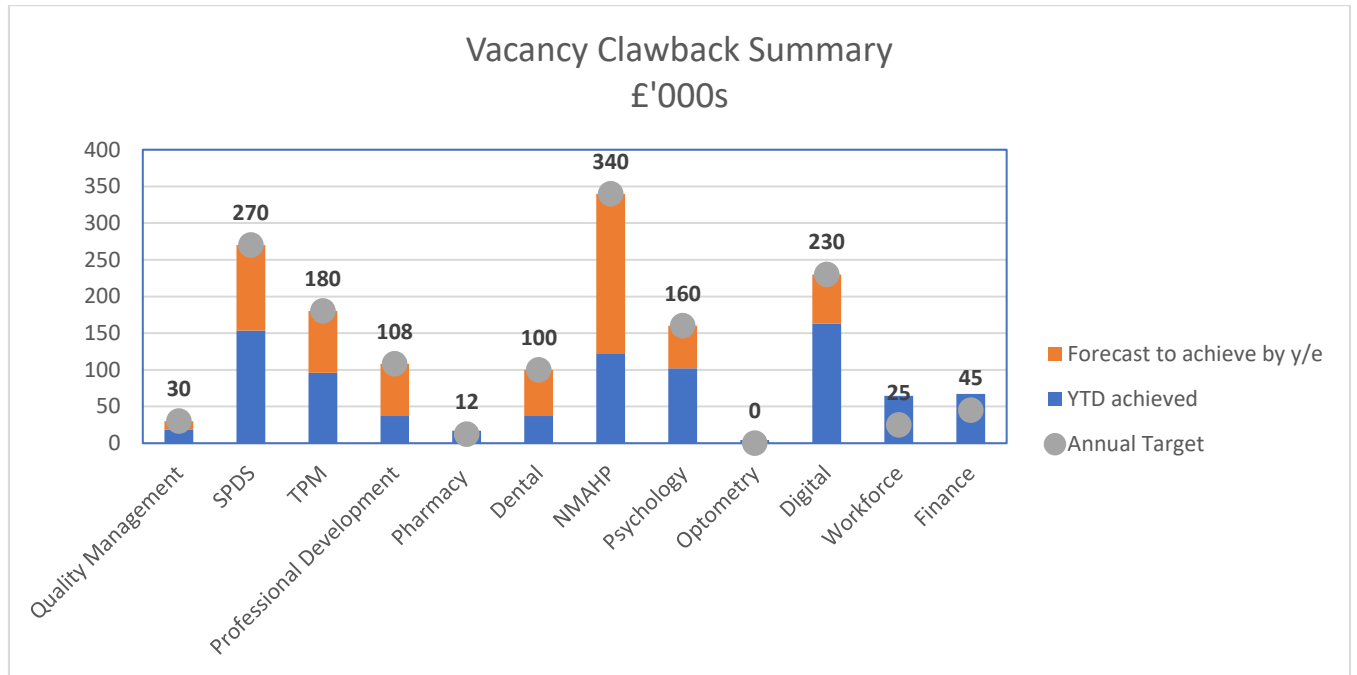
2.8 Provisions

The full year budget for net provisions is £3.3m. This includes charges for depreciation (£1.2m), savings identified by directorates, budget adjustments and savings to be identified through procurement (£0.3m), the Apprenticeship Levy (£0.3m) and corporate budget identified as part of the budget setting process to cover work being undertaken at risk in Digital and NDS (£0.9m) less top-slicing of external income to cover overheads (£0.2m).

A year to date variance of £437k is mainly due to the write-back of accruals from 18/19 and phasing issues on SG budgets. It is expected all provisions will be used by year end.

3.0 Savings - Vacancy Clawback

A recruitment lag saving of £1.5m was included in the budget paper which, this year, has been allocated to directorates to allow greater control and ownership. To date £909k has been realised, and we continue to forecast that the target will be met in full as shown in the graph below. This will continue to be monitored and adjustments to the allocations may be required throughout the year as staffing levels are confirmed.



4.0 Transformation Fund Projects

After notification that the Transformation fund had been significantly reduced by Scottish Government for 2019/20, NES received an allocation of £2.049m, of which £1.509m was carried forward from 2018/19.

In addition to the Transformation funding received NES has allocated a further £185k to work which is related to the Transformation Programme and Scottish Government has confirmed funding of £436k from other areas. The total funding therefore currently available to Transformation priorities within NES is £2.67m as detailed below.

Source	£000's
Transformation Fund	2,049
NES non-recurrent allocation	185
Elective centre funding	128
SG Workforce Directorate	157
Psychology funding for CAMHS posts (£50k NES baseline/ Balance SG)	151
Total Funding	2,670

This funding has been split across several projects detailed below along with spend to date and a year-end forecast. Monthly reports are submitted to Scottish Government which cover the progress related to the £2.048m. All these figures are contained within table 2 of this report.

Project	Current Budget	Year to Date spend	Year end Forecast
Workforce Priorities	2120	640	2120
Business Systems	550	163	550
Total	2,670	803	2,670

The Workforce Priorities group includes several projects including the ongoing support required for Lead Employer; the further development of the Turas Platform for People, Appraisal and Learn; the development of the Workforce Platform; the CAJE replacement; the Employee Engagement Portal and the hosting of the National Workforce Policies. The Business Systems bid covers the anticipated costs for the e-Rostering project which will enable an interface to be developed between existing systems used for rostering which will reduce the double keying of information and also support the procurement of a new system to the point of preferred supplier

5.0 Risks to forecast position

5.1 GP100

Since the introduction of Expansion posts to Medical Training in 2013/14, it is normal practice to only fund boards for these posts when there are no vacancies in the programmes. This is because NES only receives funding from SG on a non-recurrent basis for these posts when they have filled.

We have identified that payments to Boards in respect of the GP100 expansion posts have not been treated in this way, resulting in payments to boards for vacancies within this cohort in the first 5 months of the current financial year. Work is currently underway in TURAS to incorporate the information which allows us to identify these posts and adjustments will be made to recoup these payments from boards. This will not impact on the overall NES forecast as any saving will offset the amount required from Scottish Government to fund the recurring gap within Medical Training Grades.

5.2 Dental Nurse Modern Apprenticeship Income

The Dental Directorate has been successful in becoming a Modern Apprenticeship Education Provider and has been allocated 95 places for Dental Nurse training. We will continue to review the net impact of the Modern Apprenticeship funding as the year progresses and the full financial implications will be built into the financial plans for future years.

5.3 Medical Training Grades Funding Gap

The receipt of the £4.9m budget gap resulting from the historic underfunding of Medical Training grades will be agreed following a mid-year review which is now scheduled. As discussed in 2.1.2 the final amount of funding required from Scottish Government will change as the Training Grade position develops throughout the year. The meeting will look at how to fund the gap in this year on a non-recurrent basis and in future years on a recurrent basis.

5.4 NMAHP Outcomes Framework

If the required efficiencies cannot be identified, the year end forecast position could reflect a further £0.2m overspend.

5.5 Allocations not yet received

As detailed in paragraph 1.1 a significant level of funding remains outstanding and we are working with Scottish government to ensure outstanding allocations are received as soon as possible. We now hope to receive our full baseline funding in our next allocation letter.

5.6 General

At this stage of the financial year there are still many unknown factors influencing forecasts in directorates and the figures are based on many assumptions including those relating to areas such as course take up rates, availability of goods, staff costs, maternity and long-term sickness rates. Whilst all figures provided are best estimates at this time, we also expect movement, especially in the risk areas detailed above. Until the impact of these risks are better known it is prudent to retain any underspends currently arising within directorates. As the financial year progresses and the impact of these unknowns can be more robustly forecast we can look to release any underspends remaining.

5.7 NDS

Following a meeting with Scottish Government full details of the £5m budget requirement for 2019/20 have been provided to them. This is broken down into 3 sections shown below.

Area	£000s
NDS Direct Costs	£3,959
NDS Support Costs	£380
Digital Support	£650
Total	£4,989

It is likely some of the digital support costs will be funded non-recurrently by NES in the current year with the expectation that the full recurring budget will be made available from 2020/21.

The total costs increase to over £8m in future years for the functionality currently agreed. This is very much the 'standing still' scenario and any additional requirements would need to be scoped and funded separately; this includes the Programme for Government work currently being discussed which will have significant costs attached. We will be working closely with Scottish Government to ensure that future growth in NDS is tailored to match available funding from SG.

6.0 Year-End Financial Position

As requested by the Board, details of the overall year-end financial position for the last 5 years and detail of the material allocations returned to Scottish Government in the last 2 years, are shown below.

Year	Full Year Budget £000s	Year End under spend £000s	% variance	Funding returned £000s
2014/15	434,299	642	0.15%	154
2015/16	432,769	402	0.09%	0
2016/17	440,262	432	0.10%	15
2017/18	445,252	309	0.07%	360
2018/19	465,790	405	0.09%	2,455

In 2018/19 £2.45m (detailed below) was returned to the Scottish Government.

2018/19 Funding Returned	
1,509	Transformation Funding – a combination of late confirmation of the level of funding available and delays in scoping and tendering processes. This funding has been carried forward into 2019/20.
254	ACT (£204k Medical ACT, £50k Dental ACT) where Boards were unable to demonstrate expenditure which met the ACT criteria.
522	Pharmacy - Primary Care Fund - Underspend on the Pharmacy ACT project where the bulk of the funding returned was due to the actual uptake of training to enable provision of experiential learning to undergraduates, being less than the target set.
170	CYP Mental Health taskforce . A late allocation was received in December 2018 and it was agreed with SG in advance that any unused funding could be returned.
2,455	Total funding returned

In 2017/18 we returned £360k in relation to Workforce funding received for specific purposes. Most of the funds returned related to two programmes: £150k in respect of digital developments for the Doctors and Dentists in Training (DDiT) Lead employer programme; and £130k to ~~from the Implementation Leads support programme~~.support OD in boards in relation to develop project LIFT

7.0 Recommendation for Decision

The Board is asked to note the information contained in this report.

NES

Sept 2019

AMc/ LT

NHS Education for Scotland

1. Title of Paper

Performance Management Report following 30th June 2019 progress updates.

2. Author(s) of Paper

Karen Howe, Planning and Corporate Governance Manager
Lynnette Grieve, Planning and Corporate Governance Manager
Donald Cameron, Director of Planning and Corporate Resources

3. Purpose of Paper

This paper provides a summary of performance for the first quarter of 2019/20. There is also a summary of the 2018/19 targets that were marked amber at the end of last year.

4. Corporate Dashboard

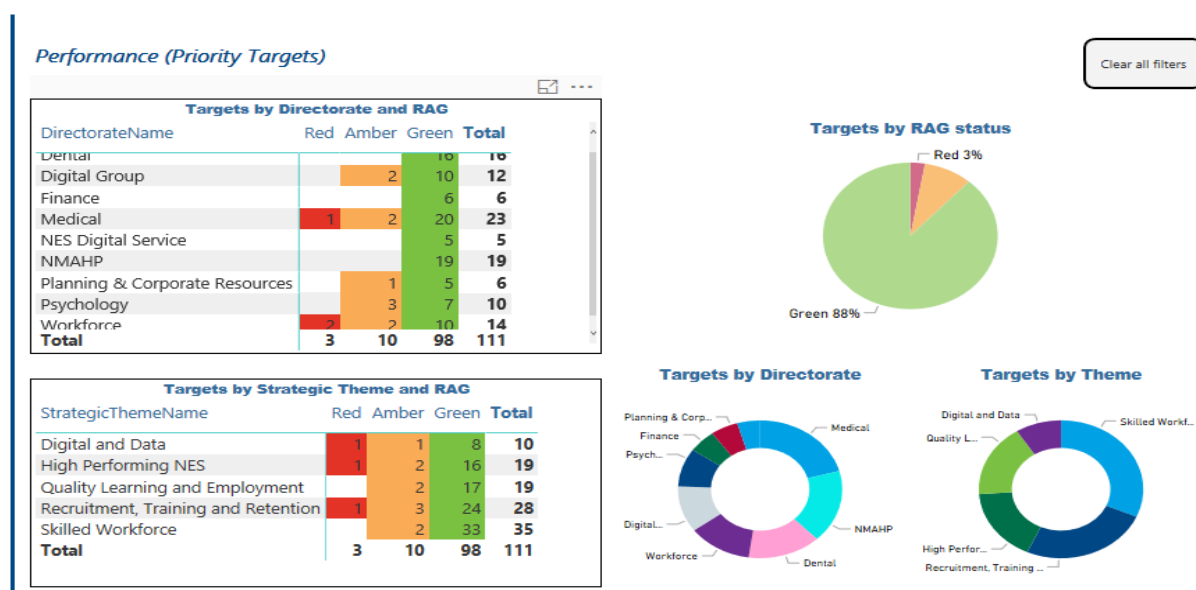
Full performance data can be found in the [Corporate Insights](#) area of TURAS | Data Intelligence which presents corporate metrics in one place. Note: this will require a TURAS user sign in to view.

5. Summary of Performance

There are 559 performance targets for 2019/20, of which 111 have been identified as priorities and represent key performance indicators. Diagram 1 shows the performance across the 111 priority targets and diagram 2 outlines performance across all 559 targets. Performance is measured using RAG (Red, Amber, Green) ratings, the definitions are set out below:

- **Red** – progress has not been satisfactory. The target is more than 10% below target and/or delayed by more than 3 months.
- **Amber** – progress against this target/outcome has not been fully satisfactory. The target is below target by up to (and including) 10% AND/OR is delayed by up to (and including) 3 months.
- **Green** – progress against this target/outcome has been satisfactory, with 100% of the target achieved or exceeded AND meeting all time deadlines.

Diagram 1 – Summary of performance for priority targets (Q1, 2019/20, n=111)



Of the 111 priority targets, three are red, 10 are amber and 98 are green. All priority target updates are reviewed to ensure the RAG rating and update is accurate. Following this quality check, one target was changed from amber to green. A spreadsheet with all 111 priority targets along with their quarter 1 updates and RAG status can be found [here](#) - further details of the red and amber priority targets are outlined in Tables 1 and 2 below.

Table 1 – Red priority targets Q1 2019/20

Target	Comment
Medicine - To increase the number of doctors completing Enhanced Induction and GP Returner programmes by 20%.	Uptake to the GP Returner and Enhanced Induction programmes is dependent on individuals coming forward and we are in a supply and demand situation. A social media campaign targeting GP returners was run in January 2019 and this has increased the number of expressions of interest. The new CEGPR Streamlined Australia Process has resulted in 3 enquiries since its inception with one confirmed later this year. This process is now extended to South Africa with New Zealand due to come online soon. USA and Canada may be included in future. The number of applications from the EU has decreased with imminent EU-exit. We normally have about 8 participants across both programmes each year. We currently have 2 GP Returners in post and no Enhanced Induction doctors. There are 6 confirmed GP Returner starters and 2 possible starters for 2019 so we anticipate being on target to increase the total number of participants by 20% this year.
Workforce - To deliver education standards, learning networks and career pathways in digital skills to support Domain D of the Digital Health and Care Strategy.	Progress is not as expected due to the lack of resource and a bid under the Comprehensive Spending Review has been submitted. In addition, learning resources for the Technology Enabled Care Programme were originally only provided until 30 September 2019. Extended funding to end March 2020 has now been received for the latter which will enable us to deliver the outcomes agreed on 1 April 2019.

Target	Comment
Workforce - 100% of eligible staff having meaningful appraisal discussions and 100% of eligible staff completing all Essential Learning.	This is red as at the end of Q1 2019, performance against this target was reported as 55%, this figure represented the percentage of staff who had completed all elements of the TURAS Appraisal application. Further interrogation of the data has shown that 82% of eligible staff have completed and recorded an appraisal discussion; 71% have recorded objectives and 46% have recorded a learning activity (Personal Development Plan). Essential learning includes a range of elements and average completion across all directorates by eligible staff as at 30 June, was 70%. Although the rating is red, this represents an improving picture and we are working with teams on how to use TURAS Appraisal.

Table 2 – Amber priority targets Q1 2019/20

Target	Comment
Psychology - Support 30 trainees for psychological therapies in primary care (PTPC) and 30 MSc trainees in applied psychology for children and young people (APCYP) to complete training by January/February 2020.	On track for 30 trainees in applied psychology for children and young people to complete training by the end of February 2020. It is likely that 29 trainees will complete the MSc for psychological therapies in primary care by the end of January 2020. 1 trainee is unlikely to complete with rest of cohort.
Psychology - To continue to provide CBT (cognitive behavioural therapy) training to certificate level (1-year course) and diploma level (2-year course) to 20 clinicians. To provide training in low intensity CBT based approaches.	Only 19 CAMHS clinicians are currently undergoing either CBT certificate or diploma year training. In addition, 1 has withdrawn and 2 have been interrupted. Training in low intensity CBT approaches for CAMHS has been planned for Sept 19. In addition, 34 clinicians attended a CBT CPD day on parent led CBT approaches in May, and 25 clinicians started CBT-ED training in May.
Psychology - Recruit three trainee health psychologists to commence in May 2019 and support four current trainees to complete training by January 2020.	Two trainee health psychologists commenced in May 2019. Four trainees due to complete by the end of January 2020.
Digital - Develop a workforce planning service with a new data and analytics team based in NES by the end of December 2019.	While the TURAS Data Intelligence platform is now operational, there has been a delay in the funding to employ the analytical team who will carry out this work.
Digital - Achieve information governance accreditation with ISO27001 by October 2019 and 'Cyber Essentials Plus, by March 2020.	Stage one accreditation will be rescheduled for December 2019 due to staffing capacity.
Medical - Appoint up to 10 GP-SIPS (Stay in Practice Scheme) doctors at an average of six sessions per week.	There is still only one GP in the SiPS scheme. It has been agreed with finance colleagues that we will only request funding for 2 in this financial year.

Target	Comment
Medical - Establish new processes for Recognition of Medical Trainers (RoMT).	The development of TURAS Trainers has been completed for RoMT however there are still a number of systems 'tweaks' required. Colleagues in Digital are aware of flaws in the system which have been recently identified and are currently working on a fix. In the meantime, NES has been in discussion with Directors of Medical Education and their administrative teams regarding responsibility for the recommendation of new trainers which NES as the Executive Officer will sign off as recognised.
Workforce - Contributing to work across NHS Scotland on Agenda for Change reform that strengthens the link between appraisal, essential learning and incremental progression, ensuring that outcomes of this work are reflected in the development of TURAS Appraisal and TURAS Learn.	A costed proposal with timeframes is being prepared and meetings have been arranged with Scottish Government and key management and staff side stakeholders to review options on the digital solution. The overall timings of the programme will need to be discussed with Scottish Government over the next few weeks.
Workforce - Widening opportunities for young people and promoting NHSScotland as an employer, widening access routes and opportunities for under-represented groups and increasing the number of young people entering the service.	Due to staff changes through retirement and ongoing organisational change, there has been slight slippage in planned activities.
PCR - Establishing a long-term property option for the NES Digital Service.	Timescales are tight but work is ongoing to find a property solution for NDS for the period following their existing lease expiry at Bayes at the end of October 2019.

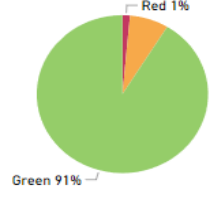
Diagram 2 – Summary of performance for all targets (Q1, 2019/20, n= 559)

Performance (All Targets)

Clear all filters

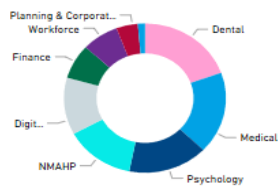
Targets by Directorate and RAG				
DirectorateName	Red	Amber	Green	Total
Dental	3	1	105	109
Digital Group		7	62	69
Finance		2	40	42
Medical	3	15	81	99
NES Digital Service			8	8
NMAHP		2	76	78
Planning & Corporate Resources		1	23	24
Psychology		9	80	89
Workforce	2	4	35	41
Total	8	41	510	559

Targets by RAG status

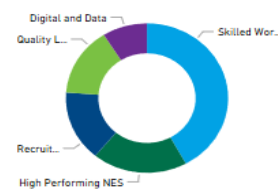


Targets by Strategic Theme and RAG				
StrategicThemeName	Red	Amber	Green	Total
Digital and Data	1	4	45	50
High Performing NES	1	7	98	106
Quality Learning and Employment	2	9	72	83
Recruitment, Training and Retention	3	4	78	85
Skilled Workforce	1	17	217	235
Total	8	41	510	559

Targets by Directorate



Targets by Theme



Overall, there are 559 targets, of which eight are red, 41 are amber, and 510 are green. As part of a quality control, all the red and amber targets were reviewed and approximately 10% (n=50) of the green targets were randomly selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Of the targets reviewed, four were followed-up and one was changed from green to amber, one was changed from red to green and additional information was provided for another. The red non-priority targets are outlined in Table 3 (Note: the priority targets have been excluded from this table to prevent duplication).

Table 3 – Red non-priority targets Q1 2019/20

Target	Comment
Dental - Provide outreach teaching for student dentists and dental therapists through 17 Teach and Treat centres providing clinical training and treatment.	New SLAs (service level agreement) were required by 1/4/19 however the opportunity has been taken to significantly re-draft the SLAs to better reflect the service and support expected from NHS Boards.
Dental - Introduce quarterly reporting of financial and student performance data by NHS Boards and Universities, starting in September 2019.	The requirement for quarterly reporting is contained within the revised SLAs effective from 1st April 2019 (as per previous target) and as these are being re-drafted, there has been a knock-on effect on new quarterly reporting.
Dental - Develop and deliver dental educational resources through TURAS Learn by March 2020.	Due to prioritisation of NES Digital and TURAS Learn work, this has been put on hold.

Target	Comment
Medical -Develop, pilot and evaluate a multidisciplinary Leadership and Management Programme (LaMP) for clinical staff.	Through NES OD, we have been liaising with OD counterparts in NHS Dumfries and Galloway regarding a pilot of a multidisciplinary LaMP programme.
Medical - Develop a pharmacy genetics website with educational support resources.	This was a systems error with one target duplicated. Duplicate targets are marked red and closed. This is a duplicate of TAR0002512, which is on track.

Summary of 2018/19 Performance - outstanding amber targets at prior year-end.

At the end of 2018/19 there were 48 amber targets. This RAG rating was given at year end with the work expected to be complete by 30th June 2019. The graphic below summarises whether these amber targets were completed (marked green) (n=24) or not completed (marked red) (n=24). Table 4 outlines the detail of the 24 targets marked as red and not completed.

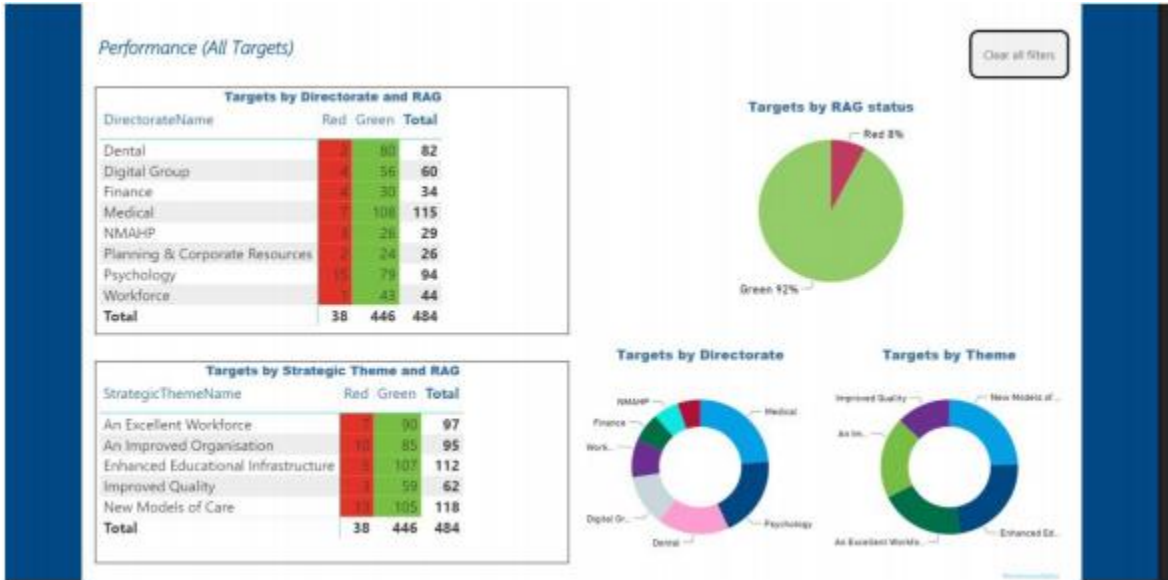


Table 4 – Amber targets from 2018/19 (last year) that were not completed

Target	Comment
Psychology - Provide training in trauma-informed practice, mapped to the NES Transforming Psychological Trauma: Knowledge and Skills Framework for the Scottish Workforce, which will be	The first module has been piloted in Lanarkshire to 20 staff. Materials have been prepared for subsequent modules which will go to design once final version agreed. Module was piloted in 3 HB areas. Target not fully achieved in 18/19. Work will continue in to 19/20.

Target	Comment
relevant for all members of the child workforce and will be delivered to 11 HB areas.	
Psychology - Develop a training plan to support wider implementation of Learning Difficulties (LD) framework in collaboration with NES NMAHP colleagues and Scottish Government PBS (Positive Behavioural Support) project staff.	Target not fully achieved in 18/19 but will be continuing throughout 19/20 as part of the LD Operational Plan.
Psychology - To promote the use of the Developing a Shared Understanding e-learning module for Medically Unexplained Symptoms (MUS). Pilot new MUS e-module with 15 MDT staff.	MUS module was launched on TURAS in early April 2019. In Q1, 5 people accessed the module, therefore the target of 15 has not been reached. We have requested initial user feedback from Digital Colleagues.
Psychology - Deliver 4 Stress and Distress (S&D) Coaching Workshops to support Stress and Distress 'Trainers'. A maximum of 80 attendees for all four workshops. Attendees will be health and social care staff from a mix of Health Boards. These will be delivered by March 2019.	A total of 3 S&D coaching workshops were delivered, with a total of 42 health and social care staff attending. Positive feedback was received for all workshops. Due to capacity issues we only managed to schedule 3 of the 4 workshops by the end of March 2019.
Psychology - Deliver data report on national Psychological Therapies workforce capacity, qualifications and clinical supervision data by March 2019 in support of Scottish Government access standards. Upgrading of national database and level of engagement from NHS Boards to be assessed monthly up to March 2019. Impact of the data to be assessed and used for workforce planning between March and October 2018.	This target was not fully achieved due to the transition of work from NSS to NES and the resultant staffing changes. Further delays identified due to a key staff member being absent throughout Q1 of 19/20.
Psychology - Develop additional functionality to provide placement planning processes to deliver more efficient planning across 4 postgraduate programmes (TURAS Portfolio).	Refinement and development have continued. MVP for 'mid-placement visit' stage not yet complete. Clinical Practice Director will contact Digital to agree timeline continuing into 2019/20. This is part of the OP Plan for 19/20. There has been further development of the MVP stage, but some components are not yet complete. APL trainees are now in the system ready to use functionality that is available, but it is restricted to a single programme.

Target	Comment
<p>Psychology - Design, delivery and evaluation of 2 pilot training sites for implementation of the National trauma training strategy. 2 sites planned from an implementation science approach, and tiered training delivered. Evaluation planned and delivered.</p>	<p>The design of the Joint Investigate Interview training is complete and will be delivered in October and November 2019 to the first two pilot cohorts. The Judicial Institute training has been developed, delivered and evaluated to the first 4 of 8 cohorts of all Judges and sheriffs in Scotland. Due to changes in Scottish Government priorities, there is currently one planned RE pilot site, with two others to whom NES will offer support. Evaluation stage is not yet complete.</p>
<p>Psychology - Provide training for 12 practitioners in an evidence-based group delivered Infant Mental Health (IMH) intervention (Mellow Babies) by August 2018.</p>	<p>Although there remains ongoing commitment to provide training and delivery support in an evidence based IMH intervention, the implementation barriers to the Mellow Babies offer needs to be addressed, in the first instance by focusing on an approach that is more readily implementable within Scotland. Additionally, greater focus on the particular workforce who are best placed to have the support and availability to deliver this work (as highlighted in the PNMH Curricular Framework) is part of the focus of the current planning of the Perinatal Mental Health Programme Board.</p>
<p>Psychology - Scoping, developing and rolling out packages of autism resources and training for multi professional practitioners involved in identifying, screening or diagnosing individuals suspected of having autism. Roll out to Child and Adolescent Mental Health Services (CAMHS) co-ordinators, Health visitor leads and early years leads (60); diagnostic practitioners across child and adult (160).</p>	<p>Continuing to develop plans for a strategic approach to delivering training in Diagnostic Assessment across the NHS that will widen access and increase capacity within multidisciplinary groups. 3Di training pilot has been provided to CAMHS services and 28 individuals were trained in March 19. Staff changes impacted on overall delivery, however this target delivers in to 19/20 as part of operational planning. Plans for Diagnostic training are in development, but the work will be carried out across 19/20 so the 18/19 target was not achieved.</p>
<p>Psychology - Pilot a new educational resource for carers of people with a diagnosis of Fronto-temporal Dementia (FTD). This includes resource being piloted with 2 young onset dementia (YOD) services. Ready to be launched by March 2019.</p>	<p>This resource is still in draft phases and will be piloted later in 2019/20.</p>
<p>Digital - By 31/03/2019 increase average reach of NES Corporate account Facebook and Twitter posts by 10% from Q4 2018 baseline.</p>	<p>The Facebook element of the target was not met (Facebook: Q4: 2,812, Q4 2018/19 5,248 (under target)) This decline in Facebook reach is universal, caused in part by the platforms' response to corporate news dominating social media, and in part due to a drive towards paid posting. In response, we are testing out paid content (with some success) and continuing to look for cost-effective ways to get video and other content to attract interest.</p>
<p>Digital - Execution of a twice-yearly Customer Satisfaction Survey to establish a baseline for continuous improvement.</p>	<p>This was not achieved and will now be carried out once during 2019/20, after organisational change has been completed.</p>

Target	Comment
Digital - NES completed 2 stage audit process for ISO27001, and full accreditation obtained by October 2018.	Not fully met, but a significant amount of preparation work was completed. A mock accreditation was undertaken early April 2019, which demonstrated that NES's ISMS (Information Security Management System) meets the requirements of ISO27001 and has developed a comprehensive document set aligned to its business needs, however there are a couple of outstanding technical requirements needed. ISO27001 accreditation has been carried forward to 2019/2020.
Digital - Transfer all course booking and management functionality to the TURAS platform	Not met due to an in-year requirement to migrate NHS Grampian, Shetland and 24 to TURAS Learn as their current LMS (Learning Management System) provider withdrew service. This meant that full functionality won't be available until later in 2019.
Medical - Develop management of the medical training establishment via standard reporting for finance, Scottish Government (SG) and NHS Boards.	There is now acknowledgement at NES Board and in the budget letters for 2019/20 that we are managing a training establishment of 6004 trainees but only 5558 of these are funded recurrently. A meeting with SG to discuss training grades and what non recurrent funding we will receive to start to meet the £23m funding gap has been set for September 12th. Two workshops with Medical, Finance and Digital have taken place and revision of payment rules to Boards, development of standard reports to be run on set and agreed dates to ensure consistent reporting and better management of budget phasing is also progressing. Further workshop late August once the DoF is back from leave.
Medical - Educational resource development including: review of three existing online educational resources by the end of July 2018, development of one new resource by the end of August and completion of a training needs analysis by the end of September which will inform future subject matter for the development of two new educational resources by the end of March 2019.	The Training Needs Analysis was completed in May and results have been used to aid in the review and development of an updated strategy for Clinical Skills. Development of educational resources is always ongoing and a key deliverable for CS MEN. Ear Care was completed and launched last year. All current online resources have been updated and relaunched on TURAS (from LearnPro) which was a considerable piece of work.
Medical - Measure the impact of the GP Returner/Enhanced Induction doctor programmes and publish an evaluation in a peer-review journal	Interviews have been undertaken with GP supervisors as part of this project and a destination survey of those completing the programmes is complete and write up with a view to publish is now underway.
Medical - Evaluate all education and training delivered or commissioned by CSMEN (Clinical Skills Managed Education Network)	This work is currently ongoing. Currently all four delivery units (MSU, BASICS, Surgical Skills, SCSChf) have comprehensive evaluation for their own training. The overall aim is to standardise as much as possible across the four units. The units have made considerable progress in working cohesively together and under the umbrella of CS MEN over the last couple of years (helped by the recent tendering process for 2 of the units). However, to get agreement and understanding across all units will take time. Additionally, we have been involved in developing new processes for the IST pilot including the evaluation of the monthly teaching days (a not insignificant process with no additional staff).
NMAHP - Develop a career framework and key competencies/standards for the Scottish Multiprofessional	This is still awaiting external review and sign off and therefore has been closed as red.

Target	Comment
Anaesthetic Assistants Development Group.	
NMAHP - Develop digital resources for the Family Nurse Partnership, Clinical Supervision, Antenatal screening tests, Scottish Multi-professional Maternity Development Programme and Children and Young Peoples Act.	The FNP element of this target was not achieved due to a technical issue in the administration of the system which digital is working with NMAHP to resolve.
NMAHP - Deliver education for the Duty of Candour legislation	Not achieved due to reduced funding. Instead, an easy-read leaflet was made available to NHS Boards on request.
Finance - Develop a Customer Satisfaction questionnaire to go out to Finance Customers by the end of October 2018. Survey will exclude Procurement but cover all aspects of Finance service delivery to customers internally and externally.	This was not completed due to the shift in priorities during the year to focus on National Board collaboration projects, including the successful implementation of lead employer. This work will now be completed during 2019/20.
Finance - Improve the financial elements of the MiTracker system in time for the 2019/20 planning.	This was not achieved in time and has been carried forward.
Workforce - Enhance the recruitment, on-boarding and employment experience for candidates and staff by making best use of available technologies such as e: ESS, Kenexa and TURAS Learn.	While elements of this target have been achieved it has been closed as red because the eESS to payroll interface has been delayed until August 2019.

7. Recommendation(s) for Decision

To note and approve the current performance of NES.

July 2019

NHS Education for Scotland

Board Paper Summary: Staff Governance Committee Minutes

1. Title of Paper

Minutes of Staff Governance Committee meeting held on 8th August 2019:
copy attached.

2. Author(s) of Paper

David Ferguson, Board Services Manager

3. Purpose of Paper

To receive the unconfirmed minutes of the Staff Governance Committee meeting held on 8th August 2019.

4. Items for noting by the Board

Item 7 – Workforce Plan 2019/20

The committee considered and commented on the draft Workforce Plan, which will now be refined and circulated to the Executive Team for review, prior to publication on the NES website.

Items 8 and 9 – Key Performance Measures and Workforce Intelligence Insights

The committee received helpful presentations on both of these developing pieces of work.

Item 10 – Personal Review & Planning and Essential Learning

The committee remained concerned regarding the completion rates in both areas, noted the actions being taken or planned to improve performance and requested a comprehensive update paper for the next meeting in November 2019.

Item 12 – Lead Employer

The committee received a useful update paper, acknowledging the impact of this important piece of work on a range of NES functions.

Item 13 – Workforce Projections 2019/20

The committee noted the workforce projections submitted to Scottish Government at the end of June 2019.

Item 14 – Equality & Diversity Annual Report 2018/19

The committee noted this report.

5. Recommendations

None.

NES
August 2019
DJF

Minutes of the Sixty-Fifth Meeting of the Staff Governance Committee held on Thursday 8th August 2019 at Westport 102, Edinburgh

Present: Linda Dunion, Non-executive Board member (Chair)
Anne Currie, Non-executive Board member
Liz Ford, Employee Director
Jean Ford, Non-executive Board member (via telephone)
David Cunningham, Staff Side (BMA) (via VC)

In attendance: Dorothy Wright, Director of Workforce/Executive Secretary
David Garbutt, Board Chair
Caroline Lamb, Chief Executive
Sandra Walker, Non-executive Board member (attending as an observer)
Morag McElhinney, Principal Lead, HR
Ameet Bellad, Senior Specialist Lead, Workforce Infrastructure
Anne Campbell, Principal Lead, Organisational and Leadership Development
Kristi Long, Senior Specialist Manager (Workforce)
David Ferguson, Board Services Manager

1. Chair's welcome and introduction

Linda Dunion welcomed everyone to the meeting, particularly Jean Ford, who was attending her first meeting of the committee, and Sandra Walker, who was attending to observe the meeting.

2. Apologies for absence

There were no apologies for absence.

3. Declaration of interests

There were no declarations of interest in relation to the items on the agenda, other than those logged previously.

4. Minutes of meeting held on 18th April 2019 (NES/SGC/19/25)

The minutes of the previous meeting were approved. **Action: DJF**

5. Action Status Report (NES/SGC/19/26)

It was noted that the action points had all been completed or were in hand and the following updates were provided:

- Item 7, April 2019: It was agreed that the proposed item on attraction and recruitment of staff across NHS Scotland would more appropriately be considered at a future Board development session. **Action: DJF**
- Item 10, April 2019: The forthcoming item on the Fair Work Vision 2025 was provisionally scheduled for early 2020. **Action: KL**
- Item 12, April 2019: It was agreed to circulate the People & OD Strategy to Board members. **Action: DW**
- Item 13, April 2019: It was noted that an item on information security has been included in the programme for the next Board development session on 29th August.
- Item 16, April 2019: It was agreed that an item on risk management could usefully be considered at the October Board development session. **Action: DJF**
- Item 7, February 2019: Links to the Our Way scenario videos will be sent to Board members. **Action: AC**
- Item 7, November 2018: Caroline Lamb will take an update paper on Lead Employer programme to the Chief Executives' Group in early 2020.
- Item 10a, November 2018: It was noted that John MacEachen is planning social media training workshops for later in the year, which will be promoted in a Line Managers' Briefing.
- Item 5, August 2018: In the context of iMatter, it was understood that there is an intention to conduct a separate staff survey on the issues of bullying and harassment in future. It was noted that this has yet to be raised formally. The committee would not be in favour of such a development.
- Item 9b, August 2018: An item on the Turas Equality & Diversity Zone was scheduled for the February 2020 meeting of the committee. **Action: KL**

6. Matters arising from the minutes

a. iMatter results

Dorothy Wright reported that NES's iMatter Report for 2018 had now been received, with improvements in both the response rate (up to 87%) and employee engagement index (up to 82). This report will be circulated for information.

Action: DW

Work is now required, within teams, to produce iMatter action plans by 14th October.

It was noted that Nick Frew has recently been appointed as the new iMatter Lead for NES.

7. NES Workforce Plan 2019/20

(NES/SGC/19/28)

Dorothy Wright introduced a paper providing a draft of the NES Workforce Plan for 2019/20, highlighting the following points:

- NES is required by Scottish Government to publish a Workforce Plan by 31st August, agreed in Partnership.
- The draft plan has been reviewed by the Executive Team.

- The plan is aligned to the NES Strategy for 2019-24 and the People & OD Strategy.
- The plan contains some references to the Sturrock Report.
- As in previous years, the plan includes all the statutory equality & diversity reporting requirements.

The draft Workforce Plan for 2019/20 was discussed and the following main points emerged:

- It may be useful to include a link to NES's response to the Sturrock Report.
- Some discussion took place on NES's cross-cutting approach and it was suggested that there should be more explicit references to the joint work with SSSC in relation to social care. In this context, it was noted that there SSSC are participating in a Project Lift pilot and social care is represented on the Talent Management Programme Board.
- Minor wording changes were agreed on pages 8 and 21.
- Some discussion took place on the e:ESS system and it was noted that, although it is viewed as a priority to have the system implemented across NHS Scotland, it is not seen as a long-term solution.

Following discussion, it was agreed to reflect the above points in the next draft Workforce Plan for circulation to the Executive Team prior to publication.

Action: DW

8. Key Performance Measures

Ameet Bellad gave a presentation on People Analytics, covering the following areas:

- Core Concepts of Workforce and People Analytics
- People Analytics: The Journey
- NES People & OD Strategy: Key Performance Indicators (as identified by the Executive Team)
- Current ETL Process (Data Extraction; Data Transformation; Data Loading)

The following points were highlighted during the presentation:

- It is planned to demonstrate a live dashboard of key performance measures at the committee's next meeting in November.
- The data is scalable and could be shared with other NHS Boards, subject to completion of data-sharing agreements.

The presentation gave rise to discussion, resulting in the following main points:

- While Kenexa IBM is the current recruitment system, arrangements are in hand to move, over the next few months to the new nationally-procured recruitment system (JobTrain).
- The issue of the variable quality of workforce data across NHS Boards requires to be addressed.

Ameet Bellad was thanked for his useful presentation.

9. Workforce Intelligence: First Insights

(NES/SGC/19/29)

Dorothy Wright introduced a paper produced which the team had chosen in the first instance to focus on issues highlighted in the Sturrock Report- employee voice and the importance of widening access to jobs and opportunities in NES in order to support attraction, recruitment and retention. In producing this paper, the Workforce Directorate has reviewed organisational data looking across the data strands to develop joined-up conclusions. The review has also been combined with intelligence from the work being delivered by HR and OD across the organisation to provide insights into what this information tells us about NES performance and culture.

Morag McElhinney explained that this first insights report sought to outline the conclusions of the HR and OD teams, explain what actions are already in place and highlight areas of future focus.

Morag McElhinney also gave a presentation, focussing on the following areas:

- Combined approach to identify themes: OD interventions; HR employee relations activity; Performance data
- Insight: Employee Voice
- Employee Voice: Early interventions
- Insight: Attraction, Recruitment and Retention – Need to widen talent pool; Shortlisting talent; Career progression

The following points arose in discussion:

- It was noted that the SOLG and the SLMT will be involved in taking the work forward, including the development of action plans.
- The need to prioritise this work was acknowledged.
- It would have been useful to include more context in the paper around the discussions between the HR and OD teams.
- It was felt that staff access to flexible working practices could have been presented more positively in the paper, although it was recognised that a more consistent approach across NES is required. This cultural issue is one of the areas being looked at currently by the cross-directorate SMARTER Working Group. The outcome of this element of the Group's work will be brought to the committee in due course.
- The committee would prefer an alternative to the term 'dysfunctional teams'.
- Although NES uses succession planning for 'at risk' roles, there is no formal arrangement in place for talent management and career progression, although staff development is encouraged. There appears to be a need to support managers more around personal development and objective-setting for their staff and this should be taken into account in workforce planning for the future.

Following discussion, the committee supported the conclusions on page 12 of the paper and thanked Morag McElhinney for her helpful presentation.

10. Performance Report: Appraisal & Essential Learning (NES/SGC/19/30)

Anne Campbell introduced a paper presenting current performance data on Personal Review & Planning and Essential Learning. The following points were highlighted:

- The design of Turas Appraisal is very different from the previous eKSF system and better supports the focus on a meaningful discussion. Production of accurate reporting from Turas Appraisal has, however, proved to be a challenge, as the agile development of the application has delayed the implementation of useful and accurate reporting functionality. Data from the most recent reports does provide an improving picture regarding compliance in relation to personal review and planning.
- Performance against the essential learning target remains unsatisfactory.
- Presently, due to the transfer to Turas Learn, there are no reminders to staff or managers regarding the 'expiry' of essential learning and staff are only alerted when they log on to Turas.
- Attention was drawn to the actions for improving performance set out at section 4.3 of the paper.

While accepting the points made in the paper regarding the transition to new electronic systems generally and the current lack of reminders/alerts in the essential learning system, and noting the actions for improving performance, the committee remained concerned at the completion rates for both personal review & planning and essential learning.

It was agreed that the generally unsatisfactory completion rates do not reflect Our Way. Middle managers have a key role to play in effecting improvements and they should be empowered and equipped to do so.

It was noted that monthly reporting to the Executive Team will be introduced soon.

It was also noted that arrangements have been made for the Executive Team to consider this paper at its next meeting.

In view of the committee's continuing concern, a comprehensive update paper will be produced for the next meeting, by which time it was hoped that the actions for improving performance will have begun to bear fruit. **Action: AC**

11. Directorate Risks: Revised Register (NES/SGC/19/31)

Dorothy Wright introduced a paper presenting a draft of the Risk Register containing the risks held by the Directorate and managed by the Workforce Directorate Management Team. It was noted that, once the Risk Register has been approved, Directorate Teams will develop their own registers, which will sit below this one. The intention will be to discuss the high-level risk register at each Directorate Management Team meeting.

Particular attention was drawn to the six risks which have been identified and the scoring of these risks, as set out in the cover paper.

The committee was content with the risk register, thanked Dorothy Wright for her work in producing it and agreed to review it annually, and to receive it at the half year point on a for information basis, unless there are any new risks or significant developments/changes in the interim.

12. Lead Employer (NES/SGC/19/32)

The committee received and noted an update paper on NES's employment of doctors in training, acknowledging the impact of this important work on the organisation's HR, Payroll, Finance and Occupational Health functions, in particular.

13. Workforce Projections (NES/SGC/19/33)

The committee noted the Workforce Projections returned to Scottish Government by the required deadline of 30th June 2019, following approval by the Executive Team.

14. Equality & Diversity Annual Report 2018/19 (NES/SGC/19/34)

Kristi Long introduced a report providing information on progress in delivering NES's statutory equality duties and providing assurance of effective governance of these duties.

The report was noted.

15. Staff Governance Monitoring Return (NES/SGC/19/35)

The committee noted the Staff Governance Monitoring Return for 2018/19, submitted to Scottish Government by the required deadline of 31st May 2019.

16. Policy Tracker: Update

It was noted that all PIN policies remain on hold pending roll-out of the national Once for Scotland PINs.

17. Managing Health, Safety and Wellbeing Committee minutes
(NES/SGC/19/36)

The committee noted the minutes of this committee's meeting held on 24th April 2019.

18. Change Management Programme Board (CMPB) minutes

There were no minutes of the Change Management Programme Board to note on this occasion.

19. Any other business

The was no other business.

20. Date and time of next meeting

It was confirmed that the committee's next meeting will take place on Thursday 7th November 2019 at 10.15 a.m.

NES
August 2019
DJF/dw/ld

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Board and Committee Meeting Dates: April 2020 – March 2021

2. **Author(s) of Paper**

David Ferguson, Board Services Manager

3. **Purpose of Paper**

To seek the Board's agreement to a proposed calendar of Board and committee meetings for the period April 2020 to March 2021.

4. **Key Issues**

- The proposed Board and committee meeting schedule for 2020 – 2021 is along similar lines to the schedule for 2019 - 2020.
- The proposed schedule includes Board Development Sessions.
- A Board Away-Day is likely to be added to this calendar.

5. **Recommendation(s) for Decision**

The Board is asked to approve the proposed Board and committee schedule for the period April 2020 to March 2021 set out in the attached paper.

DRAFT

NHS Education for Scotland

Calendar of Board and Committee Meetings for period April 2020 – March 2021

2020

April 2020

Thursday 9 April	(10.15 a.m.)	Audit Committee
Thursday 16 April	(10.00 a.m.)	Staff Governance Committee
Thursday 30 April	(10.15 a.m.)	Board Development Session

May 2020

Thursday 14 May	(10.15 a.m.)	E&RGC
Wednesday 20 May	(10.45 a.m.)	F&PM Committee
Thursday 28 May	(10.15 a.m.)	Board Meeting
Thursday 28 May	(2.00 p.m.)	Remuneration Committee

June 2020

Monday 1 June	(1.00 p.m.)	Digital Sub-Committee
Thursday 11 June	(10.15 a.m.)	Audit Committee
Thursday 25 June	(10.15 a.m.)	Board Meeting and Development Session

July 2020

Thursday 2 July	(2.00 p.m.)	Remuneration Committee
Thursday 30 July	(10.15 a.m.)	Board Meeting

August 2020

Thursday 6 August	(10.00 a.m.)	Staff Governance Committee
Thursday 20 August	(10.45 a.m.)	F&PM Committee
Thursday 27 August	(10.15 a.m.)	Board Development Session

September 2020

Monday 14 September	(1.00 p.m.)	Digital Sub-Committee
Thursday 17 September	(10.15 a.m.)	E&RGC
Thursday 24 September	(10.15 a.m.)	Board Meeting

October 2020

Thursday 1 October	(10.15 a.m.)	Audit Committee
Thursday 29 October	(10.15 a.m.)	Board Development Session

November 2020

Thursday 5 November	(10.00 a.m.)	Staff Governance Committee
Thursday 12 November	(2.00 p.m.)	Remuneration Committee
Thursday 19 November	(10.45 a.m.)	F&PM Committee
Thursday 26 November	(10.15 a.m.)	Board Meeting

December 2020

Thursday 10 December	(10.15 a.m.)	E&RGC
Monday 14 December	(1.00 p.m.)	Digital Sub-Committee

2021

January 2021

Wednesday 13 January	(10.15 a.m.)	Audit Committee
Thursday 28 January	(10.15 a.m.)	Board Meeting
Thursday 28 January	(2.00 p.m.)	Remuneration Committee

February 2021

Thursday 4 February	(10.00 a.m.)	Staff Governance Committee
Wednesday 17 February	(10.45 a.m.)	F&PM Committee
Thursday 25 February	(10.00 a.m.)	Board Development Session

March 2021

Thursday 4 March	(10.15 a.m.)	E&RGC
Thursday 25 March	(10.15 a.m.)	Board Meeting

APPENDIX

KEY

E&RGC = Educational and Research Governance Committee

F&PM Committee = Finance and Performance Management Committee

Normal Frequency of Board and Committee Meetings (per year)

- Board meetings: 6
- Board development session/away-day: 5
- Audit Committee: 4
- Digital Sub-Committee: 4
- E&RGC: 4
- F&PM Committee: 4
- Remuneration Committee: 4
- Staff Governance Committee: 4

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Establishment of a Digital Committee as a standing committee of the Board

2. **Author(s) of Paper**

David Garbutt

3. **Purpose of Paper**

To seek the Board's endorsement for the establishment of a Digital Committee as the sixth standing committee of the NES Board under 9.4 of the Standing Orders

4. **Key Issues**

The adoption of the NES Strategy for 2019-24 which sets out the organisation's ambitions for digital provides a timely opportunity to consider whether the current Digital Sub Committee arrangement is sufficient for the scale of the work programme now spanning digital internal directorates and across the NHS and Social Care landscape. Accordingly, the paper sets out the rationale for the establishment of the Digital Committee and enhanced support for Board members

5. **Educational Implications**

All NES educational activities have or will have either a digital underpinning or will be delivered directly through digital means in line with the NES Strategy 2019-24. Accordingly, robust governance for digital at Board level is necessary

6. **Financial Implications**

No significant direct costs anticipated beyond support to, and servicing of the committee. However, given the prominence of digital in the NES strategy and work programme, an enhanced level of scrutiny and assurance should provide an additional level of confidence to the board in ensuring best value from resource deployment for digital.

7. **Which of the 5 Key Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

Principally, the extent of the organisation's ambitions and responsibilities for digital are described in section 4 of the NES Strategy for 2019-24, 'A National Digital Platform, Analysis, Intelligence and Modelling'

8. **Impact on the Quality Ambitions**

Generally, in line with the overall NES corporate contribution to the delivery of the Quality Ambitions

9. Key Risks and Proposals to Mitigate the Risks

No anticipated risks in the establishment and workings of the Digital Committee in addition to that for other Board standing committees. The establishment of the Digital Committee is intended to ensure additional scrutiny on the risk profile of digital in order to provide assurance to the Board.

10. Equality and Diversity

NES has a duty to consider equality and diversity issues and take relevant and proportionate action to eliminate discrimination and harassment, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not in the delivery of our functions. The actions to ensure equality and diversity in the establishment of, appointments to and work programme of the Digital Committee will be in common to that of other NES standing committees

11. Health Inequalities

Generally, in line with the overall NES corporate contribution noting the potential, more widely for digital to be deployed to address wider societal inequalities, not least the health and wellbeing of the population

12. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

No

13. Recommendation(s) for Decision

The NES Board is asked to:

- (a) endorse the establishment of a Digital Committee as the sixth standing committee of the NES Board under 9.4 of the Standing Orders
- (b) agree that the Board Chair should chair the Digital Committee
- (c) agree that a more detailed paper be brought to a future meeting setting out the remit, terms of reference and membership and work programme
- (d) highlight any specific issues which should be considered under (c) above
- (e) indicate whether it wishes the October development session to focus on digital

**NES
September 2019
CB**

26 September 2019
Board Paper

1. Purpose

To seek the Board's endorsement to establish a sixth standing committee of the NES Board (the Digital Committee) to be Chaired by the Board Chair.

2. Background

The NES Board currently has five standing committees as set out at paragraph 9.1 of the Board's Standing Orders (version 6, February 2018). Paragraph 9.4 of the Standing Orders permits the NES Board to establish such other standing committees as it deems necessary.

Currently, the NES Board's assurance arrangements for the NES Digital Service (NDS) and NES Digital are provided through the Digital Sub Committee (chaired by Professor Andrew Morris). The remit, terms of reference and membership of the Digital Sub Committee are set out in NES/DSC/18/03 (September 2018) (attached as Annex A). The NES Board has received various presentations and papers on the work being taken forward.

The extent of the organisation's ambitions and responsibilities for digital are described in the NES Strategy 2019-24 (section 4 in particular, 'A National Digital Platform, Analysis, Intelligence and Modelling) with specific year-on-year actions set out in the NES Annual Operating Plan 2019-20 (and confirmed in the subsequent correspondence received from the Director General for Health and Social Care, June 2019). The adoption of the NES Strategy for 2019-24 provides a timely opportunity to consider whether the current subcommittee arrangement is sufficient for the scale of the work programme spanning digital across a number of internal directorates and across the NHS and Social Care landscape.

3. Key Issues

Rationale for a Standing Committee

Digital is now at the heart of what NES does, in what the organisation is now required to deliver and how the organisation goes about its business. As noted at the Board in July (2019), NES is now a technology organisation as well as an educational organisation (Christopher Wroath during his presentation under paper 9c).

The Audit Committee received a paper (NES/AUD/18/27) in June this year setting out the progress of the Digital Sub Committee during 2018-19. However, its current construct as a 'subcommittee', arguably, does not fully reflect the profile and

prominence of digital within NES; nor the significant role that NES now has as a delivery organisation for digital within NHS Scotland and the public sector more widely, in the context of the Digital Health and Care Strategy (Scottish Government, April 2018). This proposal resolves any ambiguity in status between a subcommittee and a standing committee in the context of the Standing Orders (section 9, Committees of the Board) and will help to bring more focussed governance of this critical area of development.

Digital Committee Chair

Digital is now such a substantive and high profile area, that it necessitates being chaired by a board member with direct line of sight to the NES Board. In light of these factors and the attendant risk profile, it is proposed that this be the Board Chair, while retaining the hugely valuable expertise of the current chair of the subcommittee, Professor Andrew Morris, as part of its membership. This gives a clear signal of the importance the NES Board attaches to this area within NES in totality, rather than digital being regarded as discrete functions within directorates (and consequently, more amenable to a subcommittee arrangement). Further, it demonstrates that governance and assurance arrangements are robust and able to engage (principally through the Chief Executive) with national level governance and implementation arrangements for the Digital Health and Care Strategy. In this context, it is anticipated that the Scottish Government will issue a formal 'commission' to NES, underpinned by a service level agreement. The Digital Committee will maintain oversight of the delivery against any such SLA, and the development of further SLAs or memoranda of understanding with other organisations (NES as the legal entity rather than functions within it).

Membership, Remit and Terms of Reference

Such a move allows for a review and refresh of the current membership, remit and terms of reference. This will ensure that the Digital Committee has the necessary scope and technical, clinical, sectoral (e.g. local government) and governance expertise to provide robust scrutiny and, in turn, effective assurance to the NES Board. It is important to consider that NES will, potentially, be more directly involved in aspects of clinical service provision through the platform than has been the case thus far, (noting that the organisation does not currently have a Clinical Governance Committee).

Support

It also brings the Digital Committee within the scope of the Board Services Team for the purposes of committee support to ensure consistency, in line with the other standing committees, and reporting cycles (support is currently provided by NDS).

The appointment of the Head of Governance (Digital) will provide an enhanced level of support for the committee and its members in the planning and discharge of its

business on behalf of the NES Board. It also ensures that the NES Board, in its entirety, is best equipped to be effective in its scrutiny and assurance functions in accordance with the NHS Scotland Blueprint for Good Governance (DL (2019) 02, Scottish Government, 2019) and extant corporate governance arrangements within NES.

4. Next Steps

In terms of next steps, following endorsement of the proposal for the establishment of the new standing committee, the intention is to prepare a more detailed paper with the Digital Committee's proposed membership, remit and terms of reference (and the matters which the NES Board wishes to delegate) together with a work programme. The Chief Executive will wish to consider whether any concurrent changes might be necessary to reflect these developments within internal programme management arrangements.

The Digital Sub Committee meets again on 30th September and it is intended to use this as an opportunity to hear from it about the way forward, including timing and continuity arrangements to facilitate a smooth transition from the subcommittee (as currently constituted) to the new standing committee.

The NES Board has a development session scheduled in October, which potentially offers an opportunity to take digital as its principal area for discussion.

5. Recommendations

The NES Board is asked to:

- (a) endorse the establishment of a Digital Committee as the sixth standing committee of the NES Board under 9.4 of the Standing Orders
- (b) agree that the Board Chair should chair the Digital Committee
- (c) agree that a more detailed paper be brought to a future meeting setting out the remit, terms of reference and membership and work programme
- (d) highlight any specific issues which should be considered under (c) above
- (e) indicate whether it wishes the October development session to focus on digital

September 2019
DG

Annex A

Current Remit, Terms of Reference and Membership of the Digital Sub Committee

NHS Education for Scotland

Digital Sub-Committee Paper Summary

1. **Title of Paper**

Remit and Terms of Reference

2. **Author(s) of Paper**

Caroline Lamb, Chief Executive

3. **Purpose of Paper**

To set out the remit and terms of reference of the Digital Sub-Committee

4. **Recommendation**

This paper is for noting.

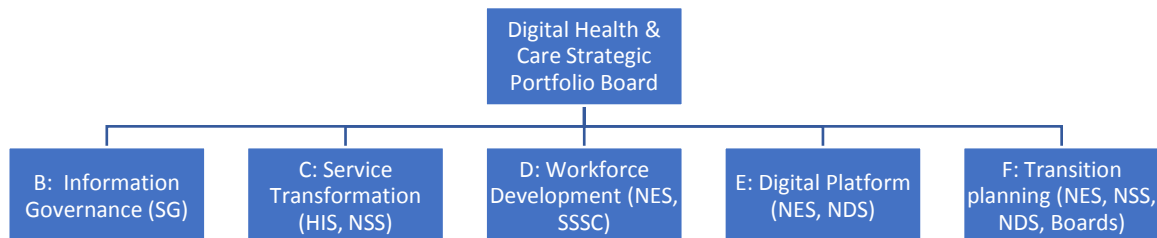
NES Digital Governance

1. This paper sets out the arrangements for NES Board oversight of the NES Digital Service and NES Digital. The NES Board retains full responsibility for the functions of NES Digital Service and NES Digital, but will be assisted in the discharge of its functions by the creation of a sub-committee which includes in its membership people with specialist knowledge of digital and data services.
2. The sub-committee will be responsible for the following functions on behalf of the NES Board:
 - a) Agree the business plans for the NES Digital Service and for NES Digital ensuring that they remain under review including work priorities;
 - b) Agree appropriate metrics are in place to track progress over time;
 - c) Agree the financial plan including staffing for both NES Digital Service and NES Digital;
 - d) The sub-committee will report regularly to the full Board.
3. In addition to reporting to the sub-committee the NES Digital Service will also provide reports on progress to the Digital Health & Care Strategic Portfolio Board and others as required.
4. The membership of the sub-committee will be as follows:

Membership:	Advisor/In attendance:
Andrew Morris (Chair), Vice-Principal of Data Science	Caroline Lamb, Chief Executive, NES
Geoff Mulgan, Chief Executive, NESTA	Geoff Huggins, Director, NDS
Angus McCann, Non Executive Board Member, NHS Lothian	Christopher Wroath, Director of Digital, NES
David Garbutt, Chair, NES	Alistair Hann, Chief Technology Officer, NDS
Cllr Peter Johnston, COSLA	Liz Elliott, Chief Operating Officer, NDS
	Audrey McColl, Director of Finance, NES
	Other as agreed

Annex A - Background to the Hosting of NDS within NES

1. The Digital Health and Social Care Strategy published on 25 April 2018 sets out the overall Strategy (<https://www.gov.scot/Publications/2018/04/3526>).
2. The Strategy includes the commitment to develop a Digital Platform (Domain E). In May 2018 the Scottish Government invited NES to host the work to develop the Digital Platform (attach letter from Christine McLaughlin).
3. The NES Board agreed to the request from the Scottish through a subsequent exchange of letters.
4. The Chief Executive of NES is the Accountable Officer for the NES Digital Service. The NDS will comply with NES Standing Financial Instructions and the requirements of the Public Services Finance Manual. It will be established for accounting purposes as a Division of NES with appropriate cost centres and structures. A Finance Manager will be deployed to work with the Senior Management of the NDS to provide financial advice, scenario planning, projections, budget advice and assurance. The analyst team in NES will provide transactional reporting.
5. The Digital Health & Care Strategic Portfolio Board offers overall Governance in respect of the delivery of the six domains of the Digital Health and Social Care Strategy and the work being taken forward under that Strategy.



NHS Education for Scotland

Board Summary Paper

1. **Title of Paper**

2019-20 Programme for Government - Discussion Paper

2. **Author(s) of Paper**

Donald Cameron - Director of Planning and Corporate Resources

John McKinlay - Specialist Lead: Organisational & Leadership Development

3. **Purpose of Paper**

This paper provides the Board with a brief overview of *Protecting Scotland's Future: The Government's Programme for Scotland 2019-2020* to highlight the actions relevant for NES.

4. **Key Issues**

The Programme for Government (PfG) 2019-2020 was published in September 2019. This paper highlights the main actions which have implications for NES and also includes references and links to the main national policies and strategies which impact on our work.

Many of the actions highlighted have featured in the Programme for Government over the last three years. This year there is an increasing emphasis on digital innovation and workforce issues such as recruitment and retention. Of note is the announcement of additional foundation places for medical graduates and proposals for a new medical school.

5. **Educational Implications**

The educational implications for NES are highlighted within the discussion paper.

6. **Financial Implications**

The financial implications for NES will be assessed and managed through the NES planning and budgeting process which will identify the key areas of the PfG which can be delivered within a balanced budget.

7. **Which 'Key Area of Focus' in the NES Strategy does this align to?**

The PfG has implications across all the key areas of focus within the NES Strategy for 2019-24.

8. **Key Risks and Proposals to Mitigate the Risks**

Additional funding is required to deliver key areas of the PfG e.g. expansion of foundation and GP trainee numbers. Our annual planning and budgeting process is key to mitigating this risk.

9. **Equality and Diversity**

One of the main aims of the PfG is to address inequality and the focus of many of the health-related proposals is to improve access to services and careers in health and care to those from disadvantaged backgrounds.

10. **Recommendation(s)**

This paper is for discussion and to inform our planning priorities.

2019-20 Programme for Government - Discussion Paper

1. Introduction

*Protecting Scotland's Future: The Government's Programme for Scotland 2019-2020*¹ was published on 3rd September 2019. *The 2019-20 Programme for Government* (PfG) sits within a complex policy landscape and this paper highlights the actions which have implications for NES. In addition, this paper includes references and links which provide a brief overview of the main national policies and strategies which impact on our work.

2. Strategic Context

The 2019-20 Programme for Government (PfG) contributes to *Scotland's National Performance Framework*², which was refreshed in 2018. This framework maintains a strong focus on public service reform, bringing together health and social care to improve the wellbeing of Scotland's population. Of relevance to NES are the actions identified within the PfG which contribute to national outcomes within the performance framework for; children and young people; communities; education and; health.

The PfG will help guide our operational and financial planning for 2020-21 alongside the *NES Strategy 2019-24*³, the *Health and Social Care Delivery Plan*⁴, the *National Clinical Strategy*⁵ and the *Digital Health and Care Strategy*⁶. In addition, the Cabinet Secretary's priorities on waiting times⁷, integration, mental health⁸, primary care and healthcare associated infection⁹, as well as the forthcoming publication of the Scottish Government's integrated workforce plan (currently in draft form), will guide our planning priorities. All these key national plans and policies are reflected in the strategic outcomes set within the new *NES Strategy 2019-24* and are covered within the

¹ [Protecting Scotland's Future: the Government's Programme for Scotland 2019-2020](#) - September 2019

² [National Performance Framework](#) – July 2018

³ [NHS Education for Scotland: STRATEGY 2019-2024](#) – April 2019

⁴ [Health and Social Care Delivery Plan](#) – December 2016

⁵ [The National Clinical Strategy](#) – February 2016

⁶ [Scotland's Digital Health and Care Strategy](#) – April 2018

⁷ [Healthcare waiting times: improvement plan](#) – October 2018

⁸ [Mental Health Strategy 2017-2027](#) – March 2017

⁹ [AMR/HAI 5 Year Strategic Framework \(2016-2021\)](#) – October 2016

operational headings and priorities framework which support our annual operational and financial planning process.

3. Mental Health

To improve early years mental health the PfG includes the development of new community perinatal mental health services and infant mental health hubs. These services require multi-professional and multi-agency training for staff in cognitive behavioral therapy and psychological therapies where NES has significant expertise and experience. NES is actively involved in building workforce capacity and capability in paediatric psychosocial care and through parenting programmes.

The PfG also maintains a commitment to additional Children and Adolescent Mental Health Services (CAMHS) trained staff and new community wellbeing services. NES has a continuing role to play in delivering CAHMS training for multi-disciplinary and multi-agency staff working in these services. In addition, we are supporting additional school nurses trained in mental health and wellbeing. We are also working with NHS Boards to develop the trained capacity to improve waiting times for CAMHS and psychological therapies.

In terms of adult mental health, the PfG includes a commitment to improving access through additional mental health professionals in areas such as accident and emergency, GP practices, custody and prisons. In addition, there is scope for NES to play a key role in developing mental health and suicide prevention training resources.

NES has established workstreams in learning disabilities, autism and dementia. The PfG actions focus on primary care health screening services for people with learning disabilities and we are supporting this through the NES educational framework for psychological wellbeing in adults with learning disabilities. We are also supporting allied health professionals (AHPs) to become qualified in autistic spectrum disorder diagnosis and we are supporting the *National Dementia Strategy – 2017-20¹⁰* through; dementia specialist improvements leads; training for trainers; learning events and masterclasses;

¹⁰ [National dementia strategy: 2017-2020](#) – June 2017

the dementia champions programme; the promoting excellence dementia knowledge and skills framework and; training in palliative and end of life care in dementia.

NES will maintain a strong focus on mental health to support the PfG. As well as delivering psychiatry training, we are providing education for approved medical practitioners (AMPs) under the *Mental Health (Scotland) Act 2015*¹¹. As well as a range of multi-disciplinary training across health and social care, we support clinical psychology training places as well as trainees in psychological therapies and applied psychology for children and young people.

4. Women, Children, Young People and Families

The PfG highlights adverse childhood experiences and women's health as key areas of action. Of note is continued support for the *Family Nurse Partnership*¹² (FNP) programme and the action to put in place a *Women's Health Plan* to improve women's services and reduce inequalities in health outcomes for women's general health.

NES provides a range of education and training for women, children, young people and families. Of relevance to the PfG we are supporting family nurses and supervisors to implement the FNP licensed programme using the *TURAS FNP* digital platform. There are also clear links with our work on maternal health providing educational resources, clinical skills courses and models for continuity of care for maternity care staff, multi-professional maternity teams pre-hospital care practitioners.

5. Integration

The PfG highlights work between the Scottish Government and COSLA to increase the pace and effectiveness health and social care integration. Much of NES's education and training is provided, not only on a multi-professional basis, but also across health and social care. Of note in the PfG is the action to carry out an audit of national leadership

¹¹[Mental Health \(Scotland\) Act 2015](#)

¹²[Family Nurse Partnership](#)

programmes and work on improving collaborative working between health and social care partners, including the third and Independent sectors.

This action is central to the *Health and Social Care Delivery Plan* and to our work with Scottish Government on *Project Lift*¹³, transforming leadership development, talent management, performance appraisal and values-based recruitment. Our leadership and management development maintains a strong focus on health and social care integration and we are currently building a range of resources on our *TURAS Learn* digital platform to develop potential at all levels. We are also providing early leadership career development to support effective team-based working and collective leadership across Scotland's public services as well as the 'You as Collaborative Leader' and 'Leadership for Integration' programmes.

The PfG also highlights oral health improvement as a continuing public health priority through work to accredit general dental practitioners (GDPs) to see patients in social care settings. This is supported by NES work to develop an enhanced practitioner training programme for GDPs to provide domiciliary care in care homes.

6. Primary Care

The PfG maintains a strong focus on primary care transformation as a key element of the *National Clinical Strategy*. This element of the PfG aligns to the *Primary care: national monitoring and evaluation strategy*¹⁴ published by the Scottish Government in March 2019. Of relevance to NES is the ambition to increase general medical practitioners (GPs) in training, develop primary care teams, general practice nursing and recruitment and retention

NES is currently engaged in providing additional postgraduate district nurse training places alongside continuing professional development (CPD) to support transition to the new GMS contract. We are also supporting newly qualified nurses in general practice, working with universities on an integrated community nursing programme and commissioning additional health visitor training places. To improve GP retention, we

¹³ [Project Lift](#) works across Health and Social Care in Scotland, supported by the Scottish Government

¹⁴ [Primary care: national monitoring and evaluation strategy](#) - March 2019.

provide career advice, induction, returner and retainer programmes. We are also working with mid-career GPs and those nearing retirement on opportunities to reduce workload while maintaining clinical input.

NES provides a broad range of CPD for primary care practitioners and teams covering general medical and dental practice, community pharmacy and optometry as well as vocational training for practice managers and general practice nurses. We are providing role development for health and social care staff in areas such as non-medical prescribing, dementia, forensics, end of life and bereavement care and mental health. In addition, we are providing education for pharmacists with advanced clinical skills and education in health protection and infection prevention and control. In optometry we are supporting development in ocular therapeutics, ocular hypertension and glaucoma. We also note the PfG action to provide grants for training in out-of-hours services and there may be opportunities to reflect this in our *CPD Connect*¹⁵ primary care programme.

7. Digital

The PfG places a strong emphasis on the potential for digital technology to transform health services and make them more efficient and accessible. The document highlights the *Attend Anywhere*¹⁶ video consulting service as an example of how scaling up digital services can achieve savings in patient and clinician travel, reduce travel-related emissions and deliver care closer to people's homes.

The Scottish Government's *Digital Health and Care Strategy* will be an important driver of NES's work over the next five years, delivering the vision of a cloud based national digital platform for service and business systems to replace the multiple systems which have resulted in duplication and restrictions in data access. The NES Digital Service (NDS) is fully engaged in developing the single national digital platform to support excellent clinical care. In addition, our work on developing a national eRostering system is part of a wider modernisation of national business and workforce systems. NES Digital also has a strong focus on the continued development of the TURAS workforce

¹⁵ [CPD Connect](#) - supporting those working in general practice

¹⁶ [Attend Anywhere](#) – video enabled health and care

platform and the development of digital leadership and a digitally enabled workforce. We also note the PfG action to develop a 'Once-for-Scotland' shared ophthalmology patient record and the potential for this work to link with the national digital platform.

8. Workforce

The PfG places maintains a focus on delivering the *National Health and Social Care Workforce Plan: parts one¹⁷; two¹⁸ and three¹⁹*. For NES it is important that we continue to develop the *TURAS: Data Intelligence* platform and our data analytics services to bring together data sources, build data models and perform data analytics to support workforce planning. Over time this will include workforce pipeline and supply datasets, plus workforce demand datasets which are available to workforce planners to help them develop a picture of the current and future available workforce and more easily plan to meet current and future demand.

In terms of recruitment and retention, the PfG announces the intention to publish the results of a recent analysis and engage in national recruitment campaigns for nursing, midwifery, AHPs and healthcare scientists later this year. NES is fully engaged in supporting online resources to promote careers in healthcare, help equip young people for jobs and improve access to learning for healthcare support workers through the *NHS Scotland Careers²⁰* portal.

To widen access to careers, NES is supporting the recommendations of the *Chief Nursing Officer's Widening Participation Commission²¹* to encourage more men into careers in nursing and midwifery and we are providing postgraduate diplomas for additional advanced nurse practitioners. For AHPs, we are working with the Scottish Ambulance Service (SAS) to integrate paramedic education into universities and we are engaged in developing specialist and advanced AHP roles and career fellowships.

¹⁷ [National health and social care workforce plan: part one](#) – June 2017

¹⁸ [National health and social care workforce plan: part two](#) – December 2017

¹⁹ [National health and social care workforce plan: part three](#) – April 2018

²⁰ [NHS Scotland Careers](#)

²¹ [The commission on widening participation in nursing and midwifery education and careers](#) – December 2017

The PfG focus on improving retention links closely with NES's return to work initiatives, accompanied by careers advice and induction for practitioners with no previous NHS experience. We are currently completing a survey of medical practitioners who have completed these programmes and we are working to increase the number completing them. We are also fully engaged with the agenda to improve junior doctors' working lives through working groups and the redesign of rotas. For AHP, nurses and midwives, our practice education leads actively support return to practice programmes.

The PfG maintains the focus on additional nursing and midwifery student numbers and an increase in medical undergraduate places. In addition, the PfG announced funding for additional foundation training places for medical graduates. This has implications for NES in terms of capacity to accommodate the expansion as well as funding for additional foundation training places in medicine. NES is also being asked to develop placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland.

Finally, the PfG announces proposals for a new medical school. This presents an opportunity to improve the recruitment of Scottish students into medicine, particularly those from disadvantaged backgrounds. There is also an opportunity for NES to support the Scottish Government in working up the details around this development and examine how recruitment and retention can be improved as a result.

9. Summary

The *2019-20 Programme for Government* maintains a strong focus on health and social care and this paper outlines the key actions which are aligned with the *NES Strategy 2019-24* and which have implications for our future operational and financial planning. For information Appendix 1 illustrates where NES activities and targets from our *Detailed Operational Plan 2019-20*²² clearly support the PfG. Appendix 2 provides all extracts from the PfG relevant to health and social care.

²² [NES Detailed Operational Plan 2019-20](#) – March 2018

APPENDIX 1 - PROTECTING SCOTLAND'S FUTURE: THE GOVERNMENT PROGRAMME FOR SCOTLAND 2019-20

THE GOVERNEMENT PROGRAMME FOR SCOTLAND 2019- 2020	Improving support for children and young people	Lifelong support for good mental health	Learning disabilities , neuro-diversity and dementia	Helping people live longer, healthier lives	Reforming social care	Health and social care in prisons	Providing the right healthcare and support when needed	Access to services	Workforce
NES OPERATIONAL HEADINGS									
Remote and Rural Education									
Revalidation and Appraisal									
Careers Support Advice and Schemes									
Youth Employment									
Children and Young People									
Learning Disabilities									
Health Improvement									
Healthcare Support Workers									
Mental Health and Dementia									
Leadership and Management									
Patient Safety and Clinical Skills									
Person-centred Care									
Practitioner Role Development									
Digitally Enabled Workforce									
Data Analysis and Intelligence									
Health and Care Digital Platform									
Turas Digital Platform									
NHS Scotland Business Systems									

***NOTE – The above NES OPERATIONAL HEADINGS are in addition to our educational support roles and networks and educational governance and quality management systems which support our core work on undergraduate education, pre and post-registration and postgraduate training and continuing professional development which impact across most of the PFG headings above.**

APPENDIX 2 - PfG EXTRACTS RELEVANT TO HEALTH AND SOCIAL CARE

Introductory Sections - SCOTLAND'S FUTURE AND OUR PLACE IN EUROPE

Page 24 - Preparing for a 'no deal' Brexit

- Share data on the continuity of supply of medical supplies and radioisotopes and make sure that regulatory frameworks are in place for their continued supply
- Allow a tailored approach for Scotland within the UK immigration system, engage with EU Member States on the rights of UK citizens living in the EU and guarantee the rights of EU citizens living in Scotland.
- This year, we will bring forward legislation to promote fairness and wellbeing in our communities.

Chapter 3 - IMPROVING OUTCOMES THROUGH OUR PUBLIC SERVICES

- Values of kindness, dignity, compassion, openness and transparency.
- These focus on the delivery of better patient care, better health and better value for the people of Scotland, so that we live longer, healthier lives at home or in a homely setting.
- NHS and community health services, spending £120 per person more on frontline health services than the UK average.

Page 97 - Mental health - In last year's Programme for Government, we set out comprehensive actions on mental health, with a particular focus on the needs of our children and young people.

- During 2019 and 2020, we will: support the third sector to deliver counselling and befriending services for women.
- Invest £825,000 to Increase specialist staffing levels at the two current Mother and Baby Units at St John's Hospital in NHS Lothian and Leverndale Hospital in NHS Greater Glasgow and Clyde.
- Support the development of a community perinatal mental health service across Scotland.
- Make £3 million available to support the establishment of integrated infant mental health hubs across Scotland.

Page 98 - Improving support for children and young people - Last year we established the Children and Young People's Mental Health Taskforce to provide recommendations for improvements in provision for children and young people's mental health in Scotland. In response to its initial recommendations, we invested an additional £4 million in Children and Adolescent Mental Health Services (CAMHS) to provide 80 new staff.

- This year, we are establishing community wellbeing services across Scotland, focusing initially on children and young people from ages 5-24.
- The Distress Brief Intervention programme in Aberdeen. Interim findings suggest the programme is preventing suicide behaviour. By April 2020, we will review how the programme could be extended to those aged 15 and younger.

In addition, we will:

- Develop our new 24/7 crisis support specifically for children and young people and their families.

- We will create a national service which links with police and emergency health services and Introduce a text service so children and young people can text as well as phone to access help
- Set out and embed clear national expectations on standards and specifications for CAMHS
- Work with NHS Boards to deliver the ambitious trajectories for waiting times improvements for CAMHS (and Psychological Therapies)
- Take forward the recommendations of Her Majesty’s Chief Inspector of Prisons for Scotland’s Independent review into the mental health services for young people in custody

Page 99 - Lifelong support for good mental health - To better support adult mental health services we will establish a new Adult Mental Health Collaborative so public services, the third sector and communities can work together to improve support to people suffering from mental ill health. We have already committed to providing 800 additional mental health professionals in key settings such as Accident and Emergency, GP practices, custody and prisons by 2021-22.

We will also:

- Establish the Scottish Mental Health Policy and Research Forum to promote excellence.
- Establish a Personality Disorder Managed Network to improve services, supporting a national roll out of patient self-management training
- Invest £400,000 to develop Improvements to early intervention psychosis services, ensuring that people suffering from psychosis anywhere in Scotland get timely access to effective care and treatment
- We have asked all NHS Boards to include mental health and suicide prevention training as an essential element of local Workforce Development Plans.

In the coming year, we will work with partners to:

- Develop and promote best practice in local suicide prevention planning and learning reviews of suicides
- Extend suicide prevention workforce development
- Support implementation of measures to support those in crisis and for those who have been bereaved by suicide

Page 100 - Learning disabilities, neurodiversity and dementia

- Working with primary care teams and other partners In a number of areas, we will pilot health screening services specifically tailored to the needs of people with learning disabilities.
- We will also develop an online autism support service to help people live positively with autism.
- Fund a new large-scale project to test integrated, Intensive dementia home care
- Establish Scotland’s first national Brain Health Centre. This body will promote positive brain health as a way of reducing the risk of developing some dementias.
- Engage widely, including with service users and carers and statutory third sector and independent sector partners, to develop our fourth National Dementia Strategy.

Page 102 - Helping people to live longer, healthier lives - Work is well underway with COSLA and The Scottish branch of the Society of Local Authority Chief Executives and Senior Managers (SOLACE) to develop the new public health body, Public Health Scotland, which will launch next year.

Page 102 - Tackling the harm associated with the use of illicit drugs and alcohol

- Establishing joint working protocols between alcohol and drug services and mental health services to improve access, assessment and outcomes from January 2020
- Developing a national pathway for Opiate Substitute Therapy to make sure that it is effective across the country and help to reduce stigma

Page 103 – We will put in place a Women’s Health Plan. It will take action to,

- Ensure rapid and easily accessible postnatal contraception
- Improve access to abortion and contraception services for adolescents and young women
- Improve services for women undergoing the menopause.
- Reduce Inequalities In health outcomes which affect women.
- Educe Inequalities in health outcomes for women’s general health.

In addition, we will,

- work to eliminate Hepatitis C In Scotland by 2024, by Increasing the number of people treated each year.
- Enhance the current vitamins scheme In Scotland,
- Establish Precision Medicine Alliance Scotland to accelerate the development and implementation of precision medicine, focusing on conditions of major importance In Scotland, including diseases that disproportionately impact on those at risk of socio-economic disadvantage

Page 105 – Integration - This year, the Scottish Government and COSLA are taking forward a series of actions to increase the pace and effectiveness of Integration. This includes,

- Developing new statutory guidance for community engagement and participation In the design and delivery of health and social care services
- Developing a framework for community-based health and social care integrated services
- Carrying out an audit of existing national leadership programmes and improving collaborative working with all health and social care partners, including the third and Independent sectors

Page 105 - Reforming social care - Social care Is about helping people to participate in, and contribute to, society by supporting independent living and ensuring that their dignity and human rights are protected. This year, we will

- Develop a future vision for a sustainable care home sector

- Work with health and social care partnerships, local authorities, providers and Improvement organisations to make it easier to design and implement models of care which support the workforce to provide flexible, consistent care and support for people across care at home, care homes and other types of support
- Continue to support the sector to develop a national framework agreement for both purchased and commissioned care and support services.
- Support Social Work Scotland to work with local authorities and others to design and test a framework of practice for self-directed support across Scotland, including approaches to assessment and resource allocation.

Page 107 - Health and social care in prisons - We have established a new Scottish Prison Care Network and published a Prison Health Information Dashboard. This month, we will begin to test new approaches to delivering integrated social care which will improve the services provided to people in custody, helping them to rehabilitate and return to their communities when they are released. We will also publish a new Health and Social Care Strategy for Prisons over the coming year

Page 107 - Providing the right healthcare and support when it is needed

- Our £2.5 million Community Challenge Fund, encouraging people to take positive action to improve oral health, launched this summer. Work is underway to accredit General Dental Practitioners with the skills and equipment to see patients care homes and early adopters began to operate this summer.
- We continue to implement the recommendations from the Community Eyecare Services Review. A new Once-for-Scotland shared ophthalmology patient record will launch in the coming year, making sure patients are safely directed towards accredited community optometrists.
- We will provide new online learning modules for the health and social care workforce to help people who have lost their voice or have difficulty speaking.

Page 108 - Stroke: prevention, treatment and care

- Collaborate across government on stroke prevention and raising awareness of the signs of stroke
- Our next phase of primary care reform will promote innovation and coproduced local solutions, with a focus on rural and deprived communities.

Page 108 - Access to services

- Patient safety is paramount – we will establish a national body with responsibility for the oversight of the design, construction and maintenance of major Infrastructure developments within NHS Scotland.

Page 109 - Tackling cancer - In the coming year, we will:

- Work in close collaboration with NHS Boards to ensure cancer waiting times standards are met by spring 2021.
- Target our Detect Cancer Early social marketing campaigns to people who are most likely to present with later stage disease and less likely to participate in screening

- Change national screening programmes where it is appropriate
- Develop our approach to bowel and breast screening to
- Support the dissemination of clinically-refreshed Scottish Referral Guidelines for Suspected Cancer to support primary care clinicians.

Page 110 - Reducing waiting times

- The power to drive improvement in performance often lies at hospital level We want to empower hospital managers to make the kinds of changes we need to see to meet our ambition. We will develop a strategic plan setting out how we will strengthen responsibilities and capacity in hospital-level management to drive better performance and make sure that clinical judgement is better mainstreamed Into hospital management decisions.
- Digital technology can help to transform health services, making sure that they meet the needs of people across Scotland and are more accessible. Ensuring that people are involved in their design helps to overcome barriers to using online services as they arise.
- The Attend Anywhere service is a web-based platform that gives patients the opportunity to video call their healthcare provider. It will now roll out to primary care and social care services so more services can be delivered closer to people’s homes. We will also scale up the Blood Pressure service for remote diagnosis and management of hypertension.

Page 111 - Our workforce

- We will launch a national recruitment campaign for nursing, midwifery, allied health professionals and healthcare scientists later this year and a campaign for social work and social care professionals In 2020.
- In conjunction with local authorities, we will explore the potential to create new Modern Apprenticeship frameworks.
- By 2021 medical school places will have Increased by 190 over 2016 levels.
- We will fund an additional 105 foundation places for medical graduates by 2022.
- We will also develop proposals for a new medical school

Page 112 - Adverse Childhood Experiences (ACEs)

- We will continue to support our Family Nurse Partnership Programme this year. It provides intensive support to young mothers during pregnancy and for the first two years of a child’s life.
- We have Invested £1.35 million in the National Trauma Training Programme, enabling workers to recognise and respond to psychological trauma.
- This year, we will support the development of trauma training packages for all organisations who come into contact with victims of crime.

Page 114 - The Independent Care Review

- Extend eligibility for free NHS dental care to care-experienced people between the ages of 18 and 26 to reduce the negative Impacts that poor dental health can have on physical health, mental wellbeing and self-confidence

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Corporate Parenting Progress Report

2. **Author(s) of Paper**

Suzanne Graham, Senior Manager – Performance Improvement
Judy Thomson, Director of Psychology and Corporate Parenting Lead

3. **Purpose of Paper**

To provide an update to the Board on Corporate Parenting and related NES activity.

NES as a public body has a responsibility in relation to corporate parenting. Corporate parents have responsibilities for the wellbeing of care-experienced young people. This group includes all children and young people up to the age of 26 who are or have been in residential care, in foster care, in kinship care and looked after at home with social work involvement. Corporate parents are intended to carry out many of the roles that parents should. Under the Children and Young People (Scotland) Act 2014, NES must:

- Be alert to matters which adversely affect the wellbeing of looked after children and care leavers
- Assess the needs of those children and young people for the services and support we provide
- Promote the interests of those children and young people
- Provide opportunities for those looked after children and young people to participate in activities designed to promote their wellbeing
- Take action appropriate to help those children and young people access such opportunities and make use of the services and support provided
- Take any other action we consider appropriate to improve our functions to meet the needs of those children and young people.

NES developed a Corporate Parenting Action Plan, which was first published in financial year 2017-18. Since then the plan has been updated in June 2018 and July 2019. A copy of the plan and its updates is provided.

The corporate parenting plan is integrated with the Operational Planning cycle and is monitored via the Person-Centred Care, Participation, Equality and Diversity Leads Network (PEDLN). Corporate Parenting will be discussed at the next PEDLN meeting.

4. Key Issues

- Constructive cross-directorate engagement is evident – the Corporate Parenting Group are meeting soon to consider further opportunities for improvement via operational planning
- A progress report for July 2019 is attached.

5. Educational Implications

All NES staff need to be aware of Corporate Parenting responsibilities. This is being addressed via the implementation of a refreshed communication and promotional plan which includes:

- Line manager briefing
- NES Express article
- Module featured on intranet banner
- Dedicated intranet page
- NES Current
- Update to Executive Team and Senior Operational Leadership Group
- Update to NES Board

6. Financial Implications

Staff resource and time.

7. Which of the 9 Strategic Outcome(s) does this align to?

The NES corporate parenting action plan is supported by the following areas of focus in the 2019 – 24 strategy:

- A high quality learning and employment environment
- National infrastructure to improve attraction, recruitment, training and retention
- Education and training for a skilled, adaptable and compassionate workforce

8. Impact on the Quality Ambitions

9. Key Risks and Proposals to Mitigate the Risks

Risk - loss of focus upon and awareness of corporate parenting duties

Mitigation – to refresh communication and promotional plan.

10. Equality and Diversity

11. Health Inequalities

12. Communications Plan

13. Recommendation(s) for Decision

- The Board are invited to note and comment upon the attached update.

NES
August 2019
JT

Corporate Parenting Progress Report

July 2019



Introduction

This is the July 2019 Progress Report on NHS Education for Scotland's Corporate Parenting

Our corporate parenting plan is monitored and reviewed through quarterly reporting to the Person-Centred Care, Participation, Equality and Diversity Leads Network (PEDLN). Both PEDLN and also our Educational and Research Governance Executive Group advise on implementation. Additional scrutiny is provided through our educational governance review cycle. The following updates report progress on the actions in our first corporate parenting plan, and include identified areas for continued improvement.

Table of actions and progress so far:

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
1.1 Represent the national corporate parenting agenda in our strategic framework Judy Thomson	We are now ensuring corporate parenting is part of operational planning as well as in our strategic framework. This means all of our programmes of work will be able to consider and report on their contributions to our corporate parenting responsibilities. We are doing this by adding our corporate parenting plan	We reported on Corporate Parenting in quarter 1 performance reporting of the NES Operational Plan.	We continue to report on Corporate Parenting in our performance reporting and the working group have discussed how to mainstream this across Directorates.

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	outcomes and actions to our shared performance management system, so that quarterly updates can be provided.		
<p>1.2 Work with Who Cares? Scotland and other organisations representing the views of care experienced young people to ensure their needs are reflected in our plans</p> <p>Judy Thomson</p>	<p>We have worked closely with Who Cares? Scotland to arrange training for our Board and our Senior Leadership and Management Team, which means key organisational leads now have a clear understanding of care experienced young people’s views. We developed our corporate parenting plan with advice and guidance from Who Cares? Scotland around the views and needs of care experienced young people, and the outcomes and activities in the plan are part of our operational planning.</p>	<p>We plan to consult WC?S on our implementation of the CP plan to assist with operational planning for 19/20. We will also consult with NHS Scotland.</p>	<p>We will connect with WC?S to keep up to date with the emerging agenda.</p>
<p>1.3 Work with Who Cares? Scotland to develop case study materials focused on learning more about what care experienced young people need from the NHSScotland workforce</p> <p>Judy Thomson/Jose Marshall/Jane Cantrell</p>	<p>In our new digital learning resource, we have worked with Who Cares? Scotland to include content that explains how care experienced young people feel about NHS services, what helps them engage with and benefit from NHS services and some of the challenges they face. Video content features care experienced young people explaining how NHS staff can make things better and help improve outcomes for this group of young people.</p> <p>We know from our colleagues in Who Cares? Scotland that care experienced young people often describe particular concerns about dental care, GP appointments and mental health services. We are working with NES colleagues to promote staff awareness and</p>		<p>a) and b) Both dental courses referred to are being delivered regularly and include corporate parenting.</p> <p>c) Provision of Multi Systemic Therapy consultancy is ongoing.</p> <p>d) CAMHS materials have been refreshed to include material focused on the impact of care experience. This includes a resource to help NHS workers to understand their duties to promote the interests of care-experienced children and young people.</p> <p>e) A 2-day programme of CPD was delivered via three regional events to nurses working in Schools in December 2017 and January 2018. The programme also included sessions on Looked After</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>understanding in these areas. Examples include:</p> <ul style="list-style-type: none"> a) Delivery of a course aimed at dental professionals, exploring the responsibilities of the dental team under the Children & Young People (Scotland) Act 2014 including specific interactions with looked after children and young people b) Delivery of training to help dental health support workers from Childsmile to engage effectively with children and families, including looked after children, with the aim of improving access to oral care c) Provision of Multi Systemic Therapy consultancy and training to support services for young people in care and care experienced d) Refresh of national educational resource <i>Essential CAMHS</i> to include material focused on the impact of care experience e) Provision of a national programme of professional development for school nurses, including a session exploring the impact of care experience delivered in collaboration with the Centre for Excellence for Looked After Children in Scotland (CELCIS) 		<p>Children (delivered by a colleague from CELSIS).</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
<p>1.4 Work with Who Cares? Scotland to provide corporate parenting learning opportunities for key staff members in NES, including the senior leadership and management team Judy Thomson/Suzanne Graham</p>	<p>We have worked closely with Who Cares? Scotland to arrange training for our Board and our Senior Leadership and Management Team, which means key organisational leads now have a clear understanding of care experienced young people’s views. We have also worked with Who Cares? Scotland to produce a national digital learning resource focused on corporate parenting for NHS staff, which will also be available and promoted for NES staff.</p>	<p>The digital learning resource is being promoted across NES staff including Executive Directors and Board Members.</p> <p>An article was published in NES Express in March 2018.</p>	<p>A refreshed communications and promotional plan is being implemented which includes:</p> <ul style="list-style-type: none"> • Line manager briefing • NES Express article • Module featured on intranet banner • Dedicated intranet page • NES Current • Update to Executive Team and Senior Operational Leadership Group
<p>1.5 Explore opportunities for collaboration and partnership with other corporate parents, especially towards better understanding what care experienced young people need from NHSScotland Judy Thomson</p>	<p>We have collaborated with NHS 24 and Who Cares? Scotland to explore ways of ensuring care experienced young people feel supported by NHS staff. As part of this collaboration we asked NHS 24 to review our digital learning resource, and incorporated their feedback.</p> <p>We continue to collaborate with territorial health boards in relation to equality and diversity (action and update 3.3) and employment programmes (actions and updates 4.1 and 4.2)</p>	<p>We are sharing our experiences and learning with NHS Health Colleagues.</p>	<p>We continue to share our learning and resources. We will explore this further with Who Cares? Scotland.</p>
<p>2.1 Review induction materials and processes to identify and provide opportunities for new staff to learn about the needs of care experienced young people, and about NES’s corporate parenting responsibilities and corporate parenting plan</p>	<p>Our Corporate Induction programme is mandatory for all new staff beginning their employment in NES. This programme sets out NES key priorities and what is important to NES as an organisation and its staff. We are reviewing the materials used in this programme to ensure that all new staff have the opportunity to learn about the corporate parenting role of NES.</p>	<p>Action completed, work continues as per previous update.</p>	<p>Our Induction Guide for new staff now includes signposting to a range of resources to help them find out more about what Corporate Parenting means for NES and support them to understand what it may mean for their role. Plans are also developing to extend the use of our Line Manager’s Briefing, to</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
Elaine Lawther	From April 2018 our induction programme will include raising awareness among new staff about the challenges faced by care experienced young people and what their responsibilities are as an NES employee to support our corporate parenting role. In addition, we will ensure that staff and managers are made aware of appropriate learning resources available to them and signpost staff to these resources as well as to relevant organisations who are able to provide a range of different training programmes or information. Our aim is to ensure that our staff are alert to the support needs of care experienced young people.		include themed resources on key topics such as our corporate parenting role.
2.2 Identify and provide opportunities for all existing staff members in NES to learn about the needs of care experienced young people, and about NES's corporate parenting responsibilities and corporate parenting plan Judy Thomson/Suzanne Graham	We have published our corporate parenting plan on the external NES website and are using an established range of ways to let people know about it. These include an information briefing for line managers, a staff newsletter, a Yammer network and agenda items at organisational meetings. We are also promoting the digital learning resource, developed with Who Cares? Scotland, so that all staff members have the opportunity to complete it.	Action completed, work continues as per previous update.	As per 1.4, a refreshed communications and promotional plan is being implemented which includes: <ul style="list-style-type: none"> • Line manager briefing • NES Express article • Module featured on intranet banner • Dedicated intranet/internet page • NES Current • Update to Executive Team and Senior Operational Leadership Group
2.3 Review and update Equality and Diversity educational resources to	We are developing a new Equality and Diversity Zone on our e-learning platform, Turas Learn. We will incorporate the new e-learning resources developed with Who	Actions in progress, as per the last update. We expect that the Equality and Diversity Zone will be live on Turas later in 2018.	Equality and Diversity Zone is now available at https://learn.nes.nhs.scot/3480/equality-and-diversity

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
<p>include care experienced young people Elaine Lawther</p>	<p>Cares? Scotland within the E&D Zone, and explore other opportunities for linking additional learning resources within the Zone.</p> <p>We are developing a checklist highlighting the needs and experiences of looked after children and care experienced young people, which will be part of our Equality Impact Assessment Toolkit. This will raise staff awareness of key issues to be considered at the planning stage for new policies or programmes so that they can identify opportunities to support engagement and better outcomes for care experienced young people.</p>		<p>Our Equality Impact Assessment Toolkit is under review and an updated resource will be available by December 2019.</p>
<p>3.1 Reflect the needs of care experienced young people in our educational resources and initiatives Judy Thomson/Elaine Lawther</p>	<p>We have included specific focus on the needs of care experienced young people in resources and/or training for dental professionals, child and adolescent mental health workers, and school nurses, as described at action 1.3. We are developing equality and diversity educational resources that include materials focused on understanding care experience (action 3.3), including additional supporting resources for our Equality Impact Assessment Toolkit (action 2.3).</p>	<p>Work is continuing as recorded in previous update.</p>	<p>Our Equality Impact Assessment Toolkit is under review and an updated resource will be available by December 2019.</p>
<p>3.2 Reflect NHSScotland's corporate parenting responsibilities in our educational resources and initiatives</p>	<p>The corporate parenting digital learning resource, developed with Who Cares? Scotland, focuses on NHS Scotland's corporate parenting responsibilities (see action and update at 1.3).</p>	<p>The CP digital learning resource is being promoted across NHS Scotland.</p>	<p>A refreshed communications plan is being implemented. External activities will include:</p> <ul style="list-style-type: none"> • Social media

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
<p>Judy Thomson/Suzanne Graham</p>			<ul style="list-style-type: none"> • NES Current <p>Our Directors will also promote Corporate Parenting through their networks.</p>
<p>3.3 Engage with Equality and Diversity leads across NHSScotland to consider how equality and diversity educational resources at local, regional and national levels could contribute to raising awareness of the needs of care experienced young people Elaine Lawther</p>	<p>We are involving the NHS Equality and Diversity Lead Network in development and implementation of our Equality and Diversity Zone on Turas Learn. The Equality and Diversity Zone will be available from summer 2018.</p> <p>We will incorporate the new e-learning resources developed with Who Cares? Scotland within the E&D Zone, and explore other opportunities for linking additional learning resources within the Zone. This means that staff in working in health and care will have access to these learning resources to support them to develop awareness of the needs of care experienced young people.</p>	<p>Actions in progress, as per the last update. We expect that the Equality and Diversity Zone will be live on Turas later in 2018.</p>	<p>The Equality and Diversity leads across NHSScotland continue to meet regularly to review all aspects of our organisational duties and roles in respect of this agenda.</p>
<p>3.4 Work with Who Cares? Scotland to make a range of educational resources for corporate parenting available across NHS Scotland, by hosting these on our digital learning platform and by helping health and social care partners to access them Jane Cantrell</p>	<p>Working with Who Cares? Scotland we have developed and produced a digital learning resource focused on corporate parenting for NHS Scotland. The resource is hosted on Turas, our new digital learning platform, and is freely available for all health and social care staff. We are developing a communications plan that will help us reach and inform people so that they know where the resource is and how to access it. The resource will help staff understand their responsibilities to</p>	<p>Digital learning resource available on Turas and being promoted via the Corporate Communications Team.</p>	<p>We are liaising with a learning and development manager in SSSC to promote the digital learning resource on Turas via the SSSC learning and development newsletter.</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>promote the interests of care experienced young people.</p>		
<p>3.5 Work with Who Cares? Scotland to support the development of new case study materials focused on specific health care contexts Suzanne Graham</p>	<p>In our new digital learning resource, we have worked closely with Who Cares? Scotland to include video material focused on issues for health care and health care services that are important to care experienced young people. This video material is supported by reflective learning activities designed to enhance learners' attention to their own specific health care contexts, and the actions they might take to promote the wellbeing of care experienced young people in those contexts.</p>	<p>Digital learning resource available on Turas and being promoted via the Corporate Communications Team.</p>	<p>Resource being promoted via refreshed communications plan.</p>
<p>4.1 Work with the NHSScotland Employability and Apprenticeship Network* and key partners to promote and support further development of opportunities for care experienced young people, including helping to build capability to meet the support needs of care experienced young people transitioning into and sustaining MA programmes *Formerly the Modern Apprenticeship Network Elaine Lawther</p>	<p>The Educational Development team is working with Prince's Trust to promote their 'Get Into Healthcare' Programme across the NHS. This is an employability programme which supports care experienced young people to access jobs within the health service by providing skills development over a six week work experience period. The aim is to support these young people into full time employment within NHS. The programme has had uptake in some Boards but there are expansion plans for 2018/2019 which will involve a greater number of Boards and higher number of young people undertaking the programme.</p> <p>We also promote other employability programmes such as Barnardo's which</p>	<p>We continue to</p> <ul style="list-style-type: none"> • work with Prince's Trust to promote their 'Get Into Healthcare' Programme across the NHS - expansion plan/funding is likely to be confirmed in June 18 • make Boards aware of funding streams for Apprenticeship programmes - we have recently updated our guidance for Boards, following policy changes • scoping employability activity in Boards report was published in May 2018 	<p>A Specialist Lead has now been appointed, working in close partnership with the Princes' Trust to progress and develop this initiative.</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>support care experienced young people into work. This promotion raises awareness in Boards of the needs of care experienced young people and we support Boards to engage with these organisations to increase the numbers of disadvantaged young people into employment.</p> <p>We make Boards aware of funding streams for Apprenticeship programmes which are specifically targeted at disadvantaged young people, including care-experienced. Again, our aim is to increase awareness across the service of the needs of care experienced young people.</p> <p>We are scoping employability activity in Boards currently and will publish a report on this in Q1 of 2018/19.</p>		
<p>4.2 Work with NHSScotland partners to explore more flexible entry and career pathways, further qualifications, and requirements for support for care experienced young people joining the workforce Elaine Lawther</p>	<p>The Educational Development team works in partnership with Skills Development Scotland (SDS) to provide information for care experienced young people to prepare them for entry into a career in Healthcare. We have a particular focus on Modern Apprenticeships and provide information for Boards on approaches to employing young people, including supporting Boards to consider more flexible recruitment processes and requirements.</p> <p>We also work with NES colleagues on the NHSScotland careers website, updating information and promoting case studies of care experienced young people who have</p>	<p>We continue to</p> <ul style="list-style-type: none"> • provide information for Boards on approaches to employing young people, including supporting Boards to consider more flexible recruitment processes and requirements - we have recently updated our guidance for Boards, following policy changes • work with NES colleagues on the NHSScotland careers website - we have taken on a Graduate trainee who is working with Martin Bryce 	<p>Work continues with our Modern Apprentice and Employability community to ensure that we maintain a focus on this agenda. Our national work on developing tools and resources for the Recognition of Prior Learning supports widening access for individuals from care experienced backgrounds.</p> <p>Our Careers Website is constantly being updated to ensure we take every opportunity to promote positive case studies and minimise barriers to accessing information about healthcare careers.</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>been successful in gaining employment within NHS. This is a way of providing all the information a young person needs about any healthcare career within one website.</p> <p>We will continue to work with SDS and internal NES colleagues with the aim of providing specific advice for minority groups on the careers website by the end of 2018/19.</p>	<p>on specific advice for minority groups</p>	
<p>4.3 Create and promote a dedicated section of the NHSScotland careers website for care experienced young people, working with key partners to ensure care experienced young people shape the development of this section; that it supports a wide range of career aspirations; and that it delivers engaging content Elaine Lawther</p>	<p>We are adding a page to the 'About us' section of the existing website to describe corporate parenting, so that care experienced young people, NHS employers and staff and others are aware of opportunities to support care experienced young people into the NHS workforce.</p> <p>We are working directly with care experienced young people, together with Who Cares? Scotland, to create new website page(s) including an animation. This page will introduce care experienced young people to the range of carers in NHS Scotland.</p> <p>With care experienced young people we are producing success stories to highlight education and career pathways that have worked for care experienced young people interested in health and care careers. We are adding interactive elements to the pages so that care experienced young people can easily find further information</p>	<p>As the previous update the 'About us' section of the existing website is now active. We been in contact with Who Cares? Scotland who have invited us to the Young Radicals group Young who will spend some time reviewing the website in a planned session, as this would enable us to get robust feedback about the site and help shape the discussion about future developments of the resources section.</p>	<p>Work is ongoing in this area and plans are in place for August to progress our work with Who Cares? Scotland.</p>

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>about specific roles and qualifications required, as well as possible pathways, current vacancies, and how to apply. The website section will be live by the end of May 2018.</p>		
<p>4.4 With key partners, initiate dialogue to explore potential for improving national health and social care workforce data intelligence around care experienced young people working in NHSScotland Elaine Lawther</p>	<p>The Educational Development team has met with AIM to discuss our workforce data requirements in terms of care experienced young people. We are seeking these data as part of a wider request around data for a range of minority groups to inform the development of our educational resources. This will potentially make our resources more relevant and appropriate, and taking account of a wider range of learning needs. This data is unlikely to become available in the short term and will remain as a target for a number of years.</p>	<p>We continue to</p> <ul style="list-style-type: none"> discuss our workforce data requirements in terms of care experienced young people - Kristi and I continue to source this data/negotiate to include this data as part of the 'data lake'. This is a longer term aim. 	<p>This long-term aim continues to feature in our conversations and plans for developing workforce information.</p>
<p>4.5 Manage a levy on clinical placement costs for non-EU overseas medical undergraduates, in support of deliverables to be determined by Scottish Government Health Workforce, including additional medical undergraduate places and a graduate entry programme to support widening access Theresa Savage</p>	<p>The Additional Cost of Clinical Teaching (ACT) levy for non-European Economic Area (EEA) students studying undergraduate medicine within Scotland began in August 2016. NES oversees the collection and distribution of funds raised through the levy. The decision on how the additional income generated is to be used lies with the Scottish Government. Currently the decision is for the funds to be used to help deliver the Medical Education Package which includes the following programmes:</p> <ul style="list-style-type: none"> A widening access initiative, aimed at helping more students from 	<p>Actions are continuing to be taken forward, with no issues or concerns.</p>	<p>Work is continuing as recorded in previous update through a variety of widening access/participation programmes including but not limited to: FOCUS West (Focus on College and University Study in the West of Scotland) Top-Up Programme; Reach (Access to the High Demand Professions) Programme; Access to a Career Programme; Early Secondary Programme; UoG Summer School; UoG Taster Weeks. NES continues to:</p> <ul style="list-style-type: none"> Have overall responsibility for the collection of the ACT levy and disbursement of levy funds for

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>deprived backgrounds to enter the medical profession, began in August 2016. This led to 50 additional undergraduate places at medical schools across Scotland.</p> <ul style="list-style-type: none"> The Scottish Graduate Entry Medicine (ScotGEM) programme is a four-year graduate entry medical programme with a focus on improving rural medicine and healthcare. ScotGEM is a joint venture between St Andrews and Dundee Universities and is in collaboration with NHS Highland, NHS Tayside, NHS Dumfries and Galloway, and the University of Highlands and Islands. The first intake of up to 55 medical students will begin studies in September 2018. <p>NES has overall responsibility for the collection of the ACT levy and disbursement of levy funds for Medical Education Package items. This enables Universities within Scotland who are already involved in a vast range of projects and initiatives to widen access to university including outreach activities into primary and secondary schools (e.g. REACH programme), summer schools that help to bridge or ‘top-up’ qualifications after school (Summer School Access programme), support with applications, mentor and familiarisation schemes and the use of contextual admissions. They</p>		<p>Medical Education Package items.</p> <ul style="list-style-type: none"> Report on the use of levy funding to the Scottish Government and Scottish Funding Council Support the Scottish Government monitor and evaluate use of the Levy to deliver the Medical Education Package and its policy aims.

ACTION	PROGRESS UPDATE	JUNE 2018 UPDATE	JULY 2019 UPDATE
	<p>also partner with colleges, local authorities and other organisations to support school leavers and adult learners alike to prepare for, apply to, and succeed at university.</p> <p>NES reports on the use of levy funding to the Scottish Government and Scottish Funding Council and supports the Scottish Government monitor and evaluate use of the Levy to deliver the Medical Education Package and its policy aims. Within the domains of the widening access programme, many universities are working to actively support and encourage applications from care experienced young people through the provision of a range of support services including an adjusted offer of entry, year round accommodation, and a Care Leaver Bursary. Students are also able to receive tailored advice and support from care leaver/ student support coordinators at each higher learning institute.</p>		

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

NES Annual Review - 2019

2. **Author(s) of Paper**

Lorraine Turner, Planning and Corporate Governance Manager
Donald Cameron, Director of Planning and Corporate Resources

3. **Purpose of Paper**

To brief the Board on arrangements for the 2019 NES Annual Review supported by our *Self-Assessment document* and *At a Glance* briefing.

4. **Key Issues**

In recent years the NES Annual Review has been included as a session within our annual Staff Conference. The next Staff Conference has been scheduled to take place in 2020 and alternative arrangements are therefore being put in place for this year's Review. The format will comprise either a *ministerial or non-ministerial review* and this will be confirmed in due course by Scottish Government colleagues.

The Annual Review will be open to invitees from Scottish Government, partner organisations and third sector to attend and will be broadcast live on social media. The Annual Review guidance requires us to provide a Self-Assessment document setting out a selection of our key achievements. This is supported by a single page *At a Glance* hand-out containing a brief summary of progress and performance. The content of the Self-Assessment document has been informed by Directorate Self-Assessment/Annual Report submissions, NES Chief Executive reports, Board Committee papers, Executive Team papers, Communications briefings, NES Strategic Framework 2014-19, and NES Annual Operational Plan 2018-19.

5. **Educational Implications**

The report illustrates a selection of achievements during April 2018 to March 2019 which support NES Strategic Framework 2014-2019 and national priorities and policy drivers.

6. **Financial Implications**

These activities reference planned work outlined in our Annual Operational Plan 2018-19 and detailed Operational Plan 2018-19.

7. Which of the 5 Key Outcomes does this align to?

Educational activities and work programmes are aligned to the Strategic Outcomes set out in NES Strategic Framework 2014-2019.

8. Impact on the Quality Ambitions

Our work supports the quality ambitions of safe, effective and person-centred care.

9. Key Risks and Proposals to Mitigate the Risks

Planned work is subject to risk identification through our Risk Management Strategy.

10. Equality and Diversity

NES has a duty to consider equality and diversity issues and take relevant and proportionate action to eliminate discrimination and harassment, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not in the delivery of our functions.

Please summarise any key equality and diversity findings related to the duty or equality and diversity risks relevant to the work described in the paper. If you have identified any risks of negative impact, indicate what actions you propose to mitigate that impact.

[This section is required when a decision is requested to: approve new work; approve work which will result in significant change; disinvest in programmes of work].

11. Health Inequalities

Briefly describe opportunities the work offers to reduce health inequalities and proposed actions. *[See [guidance](#) if further information is required].*

A range of programme and initiatives in our detailed Operational Plan 2018-19 support health inequalities. Illustrative examples are contained in the report.

12. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

No

A Communications Plan format template is available in the 'Meetings' and 'Communications' sections of the NES Intranet.

13. Recommendation(s) for Decision

This paper is for consideration and approval.

NES
August 2019
LT



2019 Annual Review

Self Assessment - At A Glance

July 2019

v0.2

2018-19 Self Assessment: At A Glance

As a national health board, our role is delivery of education, training and workforce development to support a skilled, person-centred workforce which is well prepared to respond to the demands placed on our health and care services. During 2018-19 we provided a wide range of initiatives and programmes which support national priorities and policy drivers including *Everyone Matters: 2020 Workforce Vision*, public sector reform, and health and social care integration. An overview of some of our key achievements is presented below.

- To provide the future medical workforce to UK standards and improve the attractiveness of Scotland as a career destination, during 2018-19 we supported 5,699 trainee doctors in approximately 296 programmes and achieved an expansion of the overall numbers of doctors in training in Scotland. We became the lead employer for all GP, Occupational Medicine and Public Health trainees delivering an improved recruitment and employment experience for doctors and dentists in training.
- To ensure learning environments through excellence in supervision, we delivered a number of initiatives including improvements to the Scottish Training Survey to support postgraduate medical training quality management processes; new appraiser events for 122 clinicians and refresher courses for 66 primary and secondary care doctors; development of quality indicators for the Quality Management of the Practice Learning Environment for pre-registration nursing and midwifery training; and launch of our Healthcare Science Zone on our TURAS *Learn* platform.
- In line with our Digital Strategy to provide always available, personalised educational resources and services accessible from any device we launched our TURAS *People* application to support the national Lead Employer model for medical trainees. We enhanced TURAS *Training Programme Management* to provide increased functionality, further developed TURAS *Learn* to deliver course booking capability and additional learning content, and extended TURAS *Appraisal* to the Executive and Senior Manager cohort.
- To improve flexible access to multi-professional learning materials in support of the 2020 Workforce Vision we delivered a new suite of online QI resources for the public sector workforce; provided 279 in-practice infection control training sessions for dental teams across Scotland; delivered clinical skills training for 950 staff; patient safety within complex healthcare systems for 400 NHS Scotland staff; and launched the Scottish Infection Prevention and Control Education Pathway resources on TURAS *Learn* for all staff across the social care sector in Scotland.
- To embed values and professionalism and enhance access to education for new models of care we delivered initiatives to support person-centred care including a range of educational resources to enhance care for the bereaved; dementia masterclasses for 150 health and social care services staff; a new SCQF Unit in oral health improvement to facilitate delivery of key oral health messages; and a framework for maternal and infant mental health, hosted on TURAS *Learn*
- To improve access to learning, qualifications and education for healthcare support workers, we developed a new resource pack in support of Scotland's Youth Employment Strategy to raise awareness of careers in NHS Scotland for young people; we piloted our Digital Matters learning programme with Estates and Facilities staff and produced a suite of supporting video case studies; and delivered a bespoke GP Learning Pathway comprising a portfolio of resources to 124 pharmacy technicians and pharmacists.
- In support of the *Everyone Matters: 2020 Workforce Vision* we delivered a portfolio of leadership and management programmes across public services. We provided a range of initiatives and interventions with partnerships with the Scottish Social Services Council, professional and cross-sector bodies. Our Leading for the Future programme was delivered to 120 staff from across Scotland and an Executive Coaching Programme to support the well-being and resilience of GPs was provided for 125 participants. The Collaborative Leadership in Practice programme was provided to five locality groups; and Project Lift, a new approach to executive level appraisal, leadership development and talent management was launched in June 2018.



2019 Annual Review

Self Assessment Document

July 2019

v0.2

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Introduction

We are the national NHS Board with responsibility for education, training and workforce development for those who work in and with NHS Scotland. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development and we work collaboratively with our partners in Scottish Government, NHS Boards, social care, the academic sector and UK professional bodies and regulators. We support people to develop rewarding and fulfilling careers by enhancing their experience and delivering high-quality educational resources and learning environments. Our vision as the people and workforce organisation for NHS Scotland is *a skilled and sustainable workforce for a healthier Scotland*.

This document has been prepared for our 2019 Annual Review and illustrates a selection of our achievements during 2018-19 which support the *Health and Social Care Delivery Plan*¹ and the quality ambitions of safe, effective and person-centred care². As well as national policy drivers, our work activities were also aligned to our *Strategic Framework for 2014-19*; *Annual Operational Plan 2018-19*; our *Digital Strategy*; *People and Organisational Development Strategy 2014-17* (extended to 2018); and our stakeholder priorities.

We have a key focus in working collaboratively and the deployment of our expertise, resources and digital leadership to support the *Health and Social Care Delivery Plan* and the triple aim of better health, better care and better value at a local, regional and national level. Our work in the areas of education and training, workforce systems, workforce planning data, Once for Scotland services, improving the employment experience, and organisational and leadership development reflect our continued commitment to transformational change and new models of delivery which cross traditional public services boundaries.

This report references the final year of our Strategic Framework 2014 - 2019. The Framework sets out our work under five themes supported by planned impact outcomes (Appendix 2) and the nine key outcomes (Appendix 3) which describe how we will innovate in specific areas of our business to support public service reform and the workforce development required to achieve the *2020 Vision*³. In addition to contributing to the aims of the *Health and Social Care Delivery Plan*, these themes and outcomes support delivery of the *National Clinical Strategy*⁴ and *Realistic Medicine*⁵.

Our *Annual Operational Plan 2018-19* was informed by the *Health and Social Care Delivery Plan 2016*; the *Everyone Matters: 2020 Workforce Vision*; the *Digital Health and Care Strategy 2018*, key national targets; and our stakeholder priorities. The National Performance Framework includes the target to *Increase Healthy Life Expectancy* and we have aligned with this through our work in mental health; children and young people; oral health improvement; support for people with care needs; and palliative and end of life care and bereavement.

We continue to demonstrate our support of the *Everyone Matters: 2020 Workforce Vision* and

the key themes identified from our stakeholder priorities through our focus on recruitment and retention, youth employment and careers, role development, digital transformation, mental health, statutory and mandatory training, workforce planning, leadership and management development, as well as the six NHS Scotland improvement priorities of: health inequalities and prevention, antenatal and early years, person-centred care, safe care, primary care, and integration.

We have a key role to play in delivering the *Digital Health and Care Strategy*⁶ which identified the need for better data sharing and access, digital leadership, a national digital platform for service and business systems, and greater systems integration. At the request of Scottish Government we established the NES Digital Service (NDS) to replace the current model of multiple systems which has led to duplication and constraints in the use of data. During 2018-19 the core NDS team was recruited and good progress was achieved against deliverables.

This document contains many examples of digital leadership and innovation in our approach to education, training and workforce development. In particular, through our *Digital Transformation* and our cloud-based workforce support platform TURAS, we continue to demonstrate significant progress in developing and implementing digital capability, working with our partners and exploiting all opportunities to deliver educational solutions that support excellence in health and social care for the people in Scotland.

Importantly, delivery of our digital services directly contributes to reduced duplication across the health and care system and supports increased efficiency and cost savings. It is also integral to a number of our key ambitions including improving the attractiveness of NHS Scotland as an employer, widening access to opportunities as part of the drive to improve waiting times, and development of career pathways. During 2019-20 we will continue to migrate NHS Boards to TURAS and provide an increasing range of resources which includes not only educational materials but knowledge, evidence and subscription content which will be accessible to public sector organisations across Scotland.

In support of the Health and Social Care Workforce Plan, Part One⁷, our strategic initiatives during 2018-19 also included leading the development of a cloud-based platform to support better workforce data and workforce planning. This will improve how we understand and predict workforce need, model service demand, and inform planning at local, regional and national level.

We also continued to lead on modernisation of national business systems. The scope of this transformational programme includes implementation of a new generation of business systems, with examples such as national rostering which is aimed at improving rota creation and the deployment of staff, and the delivery of associated efficiency and cost benefits across NHS Scotland.

THEME 1: AN EXCELLENT WORKFORCE

NES Key Outcomes

- *Outcome 1: A demonstrable impact of our work on healthcare services*
- *Outcome 2: An excellent learning environment where there is better access to access to education for all healthcare staff (a 2020 Workforce Vision priority)*

The recruitment and training of the healthcare workforce, underpinned by educational support networks which ensure the quality of the workplace learning environment, is a key element of our work. This section focuses on our work in partnership with NHS Boards, education institutions and professional and regulatory bodies to deliver education and training for doctors, dentists, pharmacists, nurses, midwives, allied health professionals, psychologists, healthcare scientists, optometrists, healthcare chaplains, healthcare support workers, and management trainees.

1.1 RECRUITING AND TRAINING KEY HEALTHCARE STAFF

Across our activities to recruit and train medical trainees to agreed UK standards and to meet NHS Scotland current and future service and workforce demands, we supported 5,699 trainee doctors in approximately 296 programmes and successfully progressed 794 Foundation Year 1 doctors through full registration into their second year. We filled 94 Scottish Clinical Research Excellence Development Scheme (SCREDS) posts for academic training in Scotland and recruited 999 trainees to postgraduate training.

We achieved expansion of the overall numbers of doctors in training against a backdrop where the supply of medical graduates into training remains challenging. In 2018 we recruited to 850 Foundation year one places, and 1,175 Core and Specialty posts which resulted in fill rates of 830 (98%) and 999 (85%) respectively, while recruitment in 2017 was to 852 Foundation Year one places and 1,221 Core and Specialty posts, and comparative fill rates of 96% (816) and 80% (982). Overall in 2018, 96% of our posts were filled by recruitment against establishment. We sustained an increase in GP Speciality posts of 9.6% since 2017, and a review of all posts and programmes was undertaken. In 2018 we filled 86% of advertised GP Speciality posts compared to 68% the previous year. A total of 7,688 Annual Reviews of Competency and Progression were undertaken, of which 7,247 (94%) were positive or neutral with a small proportion of trainees requiring additional time or support to continue training.

In August 2018 we became the lead employer for all GP, Occupational Medicine and Public Health trainees while NHS Grampian, NHS Greater Glasgow and Clyde, and NHS Lothian became lead employers for the other specialties and foundation trainees on a regional basis.

The purpose of this model is to deliver an improved recruitment and employment experience for doctors and dentists in training, and enhanced effectiveness and efficiencies in practice.

These changes have been made possible by the development of our digital platform TURAS to deliver a new application, *People*, which interfaces between existing systems to enable employment and trainee information to be easily shared between lead employers, placement Boards and trainees. The key function of TURAS *People* is the reduction in duplication of information for all parties. This will support cost and time savings across NHS Scotland as a result of reduced duplication of effort by staff and trainees in onboarding and employment-related administration.

Our TURAS *Training Programme Management* (TPM) application allows for the management of programmes, trainees, locations and trainers, and in 2018-19 we updated the study leave function and improved the links to Oriel, the UK recruitment system for doctors in training. We also updated and improved the functionality for Recognition of Trainers in line with GMC standards. As well as linkages between *TPM* and *People* to support the new employment arrangements, our TURAS platform provides an interface between TURAS *Portfolio* and TURAS *Learn* applications, enabling learning to be recorded and seamlessly updated for Scottish Foundation trainees.

During 2018-19 we continued to support the implementation of changes to how training is delivered in the UK, agreed by the four nations in 2016, which includes development of a post training credentialing framework and ensuring that curricular change proposals are consistent with key principles. We hosted a workshop on surgical training to assist service planners to scope requirements for improved general surgical services. The first cohort comprising 48 trainees (100% fill rate) commenced on an Improving Surgical Training (IST) pilot programme in August 2018 and plans are in place for the implementation of an Intermediate Medical Training pilot. Three very successful four-day IST Bootcamps were run in the last quarter of 2018 with feedback from the trainees extremely positive.

During 2018 the first trainee completed the new Pre-Hospital Emergency Medicine (PHEM) training programme in Scotland, a unique collaboration involving key partners: the Emergency Medical Retrieval Service, Scottish Ambulance Service, London Air Ambulance and London Deanery. PHEM encompasses the knowledge, technical skills and non-technical (behavioural) skills required to provide safe pre-hospital critical care and safe transfer.

Our eighth Scottish National Medical Education Conference took place in April 2018, in conjunction with the Dental, Medical Appraisal, Practice Managers, and NMAHP conferences. With over 1,600 registered delegates across all five events, this was our largest ever

conference and included for the first time an NMAPH educational conference which focused on transformational education and workforce development to support new models of care.

We continued to provide support for our GP Returner and Enhanced Induction programmes. Over 2018, five GP Returners completed the programme, with four currently in post and three more expected to join the scheme. We worked with Primary Care Leads and Scottish Government to further develop the programme. National assessments are being undertaken by four doctors on the Enhanced Induction Programme. A social media campaign to publicise the GP Returner Scheme was delivered in 2019.

We undertook work nationally through social media co-ordination to support campaigns and boards with attraction strategies. After previously outsourcing our online medical recruitment campaigns, we adopted an in-house strategy to deliver a targeted social media campaign for Round 1 Speciality Training/Core Training Year 1 (including GP) re-advert recruitment which achieved similar results with a significantly reduced budget. We also worked with partners in Strathclyde University, Robert Gordon University, and NHS Scotland to plan a campaign to promote Experiential Learning placements for student pharmacists which will be rolled out in 2019-20.

We worked with a range of partners to promote NHS Scotland Careers across our target audience groups including pharmacy technicians where currently there are shortages. We also undertook joint work with: JobCentre Plus to widen awareness of NHS Scotland careers, vacancies and application processes, potentially reaching to a range of equality groups; the Department of Work and Pensions to highlight NHS Scotland career options; and Scottish Government to support nursing recruitment, including *Men into Nursing*. Additional planned initiatives included the future nurse campaign to promote nursing careers to primary school children; AHP awareness; and international recruitment.

We continued to manage the process to support the Scottish Government commitment to achieve 500 additional Advanced Nurse Practitioners (ANPs) by 2021. Preparation for additional ANP roles is being undertaken by 650 nurses: in 2018, 60 nurses completed education and an additional 142 nurses are expected to complete education by September 2019. The Advanced Practice Toolkit which is hosted on TURAS has been updated and content will have relevance to other advanced practice roles across the four pillars of: clinical practice, research, education and leadership.

Since 2015, following the introduction of the Return to Practice programme in nursing and midwifery, 282 practitioners have returned to practice. Development is underway of an employment model for returning nurses and midwives which will align with the new Nursing

and Midwifery Council Standards for return to practice. We supported the return to practice of AHP professionals through development of national guidance which will be published and disseminated.

The first trainee successfully completed training to become Scotland's first educated Podiatrist to undertake Podiatric Surgery. The programme, developed in partnership with Queen Margaret University and the Scottish Government, will enable doctoral level trained podiatrists to qualify in foot surgery, enhancing the capacity of the service and supporting improvements in patient care by reducing waiting times. This is the first Health and Care Professional Council (HCPC) approved programme in the UK for doctoral level education in Podiatric Surgery.

A total of 166 dental vocational trainees achieved satisfactory completion of curricula by July 2018. We provided 168 training posts for dental vocational training in 2018-19 and 130 core and specialty training grade dentists were recruited to post with access to study leave. We also provided ten dental hygiene therapy vocational training places and post-registration training to over 135 dental nurses to achieve enhanced skills beyond the minimum regulatory requirements. These activities contribute to providing a well-trained dental workforce to improve access to NHS dental services through quality assured programmes.

We continued to deliver the mandatory *Induction to Scottish Dentistry* in response to further regulatory changes in relation to eligibility to work in Scotland. Four courses were provided and the training was successfully completed by over 112 dentists who are now eligible to practice in Scotland. A Professional Development Award in Oral Health Care was introduced for Dental Administrators and Practice Managers and 15 places were offered and filled for each staff group respectively during 2018-19.

We successfully developed and implemented Pharmacy Foundation Programmes for early career pharmacists and pharmacy technicians across all three sectors of practice in Scotland (Acute, GP Practice and Community). We delivered induction sessions and peer sessions in each of the regions for Foundation pharmacists and tutors with over 138 Foundation pharmacists/tutors attending the sessions. We increased access to remote and rural Foundation pharmacists using videoconferencing and developed online learning as a pre-requisite for all tutors who support Foundation Pharmacists.

Our newly developed Pharmacy Technician Foundation Programme commenced with 25 Pharmacy Technicians from across Scotland while a pilot for 17 Pharmacy technicians in Acute Services was launched in January 2019. The competency framework for the programme was expanded to include all three sectors of practice.

We led a national review of the postgraduate career framework for pharmacists in Scotland on behalf of Scottish Government as part of the *Achieving Excellence in Pharmaceutical Care* strategy. A report has been prepared for consultation during 2019-20 to agree final recommendations.

We commissioned and recruited to Psychology programmes and met our targets for 2018-19 training grades: 58 clinical psychology trainees commenced in October 2018 (53 clinical psychology trainees completed pre-registration training by March 2019); 29 MSc trainees in psychological therapies in primary care commenced in January 2019 (29 completed training in December 2019); and 29 MSc trainees in applied psychology for children and young people commenced in February 2019 (18 completed by January 2019). We supported the current cohort of five child and adolescent psychotherapy trainees, due to complete in September 2021, and the ongoing annual MSc Neuropsychology programme for 35 staff. These activities will help ensure the NHS is provided with suitably trained professionals and the required numbers of applied psychology and psychotherapy trainees.

1.2 UNDERGRADUATE AND PRE-REGISTRATION EDUCATION

We continued to manage the Additional Cost of Teaching (ACT) fund, the Scottish Government funding which meets the additional costs of teaching medical and dental undergraduate students within the NHS. Medical ACT work is supported by an annual budget of £75 million which was fully distributed across all NHS Boards and GPs in Scotland based on the Medical ACT allocation model. The funding supports the educational infrastructure as well as clinical placements and other direct teaching activity such as lectures, tutorials and teaching within clinical skill centres. The funds were also used to deliver the Medical Education Package, a widening access initiative which supports entry into the profession of more students from deprived backgrounds; and ScotGEM, a four year graduate entry medical programme with a focus on rural medicine and healthcare improvement to support recruitment and retention in remote and rural areas.

To provide a well-trained pharmacist workforce for NHS Scotland, we successfully delivered the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland with 200 trainees recruited to commence their training in August 2018 (2018-19 cohort). A total of 96.4% of the 167 PRPS trainees who commenced in August 2017 passed the General Pharmaceutical Council (GPhc) registration assessment in June/Sept 2018.

We provided the quality management function of the national NES Pre-Registration Pharmacist Scheme (PRPS) for all 200 trainees during their training in 2018-19 on behalf of the regulator, the General Pharmaceutical Council (GPhC), with data recorded on TURAS

including information on trainees, tutors and training sites during 2018-19.

We supported the supply of postgraduate clinical scientists, essential to the diagnostics that underpin healthcare, with a total of 17 supernumerary clinical scientist trainees sponsored as part of the 2018 intake, with a further two posts joining the cohort sponsored by NHS Boards. In addition, we provided postgraduate scientist training bursaries to 31 in-service scientific staff who will move into advanced practice roles. We were unable to fully meet demand from our stakeholders for resourcing of training grades and this is under discussion with our Scottish Government funding parties.

During 2018-19 pre-registration dental nurse training was successfully completed by 98 candidates ensuring a supply of fully qualified dental nurses eligible for GDC (General Dental Council) registration.

We facilitated national education leadership to support the new NMC (Nursing and Midwifery Council) Standards of proficiency for registered nurses. The standards have been updated to reflect the changing landscape of health with care increasingly being delivered by integrated teams and the workforce employed across a range of settings. Future activity will build on our existing practice education programme of work and will further enhance the national network of practice education facilitators and care home education facilitators.

We continued to support the report of the Chief Nursing Officer Commission on widening participation in nursing and midwifery with a draft career pathway under development. The core career pathway will be based on the HNC Care and Administrative Practice Route which articulates with Year 2 of the pre-registration nursing programme. New web resources will be commissioned in 2019-20 to support this development. Work also continued on exploration of the issues associated with the under-representation of men in the nursing and midwifery profession.

1.3 THE WORKPLACE LEARNING ENVIRONMENT

During 2018-19 we continued to focus on improving the standard of medical education and training in Scotland. Our Speciality Quality Management Groups worked collaboratively with our partners in Scotland's Medical Schools and NHS Boards to manage issues and promote good practice. We continued to support the GMC with their Enhanced Monitoring process, and contributed to the Sharing Intelligence for Health and Social Care Group to support early identification of system stress.

We also progressed a number of enhancements and improvements to support our medical training quality management processes. These include web resources to provide medical

trainees with information on the structure and content of Deanery visits, standardisation of post visit requirements, and improvements to the Scottish Training Survey to ensure consistency in content and shorten the completion time for trainees. In a further key improvement, all of our quality management visit reports are now published, enabling the findings to be shared not only with those visited but with other trainees in Scotland and the public, enhancing transparency and strengthening governance.

As the mandated provider of appraiser training for clinicians requiring appraisal and revalidation in Scotland, during 2018-19 we delivered 11 new appraiser events attended by 122 clinicians and provided seven refresher courses for 66 primary and secondary care doctors. This ensures a sustainable and clear system for doctors to review and manage performance, and to meet GMC requirements for revalidation.

The Quality Management of the Practice Learning Environment (QMPLE) web-based system provides access to, and reporting of, data relating to the quality of the practice learning environments for pre-registration nursing and midwifery students in Scotland across health and social care. During 2018, work was undertaken with multiple stakeholders to develop QMPLE datasets as quality indicators that contribute to the Scottish Government, Excellence in Care programme. The quality indicators comprise two overarching measures: student engagement with feedback; and overall experience; and four sub-measures of student safety, belongingness, supervision and support, and the learning environment culture. Work is ongoing to develop transferability to a national Care Assurance and Improvement Resource dashboard.

We continued to improve quality across the learning environments, training experiences and evaluation processes for applied psychology trainees. We completed 494 site visits and 384 end of placement reviews to monitor trainee competence and ensure continuity of assessment and quality assurance of placement supervision. A total of 120 annual learning reviews were undertaken involving trainee applied psychologists, line manager and clinical tutors, to review trainee development across employer and education systems. We further developed ePortfolio functionality to incorporate placement planning processes to deliver more efficient planning across four postgraduate programmes, and piloted a Trainee Survey with trainees from all four programmes.

During 2018-19 we launched our Healthcare Science Zone on the TURAS *Learn* platform. We ensured trainer preparation is integrated with our quality monitoring activity of Healthcare Science work-based training, and delivered learning to 160 staff including early career and leadership as well as trainer preparation. Our assessment of competency progression (ARCP) programme and quality monitoring of the workplace training environment helped to identify

local challenges for trainees, and we worked with training departments to improve understanding of our standards and trainee experience.

THEME 2: IMPROVED QUALITY

NES Key Outcomes

- *Outcome 3: Flexible access to a broad range of quality improvement education in the workplace (a 2020 Workforce Vision priority)*
- *Outcome 4: Leadership and management development that enables positive change, values and behaviours (a 2020 Workforce Vision priority)*

We continued to work with our key partners and stakeholders to facilitate the quality improvement (QI) aspects of the *2020 Workforce Vision* through the *2020 Workforce Vision Implementation Plan*. This section also highlights the work we have undertaken to support improvements in safety through evidence-based research, development and delivery as well as clinical skills, healthcare associated infection (HAI), person-centred care, and leadership and management to support integration and Scottish Government strategic initiatives.

2.1 SAFE, EFFECTIVE AND PERSON-CENTRED CARE

The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD (continuing professional development) activities. During 2018-19 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

We continued to deliver educational interventions and support to enhance health and social care professionals' preparedness for effective communication and practice aligned to death, dying and bereavement care. We shared information on this work through a variety of channels including a quarterly newsletter with over 12,000 subscribers, social media, and national and international conferences.

Our Support Around Death Website which provides a range of information for health and social care professionals was further developed to deliver additional content and enhancements. During 2018-19 there were over 14,000 users on the site with over 37,000 page views. More resources were added to the suite of scenario-based animations which support practitioners in conversations around death, dying and bereavement. Overall the animations have been viewed 25,000 times and feedback continues to be positive. We commenced development of an additional two new short films and in conjunction with the Death Certification Review Service produced two online educational modules with a third module scheduled for launch in Autumn 2019.

We continued to support the public health workforce in delivery of key public health priorities with a particular focus on Health Protection and Infection Prevention and Control. We supported NHS Boards to fully implement the *Scottish Infection Prevention and Control Education Pathway* (SIPCEP) foundation layer, a national approach to infection prevention and control for health and social care, launched in June 2017. From November 2018, all staff working across the social care sector in Scotland were able to access the Pathway resources on TURAS *Learn*.

Since launch there have been over 300,000 SIPCEP module completions across health, social care, and further education, and key modules have been incorporated into induction programmes for specific staff groups. Interest has been expressed by social care organisations in inclusion of the SIPCEP in core education, and by the Open University in integration into their health and social care curricula. An evaluation of the SIPCEP foundation layer is underway.

We supported trainers to deliver DP (Developing Practice) and AsSET (Astley Ainslie Psychological Skills and Education Training) training in their Health Boards. We also supported the Physical Health training network through network events and ran three masterclasses for 80 clinicians. We continued to promote and monitor the use of the Emotion Matters Module and a total of 576 MDT (Multidisciplinary Team) staff completed the module by the end of March 2019. We revised the *Developing a Shared Understanding* e-learning module for Persistent Physical Symptoms (PPS) and launched this at the end of March 2019.

A total of 32 multi-disciplinary workshops were delivered on patient safety within complex healthcare systems using Human Factors and ergonomic principles, to 400 NHS Scotland staff. We also produced a further e-learning module to complement existing Human Factors Patient safety training modules. We tested and verified the application of the *Always Events* patient-centred approach to quality improvement in the homeless population and delivered effective clinical handover education sessions to Foundation Doctors throughout NHS Scotland across nine territorial NHS boards.

Educational resource was developed to support 80 GPs and 37 GP Cluster Quality Leads to upskill their knowledge and application of quality improvement in primary care. This included contextualising the Scottish Improvement Foundation Skills course and developing a generic educational feedback instrument for QI projects. We refined and tested NES-designed safety culture discussion cards for diverse healthcare environments and plan to pilot the educational impact with NHS Scotland pharmacy initiatives and conduct further testing and evaluation.

We successfully set up a strategic group in Scotland to inform a programme around the role of

human factors in dispensing errors made in pharmacies and how to minimise these. The Group includes representation from Scottish Government, University of Strathclyde and Human Factor experts, with University of Strathclyde commissioned to carry out this work.

We disseminated our work on behavioural aspects of patient safety to groups of health professionals across different specialisms via the Patient Safety Network and other organisations, including Health Improvement Scotland. Health Behaviour change training was delivered to multi-professional groups, with 12 workshops attended by 208 multi-disciplinary staff; and the MAP online module accessed by 206 people. We also began development of an animation to promote multi-disciplinary approaches to generic behaviour change.

With the aim of supporting clinical skills training contributing to better and safer patient care, over 950 staff (including nursing, medical, dental, paramedic and emergency) received training by our Mobile Skills Unit (MSU), involving over 100 different courses. The MSU was rated very positively in feedback received from attendees, all respondents agreed it was an appropriate learning environment, and 98% reported that the training was of benefit to them.

In September 2018 we replaced and updated the existing MSU with a new unit which provides a range of advanced clinical simulation features. The MSU facilities are also deployed to support additional educational interventions such as training local communities in skills using simulation, training carers and others providing support in health and social care, as well as multi-agency simulated exercises.

Across our nine clinical skills online resources there were almost 4,000 enrolments in 2018 resulting in over 2,000 individuals completing the learning. A new resource on Ear Care, developed in collaboration with NHS Tayside, was also launched. In 2018, we received the prestigious international ASPIRE award from the Association for Medical Education in Europe in recognition of our work to improve clinical skills through simulation training.

During 2018-19 we provided in-practice infection control training for dental teams across Scotland through our Quality Improvement in Practice Training team (QIiPT), with 279 sessions of training delivered across Dental Practices in Scotland. In addition, 25 days of infection control training were delivered across other dental workstreams.

We worked collaboratively with the General Dental Services and Public Dental Services to provide intravenous and inhalation sedation training. We delivered four courses with up to 15 places on each course for Public Dental Service and General Dental Practitioners.

During 2018-19 our *Scottish Dental Clinical Effectiveness Programme* (SDCEP) continued to provide user-friendly, evidence-based guidance on topics identified as priorities for dentistry in

Scotland and the rest of the UK. A second edition of *Prevention and Management of Dental Caries in Children*, containing updated recommendations and more extensive advice, was published in May 2018. At the request of the Chief Dental Officer, SDCEP undertook work to provide advice on *antibiotic prophylaxis against infective endocarditis* that would be acceptable across the UK, which was published in August 2018; and to provide advice on the implementation of the EU Regulation on the restriction in use of dental amalgam in specific patient groups, effective from July 2018, and this was published in June 2018.

2.2 QUALITY IMPROVEMENT (QI) EDUCATION

We continued to deliver a range of QI activities to contribute to improving the delivery of safe, effective and person-centred care and efficient health and care services.

The Scottish Improvement Leader (SciL) Programme represents a key part of our innovative approach to addressing the increasing demands across public services in Scotland by developing QI capacity and capability. During 2018-19, the SciL programme was delivered to four cohorts of 109 participants in total; three cohorts from across public services and health and social care, and one cohort of nursing and midwifery staff to support the implementation of *Excellence in Care*. In December 2018 we hosted the annual Scottish Improvement Leader networking event marking the graduation of 135 Scottish Improvement Leaders from across public services while overall, 518 participants completed the programme

This year's annual *Scottish Quality and Safety Fellowship* event in March 2018 was attended by over 100 current and previous Fellows and health and social care leaders from the UK, Ireland and Scandinavia. The *Scottish Quality and Safety Fellowship* now in its eleventh year of delivery has trained 256 Fellows to date, to support clinical leadership across NHS Scotland and improve the delivery of safe patient care.

We provided our virtual programme, *Scottish Improvement Foundation Skills* (SIFS), for two streams of participants. Stream 1 comprised a programme for national primary care cohorts to support GP Cluster Quality Lead (CQL) development work; and Enhancing CPD Access through QI for First 5 GPs. Four cohorts comprising a total of 116 participants completed the programme during 2018-19. Stream 2 consisted of a programme for generic national cohorts to support individuals to develop the skills, knowledge, and confidence to contribute to improvement work. Six cohorts were delivered in 2018-19 with 142 participants completing the programme. With the aim of building capacity across NHS boards, we commenced development of a standardised version of SIFS which will be available during 2019-20 to improvement teams with appropriate expertise to deliver locally.

During 2018-19 our Scottish Coaching and Leading for Improvement Programme was delivered to eight cohorts totalling 217 participants with positive participant feedback. The Programme is designed to support managers in Scotland's public services, coach and lead teams to improve services and embed improvement strategies within their organisation. A co-delivery model utilising our resources in conjunction with local board faculty was tested by NHS Grampian, NHS Dumfries and Galloway and NHS Greater Glasgow and Clyde.

During 2018-19 we also developed and launched a new suite of online learning resources on the QI Zone, free to access and suitable for anyone working in the public sector workforce seeking to improve local services. An increase of over 100% has been recorded in use of the QI Zone: in January 2019 there were 5,880 users compared with 2,886 in July 2018.

We delivered a national webinar to support the roll out the NSAID Safer Care Bundle in Community Pharmacy to support quality improvement developments in pharmacy as part of the Quality Improvement in Pharmacy Practice (QIPP) collaborative. A series of face-to-face events was organised to take place in May 2019 to support implementation of the Bundle and to pilot our Safety Culture cards in pharmacy teams. We continued to work in collaboration with the national SEA (Significant Event Analysis) and Audit project, with all pharmacists completing the Foundation Programme required to submit an SEA and an audit as part of their training, for review by our trained reviewers.

2.3 ORGANISATIONAL LEADERSHIP AND MANAGEMENT

During 2018-19, we continued to contribute to the implementation of the *Everyone Matters:2020 Workforce Vision* and provide support for NHS Scotland leadership and management priorities and national policy initiatives including the Quality Strategy.

The Leadership and Management Development Framework for health and social care was implemented as part of the Leadership and Management Zone launched on TURAS *Learn*. The Framework is based on the concept of digitally enabled, commitment based, career long development and enables staff to access high quality resources, programmes, websites and e-modules from any device, anywhere, at any time. Over a six-month period during 2018-19, there were 4,076 new users.

Project Lift which represents a new approach to executive level appraisal, leadership development and talent management across Scotland in collaboration with Scottish Government and partners, was launched in June 2018. In response to the roll out of a Talent Management app, 2,400 users logged on and 1,178 completed a self-assessment questionnaire and received a personalised development report linked to learning resources in TURAS *Learn*. A leadership development approach (Leadership Cubed) has been designed

for aspiring Directors, with Cohort 1 underway and Cohort 2 recruitment commenced. Executive senior manager appraisal has been supported by refreshed guidance and specific functionality within the TURAS *Appraisal* application.

An Executive Coaching programme to support the well-being and resilience of GPs, commissioned by Scottish Government and based on a pilot by the Faculty of Medical Leadership and Management in England, was launched in May 2018 with an uptake of 125 delegates. A full evaluation is due to be completed in 2019 and early feedback has indicated high completion rates and a positive impact on GP retention.

Leading for the Future, a collaborative multi-professional Adaptive Leadership programme for staff in health and social care and connected public sector organisations, completed its ninth year. The ninth annual cohort, comprising 120 staff from across Scotland, worked together in geographical groups to undertake leadership modules, skills workshops, adaptive learning sets, masterclasses and a national consolidation event. Four live learning events which link with national and local priorities were delivered through our Leadership Links programme and materials were made available on our TURAS *Learn* Leadership and Management Zone.

Maximising the connections being developed through our Leadership and Management Planning Forum, and building on resources already available on TURAS, a new leadership resource, the Optometry Leadership Programme, was developed. Delivered four times across the country in 2018-19, this resource can be easily adapted for use by other professions.

A bespoke leadership and development programme for 17 Scottish Clinical Leadership Fellows was provided including leadership development days, coaching, and action sets. Cohort 2018 of our Management Training Scheme completed induction and orientation in their host Boards and commenced their first work placements. The *New Horizons* leadership programme was initiated for five trainees with ten places for emerging leaders across all disciplines identified through Project Lift.

In conjunction with NHS Scotland Organisational Development Leads we developed a Guide to Organisational Development (OD) in Health and Care to support senior leaders in the effective commissioning and use of organisational development expertise. This was launched in May 2019 on TURAS as part of *OD Matters*, a programme of work initiated with OD Leads in 2018-19, to support the development of existing practitioner expertise, and the development of change capability in the wider workforce and attraction to the OD profession.

We delivered two cohorts of *You as a Collaborative Leader* (YACL) with a total of 60 participants. YACL *Train the Trainer* programme was designed and delivered to 16

experienced facilitators who committed to delivering in localities during 2019-20 to develop sustainability of the model across Scotland. The *Collaborative Leadership in Practice* (CLIP) programme was provided to five locality groups in Glasgow City Council, Skye, Shetland, Moray and Forth Valley and on-going support was provided to those existing locality groups who are already engaged with CLIP. Six half- day *Readiness for Integration* workshops were delivered to support groups who may benefit from CLIP, to explore their readiness for this type of in-depth group development work.

THEME 3: NEW MODELS OF CARE

NES Key Outcomes:

- *Outcome 5: A key role in analysis, information and modelling for the NHS Scotland workforce to strengthen workforce planning (a 2020 Workforce Vision priority)*
- *Outcome 6: A range of development opportunities for support workers and new and extended roles to support integration (a 2020 Workforce Vision priority)*

There are significant workforce challenges presented by changing demographics, increased public expectations, technological advancement and new models of delivering integrated care. This section describes specific areas of work where we support healthcare staff to deliver safe and person-centred care services that are increasingly delivered in the community as a key requirement of the Everyone Matters: 2020 Workforce Vision. We have an increasing national role in workforce planning, workforce data and data modelling to support planning at national, regional and local level. We also provide resources to support health improvement, health inequalities, the care home sector and the remote and rural workforce.

3.1 PRIMARY CARE

During 2018-19, to support CPD programmes for dentists and dental care professionals we delivered over 250 CDP events with over 23,000 hours of verifiable CPD. Almost 4,800 places were offered with bookings of up to 3,800 achieved and almost 3,700 delegates attending. This included three whole team events attended by up to 150 delegates in some instances, with one jointly organised with SDCEP in advance of the publication of the *Prevention and Management of Dental Caries in Children*. There has also been a focus on enhanced CPD as a result of GDC changes.

We continued to deliver the Practice Managers' Vocational Training Scheme. Cohort 14 commenced in September 2018 with 18 participants and a further 13 Managers completed the programme in 2019. We also delivered 70 Practice Managers Educational Workshops, with workshops held in all territorial NHS Boards. In addition we organised a survey of Practice

Managers in Scotland to identify learning needs to support programme management.

We delivered and expanded the General Practice Nurse (GPN) Programme following a positive external evaluation in 2018. During 2018-19, 25 GPNs commenced in September 2018 and 30 newly qualified nurses commenced in February 2019. A successful GPN roadshow was undertaken in 2018, visiting all territorial health boards and engaging with over 400 GPNs. We now have 19 Educational Supervisors to support the GPN programme.

We developed a second national e-learning module *Pharmacy First – extension* to support community pharmacy teams to provide better Out of Hours care through Patient Group Directions. We delivered a programme of local and national courses, e-learning and webinars for Autumn 2018 and Spring 2019 to support educational infrastructure for pharmacists and pharmacy technicians across Scotland including support for CPD and revalidation requirements from the regulator, the General Pharmaceutical Council (GPhC). The programmes included a national topic on *Falsified Medicines Directive* and *Identifying and Managing Sepsis*.

We provided a bespoke leadership course, *A Taste of Leadership* (60 attendees), and *SOS - Self, Others and Service* (69 attendees) to support pharmacists and pharmacy technicians undertaking their Foundation Programme training during 2018-19. We also delivered the six-day Advanced Leadership course which is available for pharmacists and GPs and 31 attended the courses during 2018-19.

We successfully commissioned and ensured delivery of a fully integrated standalone Independent Prescribing (IP) course which includes clinical assessment and consultation skills training. During 2018-19, 80 pharmacists commenced the standalone IP course, 38 pharmacists undertook a community pharmacy bespoke IP course (also newly commissioned this year) and an additional 5 pharmacists completed the IP course as a part of their MSc course. In addition, there were 11 core clinical skills courses (149 pharmacists); six person-centred consultation skills courses (101 pharmacists); and 8 advanced clinical assessment skills courses (80 pharmacists), commissioned and delivered for pharmacists who undertook IP training prior to the introduction of the new standalone course.

We developed and delivered a distance learning pack *Improving the quality of over the counter consultations for simple analgesics: phase III* to all 1,257 pharmacies in Scotland in response to the Which? Report 2018. Additional resources developed to complement these materials included a consultation prompt card and a set of product prompt cards.

We developed a new Vocational Training Foundation Framework for pharmacy technicians and launched a pilot of the framework in February 2019 involving all three pharmacy sectors.

The framework consists of five core competencies covering personal and professional practice and three sets of role-specific competencies for hospital, community and primary care sectors. The framework will help support pharmacy technicians to develop a systematic approach to practice within their defined roles, and flexible working across different sectors.

We provided a resource on TURAS *Learn* which is dedicated to supporting pharmacists and pharmacy technicians with mandatory revalidation, implemented by GPhC in March 2018. It contains key information sources to support pharmacy professionals to meet the GPhC requirements for revalidation. In addition, live and digital solutions have been developed to support pharmacy professionals through this change

We provided a programme of CPD training during 2018-19, attended by 561 Optometric professionals, to enhance skills and knowledge to improve community eyecare performance and to reduce or improve referrals to the hospital eye care services. Over 100 completed our two high quality online learning modules hosted on TURAS *Learn: Cataract Referral Refinement* and *First Port of Call*. Our three community teach and treat centres based in Glasgow, Edinburgh and Aberdeen, delivering eyecare services, outreach teaching and improving the skills of primary care practitioners were attended by 171 Optometrists. Feedback on the teach and treat clinics has been collected and monitored.

We delivered our largest Optometry conferences to date, the national Independent Prescribers conference and Northern Independent Prescribers conferences, which were attended by over 320 delegates in total. Feedback from these days was overwhelmingly positive and we continue to review how these are delivered to ensure high quality education for the profession.

Our first Dispensing Optician Peer Assisted Learning group took place in Glasgow in March 2019 to further engage Dispensing Opticians. By supporting six regional courses delivered by the Association of British Dispensing Opticians we continued to ensure uptake of CPD from the Dispensing Community with the courses attended by 133 Optometrists and Dispensing Opticians.

3.2 WORKFORCE PLANNING DATA

We continued delivery of our workforce analysis, information and modelling activities to support the actions from the *Everyone Matters: 2020 Workforce Vision* Implementation Plan and to provide statistical analysis and workforce data to support workforce planning in NHS Scotland. Through data tools, data analysis and reporting platforms, and dashboards, we delivered support for workforce planning in dentistry, nursing and midwifery, optometry, psychology, and medicine.

During 2018-19 we provided analytical support for medical profiles, which support workforce planning in each medical speciality and combine information from several sources on medical training and employment. The profiles help to inform the number of postgraduate medical training places and it is intended that they will form one of the elements of the Health and Social Care workforce platform.

The latest biennial Dental Workforce Report was published in October 2018. The report aims to inform workforce planning for dental services in Scotland by using information from a variety of sources to both estimate and future forecast the demand for, and supply of dentists and dental services. In particular, the information from the report informs the Scottish Government's Dental Student Intake Reference Group.

As part of our work in production of a Pharmacy Workforce Report, during 2018-19 pharmacy workforce analysis was undertaken which included HESA (Higher Education Statistics Agency) data on undergraduate and further education college students, PRPS (Pre-Registration Pharmacist Scheme) exit data, managed service data (including NHS Board staff, hospital, GP Practice pharmacists and pharmacy technician data), community pharmacy workforce and pharmacist independent prescribers in Scotland. This work will help support future workforce planning for the pharmacy profession and the development of future new models of care.

Quarterly workforce and trainee data on psychology services, CAMHS (child and adolescent mental health) services, and psychotherapy was provided to inform psychology workforce planning and trainee commissioning. Data was also provided on the scope, reach and clinical outcomes of evidence-based parenting interventions to support six weekly review meetings, parenting programmes and Scottish Government target setting. In addition, we delivered a data report on national Psychological Therapies workforce capacity, qualifications and clinical supervision in support of Scottish Government access standards. The national database was upgraded and the level of engagement from NHS Boards was assessed monthly. The impact of the data was assessed and used for workforce planning.

We continued to progress work to support Scottish Government *National Health and Social Care Workforce Plan* outcomes aimed at strengthening workforce planning. We led on work to collate available data and use it to build a model of the relationship between supply and demand, and to inform the process for projecting national intakes. As part of this process, we engaged with representatives from Health and Social Care who will be using the data at national, regional and local level, and also national and regional planners.

The TURAS Workforce Data Intelligence platform was successfully launched at the beginning of April, bringing together core workforce datasets across health and social care for the first time in a single cloud-based application. TURAS Data Intelligence has introduced a new methodology, new technology and a framework and architecture for the collection of data. The new platform will support enhanced data and modelling around supply and demand, enabling integrated and collaborative workforce planning at all levels and across all providers. The supply side data available in TURAS Data Intelligence will provide a valuable source of information for NHS Boards and educational providers. This work will facilitate improved co-ordination and enhanced capacity to address the increasing demand for workforce support.

Collaboration is ongoing with NHS Boards and social care organisations to continue to develop and improve the platform, and to help deliver a consistent approach to workforce planning. During 2018-19 we also undertook transition planning to support transfer of workforce statistical functions from Information Services Division to NES and began work to secure the status of accredited body for the delivery of national statistics, which is expected to be completed in 2019.

3.3 SUPPORT WORKERS AND PRACTITIONER ROLE DEVELOPMENT

During 2018-19 we retained a focus on facilitating access to educational tools, resources and learning for healthcare support workers in support of the *Everyone Matters Implementation Plan* and to contribute to improved career development and succession planning.

The impact of stakeholder engagement in relation to our Healthcare Support Worker Programme (HCSW) programme was continuously evaluated through data collection from stakeholder events, the HCSW advisory group and social media. Work was undertaken with boards to support awareness and explore potential for role development including maternity HCSW masterclasses. We conducted a survey to explore HCSW data on workforce learning and development in order to support Boards at the relevant level of intervention and maximise the use of learning resources. Following analysis of 3,461 responses, reports were issued to 14 territorial boards and a national report has been finalised for publication.

A new resource pack was developed to raise awareness of careers in NHS Scotland for young people. The pack, which provides a comprehensive set of teaching resources targeted at S1 to S3 pupils, aims to help teachers and career advisers to promote the range of careers available and supports Scotland's Youth Employment Strategy and the National Health and Social Care Workforce Plan (Part 1), and the need to use new approaches to attract young people.

In further key initiatives, we developed an NHS Scotland Youth Employment Strategic Framework in partnership with NHS Boards, the Scottish Government and Skills Development

Scotland. The Framework contains six commitments which support an enhanced, consistent approach to youth engagement, employment and apprenticeships across all Boards. We also worked in partnership with stakeholders to increase engagement with young people and increase youth employment in NHS Boards. In addition, we developed our partnership with the Prince's Trust in support of the *Get Into Healthcare* programme for disadvantaged young people and appointed a Specialist Lead (Prince's Trust) to support the expansion of this programme into all NHS Scotland Boards.

We continued to provide support and advice across Scotland to widen access to learning for healthcare support workers and to work in partnership with NHS Boards to address training needs in relation to core digital skills for Estates and Facilities staff. We piloted our *Digital Matters* learning programme with Estates and Facilities staff in two NHS Boards. A suite of video case-studies was developed to showcase *Digital Matters*, supported by Digital Buddies trained to signpost staff to learning resources and to encourage staff to improve their digital skills and apply the skills in the workplace. We also developed and launched TURAS Digital Health and Care Learning Zone to increase accessibility to learning and development and practice support resources. In addition, we commenced work on an approach to recognise prior learning for staff who wish to obtain vocational qualifications.

In support of Primary Care Transformation, during 2018-19 the bespoke GP Learning Pathway, comprising learning events, e-learning, interactive webinars and completion of a competency framework, was delivered to a further 101 pharmacists and 23 pharmacy technicians. The total number now undertaking this pathway includes 236 pharmacists and 50 pharmacy technicians. Two further cohorts have been recruited to commence training in 2019.

As part of the delivery and support of the Advanced Practice Learning pathway for GP Practice pharmacists, during 2018-19 we developed an assessment process for portfolio submission. A successful pilot of the assessment process was developed and implemented with the first cohort of eight pharmacists.

We continued to disseminate the national knowledge and skills framework for Trauma and Complex Trauma, designed to help people working in the public and third sectors in Scotland support those affected by trauma, their families, carers and supporters. We also delivered Scottish Trauma Informed Leadership training to 62 members of the Scottish workforce. Our trauma informed practice animation *Opening Doors* has been viewed over 16,000 times since launch in 2018.

We provided a range of training and support for Children, Young People and Families. This included 11 two-day Solihull Approach foundation level training sessions for a total of 120

practitioners across Scotland and two Solihull Approach Foundation level Train the Trainer sessions for 22 eligible practitioners.

We delivered the Psychology of Parenting Project (PoPP) scheme start-up training days to 39 PoPP multi-sector Early Years' practitioners, and authorised Incredible Years or Triple P training for 82 practitioners. Since January 2013, 732 practitioners have been trained to deliver these interventions and overall 805 PoPP groups have been delivered (or are currently being delivered) to 5,060 families. Outcome data collected on 2,744 children indicates that consistently over the years 81% of children have demonstrated an improvement, with 61% of children who started in the clinical range moving out of this high-risk range by the time their parents completed a group.

3.4 IMPROVING HEALTH AND TACKLING HEALTH INEQUALITIES

We delivered a range of activities to support the development of an integrated workforce through partnerships with organisations and bodies including Scottish Social Services, NHS Boards, Scottish Government and the third sector, as well as workforce development to support improved health and reduce health inequalities, with a focus on people who have complex needs, or who need extra support and protection.

We co-hosted a national conference and graduation event marking the graduation of health and social services Dementia Champions (Cohort 9). The programme was completed by 93 participants bringing the cumulative total to 950 graduates since the programme began in 2011, and included representatives from 12 NHS Boards and 15 social service organisations across Scotland. The programme supports the implementation of the national knowledge and skills framework for staff working with people with dementia, extends the reach of workforce learning and training opportunities, and supports improvements across Scotland's Dementia Strategy priority areas.

In support of Commitment 7 in the Dementia Strategy, masterclasses were delivered to 150 health and social services staff who work with and have contact with people with dementia, and 108 health and social services staff participated in training in palliative and end of life care in dementia.

We continued with our training programme specifically for the care home sector *Essentials in Psychological Care – Dementia*, and trained 78 health and social care staff in proactive strategies to prevent distress in dementia while 26 health and social care staff have been trained as Essentials Trainers. We also delivered nine *Cognitive Stimulation Therapy* workshops to 185 health and social care staff; three *Stress and Distress* coaching workshops to 42 health and social care staff to support Stress and Distress trainers; and two *Cognitive*

Rehabilitation workshops to a total of 50 health and social care staff. These programmes support timely and better quality care for people with dementia in Scotland, leading to improved quality of life outcomes.

We undertook a range of programmes to increase client access to psychological interventions. This included provision of CBT CAMHS (Child and Adolescent Mental Health Services) supervision training to 31 CAMHS clinicians and Interpersonal Psychotherapy supervision training to 5 CAMHS and 5 AMH clinicians. We also provided access to training in CBT to different levels including diploma/certificate to 19 clinicians and delivered training to the wider childrens' services workforce in Trauma Focused CBT to 25 clinicians, and Trauma Informed Assessment to 23 clinicians. In addition, we refreshed and updated the content of the Essential CAMHS learning resource which was launched on TURAS *Learn* in March 2019.

We launched two new educational resources for staff working in health, social care, voluntary and community organisations. *Autism across the Lifespan*, an animation and e-learning module hosted on TURAS *Learn*, provides an understanding of the core characteristics of autism, common transitions and change across the lifespan. The resources, which support the Scottish Strategy for Autism and our Autism Training Framework, were produced in collaboration with the Autistic National Society and the wider autism community.

We continued to support the development of knowledge, skills and attitudes of members of the dental team to deliver equitable patient care and improved oral health to patient groups that may have difficulty in accessing health care. The *Adults with Incapacity* training course, delivered for those providing care to Priority groups where consent is an issue, was completed by 27 participants in 2018-19.

We delivered training for 23 participants from the dental team in Scotland to support awareness of the Children and Young People Scotland Act 2014 relating to child protection and wellbeing, and recognition of their roles and responsibilities in this area.

We facilitated and supported the delivery of the SCQF level 6 oral health qualification for nursery practitioners in partnership with local NHS Boards, local authorities and educational organisations to improve oral health and reduce inequalities in access to oral health initiatives. In 2018-19 there were 310 completions by HNC students, 58 by National Certificate Education Support Assistants, 12 by National Practice Awards (Modern Apprentice) and five by volunteer toothbrushing staff. Colleges and NHS Boards participating have included West Highland UHI, Orkney, Shetland, Dundee & Angus, Perth, Forth Valley, Fife, Lothian and Lanarkshire.

Our Priority Groups workstream continued to work with partners to develop and deliver the *Caring for Smiles* oral health programme for dependent older people in care homes. An SCQF

qualification in oral health, offered to care home staff, aims to increase knowledge and skills to support the embedding of effective oral care in residents' daily personal care. Latest figures show that 2,404 care home staff have successfully achieved the qualification with a further 1,432 currently in training while 80% of all care homes in Scotland are now involved with *Caring for Smiles*. The Care Inspectorate on care homes included a very positive section on oral health and Caring for Smiles in a recently published report.

We launched a guide for trainers with the aim of better oral care for adults with additional care needs. The training pack provides practical advice and recommendations and can also be used as a reference manual. The resource was produced through collaborative working between territorial health boards, NHS Health Scotland and the Care Inspectorate and will be rolled out nationally in conjunction with our partners in health, social care and third sector.

We created a new SCQF Level 5 Unit, *Oral Health Improvement*, to enable individuals with no previous experience of oral health education to develop the skills and knowledge required to support their peers around key oral health messages. This was developed from the *Mouth Matters* training pack, a multi-agency collaboration to address health inequalities, involving the Dental Health Services Research Unit, University of Dundee; Scottish Oral Health Improvement Prison Programme; Scottish Prison Service and NHS Health Scotland. *Mouth Matters* is designed to help prison staff, health professionals and support workers meet the specific oral health needs of people living in prisons.

We developed a framework for maternal and infant mental health which is hosted on *TURAS Learn*. The resource was produced in collaboration with leads from the Perinatal Mental Health Network, as well as a wider multi-agency stakeholder working group, and was launched in February 2019.

The Family Nurse Partnership (FNP) programme continued to be delivered across Scotland in line with licence requirements and we remained on track to meet Scottish Government commitment that all NHS Boards who are in a position to deliver an FNP programme will be prepared to do so by 2019. Twelve new supervisors were supported through a ten-day Learning and Mentoring programme delivered over the course of the year. Colleagues from Norway and Northern Ireland were also trained on the Scottish core programme. In addition to the ongoing design, delivery and evaluation of the core FNP Learning Programme and CPD, two pilot sessions of strength-based philosophy workshops were delivered to 30 health visitors, midwives and colleagues from higher education institutes.

The *MAP of Behaviour Change* training programme for health and social care professionals was launched in April 2018. The programme uses an evidence-based, practical approach to

support behaviour change and the generic model is relevant for all behaviours, conditions, types of consultations and interactions. The online module which is available on TURAS is supported by face-to-face workshops and coaching.

We published a series of five e-learning modules, *Psychological Awareness Training for the Heart*. The modules were designed as part of a stepped care training pathway for cardiac staff who wish to gain more knowledge and skills in taking a biopsychosocial approach in the cardiac setting, with a review of the content completed by national experts.

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

NES Key Outcomes

- *Outcome 7: Improved and consistent use of technology with measurable outcomes for learning, user satisfaction, accessibility and impact*
- *Outcome 8: Consistently well developed educational support roles and networks to enable education across the workplace*

We continued to provide educational infrastructure to support postgraduate training and practice education as well as national clinical priorities, in particular for early years and mental health. This section also illustrates our work to deliver digital resources designed to manage training and employment and to enable improved access to knowledge, information and e-learning through our workforce platform TURAS. We also provided educational support for the remote and rural workforce and educational infrastructure and research support to quality assure our services and gather feedback.

4.1 DIGITAL RESOURCES

In line with our *Digital Strategy*, we expanded our digital educational provision with new learning resources and applications, and continued our work to make our resources available on a wide range of devices through a single point of entry. We delivered enhanced functionality on our TURAS *Learn* application to provide new course booking functionality and additional learning content.

Despite challenges arising from price increases and VAT regulations we continued to provide an excellent range of resources on our Knowledge Network. From April 2018 to March 2019, 1,281,393 searches were conducted, 1,300,076 articles downloaded, and 1,527,543 views of ebooks and ebook chapters. We provided access for all health and care staff to over 6,500 journals and over 18,000 ebooks. At March 2019 there were 59,370* users from across the sector registered to access services on our Knowledge Network (*this represents an indicative figure: many staff access the Knowledge Network from NHS Scotland sites without the need to register).

We further developed TURAS Training Programme Management to support management of pharmacy training programmes (Pre-Registration Pharmacist Scheme trainees, Foundation Programmes for pharmacists and pharmacy technicians, General Practice pharmacists, and pharmacy technicians). We also launched two new TURAS Portfolios for pharmacists and pharmacy technicians undertaking their Foundation Programme training.

Our Pharmacy team designed and delivered a range of technology enhanced learning (TEL) educational programmes and resources to help ensure that remote, rural and island hospital workforce teams are trained and supported to deliver high quality care.

In collaboration with the charity *Who Cares? Scotland*, we developed a new learning resource on Corporate Parenting for NHS Scotland staff. The e-learning module provides an understanding of the legal duties of corporate parenting, the impact that care experience can have on wellbeing, and encourages staff to think about opportunities where they could further promote the interests of care-experienced young people.

We worked with experts from practice and with support from the Scottish Government we created a web-based tool *Speech Language and Communication* to meet the needs of children in their early years. The versatile, interactive tool can be accessed by family nurses and health visitors on a variety of devices and has the flexibility to be used to support decision-making and practice in the client's home or in the clinic. The tool also signposts practitioners to suitable resources to help empower parents to promote speech, language and communication in their children, and give them the best possible start in life.

Our mobile app, *Cognitive Rehabilitation in Dementia: A Learning Resource for Staff* was shortlisted for Best Mobile Project of the Year at the Digital Technology Leaders Awards 2018. The app is the first of its kind in Scotland and aims to improve practice among health and social care staff in Scotland caring for people in the early stages of dementia, and to bring consistency to the cognitive rehabilitation process. The app complements a hard copy learning resource and twice-yearly workshops.

4.2 EDUCATIONAL SUPPORT ROLES AND NETWORKS

We continued to strengthen our networks of Practice Education Co-ordinators (PECs) and Practice and Care Home Education Facilitators (PEFs/CHEFs) within NHS Boards to support trainees and their mentors and supervisors across Scotland. During 2018-19, we expanded our educational reach to establish tutors to support pharmacy technicians completing our newly-developed Foundation training programme across all care sectors. A network of tutors was also established to support pharmacists and pharmacy technicians working within GP practices as part of the workforce transformational change to meet the

demands in primary care. We provided funding and formal educational support to appoint clinical and educational supervisors for each pharmacist and pharmacy technician attached to a GP practice.

The development of Additional Costs of Teaching for Pharmacy in 2018-19 enabled us to enhance experiential learning for undergraduate pharmacy students in Scotland with a focus on developing their clinical experiences in primary care and in remote and rural areas. In order to strengthen this initiative we trained facilitators to support students across all years of the undergraduate programme.

We recruited 12 trainees to commence Cohort 8 of the prestigious year-long Scottish Clinical Leadership Fellowship (SCLF) in August 2018, and a further ten trainees were recruited to Cohort 9, due to commence in August 2019. The trainees are hosted in a variety of organisations including NES, the Scottish Government, Royal Colleges, GMC and contribute to important work in their host organisations. In September 2018, the Pharmacy Clinical Leadership Fellow scheme was launched with four Scottish Pharmacist Clinical Leadership Fellows appointed to take forward actions from the Scottish Government strategy *Achieving Excellence in Pharmaceutical Care*. A new Joint Clinical Leadership Fellow – Pharmacy Technician was also appointed.

We delivered a wide range of educational developments to support improved capacity in psychological interventions and psychological therapies including: NES specialist Supervision Training for CBT to 74 delegates; a CTRS follow up eModule completed by 45 delegates; and the Supervising low intensity interventions for high intensity psychological therapists eModule completed by 80 supervisors. We delivered NES Generic Supervision Competences (GSC) training in NHS Boards across Scotland and hosted a Specialist Supervision conference attended by 93 delegates in February 2019.

A programme of training in evidence based Psychological Therapies and Interventions was provided to over 500 staff working in adult mental health, substance misuse and forensic mental health. We also supported 48 staff across the NHS Boards undertaking our commissioned CBT Diploma places (one year and two-year CBT Diploma level training) and provided funding support for backfill. These development interventions contribute to increased availability of adequately trained supervisors and support the goal of safe and more effective clinical practice across Scotland.

We delivered Low Intensity CBT Anxiety Management training (day 1 and 2) and coaching to 316 child workforce staff to increase access to this intervention for children and young people (approximately 10%) who could benefit from this support. We established and maintained a

network of Clinical Psychology Leads across each Health Board who oversaw and delivered coaching, supervision and training to the children's workforce in schools and wider communities. We also delivered training in Trauma-informed Practice to 20 staff members within NHS Lanarkshire.

We promoted our e-learning resource *Transitions and Change in Autism* across health, social care and third sector organisations to approximately 300 delegates via events and roadshows. Training modules for BEAT-IT and STEP UP interventions were completed by Glasgow University, and CAAP (Clinical Associate in Applied Psychology) training was delivered to 16 people.

A website was created in February 2019 to provide information on our autism materials available through the Knowledge Network, TURAS *Learn* and in printed copy. Our *Autism Training Plan* and *Promoting Positive Practice for Autism Spectrum Disorders* materials were provided to the NHS Autism Conference and the Scottish Government Autism conference in March 2019.

We developed a training plan to support wider implementation of our Learning Disability framework in collaboration with Scottish Government PBS (Positive Behavioural Support) project staff. In addition, a 3Di (Developmental, Dimensional and Diagnostic Interview) training pilot was delivered to CAMHS services and 28 individuals were trained in March 2019. A two-day trauma safety and stabilisation training event was provided for 18 specialist Learning Disability staff.

A two-day CPD event was held in March 2019 for AHP Practice Education Leads (PELs), Paramedic and Healthcare Chaplain Practice Educators. The event included workshops to enable PELs to build clinical-skills teaching scenarios, teaching techniques, and practical sessions. The event also explored potential solutions to encourage AHPs to return to practice, and effective future support.

Following publication of the new Nursing and Midwifery Council standards framework for nursing and midwifery education we brought together practice stakeholders from across health and social care and representatives from Scotland's universities in a national event. The event was attended by 200 delegates and provided information about key developments and an opportunity to participate in facilitated discussions.

We continued to lead and strengthen our networks to support workforce development. All NHS Boards have representation on our NHS Scotland Employability and Apprenticeship Network which is instrumental in developing the young workforce through apprenticeships, employability and promoting careers. We held three regional events with Colleges and NHS Boards in

partnership with the College Development Network, with over twenty Colleges and thirteen NHS Boards attending these events.

Thirteen boards are now represented on the NHS Scotland Business and Administration Network which has a strategic focus on raising the profile of Business and Administration staff in Scotland and identifying learning needs. Our NHS Scotland Estates and Facilities Steering group now has representation from eighteen boards, and implementation teams have been established in three boards to support the promotion and implementation of the Estates and Facilities Management Education Pathways.

4.3 TARGETED EDUCATIONAL SUPPORT

During 2018-19 we developed a programme of pharmacy-related webinars, video conferencing and face to face events, to support access to education for Remote and Rural pharmacists and pharmacy technicians. We also developed access to education for pharmacists and pharmacy technicians in all areas of Scotland with a wide range of resources available.

The first phase of the *Remote & Rural longitudinal clerkship* for pharmacy undergraduates was completed and evaluated with two students in NHS Highland. It is anticipated that the second phase in 2019-20 will involve five student pharmacists. In addition, during 2018-19, as part of the Foundation Programme training for pharmacists, we delivered peer sessions via VC to encourage Foundation pharmacists and their tutors to attend.

Our Remote and Rural Education Alliance (RRHEAL), an early adopter of *TURAS Learn*, continued to design and deliver a range of technology enhanced learning, educational programmes and resources to help ensure that remote, rural and island hospital workforce teams are trained and supported to deliver high quality care.

Monthly education sessions were delivered across our RRHEAL VC Education Network and Rural General Hospital VC Education Network on a wide variety of topics specifically tailored to meet the needs of remote, rural and island practitioners. We also completed initial work on the development of the first Scottish multi-professional Rural Practitioner Advanced Level Education Programme in collaboration with the Scottish Rural Medical Collaborative.

We undertook work as part of the international Remote and Rural Recruitment and Retention Making it Work Project which has delivered a Workforce Sustainability Framework and a range of practical tools. In addition, we contributed to the design of a new Rural Hospital Practitioner High Dependency and Critical Care Accredited Programme.

During 2018-19 we maintained our focus on achieving a demonstrable impact on health and care services through our work programmes and initiatives. We set impact targets for all

activities in our annual Operational Plan and tracked the outcomes using a Performance Dashboard. Impact targets were aligned with one of the four types of impact (engagement, education/learning, performance and service) reflected in our corporate impact framework. A majority (59.4%) related to service impact (such as improved clinical outcomes, better quality, improved productivity, cost savings) while educational impact (27%) and performance impact (23.6%) were a focus for educational and other activities. Over 87% of priority impact targets were achieved as planned, some of which related to outputs and deliverables associated with longer-term service impact.

Our evaluation of implementation science-based training demonstrated positive impact on clinical practice and patient outcomes. The results of an impact evaluation of our Cognitive Behavioural Therapy training showed favourable outcomes for children and young people, with significant improvement in symptoms in more than 80% of cases. Our training in Behavioural Activation for Depression demonstrated improved access to treatment and a reduction in the severity of depression and level of psychological distress experienced by participants.

Our Translation Research in a Dental Setting (TRiADS) programme collected National Health Service (NHS) dental prescribing and treatment claim data to evaluate the impact of individualised feedback on dentists' antibiotic prescribing rates. At follow-up the antibiotic prescribing rate of dentists who received feedback was 5.7% lower than the antibiotic prescribing rate of dentists who did not receive feedback, equating to 20,000 antibiotic items in a 12-month period.

Our Scottish Dental Practice Based Research Network (SDPBRN) continued to support impact evaluation of dental workstream activities through provision of advice and specialist skills. Work was completed to review the trainee experience in Oral Maxillo-Facial Surgical Units with Specialty Registrars and included production of a report.

THEME 5: AN IMPROVED ORGANISATION

NES Key Outcomes

- *Outcome 7: Improved and consistent use of technology with measurable outcomes for learning, user satisfaction, accessibility and impact*
- *Outcome 9: An effective organisation where staff are enabled to give their best and our values are evident in everyday work*

We continued to make significant progress in developing a more integrated and efficient organisation. We maintained a focus on organisational change, improvement and efficiency plans, and the development of new and improved ways of working with particular emphasis on digital solutions and web-based technology, supporting the organisation to respond

efficiently and effectively to increasing demands for education and training across the health and care workforce.

5.1 SUPPORTING, DEVELOPING AND PLANNING THE NES WORKFORCE

During 2018-9 we refreshed our People and Organisational Development Strategy, *Towards 2020: Improving Our Workforce* which aligns with *Everyone Matters: 2020 Workforce Vision*, and our strategic framework and the collective ambitions of the eight national NHS Boards. The strategy recognises the importance of developing digital and other related capabilities across the organisation to support our ambition to be digitally led, data driven and collaborative. In support of these aims we sponsored eleven staff across our directorates to undertake degree-level studies with a digital focus, in addition to funding five SVQ places for non-clinical Healthcare Support workers.

The revised People and Organisational Development Strategy also highlights the importance of working arrangements which support individuals to maintain a positive work life. A review of our Agile Toolkit was initiated, taking a broad view across all aspects of our environments, policies and NES culture, and will be taken forward as an integral element of our Smarter Working Improvement Programme during 2019-20.

During 2018-19 we implemented the national iMatter engagement tool and provided support across the organisation to deliver action plans. We achieved high levels of engagement in 2018 with 84% of employees responding to the survey element of the process, resulting in an overall Employment Engagement Index score of 81, one of the highest in NHS Scotland.

We undertook an initiative aimed at ensuring our recruitment and selection is aligned to our corporate ways of working and our corporate values. Materials were developed to support recruiters to consider applicants from a Values Based perspective. Following a successful pilot, a Values Based Recruitment tool and Values Based Induction Programme were introduced with the rollout of the toolkit scheduled to be completed by January 2020.

We completed the second year of our four-year equality and diversity outcomes and mainstreaming priorities plan and published our progress report. The report describes our delivery against eight equality outcomes and our equality mainstreaming progress, and highlights examples of our work including: developing interventions to address differential attainment in postgraduate medical education; delivering educational support to enable staff to address health inequalities; and supporting refugee and asylum-seeking doctors to access training and language support. We also carried out user testing with disabled users to improve the accessibility of our digital products and delivered programmes to widen access to digital

skills development.

Our Way code of conduct was co-produced with staff to communicate and embed our values and leadership behaviours across the organisation, emphasising fairness for all. During 2018-19 we made good progress with development of a suite of *Our Way* learning resources and an animation. These materials incorporate examples relating to specific equalities issues and provide filmed scenarios to articulate the code of conduct and support the development of a healthy organisational culture. Evaluation of the resources is planned to identify impact and to inform additional skills development. *Our Way* was highlighted by Scottish Government as an example of good practice through the Staff Governance Monitoring Return.

As a member of the Organisational Development Joint Working Group for the eight National Health Boards we piloted *Management Matters*, an online and experiential programme to support first line managers, and *Coaching Matters* to promote a person-centred approach to management that builds on the success of our *Coaching Skills for Managers* programme. Alongside *Our Way*, these activities seek to emphasise the values of leadership and personal responsibility at all levels of our organisation.

During 2018-19 we developed and published our new five-year Strategy, *A Skilled and Sustainable Workforce for a Healthier Scotland (2019-2024)*. It reflects our achievements in recent years and the growth in our contribution to national workforce data, digital infrastructure and wider career attraction and retention. The new Strategy was developed in consultation with our staff and our stakeholders, public sector organisations, third and independent sector, higher and further education, and regulatory bodies.

We implemented the *Fairer Scotland Duty*, which requires that we actively consider, at an appropriate level, what more we can do to reduce the inequalities of outcome caused by socio-economic disadvantage in any strategic decision-making or policy development context. We also published a Fairer Scotland Assessment of our new Strategic Framework 2019-2024, using the assessment process to identify areas where our work supports the delivery of Fair Work, Healthy Working Lives, digital inclusion and reducing inequalities, and widening participation in education and employment.

We progressed a range of initiatives aimed at delivering improvement by bringing together activities and products duplicated across our organisation to deliver a Once for NES/Once for Scotland approach. This included streamlining and standardising training programme management activities to deliver increased efficiencies. Our work on an early adopter approach was advanced through the implementation of single standard operating processes and bringing together Core Surgery, Core Dental, Specialty Dental, OMFS, Public Health, and Paediatrics

specialties to be managed by a single team. Improvement activity was also progressed in relation to our Mental Health, Learning Disabilities and Dementia Workstreams to achieve Once for NES delivery which will support improved efficiency and effectiveness through closer collaborative working.

We continued our work to achieve improved efficiency, reduced duplication and to introduce changes in practice in our leadership and management training, education and development through our corporate Leadership and Management Review programme, including identification of cost efficiencies. The anticipated impact of this work is improved and enhanced leadership and management provision as a result of greater alignment in design and delivery, and increased consistency in approach across Directorates.

We continued to take a lead role in the co-ordination of the National Boards Collaborative Plan, working closely with all eight national NHS Boards, to support the requirements for new ways of working set out in the *Health and Social Care Delivery Plan*. During 2018-19 through our digital systems and programmes including *TURAS Learn*, *TURAS Appraisal*, Lead Employer and Project Lift we contributed to collaborative, national approaches and delivery of transformational change and service improvement.

5.2 EFFICIENT AND EFFECTIVE NES CORPORATE RESOURCES

We continued to make significant progress in the implementation of our strategy to deliver new digital services based on a single cloud-based platform providing an integrated, single point of entry system for users, transforming our approach to technology solutions for both our own organisation and health and care in Scotland.

A key deliverable of the Digital Health and Care Strategy is a single data platform which enables the health and social care workforce, and citizens, to easily access and understand the information they need, where and when they need it. At the request of Scottish Government and with the approval of our Board, we established NES Digital Service (NDS) to lead development of a national digital platform (NDP) for health and care information to replace the existing model of multiple systems which has led to duplication of data and constraints on how data can be used. The platform is being built, tested and rolled out through the development of products that improve the quality of patient care and will connect to the existing infrastructure to minimise disruption.

During the twelve months since establishment of NDS, significant progress has been achieved. This includes development of a roadmap for the NDP, and identification of solutions for the core building blocks of the NDP, the components of which comprise a clinical data repository, authentication services and a master patient index. In addition to the commencement of

development work, procurement of cloud services was also progressed to enable deployment of the NDP in the cloud. At the same time work was ongoing to develop or support a series of new products which will be hosted on the NDP, with early prototypes already available. These include ReSPECT (anticipatory care planning), COPD support, asynchronous dermatology appointments, and a trauma workflow app. Considerable interest in the NDP has been received from NDS partners and going forward additional candidate projects and product development approaches will be considered for prioritisation.

In the course of 2018-19 we contributed to a number of additional national developments and strategic initiatives. We continued to lead on the strategic approach to management of NHS Scotland business systems and proposals around developing a more sustainable workforce. The planned approach - deployment of a cloud-hosted, user-centric infrastructure - will support improved data and intelligence, better employee experience, increased efficiency and reduced costs. The programme of work is based on priorities identified in the National Boards' Collaborative Plan and focuses on developing and implementing new generation business systems for NHS Scotland. This includes implementation of national rostering (eRostering) to improve the transparency and equity of rota creation and the deployment of staff.

We continued to collaborate with colleagues in other public sector organisations, sharing our experience, technology and products to support digital transformational activity across organisational boundaries. We assisted the Care Inspectorate in their transformation and journey to agile methodology by provision of training and project support. This enabled them to commence their first development which will be hosted and delivered from the TURAS platform to support Care Home of the Elderly Inspections, due to go live in 2019.

In conjunction with the Local Government Digital Office, SSSC, SCVO, and Scottish Government, we engaged stakeholders in the development of a strategic approach to build a Digitally Enabled Workforce. This model was endorsed by the Digital Health and Care Portfolio Board in January 2019, and will inform work during 2019-29 to agree and progress the areas of most collaborative benefit in developing workforce capability to support the Digital Health and Care Strategy.

During 2018-19 we commissioned a survey of individuals in workforce planning roles across NHS Scotland to determine learning and development needs for this group of staff. The analysis of responses will help inform provision of national education resources to be offered during 2019-20. Details and links to existing resources have been shared with HR Directors and made available through the Scottish Government Workforce Planning Framework and Guidance.

TURAS *People* was launched to support the implementation of new lead/host employer model of doctors in training in Scotland, effective from 1 August 2018. Our TURAS *People* application interfaces with the recruitment system and enables the digitisation of processes across organisational boundaries, enabling an improved recruitment and employment experience and reduced administrative costs. Pre-employment checks, engagement and change information is available to users, and electronic transfer of payroll data from placement Boards to employing Board payroll teams has also been introduced. A hub has been developed which provides doctors in training with easy access to information relevant to their employment in NHS Scotland. TURAS *People* was short-listed for Public Finance Award in the category of Digital Project of the year, and received a highly commended award.

We further developed TURAS *Learn*, our virtual learning application which hosts e-learning modules and web content, with the introduction of course booking functionality and additional learning content. The user base increased significantly from 75,000 in 2017-18 to over 116,000 in 2018-19. All of our learning modules are now available on TURAS *Learn* together with learning modules from NHS Grampian, NHS24 and NHS Shetland, and an agreement is in place to facilitate the sharing of modules across learning management systems. Although there is no current requirement for NHS Boards to use TURAS *Learn*, if migration of content hosted on LearnPro is achieved, this would enable LearnPro license cost savings across NHS Scotland. Rollout of TURAS *Learn* across all NHS Boards could potentially achieve capacity savings of approximately £155k per year and cash release savings of £300k.

TURAS *Appraisal*, our application for recording appraisals and personal development plans for health and care staff across Scotland, was successfully launched across all 22 NHS Boards in NHS Scotland in April 2018. The number of users increased from 167,771 in 2017-18 to over 177,000 in 2018-19 including Executive and Senior Managers. During 2018-19 we continued to provide regular functionality enhancements, working with stakeholders to agree priority developments. The functionality required to support year-end reviews for the Executive Cohort was made available in TURAS *Appraisal* in mid-March 2019. Positive feedback has been received from across NHS Scotland and capacity savings achieved are over £500k across NHS Scotland.

Our migration to Office 365 in 2016 provided an opportunity for direct collaboration with staff in other NHS Boards and significantly, across sector boundaries to work with colleagues in local authorities and care settings. During 2018-19, utilising our experience of delivering Office 365 in Scotland, we worked in conjunction with Microsoft, our technical partners; NSS IT Strategic Business Unit; and eHealth staff across the NHS, on the design and build of the necessary architecture and services to fully migrate NHS Scotland to Office 365 over the next two years.

Following confirmation of a Microsoft enterprise agreement for all NHS Scotland Boards, we will also take a leading role in the definition and development of an NHS Scotland single service for technical support.

We undertook significant work in preparation for a full compliance audit to achieve accreditation of the international information security standard ISO2700. The standard, accepted as best practice both within the UK and worldwide, sets out requirements for establishing, implementing, maintaining and continually improving an information security management system. We aim to achieve certification during Quarter 2 of 2019-20.

We continued to progress delivery of the objectives of our Property and Asset Management Strategy, including our work with other National Boards to identify opportunities to collaborate and identify potential savings across our property and facilities management services.

We ensured a positive learning environment for the delivery of education and training in our five dental education centres with the provision of appropriate business support and measurement of key performance indicators. In order to deliver continued best use of space and facilities at each of our locations we plan to conduct a review of centres in 2019-20, commencing with the Centre for Health Science in Inverness.

Lorraine Turner
Planning and Corporate Governance
July 2019

APPENDIX 1

References

- 1 Health and Social Care Delivery Plan (Scottish Government, December 2016)
- 2 Quality Strategy (Scottish Government, May 2010) outlines three quality ambitions: Safe, Person-Centred and Effective
- 3 The Everyone Matters: 2020 Workforce Vision has five priority areas: Healthy Organisational Culture; Sustainable Workforce; Capable Workforce; Integrated Workforce; and Effective Leadership and Management (Scottish Government, June 2013)
- 4 The National Clinical Strategy for Scotland (Scottish Government, February 2016)
- 5 Realistic Medicine: Chief Officer's Annual Report 2014-15 (Scottish Government, January 2016)
- 6 Scotland's Digital Health and Care Strategy (Scottish Government, April 2018)
- 7 Health and Social Care Workforce Plan, Part One (Scottish Government, June 2017)

APPENDIX 2

Strategic Themes: Impact Outcomes

	STRATEGIC THEME	IMPACT
1	AN EXCELLENT WORKFORCE	
	Recruiting and Training Key Healthcare Staff	<ul style="list-style-type: none"> • Successful recruitment to and progression through medical training programmes to provide future consultants and GPs, recruitment to UK standards, and improved attractiveness of Scotland as a career destination. • A well-trained dental workforce to improve access to NHS dental services through quality assured programmes. • A well-trained general hospital pharmacist workforce ready for further specialist study and career progression. • Specialist healthcare science practitioners, clinical scientists, and higher specialist practitioners with common core attributes to ensure the ongoing supply of healthcare science staff
	Undergraduate and Pre-registration Education	<ul style="list-style-type: none"> • Additional cost of teaching (ACT) funds in medicine and dentistry to help NHS Boards provide a high-quality learning environment for undergraduates. • Increased knowledge and skills in the dental care profession (DCP) workforce to improve oral health and care. • Enhanced pre-registration education and the learning environment through performance management and quality improvement. • A Pre-registration Pharmacy Scheme (PRPS) to provide a well-trained pharmacist workforce for the NHS in Scotland • A sustainable Scottish programme to ensure the supply of preregistration healthcare science (HCS) practitioners in clinical technology.
	The Workplace Learning Environment	<ul style="list-style-type: none"> • Improved learning environments to ensure highly competent clinicians trained to regulatory standards through excellence in supervision and practice education supported by enhanced quality management (QM), quality improvement (QI) and educational governance. • Improved patient experience supported by raised awareness of educational resources for practitioners and flexible high-quality education pathways for safe, effective and person-centred care. • Improved retention through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.
2		
	Safe, Effective and Person-centred Care	<ul style="list-style-type: none"> • Embedded values and professionalism, improved person-centred care and enhanced access to education for new models of care. • Increased knowledge, confidence and skills and fewer adverse events through human factors education (HFE), the Scottish Patient Safety Programme (SPSP) and flexible, high quality education pathways, clinical skills training and evaluation. • Flexible access to multi-professional learning materials to enhance support of the <i>Health Protection and Healthcare Associated Infection (HAI)</i> action plans to provide a cohesive, integrated and progressive approach to workforce education
	Quality Improvement Education	<ul style="list-style-type: none"> • Increased use of Quality improvement (QI) resources and a health and social care workforce which is competent, confident

		<p>and engaged in improving services through improved QI capacity and capability.</p> <ul style="list-style-type: none"> Improved quality of care through better informed dental QI initiatives and improved compliance with guidance.
	Leadership and Management	<ul style="list-style-type: none"> Access to development for public service leaders and managers to improve cross sector working through dialogue and collaboration. Public service leaders and managers who adopt values driven approaches to improve care and to develop more effective working relationships. More open and honest conversations to improve performance, sustain good performance and tackle poor performance. Strengthening management at all levels with particular focus on middle management, talent management and succession planning.
3	NEW MODELS OF CARE	
	Primary Care	<ul style="list-style-type: none"> Increased participation in education and training through continuing professional development (CPD) activities across professions. Improved access for general dental practitioners (GDPs) and dental care professionals (DCPs) to a programme of CPD for registration. CPD for community based optometrists and dispensing opticians to improve community eye care and help reduce referrals to hospital. CPD for pharmacists and pharmacy technicians to ensure mandatory requirements are met and to support <i>Prescription for Excellence</i>.
	Workforce Data	<ul style="list-style-type: none"> Enhanced national workforce data on which to base workforce numbers and improve decision making on commissioning, funding, performance management, recruitment, succession planning and modernisation.
	Support Workers and Role Development	<ul style="list-style-type: none"> Improved access to learning opportunities, qualifications and education pathways for healthcare support workers (HCSW) to support better career development and succession planning. Learning to meet service and personal development needs, enhance consistency and support change, improvement and innovation. National and sustainable education for improved clinical service delivery, and patient care and safety through practitioner role development.
	Integration, Improving Health and Tackling Health Inequalities	<ul style="list-style-type: none"> Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia and families and carers, focusing on infrastructure development and impact evaluation. Improved social and emotional development for young children with behaviour problems through better workforce capacity in parenting interventions across sectors. Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families. Sustainable and enhanced practice education and capacity to improve the health and wellbeing of people and the use of inquiry based approaches for the workforce across health and social care. Better cross-sector reach of multi-professional education to improve quality of care and quality of life outcomes through

		<p>increased knowledge and skills and enhanced impact assessment to inform future developments.</p> <ul style="list-style-type: none"> • Better oral health for older people, children and the homeless, improved access to services and better awareness of child protection and safeguarding.
4	ENHANCED EDUCATIONAL INFRASTRUCTURE	
	Educational Support Roles and Networks	<ul style="list-style-type: none"> • A well-developed network of medical trainers supported by continuing professional development (CPD) and annual appraisal. • Sustainable and enhanced NMAHP practice education infrastructure of Practice Education Co-ordinators (PECs), Practice Education Leads (PELs), Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs). • Practice education improvement supported through Practice Education Coordinators (PECs) and Educational Development Facilitators (EDF) from the service. • Improved capacity and capability in psychological interventions and psychological therapies through well trained trainers and supervisors.
	Digital Resources	<ul style="list-style-type: none"> • Quick and easy access to knowledge services through TURAS to support safe, high quality care. • Access to relevant digital content while we implement our Digital Transformation.
	Educational Infrastructure	<ul style="list-style-type: none"> • Improved access to learning, better identification of training needs, enhanced confidence in development discussions and easier to use guidance. • Increased access to learning opportunities, qualifications and education pathways for the remote, rural and island workforce. • Community based Teach and Treat centres delivering dental and optometric care and outreach teaching, and improving the skills of practitioners. • Increased awareness, involvement and application of impact assessment and research in healthcare improvement that provides data to inform our decisions, policy and practice.
5	AN IMPROVED ORGANISATION	
	Supporting, Developing our Staff	<ul style="list-style-type: none"> • A workforce plan and workforce data that anticipates our future requirements and is aligned with corporate objectives. • A continuously improving work environment evidenced by high levels of employee engagement. • Equality mainstreamed into all areas of business. • Learning and organisational development (OD) which helps our staff perform to their potential, aligns individual performance with organisational aims, meets legal and mandatory training requirements, supports career development and develops our leadership and management capability.
	Organisational Performance Improvement	<ul style="list-style-type: none"> • Improved business processes and national work streams supported by better integrated systems for decision making and control. • Improved information governance, digital development, single unified digital environment (TURAS) and service support to ensure continuity. • A new Finance structure with an internal shared service team, better integrated systems and well trained and motivated staff. • Harmonised job roles and HR processes to improve business performance, recruitment, payroll and transactional services supported by business partnering for the organisation through a time of significant change.

	<p>Efficient and Effective Corporate Resources</p>	<ul style="list-style-type: none"> • Robust budget setting and financial systems to deliver statutory reporting and improved services for decision making and financial control. • Financial transactions processed and staff paid within an effective control environment in compliance with national payment targets. • Improved documentation, consistent application of contract terms and conditions and efficiency savings supported by better reporting. • Increased use of innovative communication technologies, more proactive media relations, provision of national events and conferences and improved internal communications. • Corporate planning, governance and performance improvement based on measurable impact which aligns with service need and national policy, and supports continuous improvement across our organisation. • Improved corporate property and facilities management (PFM) services through continued implementation of the corporate PFM strategy.
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APPENDIX 3

Quality Education for a Healthier Scotland, Strategic Framework 2014-19

Key Outcomes for 2014-19

1	A demonstrable impact of our work on healthcare services	This outcome reflects our priority of being able to identify and demonstrate the value that our work adds to NHS Scotland and beyond; assisting us in our understanding of what works, and enabling us to identify areas for improvement. By 2019 we aim to ensure that we have arrangements in place to set out the planned impact of educational activities in all programmes that support this type of analysis, and to evaluate the achievement of these impacts.
2	An excellent learning environment where there is better access to education for all healthcare staff **	This outcome focuses on improving the quality of the learning environment for all those who are training and developing their practice within NHS Scotland and the wider social care setting. By 2019 we aim to have access to data that enables us to assess the quality of the learning environment in which placements for undergraduate and trainees are delivered; to be able to join up this information to provide an integrated and holistic view of the learning environment; and to have measures in place which demonstrate how our interventions have contributed to an improvement in the quality of the learning environment.
3	Flexible access to a broad range of quality improvement education in the workplace**	This outcome reflects our commitment to making quality improvement (QI) education available to all staff groups (clinical and non-clinical) to ensure that the workforce is supported to deliver QI activities on a day-to-day basis. By 2019 we aim to: have trained a total of 284 people in the Scottish Improvement Leader (ScIL) programme and to have supported a further 60 Fellows through the Scottish Quality Safety Fellowship (SQSF); ensure that unit specific modules on QI are available to staff across the entire workforce and quantify how many staff have completed these modules.
4	Leadership and management development that enables positive change, values and behaviours**	By 2019 we wish to be an effective partner, highly valued by Scottish Government and a wide range of stakeholders, in the design and delivery of innovative ideas, policies and initiatives that are scalable and deliver the capacity and capability the health and care sector requires to meet the leadership challenges arising through transformational change. We wish to be delivering on the <i>Once for Scotland</i> ambition, and across a wider platform of organisational and leadership development, <i>digital by default</i> , assessing impact, and continually improving our contribution at pace.
5	A key role in analysis, information and modelling for the NHS Scotland workforce to strengthen workforce planning**	Although we are not responsible for workforce planning, we do have access to significant, and growing amounts of data about the trainee workforce, and increasingly about the way in which individual cohorts of staff are accessing training and development. This outcome reflects the importance of ensuring that best use is made of this data and the intelligence contributes meaningfully to workforce planning in NHS Scotland, supporting Everyone Matters: 2020 Vision.
6	A range of development opportunities for support workers and new and extended roles to support integration**	Support workers represent around 40% of the NHS Scotland workforce but have traditionally received very little training and development support. Our ambition in relation to this group of staff is to provide access to national learning pathways and sustainable learning and development opportunities. This outcome also recognises the need to

		ensure we have a national and coherent approach in relation to the development of new and extended roles which are identified by the service to enable an integrated team approach.
7	Improved and consistent use of technology with measurable benefits for user satisfaction, accessibility and impact	By 2019 we aim to be digital by default, exploiting all opportunities to deliver educational solutions that support excellence in healthcare for the people in Scotland. We will achieve this through demonstrating that we provide access to education for the entire NHS Scotland workforce, whenever and wherever it is needed, and create intuitive and personalised services for all our users, with non-digital alternatives wherever needed.
8	Consistently well-developed educational support roles and networks to enable education across the workplace	This outcome refers to our commitment to provide support and development to those based within NHS Boards and other employers who have a role in supporting training and education in the workplace for those working in and with NHS Scotland. The commitment to provide networks and resources to develop these roles extends to those staff who are funded by us as well as those who are not.
9	An effective organisation where staff are enabled to give their best and our values are evident in every day work	By 2019, we seek to be an organisation where leadership, management and meaningful appraisal continually improve the experience, performance and development of our workforce and the performance of our organisation as a whole. We want to ensure that the work we do is focused on the user, makes the best use of technology, supports staff wellbeing and resilience, and ensures efficient use of resources.

** Indicates a 2020 Workforce Vision priority for NES

NHS Education for Scotland

NHS Education for Scotland Board Paper Summary

1. **Title of Paper**

Dental Recruitment Update 2019

2. **Author(s) of Paper**

David Felix, Postgraduate Dental Dean and Director of Dentistry

3. **Purpose of Paper**

This paper has been prepared to provide Board members with a brief overview of recruitment to postgraduate dental training posts and pre-registration training posts for dental nurses.

4. **Key Issues**

4.1 Overall vacancy fill rates remain buoyant have improved in 2019, compared to 2018.

4.2 Against a background of limited supply, increasing training places to provide increased supply of trained doctors is likely to lead to increased numbers of vacancies in less popular specialties and locations.

5. **Educational Implications**

Gaps in training programmes impact negatively on the quality of training, pose a potential threat to service sustainability, and to the required supply of trained healthcare staff needed for service delivery.

6. **Financial Implications**

This paper carries no direct financial implications. However the Board will be aware that NES has funding for all postgraduate dental training posts.

7. **Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A high quality learning and employment environment National infrastructure to improve attraction, recruitment, training and retention Education and training for a skilled, adaptable and compassionate workforce

8. Impact on the Quality Ambitions

Recruitment of trainees into high quality training programmes at all levels will have a positive impact on all the quality ambitions – safe, effective and person centred care

9. Key Risks and Proposals to Mitigate the Risks

The process of dental education and training is regulated by the General Dental Council, which determines and approves specialty curricula to be followed by dentists in training. They also quality assure both undergraduate and some elements of postgraduate training. The approval of training posts in individual units is essentially the responsibility NHS Education for Scotland and depends fundamentally on the extent to which a given unit can (a) meet the GDC standards and (b) deliver all or part of an approved curriculum.

10. Equality and Diversity

Through the MDRS Governance structure, the Recruitment Operational Group Executive is developing a schedule to carry out Equality Impact Assessments across all specialties. The Postgraduate Dental Dean in his role as Chair of COPDEND sits on the MDRS Programme Board and MDRS Recruitment Sub Group.

11. Health Inequalities

Briefly describe opportunities the work offers to reduce health inequalities and proposed actions.

[See [guidance](#) if further information is required].

12. Communications Plan

13. Recommendation(s) for Decision

The Board is invited to note and comment upon the data in the enclosed paper.

Dental Recruitment Update

1. Purpose

- 1.1 This paper has been prepared to provide Board members with a brief overview of recruitment to postgraduate dental training posts and pre-registration training posts for dental nurses.

2. Background

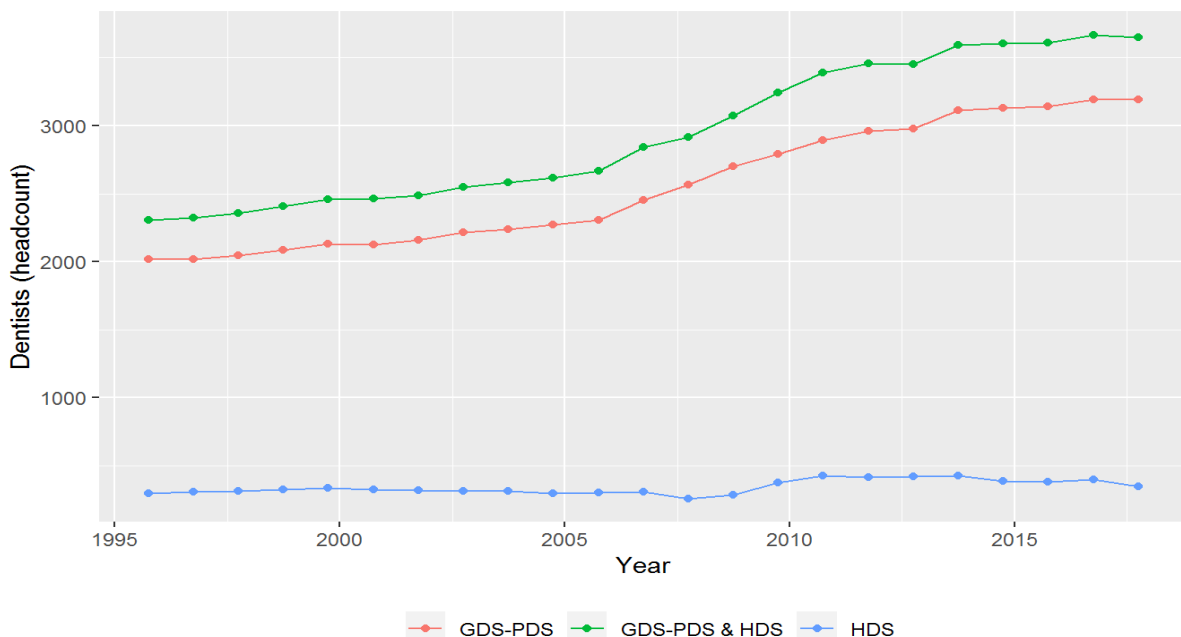
- 2.1 The process of dental education and training is regulated by the General Dental Council, which determines and approves specialty curricula to be followed by dentists in training. They also quality assure both undergraduate and some elements of postgraduate training. The approval of training posts in individual units is essentially the responsibility NHS Education for Scotland and depends fundamentally on the extent to which a given unit can (a) meet the GDC standards and (b) deliver all or part of an approved curriculum.

3. Dental Workforce Supply

- 3.1 The number of dentists in NHSScotland is a subset of those registered with the GDC. In Scotland NHS dentists are classified as working in the General Dental Service (GDS), Public Dental Service (PDS) or Hospital Dental Service (HDS). Dentists may provide treatment in one or more of these services.
- 3.2 In April 2013 the Salaried GDS and the Community Dental Service (CDS) combined to form the PDS. This change affected the way dental workforce data were classified. Before April 2013 the GDS consisted of the salaried and non-salaried GDS. After April 2013 the GDS consisted of only the non-salaried GDS. To ensure a consistent time series, the non-salaried GDS, the salaried GDS and the CDS were combined before April 2013 and the non-salaried GDS and the PDS were combined after April 2013. This consistent time series is referred to as the GDS-PDS.

Dentists in NHSScotland

Source: NHS NSS

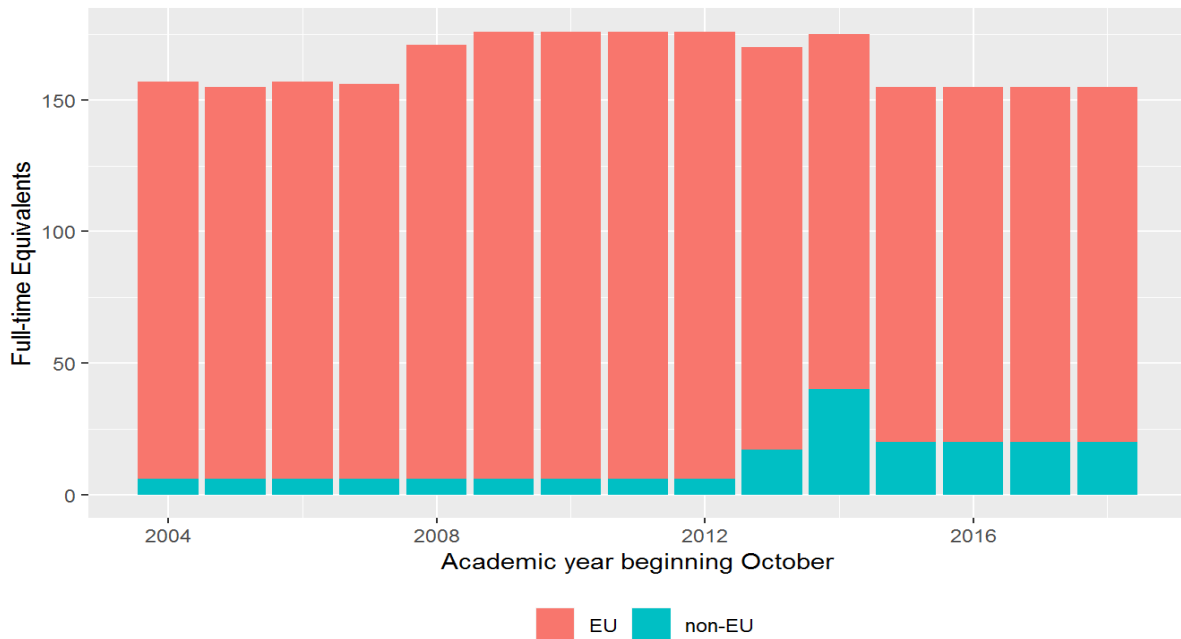


3.3 Intake targets for dental schools in Scotland are set to ensure that the right number of people are in the right place at the right time as set out in the Scottish Government's 2020 Workforce Vision. In recent years the intake targets for EU students have reduced. The reduction in the intake targets for EU students has a direct effect on the revenue of universities and the intake targets for overseas students have increased to allow universities to offset the reduction in revenue from EU students.

3.4 The number of accepted places on BDS programmes since 2012 decreased by 6.75% in the UK and by 11.11% in Scotland.

Intake targets

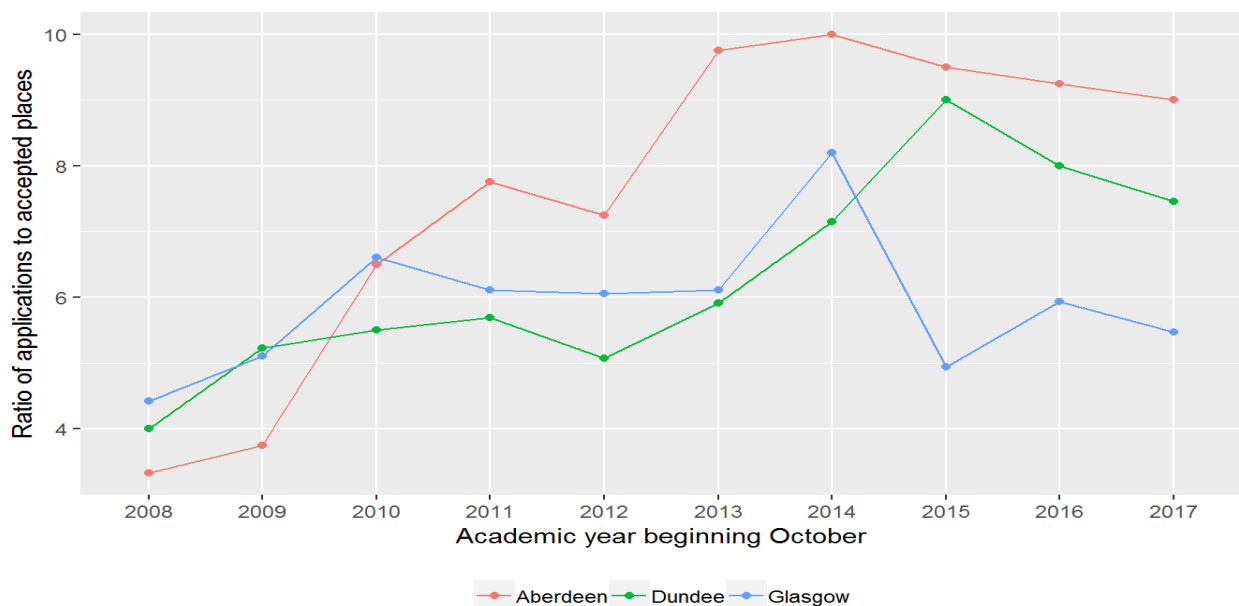
Source: SFC



3.5 The ratio of applications to accepted places is an indicator of the demand for BDS places relative to the supply of these places. In Scotland there continues to be considerable demand for BDS places relative to supply but the ratio has decreased since 2016.

The ratio of applications to accepted places

Source: UCAS

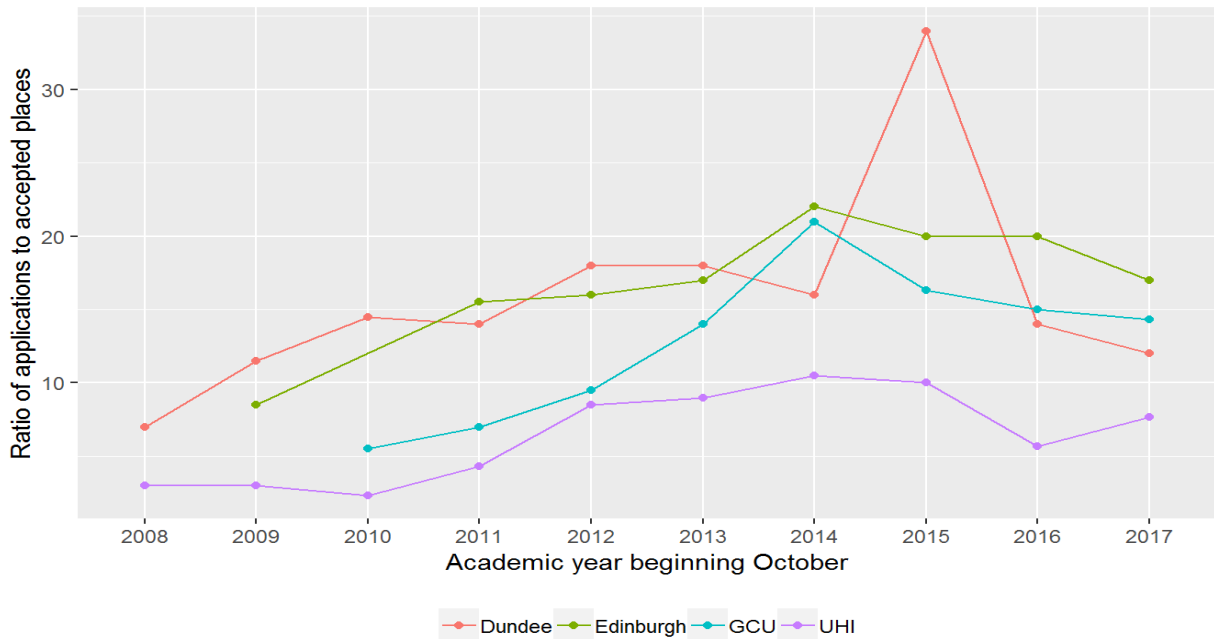


4. Oral Health Science

- 4.1 Four Scottish universities are certified by the GDC to deliver a BSc in OHS leading to registration as both a dental therapist and hygienist: Dundee, Edinburgh, GCU and UHI. Following a previous increase in the ratio of applications to accepted places, the demand for places has decreased slightly since 2015 but is still relatively high.
- 4.2 The relatively high ratio for Dundee in 2015 may reflect the low numbers and rounded data made available from UCAS

The ratio of applications to accepted places

Source: UCAS



5. Dental Vocational Training

- 5.1 Final year dental students apply to dental vocational training in the UK before taking final degree exams. At the point of graduation, they gain full registration with the General Dental Council. New or recent graduates must complete a one year period of vocational training in order to be eligible to hold Health Board List Number. The list number allows dentists to work as associates or principals in NHS General Dental practice.
- 5.2 The aim of Vocational Training (VT) in dentistry is to enhance clinical and administrative competence and promote high standards through relevant postgraduate training so as to allow participants to meet the needs of general dental practice.
- 5.3 Vocational (Foundation) Training is centered on approved training practices with a complementary educational support programme of normally 25 study days.
- 5.4 Training practices are inspected to ensure that high standards are maintained and a dentist in each training practice is identified as the Trainer. The Trainer is expected to maintain high standards of clinical practice as well as possess an extensive postgraduate record. Each training scheme normally has 12 training pairs which fosters small group teaching. An Adviser acts as facilitator and organiser of each scheme.

- 5.5 Recruitment to Dental Vocational Training posts in Scotland is coordinated by NES and is distinct from the recruitment process to posts in England, Wales and Northern Ireland.
- 5.6 Applicants for whom Dental Vocational Training (DVT) is the only route available to be admitted to a relevant NHS Dental Performers List are given priority in the recruitment process. This would apply to candidates who will graduate from a UK Dental School, or to candidates who will graduate from overseas Dental Schools, *i.e.* from outwith the EEA, for whom DVT is the only route available to be admitted onto a relevant NHS Dental Performers List.
- 5.7 Applications are sorted into two batches. Batch one applicants will be those for whom DVT is the only route available to be admitted to a relevant NHS Dental Performers List, *e.g.* those graduating from a UK or Overseas Dental School. Batch two applicants will be those who have alternative routes for entry onto a relevant NHS Dental Performers List, *e.g.* those graduating from outwith the EEA. All offers of posts are made to Batch one applicants in the first instance. Batch two applicants are put on hold at the point of application and will only be offered posts should there be no suitable Batch 1 candidates.
- 5.8 The target for dental vocational training is to provide a sufficient number of posts which at least matches the output of the dental schools in Scotland for those who wish to train in Scotland.
- 5.9 The results of recruitment for posts commencing 1 August 2019 are as follows:-

Number of posts available	161
Number recruited	155

- 5.10 Importantly the target of securing a post for all Scottish graduates was achieved.
- 5.11 While this left a number of vacancies training practices were offered the option of recruiting from Batch 2 applicants but all declined to pursue this option.

6. Vocational Training for Dental Therapists

- 6.1 A similar system operates for recent Oral Health Science graduates who qualify as dental therapists. Currently this is not mandated.
- 6.2 Annual output of the Therapy Schools in Scotland typically averages 40 – 45.
- 6.3 NES delivers a part time vocational training scheme for recent graduates. The outcome of the recruitment exercise for posts commencing 1 August 2019 are as follows:-

Number of posts available	12
Number recruited	11

7. Medical and Dental Recruitment and Selection (MDRS)

- 7.1 Recruitment to Dental Core Training posts and most Dental Specialty Training posts is coordinated through the Medical and Dental Recruitment and Selection system.

7.2 An outline of the MDRS system was included in a paper presented to the Board in July 2019 and for ease of reference is replicated here.

8. Prior to UK Medical and Dental Recruitment and Selection (MDRS)

8.1 Each nation/region advertised and recruited to their own vacancies through different processes across the UK.

8.2 There was no limit on the number of applications that an individual could make, no national person specifications which allowed differential selection processes and no controls in place to limit the number of offers that an individual could accept.

8.3 The four nations were competing to attract the same applicants. In addition, applicants were able to withdraw from accepted posts once a preferred offer elsewhere was received.

8.4 There was no national timeline - posts were advertised as posts arose, increasing the number of assessment centres and therefore consultant and trainee time to attend these. Each time a post fell vacant, an advert was placed, and an appointment committee, typically including a minimum of four senior dental staff, would be convened for one day to conduct unstructured interviews.

8.5 Scotland was operating in a context as above with multiple systems elsewhere in the UK and a lack of UK consensus on specifications, timelines and application protocols. A baseline review and benefit appraisal was undertaken in 2014 to ensure Scottish Government had appropriate information to support participation in MDRS.

8.6 At the request of Scottish Government, NES led a Task & Finish Working group in 2018 to co-ordinate Scottish stakeholder input on the current delivery and operational effectiveness of MDRS arrangements, assess whether these remain fit for purpose or could be improved, to assess whether alternative arrangements may better suit Scotland's needs, and make recommendations on the most appropriate way forward that will inform UK-wide considerations on the future of the MDRS programme.

8.7 The clear view of most stakeholders was that the current UK approach and system was preferred, albeit with some suggestions for improvement in Scotland. This position has since been endorsed by Scottish Ministers, subject to a further review in 2021.

9. Postgraduate Dental Education Recruitment - MDRS Governance

9.1 Against that background, UK Medical and Dental recruitment and selection (MDRS) was developed as a UK wide process and is governed by the MDRS Programme Board which has representation from the four home nations and a variety of stakeholders. The MDRS Programme Board reports to the UK Medical Education Reference Group. An overview of the Governance arrangements is set out at Appendix 1.

9.2 Each nation retains the right to deliver specific "requirement activity" to meet specific policy objectives of their respective government outside of agreed national recruitment agreements.

9.3 Each nation is also responsible for determining their workforce numbers for recruitment within each round.

10. Dental Core Training

10.1 Dental Core Training (DCT) is that period of postgraduate development which extends from the end of Dental Vocational Training to the start of specialty training, specialist practice, generalist practice or many other possible career options. As such, it is a training period that has multiple endpoints and a varied duration of from one to three years. It should be noted that there is no statutory or contractual requirement for any dental graduate to undertake DCT. It is, however, seen by many recent dental graduates as being an extremely valuable training and education experience that helps clarify their own professional career intentions.

10.2 Recruitment to Dental Core training (DCT) posts in the UK is through a national selection process led by Health Education England's East Midlands local office (the DCT National Recruitment Office). The recruitment and selection processes ensures standardisation in selection and values based recruitment in line with other national training programmes.

10.3 The outcome of the recruitment exercise for posts commencing 1 August 2019 is as follows:-

	Available posts	Filled	Fill rate
DCT1	33	32	96.96%
DCT2	36	31	86.11%
DCT3	25	22	88.00%

10.4 There are currently eight vacant DCT posts are we are currently undertaking a local recruitment exercise. There is optimism that most of the posts will be filled.

10.5 The vacancy rate compares favourably with other parts of the UK.

11. Dental Specialty Training

11.1 There are currently 13 dental specialties regulated by the General Dental Council. NES currently has active training programmes in ten. Fill rates as follows:-

	Fill rate
Dental and Maxillofacial Radiology	100%
Dental Public Health	100%
Endodontics	100%
Oral and Maxillofacial Pathology	100%
Oral Medicine	100%
Oral Surgery	100%
Orthodontics	100%
Paediatric Dentistry	100%
Restorative Dentistry	100%
Special Care Dentistry	100%

12. Dental Nurse Recruitment

12.1 NES delivers a course for Dental Nurses across five sites in Scotland (Glasgow, Edinburgh, Dundee, Inverness and Aberdeen) with intakes at various points throughout the year. The programme leads to registration with the General Dental Council.

12.2 Trainees are employed by individual dental practices or Health Boards.

12.3 Intake is essentially demand led and we have limited influence on what the sector does in terms of recruiting new starts.

12.4 The outcome of recruitment to these programmes during the period October 2018 to September 2019 inclusive is as follows:-

	Nominal capacity	Posts filled	Fill rate
Pre-registration dental nurse training	150	126	84%

13. Orthodontic Therapy Programme

13.1 NES delivers a GDC recognized programme for dental nurses who wish to train to become Orthodontic Therapists

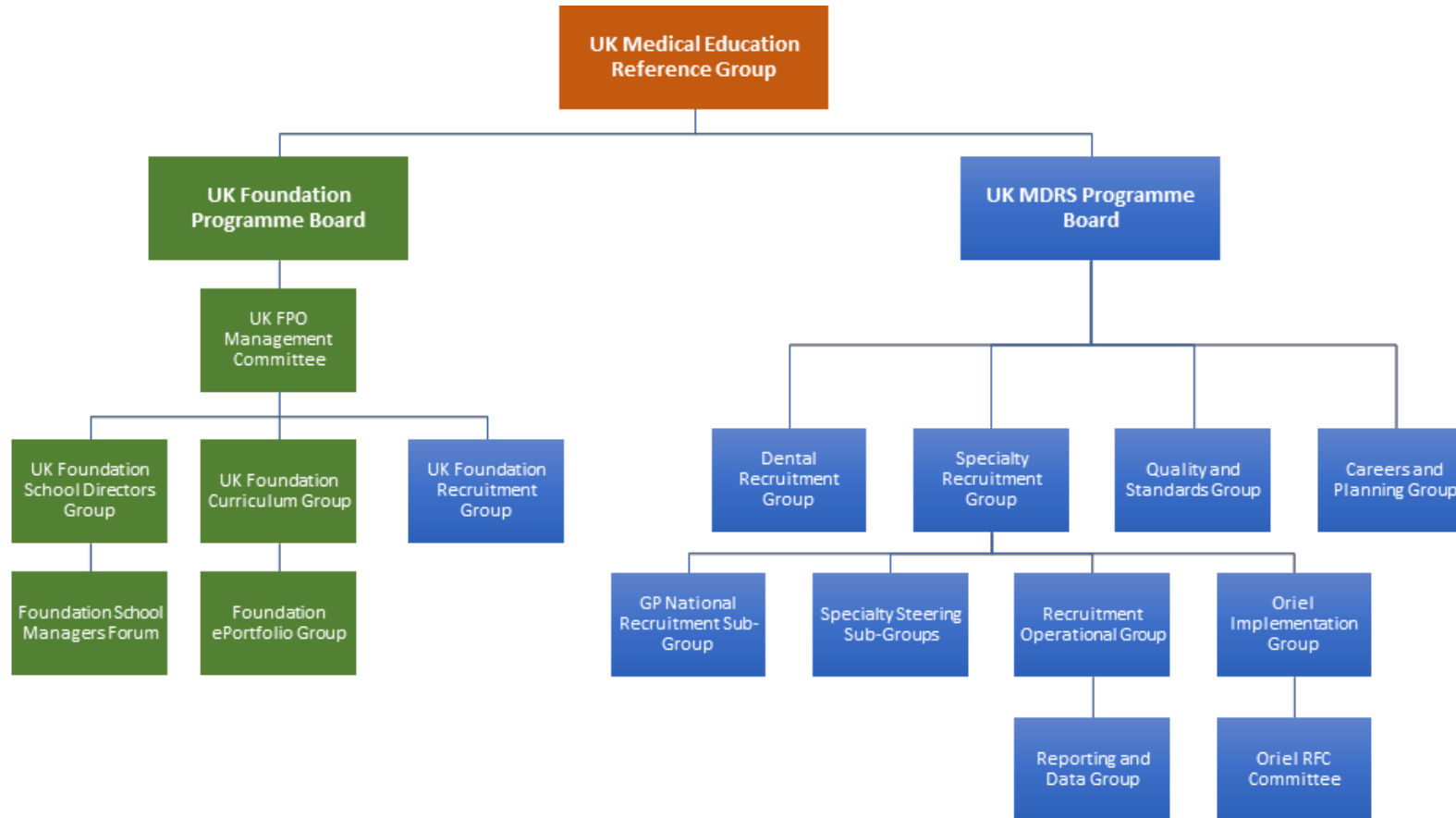
13.2 Trainees are employed by individual dental practices or Health Boards.

13.3 Intake is essentially demand led and we have limited influence on what the sector does in terms of recruiting new starts.

13.4 The outcome of recruitment to this commencing 2019 is as follows:-

	Nominal capacity	Posts filled	Fill rate
<i>Orthodontic therapy training</i>	8	7	87.5%

Appendix 1 : UK MDRS Governance



NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

NDS Deliverable Progress Summary Reporting

2. **Author(s) of Paper**

Geoff Huggins, Liz Elliot

3. **Purpose of Paper**

To share with the NES Board the identical status update that will be presented to the Digital Subcommittee (meeting the 30th September) in terms of NDS progress against agreed deliverables.

4. **Key Issues**

The Digital Subcommittee of the NES Board, at its last meeting in June 2019, supported a concise set of deliverables and prioritised activities for NDS. They also noted a request for regular and consistently formatted updates on progress, the single-page template model is being trialled with the DSC meeting on the 30th September where it will be issued ahead of the meeting as an informational update for DSC members.

Members will be invited to provide feedback on both style and content of progress update.

5. **Educational Implications**

N/A

6. **Financial Implications**

The reported deliverables align to the budgetary envelope for NDS communicated to Scottish Government by NES.

7. **Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A National Digital Platform, Analysis, Intelligence and Modelling

8. Impact on the Quality Ambitions

N/A

9. Key Risks and Proposals to Mitigate the Risks

N/A

10. Equality and Diversity

This paper is for information and is not a request for approval in new work, approval for work that will result in significant change or a disinvestment in a work programme.

11. Health Inequalities

N/A

12. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

13. Recommendation(s) for Decision

This paper is for information.

NES
September 2019
LE

NDS Deliverable Progress Summary Reporting

Geoff Huggins, Liz Elliot

Introduction

1. The Digital Subcommittee (DSC) of the NES Board, at its last meeting in June 2019, supported a concise set of deliverables and prioritised activities for NDS. They also noted a request for regular and consistently formatted updates on progress, the single-page template model is being trialled with the DSC meeting on the 30th September where it will be issued ahead of the meeting as an informational update for DSC members.
2. The same single-page template model is supplied here for information to the NES Board.
3. Each template provides information on an NDS individual activity using categories as originally presented to the DSC. The intention is that over time, the templates will provide a clear record of delivery along with named contact if further information is required, a concise activity summary and listed external partners that place the work within a broader Scotland context. Members of the DSC will subsequently be invited to provide feedback on both style and content of progress update.

NDS Deliverables and Activities

4. The deliverables and activities originally presented to the DSC can best be considered in three over-arching categories.
 - a. Core Platform Requirements
 - b. Enabling Systems & Processes
 - c. Products & Services

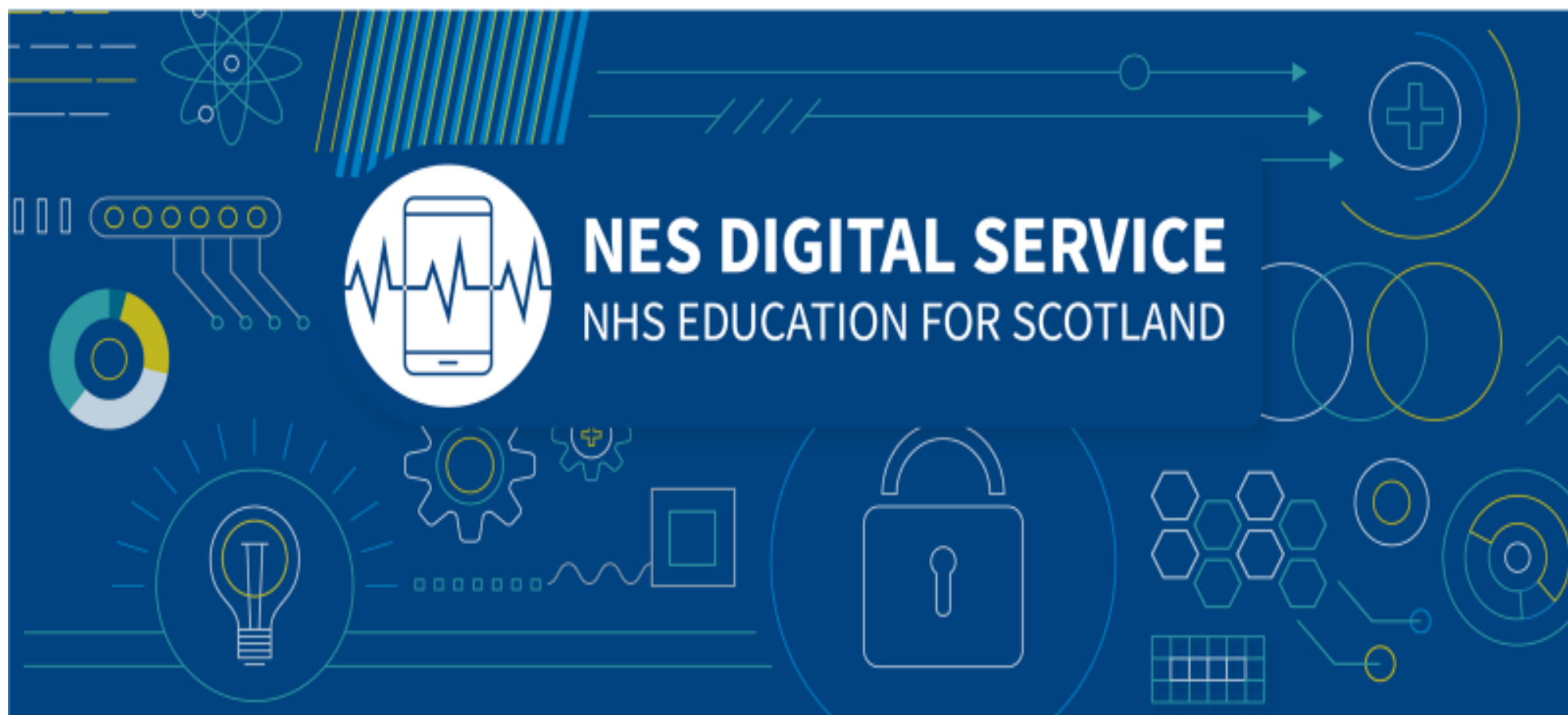
These categories are helpful as (a) and (b) relate to mandatory activities as oppose to strategic priorities. Products & Services, (c), encompasses those resources developed and deployed by NDS (in part or in total) in response to strategic priorities.

5. Core Platform Requirements, of which there are seven. Progress against these is summarised in templates 1-DSC to 5-DSC, 7-DSC and 12-DSC.

6. Enabling Systems & Processes, of which there are seven. Progress against these is summarised in templates 11-DSC and then 13-DSC to 18-DSC.
7. Products & Services, of which there are six. Progress against these is summarised in templates 8-DSC to 10-DSC, 6-DSC (presented in 2 templates).
8. Each template aims to allow a compilation of a range of facts on any particular deliverable. This includes a space to note adoption, or otherwise, of a risk register related to that work. It should be noted that in line with NES policy NDS operates a Directorate Risk Register with key risk being escalated as appropriate to the NES Corporate Risk Register. As NDS matures towards a diverse product portfolio, this work is increasingly underpinned by active risk management within individual workstreams. In line with their governance role, members of the DSC always receive an update on the NDS Directorate Risk Register and the upcoming DSC meeting on the 30th Sept will additionally receive a paper detailing expansion of this approach to workstreams and cross-cutting factors.

National Digital Platform Update

NES Digital Service



NES DIGITAL SERVICE
NHS EDUCATION FOR SCOTLAND

The banner features a central graphic of a smartphone with a white ECG line overlaid on it. Surrounding this central element are various white line-art icons on a dark blue background, including a lightbulb, gears, a padlock, a grid, a target, a plus sign in a circle, a pie chart, a bar chart, a network diagram, and a stylized atom. The overall theme is digital technology and healthcare.



PLATFORM: CLINICAL DATA REPOSITORY (CDR): 1-DSC

WHAT: a clinical data repository (CDR) will be delivered in a secure cloud environment

LEAD: Alistair Hann

SUMMARY: one of the core building blocks of the platform is a clinical data repository (CDR). This will hold data in a federated design using OpenEHR archetypes.

This has now been delivered. There may be activity required to migrate the CDR to a new hosting environment depending on the outcome of the procurement activity for a longer-term, more sustainable set of cloud services.

RELEVANCE: To all NDP – core platform architecture

RISK REGISTER: under consideration

WHO: NDS Staff

EXTERNAL PARTNERS: cloud hosting solution, Ripple Foundation

Progress:
COMPLETED

STATUS: COMPLETED

3 MONTHS (Dec 19):
Migration to new cloud service, as required

12 MONTHS (Dec 20):
continued live running



PLATFORM: CITIZEN AUTHENTICATION: 2-DSC

WHAT: enable citizens to create a digital identity so they can access, contribute to, and use their health information

LEAD: Blythe Robertson

SUMMARY: NDS will have arrangements in place to enable citizens to create a digital identity by 2020/21, with the approach and rollout focused on the 'need to know' services (NDS15) and citizen-facing digital transactions (NDS16).

This will allow citizens to use products on the digital platform, via authentication using pre-existing approaches. NDS will work with the Scottish Government, Local Government Digital Office and others to identify the likely authentication solutions – such as the MyAccount approach which has been taken with My Diabetes My Way – and how those will be integrated with the platform.

RELEVANCE: To all NDP – core platform architecture

RISK REGISTER: Grouped 'Authentication' workstream RR completed/in use.

WHO: NDS Staff

EXTERNAL PARTNERS: Scottish Government digital directorate

Progress:

STATUS: initial NDS position documented

3 MONTHS (Dec 19): meetings and discussion with Digital Directorate

12 MONTHS (Dec 20): fully documented position



PLATFORM: NHS STAFF AUTHENTICATION: 3-DSC

WHAT: support the development of an agreed position on access to the platform for NHS staff		LEAD: Christopher Wroath/ Blythe Robertson	
SUMMARY: This is the process by which NHS staff are able to interact with products and services on the platform. It will replace the requirement for staff to have different logins and passwords for the different systems that they use.			
NDS is already using Azure Active Directories (AAD) as the NHS authentication service on the platform (it will take time for AAD to be used across all other systems). A number of Boards are currently on AAD and all will be during the next 12 months.			
RELEVANCE: To all NDP – core platform architecture		RISK REGISTER: Grouped ‘Authentication’ workstream RR completed/in use	
WHO: NDS Staff	EXTERNAL PARTNERS: O365 Programme Board		
Progress:	STATUS: Documented dependency	3 MONTHS (Dec 19): Liaison with NES Digital to understand progress	12 MONTHS (Dec 20): All Boards implemented AAD



PLATFORM: NON-NHS STAFF AUTHENTICATION : 4-DSC

WHAT: support the development of an agreed position on access to the platform for non-NHS staff

LEAD: Blythe Robertson

SUMMARY: This is the process by which non-NHS staff (social care, third sector, care homes etc) can have controlled access to the platform to allow read/write access to products and services. We will have arrangements in place to enable approved staff to create a digital identity by 2020/21, with the approach and rollout focused on the 'need to know' services and citizen-facing digital transactions. Early likely users and adopters will be hospice and care home staff using the ReSPECT product. It will also apply to those offering contracted services to the NHS where those staff are not included within the NHS active directory approach, for example, optometrists and pharmacists.

RELEVANCE: To all NDP – core platform architecture

RISK REGISTER: Grouped 'Authentication' workstream RR completed/in use.

WHO: NDS Staff

EXTERNAL PARTNERS: Local Government Digital Office, third sector, care homes, optometrists, community pharmacists

Progress:

STATUS: Documented dependencies

3 MONTHS (Dec 19):
Collaborative developments with partners

12 MONTHS (Dec 20):
documented and agreed position to support initial users



PLATFORM: INDEXING/PATIENT IDENTITY: 5-DSC

WHAT: to organize the data relating to a citizen in a way that provides a complete, current picture, there is a need to index the data in the CDR against a unique patient identifier

LEAD: Alistair Hann and Steve Pavis

SUMMARY: Receipt, storage and retrieval of patient data within the Clinical Data Repository relies upon the capability to index the data against a unique patient identifier. This is key to clinical safety and a function delivered through the Community Health Index (CHI) number. The CHI Index is currently being updated under NHS NSS' stewardship.

NDS are making an application to CHIAG for access to the National view of CHI. In the interim NDS are working the territorial boards such as Forth Valley and using their CHI broadcasts to ensure correct patient data indexation

RELEVANCE: To all NDP – core platform architecture

RISK REGISTER: (For NES element) Under consideration

WHO: NDS Staff

EXTERNAL PARTNERS: CHI advisory group, NSS. FVHB

Progress:

STATUS: Need for national direction on way forward

3 MONTHS (Dec 19): Agree approach and way forward

12 MONTHS (Dec 20): New CHI services implemented



PRODUCT: INTEGRATION A (messaging projects): 6-DSC

WHAT: citizen-facing digital services will be developed in a range of clinical contexts to deliver common, reusable, core components

LEAD: Alistair Hann

SUMMARY: The work on integrations is intended to move data between the platform and legacy systems so that clinicians can continue to work with existing products and workflows while that is the best choice for them, but on the basis that over time that will become less the case. One initial clinical areas of focus is based on an NDS role in supporting messaging capability that underpins third-party services that include:

- dermatology (virtual appointments),
- COPD community monitoring

This work is at the scoping stage with a view to scheduling into NDS roadmap.

RELEVANCE: Innovation project exemplars of short term integration outputs (see also DSC-11)

RISK REGISTER: Not yet, to be adopted on a project-specific basis

WHO: NDS Staff

EXTERNAL PARTNERS: GGC health board, Scottish Government, clinical networks, clinicians

Progress:

STATUS: meetings with key stakeholders

3 MONTHS (Dec 19): roadmap for 2 exemplars to be agreed

12 MONTHS (Dec 20): roadmap to be agreed



PRODUCT: INTEGRATION B ('messaging and more' projects): 6-DSC

WHAT: citizen-facing digital services will be developed in a range of clinical contexts to deliver common, reusable, core components		LEAD: Rohan <u>Gunatillake</u>	
SUMMARY: The project seeks to improve adherence to Advanced Trauma Life Support, an international, standardised approach to trauma care. It is widely acknowledged that unacceptable levels of variation in trauma care still exist. The development of the major trauma app will support clinicians to achieve three key aims: <ul style="list-style-type: none"> • Robust data collection to enable forensic analysis of clinical care processes • Cognitive aids to support and prompt clinicians during trauma care delivery • Provision of a reliable framework to deliver care aligned to the highest clinical standards to reduce variability 			
RELEVANCE: Innovation project exemplars of short term enhanced integration outputs (see also DSC-11)		RISK REGISTER: under consideration	
WHO: NDS Staff	EXTERNAL PARTNERS: GGC health board, Scottish Government, clinical networks, clinicians, <u>Daysix</u>		
Progress:	STATUS: meetings with key stakeholders, DPIA in draft	3 MONTHS (Dec 19): roadmap to be agreed	12 MONTHS (Dec 20): roadmap to be agreed



PLATFORM: CLOUD: 7-DSC

WHAT: Public cloud for the NDS (beyond interim Azure access)		LEAD: Liz Elliot (for procurement)	
SUMMARY: For initial development work, NDS is using the existing NES Azure contract.			
NDS is currently being supported by NSS Procurement to procure cloud services (storage and compute) for the platform via a major OJEU exercise. This work should conclude during 2019. NDS has planned for the possibility that it may then be necessary to migrate the work undertaken by then to a new cloud service and would intend to complete that work quickly.			
RELEVANCE: To all NDP – core platform architecture		RISK REGISTER: Yes	
WHO: NDS Staff	EXTERNAL PARTNERS: cloud services provider, NSS procurement, EITS		
Progress:	STATUS: procurement activity at ITT review stage	3 MONTHS (Dec 19): procurement completed	12 MONTHS (Dec 20): new service in live running



PRODUCT: 'NEED TO KNOW' SERVICES: ReSPECT exemplar 8-DSC

WHAT: there are a set of information sources and products across the digital healthcare environment that contain vital, 'need to know' information.

LEAD: Rohan Gunatillake

SUMMARY: these 'need to know' services include care plans and the summary records derived from them, including the Emergency Care Summary and Key Information Summary.

NDS will make key 'need to know' products available across the system, starting in 2019/20 with the ReSPECT application which supports Anticipatory Care Planning. Building on the learning from implementations of ReSPECT – starting in NHS Forth Valley – increase the range of people who can use these products to include the ambulance service, care homes, hospices, as well as providing direct citizen access.

RELEVANCE: Earliest live product to draw on all NDP functionality

RISK REGISTER: Completed and in use

WHO: NDS Staff

EXTERNAL PARTNERS: health boards, local authorities, third sector, Scottish Government

Progress:

STATUS: working ReSPECT version

3 MONTHS (Dec 19): deployment of ReSPECT in FV

12 MONTHS (Dec 20): ReSPECT in more sites



PRODUCT: CITIZEN & HEALTH DIGITAL INTEGRATION: 9-DSC

WHAT: development and deployment of citizen-facing services where people are able to interact digitally with the service is a key priority

LEAD: Geoff Huggins

SUMMARY: in support of the work of the Modern Outpatient programme, the Access Collaborative, the Elective Centres Programme and Primary Care Modernisation etc, NDS will develop a set of capabilities and services such as:

- community monitoring through devices and sensors;
- use of patient reported outcomes to monitor health;
- digital communication with citizens and carers;
- virtual, telephone, and video appointments;
- digital scheduling and appointments.

RELEVANCE: Alignment to national strategic priorities

RISK REGISTER: Under consideration

WHO: NDS Staff

EXTERNAL PARTNERS: health boards, local authorities, third sector, Scottish Government, citizens

Progress:

STATUS: meetings with key stakeholders, scoping stage only

3 MONTHS (Dec 19): specification of services

12 MONTHS (Dec 20): Product in development in NHSS board



PRODUCT: NATIONAL GENOMICS: 10-DSC

WHAT: Shared data repository for the 4 Scottish Clinical Genetics laboratories and the Scottish Genomes Partnership

LEAD: Liz Elliot

SUMMARY: NDS has been in discussion with SGP and NHS NSS (commissioner of the clinical genetics service) since December 2018 to allow the creation of a shared data store which is cloud hosted and available to the 4 national clinical genetics laboratories in Scotland. Project concept now been agreed and 2 pilot sites (GGC and Grampian) identified.

The project will be phased, beginning with historical data storage but progressing to increasingly sophisticated workflow pipelines (real-time storage, Role Based Access control for national data sharing, unique analysis resources).

RELEVANCE: Precision Medicine ministerial priority

RISK REGISTER: Yes

WHO: NDS Staff

EXTERNAL PARTNERS: 4 genetics laboratories, 4 associated Universities, 4 host territorial health boards, SGP, NSS NSD

Progress:

STATUS: approach agreed with laboratories and formally via their governance

3 MONTHS (Dec 19): Pilot work underway in 2 sites. IG partially completed

12 MONTHS (Dec 20): Phase 1 pilot complete, later phases underway



SYSTEMS & PROCESSES: KEY HISTORIC SYSTEMS: 11-DSC

WHAT: develop and agree approach to legacy and historic systems

LEAD: Alistair Hann

SUMMARY: the work to take forward the platform requires that NDS collaborate effectively with NHS, local government and other partners. The approach being proposed will create core infrastructure *and* use that infrastructure to support new products and services that over time offer greater functionality than the existing products. To be able to receive and deploy data to deliver 'national' products and services requires connections between the platform and the different local systems in place across Scotland; NDS will take on responsibility for the National Integration Hub. While doing this, the work on integrations is intended to move data between the platform and legacy systems. Through the Transition Group, NDS will agree the best approach to these issues.

RELEVANCE: Short term enabler (local integrations) plus longer term resolution

RISK REGISTER: No

WHO: NDS Staff

EXTERNAL PARTNERS: health boards, local authorities, third sector, Scottish Government

Progress:

STATUS: initial approach agreed with Transition Group

3 MONTHS (Dec 19):
Develop methodology to work through systems & issues/opportunities

12 MONTHS (Dec 20):
Agree approach with Boards to integration for specific systems

13



PLATFORM: 'PLATFORM IN A BOX': 12-DSC

WHAT: delivery of a predictable architecture that allows for innovation, and development and deployment of new products

LEAD: Alistair Hann

SUMMARY: NDS will have a predictable architecture that allows for innovation and the development and deployment of new products. We will deliver the initial version of a 'Platform in a Box' during the next 12 months and keep it up to date as the platform evolves. In addition, we would intend to make a test environment available for those building for the platform.

The initial 'Platform in a Box' architecture will be defined in partnership with 2 SME's identified via the Cancer Innovation Challenge and with invited NSS/national procurement input.

RELEVANCE:

RISK REGISTER: Not yet

WHO: NDS Staff

EXTERNAL PARTNERS: NHS Board, local authorities, third sector, commercial partners esp. SMEs, NSS National Procurement

Progress:

STATUS: components identified, partners and funding identified

3 MONTHS (Dec 19): components coordinated

12 MONTHS (Dec 20): solution delivered



SYSTEMS & PROCESSES: CONNECTING HEALTH BOARDS: 13-DSC

WHAT: engagement activity to support connecting all territorial Health Boards to the platform **LEAD:** Helen New

SUMMARY: To be able to receive and deploy data to deliver national products and services requires connections between the platform and the different local systems. Building these connections will also allow the platform to pull data out of local systems to support new products and services, and over time to enable the replacement of the various SCI stores and potentially other data stores.

NDS will:

- connect all Boards, building on initial learning from successful connection of NHS GG&C,
- take on responsibility for the national integration hub
- work with eHealth leads to agree the future approach to integration products for NHS Scotland.

RELEVANCE:

RISK REGISTER: No

WHO: NDS Staff

EXTERNAL PARTNERS: health boards

Progress:

STATUS: initial conversations and agreed actions

3 MONTHS (Dec 19):
work with Boards

12 MONTHS (Dec 20):
FV + 2 other boards connected. (All boards by 36 months)

15



SYSTEMS & PROCESSES: LOCAL GOVERNMENT ENGAGEMENT: 14-DSC

WHAT: working through the Transition Group, agree areas of mutual benefit for Local Government engagement

LEAD: Blythe Robertson

SUMMARY: initial discussions have suggested priority areas include:

- Supporting more seamless experiences for people using integrated health and social care services.
- Non-NHS staff authentication
- Use of CHI (and future CHI)
- Early availability of 'platform in a box'
- Work to consider common approach to Home and Mobile Health Monitoring

It has been agreed to hold a local government-focussed meeting on the Transition Group to further develop things

RELEVANCE: Aligns to one of NDS priorities at point of establishment

RISK REGISTER: No

WHO: NDS Staff

EXTERNAL PARTNERS: Local Government Digital Office, SOCITM, CoSLA, local authorities, Scottish Government

Progress:

STATUS: initial conversations and agreed actions

3 MONTHS (Dec 19):
LG focused Transition Group event

12 MONTHS (Dec 20):
agreed approach and deliverables

SYSTEMS & PROCESSES: RESEARCH DATA STRATEGY: 15-DSC

WHAT: research data environment – new national health & care data assets

LEAD: Liz Elliot

SUMMARY: Scotland offers a complex portfolio of health data assets, with a mix of locally held datasets and national. NDS will work with:

- the research community to consider the opportunity to establish an NHS Scotland research environment for training and development;
- the Scottish Government (potentially via Research Data Scotland) to develop predictable rules as to what research can be undertaken along with clear rules on how benefits are distributed where the research has an economic benefit;
- NHS NSS and Scottish Government procurement to develop a commercial strategy for the use and reuse of data within the platform.

RELEVANCE: Aligns to one of NDS priorities at point of establishment

RISK REGISTER: No

WHO:

EXTERNAL PARTNERS: Scottish Government CSO, Health Boards, University of Glasgow, University of Edinburgh

Progress:

STATUS: NDS approach being explored

3 MONTHS (Dec 19):
Concluded options appraisal.

12 MONTHS (Dec 20):
Move from defined function to defined (plat)form



SYSTEMS & PROCESSES: INFORMATION GOVERNANCE AND SECURITY: 16-DSC

WHAT: ensure Information Governance and security policies are in place

LEAD: Steve Pavis

SUMMARY: NDS will ensure:

- a System Security Policy (SSP) is in place for the platform (penetration testing has been completed to ensure technical security).
- Data Protection Impact Assessments are completed for each project, approved by Data Protection Officers and added to the Boards' information asset registers.
- Data Processing agreements are put in place.

There will be a need to move beyond the current information governance rules, primarily based on organisational affiliation, towards a system based on an individual roles in providing care to citizens.

RELEVANCE: To all NDP – applicable compliance requirement

RISK REGISTER: No

WHO: NDS Staff

EXTERNAL PARTNERS: Information Commissioner's Office, Scottish Government, National Cyber Security Centre

Progress:

STATUS: IG in place for initial use cases. Meeting arranged with ICO for developments

3 MONTHS (Dec 19): dependency on SG re domain B outcomes

12 MONTHS (Sept 20): dependency on SG re domain B outcomes



SYSTEMS & PROCESSES: CLINICAL SAFETY AND MEDICAL DEVICE REGULATION: 17-DSC

WHAT: ensure NDS supported products and systems meet clinical safety and medical device regulations

LEAD: Clinical leads

SUMMARY: NDS need to ensure products and systems which it is supporting, are managed from a clinical safety perspective and align to medical device regulation as required. NDS need to ensure products and systems which it is supporting, are managed from a clinical safety perspective and align to medical device regulation as required. During the next 12 months NDS will have in place initial clinical risk management documentation, then have processes implemented. Where possible we will want to align these with the processes for information governance and to automate them.

RELEVANCE: To all NDP – applicable compliance requirement

RISK REGISTER: Yes, product specific.

WHO: NDS Staff

EXTERNAL PARTNERS: Medical Devices Unit, GGC

Progress:

STATUS: agreed approaches for current systems

3 MONTHS (Dec19): document generic approach

12 MONTHS (Jul 20): approach implemented



SYSTEMS & PROCESSES: CLINICAL MODELLING: 18-DSC

WHAT: development of a clinical modelling resource for NHS Scotland

LEAD: Clinical leads

SUMMARY: the platform requires input to the design of the clinical and care information models deployed in the CDR from health and social care practitioners. This needs the development of a clinical modelling resource for NHS Scotland, and assistance and training for practitioners to allow them to meaningfully contribute to these processes. NDS will initially establish an adequate level of competence in the required skills for internal NDS team, then incrementally deliver internal team able to support clinical modelling for the information models needed to support NHS Scotland

RELEVANCE: To all NDP – core platform data model

RISK REGISTER: No

WHO:

EXTERNAL PARTNERS: clinical informaticians, FreshEHR as training partner

Progress:

STATUS: skills in NDS team augmented by some external capacity

3 MONTHS (Dec 19): define skills needed for wider NHSS

12 MONTHS (Dec 20): identity key staff across NHSS

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

NES – Public Cloud Procurement Update

2. **Author of Paper**

Liz Elliot

3. **Purpose of Paper**

To provide the NES Board with a status update on the major public cloud procurement being undertaken, with support from NHS NSS, to host the National Digital Platform.

4. **Key Issues**

The paper provides an update on a commercially sensitive process.

5. **Educational Implications**

N/A

6. **Financial Implications**

No direct financial implications at this stage. The paper does describe a major intended purchase, however:

- The costs associated with progressing the work to this stage have been fully covered by the SG funding allocation to NES for NDS. For example, relevant staff time and expert support from EITS (<https://www.eits.com>).
- The intended service contract award will define as 'pay as you go' model whereby cost drivers relate to commodity usage rather than a fixed contract sum. This model gives control to the customer as usage can be switched off at any point.
- Medium to long term contract costs in terms of estimated usage have been communicated to SG, confirming the sharing understanding that these will be funded from the non-staff element of the SG funding allocation to NES for NDS.
- No costs associated with the procurement activity outlined in this paper will be sourced from the core, recurrent NES baseline budget allocated by SG.

7. **Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A National Digital Platform, Analysis, Intelligence and Modelling

8. **Impact on the Quality Ambitions**

N/A

9. **Key Risks and Proposals to Mitigate the Risks**

A Risk Register has been created and is in use as we proceed through this multi-stage procurement process.

10. **Equality and Diversity**

This paper is for information and is not a request for approval in new work, approval for work that will result in significant change or a disinvestment in a work programme.

11. **Health Inequalities**

N/A

12. **Communications Plan**

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

13. **Recommendation(s) for Decision**

The paper provides an update on a commercially sensitive process.

NES
Sept 2019
LE

NES – Public Cloud Procurement Update

Introduction

1. The Public Contracts Regulations 2015 (PCR) (which implemented the 2014 Public Procurement Directive) created a new procedure known as competitive procedure with negotiation (CPN). In discussion with national procurement colleagues from NHS NSS ('NSS') the CPN model has been implemented for the purchase of public cloud services by NES in relation to the work of the NES Digital Service and the National Digital Platform. This brief status note provides an update on the process.

Status

2. The contract notice for the public cloud procurement was published on the 8th March 2019 via Public Contracts Scotland (<https://www.publiccontractsscotland.gov.uk>). The first selection aspect of the process was the use of the European Single Procurement Document (ESPD) – a short proforma that allowed NES as the buyer to look at evidence that a supplier meets the minimum criteria to progress to the next stage of the procurement process. 27 supplier responses were received and after ESPD review 5 prospective suppliers were confirmed as meeting the criteria to enter the next stage of this procurement. The ESPD reviewers were Geoff Huggins, Liz Elliot and Steve Pavis supported by Jim Binnie (Senior Business and Procurement Advisor, NSS). NSS communicated outcomes to all suppliers and the 5 above attended a briefing day on the 28th May 2019 at the Bayes Centre. Immediately following that meeting the invitees were provided with copies of presentational materials and a set of meeting notes.
3. The intervening period from June focussed on work to complete the set of procurement documents required to move to the formal Invitation to Tender stage. On the 16th of August suppliers were provided with a Statement of Requirements, Instructions to Bidders, a draft service contract, a pricing model and associated guidance, scoring and evaluation briefing, as well as a formal invitation to submit an initial bid. Suppliers have been made aware that the deadline for bid submission is the 25th September 2019. Jim Binnie has led all supplier contact and no direct contact between NDS staff and prospective suppliers has occurred.
4. Plans have been made for the initial tender evaluation process. The evaluation team will include Geoff Huggins, Liz Elliot and Steve Pavis also with Alistair Hann and supported by Jim Binnie. Invitations to join the panel have been extended to a colleague from the National Cybersecurity Centre, from NHS Greater Glasgow & Clyde/eHealth and to a senior NES finance team member.
5. On recommendation from NSS, a scorer briefing session will be held on the 23rd September to explain the approach to scoring ahead of the formal evaluation meeting on the 1st October. All scorers will receive the bids via a secure weblink (username and password) prepared by NSS shortly after the 25th September supplier submission deadline. We are advised that best practice determines that we would not be scoring price at the evaluation meeting to avoid any influence on scoring of the qualitative sections. The meeting output will be a record of consensus scores and reasons for the

scores which will be the official record of the evaluation. Only at this point will we be able to determine with specialist advice from NSS whether the remainder of this process will, or will not, include a negotiation process. We have reserved the right to move ahead without negotiation.

6. The **indicative** timelines for subsequent phases of the procurement are then:

a) With a negotiation phase

Negotiation Phase	14 th October 2019 to 1 st November 2019
Invitation to Submit Final Bids	4 th November 2019
Return of Final Bids	15 th November 2019
Preferred supplier notification	6 th December 2019
Contract Award	15 th January 2020

b) WithOUT a negotiation phase (estimated)

Preferred supplier notification	14 th October 2019
Contract Award	Mid November 2019

7. It is intended to provide a further update to the November NES Board by which time we will have completed the initial tender review and have determined any requirement for a negotiation phase in the latter part of this process. This update will also include timelines and process to seek formal approval from NES and Scottish Government before any moves to complete contract award.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

NES Risk Register – for submission to September 2019 Board meeting.

2. **Author(s) of Paper**

Caroline Lamb, Chief Executive

3. **Purpose of Paper**

The purpose of this paper is to present the NES Risk Register as at September 2019.

4. **Key Issues**

There have been a number of small changes to the narrative associated with the risks identified on the Corporate Risk register to reflect further actions in a number of areas.

There are no substantive changes to the Risk Register.

5. **Recommendation(s) for Decision**

The Board is invited to note the information contained in this report.

CL
September 2019

NES Corporate Risk Register - September 2019

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period		Mitigating measures	Appetite	Last Period	
				Inherent Risk	I x L			Residual Risk	I x L
Strategic Policy Risks									
R1	Pressures on the system result in education and training being considered as less important	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	4 x 4	Primary 1		4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 3	Primary 2	Open	4 x 3	Primary 2
R3	Policy development, UK-wide and within Scotland, may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency		3 x 3	Contingency
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 4	Primary 2		3 x 4	Primary 2
R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 4	Primary 2		3 x 4	Primary 2
R16	The UK exits from the European Union without a deal and this results in disruption to NHS services	NES Executive Team (Caroline Lamb)	4 X 5	Primary 1	3 x 5	Primary 1		3 x 5	Primary 1
Operational/Service Delivery Risks									
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Caroline Lamb)	5 x 5	Primary 1	3 x 4	Primary 2		3 x 4	Primary 2
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	Open	3 x 3	Contingency

NES Corporate Risk Register - September 2019

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period			Mitigating measures	Appetite	Last Period	
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board.		3 x 3	Contingency
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping	1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team 2. The plans have been tested in a desk top exercise and recommendations have been written up and considered by the ET		2 x 4	Housekeeping

NES Corporate Risk Register - September 2019

Risk No.	Description	Risk Owner (Lead Director)	Current Period			Mitigating measures	Appetite	Last Period		
			I x L	Inherent Risk	I x L			Residual Risk	I x L	Residual Risk
Finance Risks										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	3 x 3	Contingency
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	3 x 3	Contingency
Reputational/Credibility Risks										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 4	Primary 2	1. Planning systems require all activities to include anticipated desired outcome 2. Desired outcome measured 3. Readiness to 'fail fast' rather than pursue initiatives that aren't working	Cautious	3 x 4	Primary 2
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 2	Contingency	1. Ensure targets set are SMART and also have resources allocated to them to support delivery 2. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting	Cautious	3 x 2	Contingency
Accountability/Governance Risks										
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook. This was discussed at the Board away day in April, and in the June Board meeting. Work is underway in relation to the small number of gaps identified.	Averse	2 x 2	Housekeeping
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices being put in place to ensure robust security applies to the National Digital Platform.	Averse	3 x 2	Contingency

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Sharing Intelligence for Health & Care Group – Annual report for 2018-2019

2. **Author(s) of Paper**

Co-authored by representatives of the seven constituent organisations (see 3)

3. **Purpose of Paper**

The Sharing Intelligence for Health & Care Group (SIHCG) is a mechanism that enables seven national organisations (Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence and the Scottish Public Services Ombudsman) to share, consider, and respond to intelligence about care systems (in particular NHS boards) across Scotland. SIHCG was established in 2014 as part of Scotland's response to the learning from the Mid-Staffs Inquiry; its main objective is to ensure that any potentially serious concerns about the quality of care identified by member organisations are shared and acted upon appropriately. NES plays a vital role in the work of SIHCG through sharing the intelligence around training and healthcare environments gained from sources including the GMC's trainee survey, our Scottish Training Survey and from our many quality management visits. The enclosed document is the 2018-2019 annual report on the work of SIHCG.

4. **Key Issues**

- Improvements in the SIHCG's processes were introduced in 2018-2019 following independent evaluation of the group's work.
- 18 NHS Boards were considered by SIHCG during 2018-2019.
- Audit Scotland's assessment is that in the face of demands of growing and ageing population coupled with significant financial and workforce pressures – the current healthcare delivery model is no longer sustainable, despite the high quality care that continues to be delivered by Scotland's committed healthcare workforce.
- Key issues identified in 2018-2019 were: 'churn' within senior leadership roles across Scotland, significant financial pressures, workforce pressures including difficulties recruiting and retaining doctors (vacancy rates among consultants currently average 8%) and nurses, decline against some national performance targets and challenges facing children and young people accessing mental health services.
- Ongoing challenges facing SIHCG include how to capture and reflect the increasing integration of health and social care services.

5. **Educational Implications**

- Doctors in training are 'eyes and ears' within the healthcare system and are invaluable sources of intelligence.

- The increasing challenges facing Scotland’s healthcare system have potential to compromise the quality of training provided to our doctors in training. The need for robust Deanery quality management of the training delivered to ensure it meets the GMC’s standards has never been greater.

6. Financial Implications

7. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?

8. Impact on the Quality Ambitions

9. Key Risks and Proposals to Mitigate the Risks

10. Equality and Diversity

NES has a duty to consider equality and diversity issues and take relevant and proportionate action to eliminate discrimination and harassment, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not in the delivery of our functions.

Please summarise any key equality and diversity findings related to the duty or equality and diversity risks relevant to the work described in the paper. If you have identified any risks of negative impact, indicate what actions you propose to mitigate that impact.

[This section is required when a decision is requested to: approve new work; approve work which will result in significant change; disinvest in programmes of work].

11. Health Inequalities

Briefly describe opportunities the work offers to reduce health inequalities and proposed actions.

[See [guidance](#) if further information is required].

12. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

No

A Communications Plan format template is available in the ‘Meetings’ and ‘Communications’ sections of the NES Intranet.

13. Recommendation(s) for Decision

For information only

NES
September 2019
Alastair R McLellan

Sharing Intelligence for Health & Care Group

Annual report for 2018-2019



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Published August 2019

A report produced jointly by: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, NHS National Services Scotland and Scottish Public Services Ombudsman.

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This is the fourth annual report from the Sharing Intelligence for Health & Care Group. It summarises key messages about our work during 2018–2019.

The report describes why we were set up, how we work, and what we did during 2018–2019. It also provides our observations on important issues that are relevant to the quality of care delivered for the people of Scotland. This report is written with a broad audience in mind, including the public and healthcare professionals, and with the aim of stimulating constructive discussion and further action.

Please contact hcis.sihcg@nhs.net if you have any queries about this report or the Sharing Intelligence for Health & Care Group.



Professor Stewart Irvine
Co Chair of the Sharing Intelligence for Health & Care Group
Director of Medicine and Deputy Chief Executive, NHS Education for Scotland

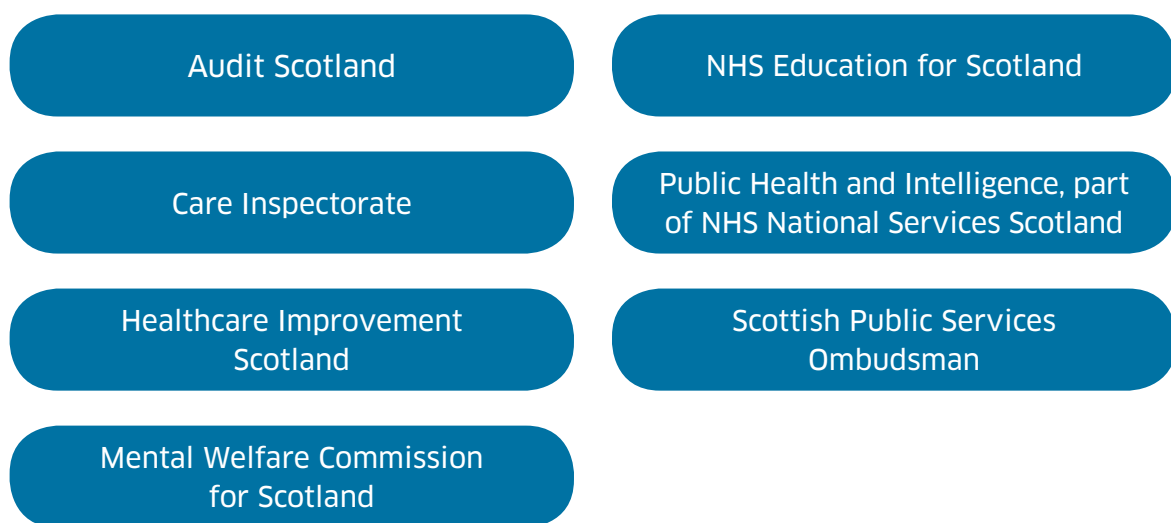


Ann Gow
Co Chair of the Sharing Intelligence for Health & Care Group
Director of Nursing, Midwifery and Allied Health Professionals and Deputy Chief Executive, Healthcare Improvement Scotland

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What is the Sharing Intelligence for Health & Care Group?

The Sharing Intelligence for Health & Care Group (referred to as 'the Group') is a mechanism that enables seven national organisations to share, consider, and respond to intelligence about care systems across Scotland (in particular NHS boards¹). The organisations, each of which has a Scotland-wide remit related to the improvement and/or scrutiny of health and care services, are:



The Group was set up in 2014, and our overall aim is to support improvement in the quality of care provided for the people of Scotland by making good use of existing data and intelligence.

¹ The Group focuses predominantly on healthcare, and we also consider some integrated health and social care services delivered by Integration Authorities. The term 'health and care' is used throughout this report to describe the services covered by the Group's remit.

Our main objective is to ensure that any potentially serious concerns about the quality of care identified by member organisations are shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems so these can be addressed. The organisations also inform each other about aspects of health and care systems that are working well. Sharing information helps the different organisations on the Group carry out their work in an informed way.

Establishing the Group was an important part of Scotland's response to a public inquiry about a serious failure of a healthcare system in England². One of the recommendations from this inquiry, published in 2013, was that intelligence sharing within and among national organisations should be improved. The member organisations of the Group report there is now much better sharing and consideration of key intelligence, and they are now better prepared to take additional action when required.

Members of the public should be confident that, through the Group, national organisations in Scotland are sharing and responding to important information about the quality of care. In parallel with this, the individual organisations continue to respond to concerns as they arise, in line with their own remits³.

We seek to use available data and information wisely and collaboratively for the purpose of maximising improvements in the quality of care. We are also open and honest about how we share and use data and information. This includes involving service provider organisations in our approach, and increasingly putting information about our work into the public domain.

2 Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

3 The Group does not consider the practice of individual care professionals, but other agencies do. We will continue to explore our relationships with the regulators of individual care professionals, which include the General Medical Council (doctors), the Nursing & Midwifery Council (nurses and midwives), the General Dental Council (dentists), and the General Pharmaceutical Council (pharmacists).

What did we do in 2018-2019?

The Group met six times between April 2018 and February 2019 to share and consider key pieces of data and information that we hold about the following 18 NHS boards:

NHS Ayrshire & Arran

NHS Lothian

NHS Borders

NHS Orkney

NHS Dumfries & Galloway

NHS Shetland

NHS Fife

NHS Tayside

NHS Forth Valley

NHS Western Isles

NHS Grampian

Scottish Ambulance Service

NHS Greater Glasgow and Clyde

State Hospitals Board for Scotland

NHS Highland

Golden Jubilee Foundation

NHS Lanarkshire

NHS 24

Examples of the intelligence we shared before each of our meetings, and then discussed at the meetings of our Group, include:

- findings from inspections and other reviews of care provider organisations
- quantitative analyses from Scotland-wide care datasets, including about service delivery, complaints and workforce
- survey results of doctors in training
- information about financial and resource management.

We provided feedback to each of the 18 NHS boards we considered, including meeting with the NHS board to discuss key issues.

During 2018–2019, none of our member organisations were required to initiate additional work in response to intelligence shared at the Group. As highlighted in our annual report for 2017–2018, there have previously been some occasions when this has happened, and there are instances where the partner organisations continue to work together to support front line care systems to improve. More broadly, the organisations on the Group continue to run significant programmes of scrutiny and improvement work in line with their own remits.

We continue to find it helpful to learn from each other about various aspects of local care systems. We will continue to share intelligence, in order to inform the work we carry out as seven national organisations.

During 2017-2018 we commissioned an independent evaluation of our work⁴, and as a result we have also made some improvements during 2018–2019 to how we work as a Group. For example, we now structure our discussions on the basis of themes identified by various public inquiries and reviews (such as leadership, culture, governance, financial performance, workforce, clinical and care performance and outcomes).

4 www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2017-2018.aspx

What did we observe about the quality of care across Scotland?

The Sharing Intelligence for Health & Care Group is in a position where we can observe and learn about many important things happening in the health and care system across Scotland. These include the high standard of care experienced by many people, but also a number of challenges being faced by care systems and the staff working in them.

The member organisations have a responsibility to be aware of, and responsive to, the challenges facing the health and care system across Scotland. Further development of strong partnership working amongst national organisations, including members of the Group and other agencies, is essential in order to support front line services to address the main challenges facing our care systems.

The seven national organisations who are members of the Group have prepared the commentary below about the important issues we've observed that are relevant to the quality of care delivered for the people of Scotland. Many of these points have been described previously, often in reports published by some of our individual organisations. Nonetheless, we highlight them together in this report, given their significance to the health and care system as seen through our collective perspective.

The Group's core business is to share and consider intelligence about individual NHS boards. On the basis of this, we have also observed some key themes that are relevant across Scotland. This report draws together these themes, and it is not intended to be a comprehensive assessment of the state of the health and care system across Scotland.

Scale of change needed

The people of Scotland continue to benefit enormously from health and care services that can be accessed freely at the point of delivery. Since the NHS was created in 1948, the range of services offered has changed dramatically. So has the demand for these services, and also public and political expectations.

In its report on the NHS in Scotland in 2018⁵, Audit Scotland reported that the demands of a growing and ageing population, coupled with significant financial and workforce pressures, means the current healthcare delivery model is no longer sustainable. This is despite a committed workforce in Scotland that has continued to deliver high-quality care.

On the basis of our work as seven national organisations, we believe that a greater scale and pace of change is required to ensure that people's health and care needs are met in future. There needs to be open and honest debate, locally and nationally, about the changes that are needed to sustainably deliver health and care services in Scotland that are of high quality and value, and also to more fully integrate health and social care services.

5 www.audit-scotland.gov.uk/report/nhs-in-scotland-2018

Leadership and culture

Leadership and culture are critically important factors when considering the quality of care in the wider sense. Everyone working in the health and care system in Scotland has an important role to play, and having effective leaders in place is vital. As a Group, we are aware that the leaders of today's care systems are working within an environment of extreme pressure and great complexity. Leaders are working to meet increasing public expectations and demand for services while also maintaining or improving performance. At the same time, the care systems they are leading are facing significant financial and workforce challenges (see below). There is added complexity as health and social care systems become more integrated.

The King's Fund recently highlighted a problem of 'churn' within senior leadership roles in English NHS trusts⁶, such as high vacancy rates and short tenures. A culture of blaming individuals for failure was identified as making leadership roles less attractive. As a Group, we have observed 'churn' within senior leadership roles across Scotland. For example, during 2018–2019, there was a change in Chief Executive for six of the 18 NHS boards we considered. There has also been significant turnover in other key leadership positions in NHS boards and in Integration Authorities (such as Chief Officers).

Audit Scotland's progress report⁷ on health and social care integration highlighted the importance of collaborative leadership across the different components of local health and social care systems. As a Group we agree that building collaborative leadership and strategic capacity, while minimising the 'churn' in leadership teams across the health and care system, are key factors for making good progress with integrating health and social care services.

6 www.kingsfund.org.uk/publications/leadership-todays-nhs

7 www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress

As a Group, we endorse the view expressed by the King's Fund that national organisations have a key role to play in modelling the behaviours they expect of local leaders, and to treat the leaders of local care systems with dignity and respect. It is important that the member organisations of the Group demonstrate this in our day-to-day interactions with local health and care systems.

We also continued to acknowledge many examples of effective leadership across the care system in Scotland. This includes constructive responses to the findings from external reviews, even when these sometimes drew attention to challenging issues. For example, Healthcare Improvement Scotland and the Care Inspectorate reported that positive and constructive engagement with their inspection teams is helping with the improvement of services locally. The Mental Welfare Commission for Scotland reported that managers generally respond well to the recommendations from its programme of visits.

A recently published report from an independent review⁸ in one NHS board drew attention to the importance of cultural issues in the NHS in Scotland. To learn more about culture and the experience of staff, this year our Group has started to consider the results from the NHSScotland iMatter staff survey. This is a survey based approach that is designed to help learn about the experience of staff across Scotland, and to take action based on this. iMatter results⁹ for 2018 show that, overall, respondents felt they were treated with dignity and respect at work. Areas for improvement included staff being given time and resources to support their learning growth. We noted that the response rate to the iMatter survey varied markedly between NHS boards, and only half of the 18 NHS boards we considered achieved the response rate of 60% or over required to receive a more detailed iMatter report.

8 www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/

9 www.gov.scot/publications/health-social-care-staff-experience-report/pages/1/

Culture can vary within organisations, from one department/team to the next. There is a need to learn from those areas that are doing well in relation to inspiring vision and values, collaborative leadership, innovation and learning, and support and compassion. We have also observed that different cultures and priorities can sometimes exist across different local authority areas within a wider NHS board region. This can impact on the collaborative approach and the delivery of integrated services within NHS board areas.

Governance and finances

In October 2018, Audit Scotland published its report on the NHS in Scotland¹⁰. The total Scottish Government annual health budget for core services was £13.1 billion. Health remains the single largest area of Scottish Government spending, accounting for 42 percent of the total budget. The majority of health funding was provided to territorial NHS boards to deliver services. NHS boards delegated almost half of their budget to Integration Authorities to fund services, including primary and community care.

The NHS met its overall financial targets but NHS boards are struggling to break even, which they have been required by the Scottish Government to do at the end of each financial year. The majority of NHS boards have relied on short-term measures to balance their books, eg reallocating capital to revenue, and postponing investments. A few NHS boards required a loan from the Scottish Government to break even, and the amount provided by the Scottish Government for this purpose has increased. In October 2018, the Cabinet Secretary for Health & Sport announced that all territorial NHS boards' outstanding loans would be written-off at the end of the 2018–2019 financial year.

¹⁰ www.audit-scotland.gov.uk/report/nhs-in-scotland-2018. This report is for 2017–2018, and the key messages from the report highlighted here are still relevant given the intelligence that the appointed auditors have shared with the Group during 2018–2019.

While the level of savings achieved by NHS boards is unprecedented, and has involved hard work and innovation, there has also been a heavy reliance on one-off savings. This reliance on such 'non-recurring' savings is unsustainable, because they are becoming increasingly difficult to identify. They also reflect a focus on short-term actions rather than transformational change and long-term financial planning. The financial pressures facing the NHS continue to intensify. Pressures such as drug costs, a backlog of maintenance, and the use of temporary staff are predicted to continue in future years.

In October 2018, the Scottish Government published its Medium Term Health & Social Care Financial Framework¹¹. This is an important step in enabling an open debate about the scale of the financial challenges ahead and the potential options for dealing with the impact this will have on delivering services. In addition, territorial NHS boards will now be allowed to break even over a three year period, rather than at the end of each financial year. This should provide NHS boards and Integration Authorities with greater flexibility in planning and investing over the medium to longer term, for example to achieve the aim of delivering more community-based care. It also makes it even more important that NHS boards plan their finances over a medium to longer-term period.

Each NHS board is responsible for ensuring that health services are delivered safely, efficiently and effectively, and to give the public confidence in the NHS. There has been a lot of attention on NHS governance over the past year. Audit Scotland's report on the NHS in Scotland highlighted that there is evidence that not all NHS boards are operating effectively. The Scottish Government is leading work with the aim of strengthening governance arrangements in NHS boards. This includes piloting a standardised review of corporate governance, NHS Scotland Blueprint for Good Governance.¹²

11 www.gov.scot/publications/scottish-government-medium-term-health-social-care-financial-framework/

12 [www.sehd.scot.nhs.uk/dl/DL\(2019\)02.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf)

The financial constraints in which Integration Authorities are operating are impacting on strategic planning and commissioning, and on the development and delivery of services. There is more to be done in terms of Integration Authorities using their finances to develop and deliver new and innovative ways of working across health and social care. Lines of accountability for health and social care integration are still not universally clear. Auditors have highlighted that in some regions there is a need for greater clarity to: avoid duplicating governance arrangements; manage overspends in Integration Authorities, and: have ownership of performance management. Nonetheless there is evidence, from joint inspections of integrated services for adults, of increasingly integrated governance of health and social care services.

Workforce

Despite the challenges outlined above, there is a committed workforce in Scotland that has continued to deliver high-quality care. Care systems across the country are, however, experiencing some significant workforce challenges. Again, Scotland is not alone in this regard. In May this year, the Nuffield Trust reported an estimated vacancy level of 8% (around 1 in 12 posts) in hospital and community services south of the border¹³. These shortages are distributed unevenly across England.

The significant workforce issues facing the NHS in Scotland include difficulties with recruiting and retaining doctors. The rate of vacant consultant posts is about 8%. Consultant vacancies are highest for clinical radiology (a vacancy rate consistently in excess of 10% since 2016), and there is growing pressure on psychiatry with posts in old age psychiatry in particular proving difficult to fill. The Mental Welfare Commission for Scotland reported that the increasing number of vacancies for consultant psychiatrists across Scotland has resulted in a high use and reliance on locum consultant psychiatrists. This can lead to fragmentation of care and frustration for patients.

13 www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#2-what-is-the-overall-shortfall-in-staff-in-the-nhs

There are also challenges with recruiting and retaining nursing staff. The vacancy rate for nurses and midwives has increased to about 5%. Vacancy rates for nurses working in mental health and learning disability are also increasing.

Different NHS boards have different workforce challenges. For example there are particular challenges associated with recruiting to medical posts in the more remote and rural parts of Scotland.

When considering workforce-related issues more broadly, an important source of intelligence that the Group considers is feedback from trainee doctors. The General Medical Council, which is the professional regulator responsible for oversight of medical education and training, conducts an annual National Training Survey¹⁴. The results of this show that quality of training in Scotland remains high, in the face of significant workforce challenges and workload pressures¹⁵ and, generally, compares favourably with the position elsewhere in the UK. For example, there is positive feedback overall about the experience in training posts, and almost 9 in 10 doctors training in Scotland rate the quality of clinical supervision as 'very good' or 'good'. However, the results also highlight challenges about workload, and about 1 in 5 doctors training in Scotland report feeling burnout because of their work to a 'very high degree' or to a 'high degree'.

14 www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys

15 www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk

NHS Education for Scotland shares intelligence about the enhanced monitoring process that it runs with the General Medical Council. Enhanced monitoring¹⁶ is a valued quality management tool that can be initiated when there are concerns about the local environment for medical education and training. The process is designed to support improvement in the quality of training environments. Cases vary in their size and complexity, ranging from a single issue in a single department to multiple issues among a grouping of multiple specialties/departments. At the beginning of 2018–2019, there were nine cases in Scotland on enhanced monitoring. Three of these had been on enhanced monitoring for more than three years, and this reflects in part some of the very challenging issues that NHS boards are trying to address. Two cases were de-escalated from enhanced monitoring following the demonstration of sustained improvements. The Group was pleased to note that no new enhanced monitoring cases were initiated during 2018–2019, and this reflects the positive training environments for doctors that exist across the country.

Significant staff recruitment and retention challenges are impacting on the wider care system across Scotland, and not only the NHS. In some regions there are key professional roles and management positions that are challenging to fill, and this is impacting on planning and delivery of health and care services. This has resulted in a loss of organisational knowledge and expertise in the partnership areas affected. In many regions, there are also ongoing workforce challenges that are impacting on the care home sector and also the delivery of care at home.

EU withdrawal has the potential to significantly affect the health and care system across Scotland. It has been difficult to assess the scale of the risk, particularly in terms of workforce as data on the nationality of employees is not routinely collected, and there is still significant uncertainty about what form EU withdrawal will take.

16 www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/enhanced-monitoring

Clinical and care performance and outcomes

As might be expected, we see a mixed picture when we consider data/intelligence about the quality and outcomes of care across Scotland. There are many very positive messages about aspects of care that are good and/or improving. There are, however, also signs of a health and care system that is highly pressured¹⁷.

In May this year, Public Health and Intelligence reported that the Hospital Standardised Mortality Ratio for Scotland had decreased by 14% between 2014 and 2018, exceeding the Scottish Patient Safety Programme aim of reducing mortality by 10%. There are a number of possible contributing factors, including improvements to patient safety made by teams delivering care across the country. The Scottish Patient Safety Programme has reported that improvements in patient safety include a reduction of 28% in the rate of cardiac arrest, and a reduction of 16% in the rate of falls with harm¹⁸. Over the past decade, there has also been a significant reduction in the rate of infant deaths (deaths within the first year of life). Some of the main messages from Healthcare Improvement Scotland's hospital inspections include the many instances where NHS staff are showing care and compassion to patients. Common areas for improvement include patients being assessed within required timeframes when they are admitted to hospital, and documented care planning that describes how patients' identified needs will be met.

¹⁷ www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk

¹⁸ These data are for hospitals that have reported data consistently, and are not for Scotland as a whole.

Healthcare Improvement Scotland also shared with the Group numerous examples of where front line teams have engaged well with nationally-led quality improvement work, including some of the main successes in terms of improvements made. A key challenge observed across the country is ensuring that there are the skills and capacity in quality improvement methodology that are required for leading and delivering the scale of improvements that need to be made.

The pressure on the NHS is increasing, and performance against some national performance targets continues to decline. For example, when considering access to services, recent years have seen a striking reduction in the percentage of people waiting 12 weeks or less for inpatient or day case treatment. As of March 2019, almost 1 in 3 patients waited longer than 12 weeks for treatment. There is a similar pattern observed for new outpatient appointments, with 1 in 4 patients waiting longer than 12 weeks. There has also been a significant reduction in the percentage of people urgently referred with a suspicion of cancer who began treatment within 62 days of referral – this is at 81%.

Over recent years, there has been an encouraging reduction across Scotland in the rate of prescribing antibiotics in community settings. Making a contribution to this is the work of the Scottish Antimicrobial Prescribing Group, which works with NHS boards across different health and care settings to improve antibiotic use and patient outcomes, while minimising the harm to individuals and to the population more widely from antibiotic use.

The Mental Welfare Commission for Scotland reported that the quality of care, and the care environment, for mental health services varies across the country. There are challenges with the availability of beds in admission wards, and the provision of adequate intensive community support to prevent admissions. This means that service users are sometimes admitted to non-admission wards or even to services in another NHS board area.

Audit Scotland published a report¹⁹ which highlighted that mental health services for children and young people are under significant pressure. The number of referrals to specialist services has increased, and children and young people are waiting longer for treatment with access to services varying markedly across Scotland. This makes it difficult for children, young people, and their families and carers to get the support they need. A step change in the way that the public sector in Scotland responds to the mental health needs of children and young people is required.

Every year the Mental Welfare Commission for Scotland produces an independent overview of the operation of either the Mental Health (Care & Treatment) (Scotland) Act 2003 or the Adults with Incapacity (Scotland) Act 2000. The use of both Acts continues to rise, although there is often wide variation across the country in how these Acts are used.²⁰ The Mental Welfare Commission is looking into the reasons for this.

In terms of the experience of people using services, a key source of information is complaints. The Scottish Public Services Ombudsman confirmed that all NHS boards have adopted the NHS Model Complaints Handling Procedure. This brings the NHS into line with other Scottish public service sectors in having standardised complaints handling processes. Integral to this is the requirement to learn from complaints to drive improvements in the experiences of people using NHS services. The NHS Model Complaints Handling Procedure is an important building block in enabling good complaints handling practice across the NHS in Scotland. The next challenge for the Ombudsman is to monitor practice to ensure it is applied consistently.

19 www.audit-scotland.gov.uk/report/children-and-young-peoples-mental-health

20 www.mwscot.org.uk/publications/statistical-monitoring-reports

During 2018–2019, around a quarter of all health related complaints considered by the Ombudsman identified some issues in the way complaints were handled locally. This included, for example, complaints not being accurately identified or responded to, poor communication with the complainant and others, and complaints not responded to in good time.

The Ombudsman made 840 recommendations on health cases in 2018–2019²¹, all of which were accepted by NHS boards and are being implemented. This is illustrative overall of a system that is open to feedback, learning and improvement.

21 www.spsso.org.uk/our-findings



Analytical support required

The overall aim of the Group is to support improvement in the quality of care provided for the people of Scotland – by making good use of existing data and intelligence. Analytical support has a critical role in supporting change and improvement in health and care services. There are numerous purposes for which data/intelligence have a key role, including designing and evaluating new models of care, and helping members of the public make decisions about their own care and treatment.

A recent report from The Health Foundation about analytical capability in the NHS in England²² mirrors what we observe, as a Group, in Scotland. In particular, while it sometimes feels like we are awash with data about our health and care systems, we are not always making the best use of these data. At the same time there are aspects of our care systems that are relative ‘blind spots’ when it comes to nationally available data, in particular the quality of healthcare delivered in community settings. If the balance of front line services is to successfully shift toward community settings, then we need to get a much better understanding of activity and performance of community based services. This will involve developing new Scotland-wide datasets.

We also need to further develop the analytical support that is available within our care systems in Scotland. We need to ensure that the analytical workforce is focusing on work that is going to add the greatest value for patients and the public. The organisations on the Group have an important role in making these changes. This includes leadership from Public Health and Intelligence, the lead agency for health analytics in Scotland, and also how we use data/information collectively as a Group. Public Health and Intelligence is due to become part of a newly formed Public Health Scotland in April 2020. It is anticipated that this development will lead to some enhanced intelligence/insight being input to the Group, building upon the data that are already provided.

²² www.health.org.uk/publications/reports/untapped-potential-investing-in-health-and-care-data-analytics

What are our commitments for 2019-2020?

Transparency and the voice of the public

‘Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public’

(recommendation 7, A Promise to Learn – A Commitment to Act, 2013²³).

The Group fully supports this statement on information about the quality of care being freely available in an accessible format. Transparency is also a characteristic of good governance. This is why, from 2019-2020, we are placing more information about our work into the public domain. In particular, from September 2019 the Group will proactively publish the feedback letter that we send to each NHS board identifying the key points about that local care system. We also publish our schedule of when we consider specific NHS boards, together with a description of the range of data/intelligence we consider²⁴.

The Group has already committed to ensuring that the voice of the public features more prominently in our work. This is to build upon the input that the Scottish Health Council (part of Healthcare Improvement Scotland) already provides by sharing information on its activities with NHS boards. As stated in our published response to an independent evaluation of the Group, we invited a colleague with expertise in public involvement to observe how the Group works. This led to us hosting a focus group with some public representatives, who recommended to us that we raise public awareness of our work and ensure that the information we put into the public domain is written in language that is easy to understand. We accept these recommendations.

²³ www.gov.uk/government/publications/berwick-review-into-patient-safety

²⁴ www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence.aspx

Sharing intelligence about Integration Authorities

We have started to consider how our work can best take account of the changing landscape of increasingly integrated health and social care services in Scotland. Our early work on this during 2018-2019 highlighted the complexity of the issues involved. For example it's vital that when national agencies share intelligence, then this is done in a way that helps the front line organisations that the information relates to. We will do more work on this during 2019-2020, and are seeking to work with at least one Integration Authority to explore the issues and options.

Making the best use of data, including about care provided in community settings

During 2018-2019, we have continued to explore which of the many metrics from Scotland-wide datasets might be of greatest use to help learn about the quality of care. In 2019-2020, we will refine the set of indicators that we consider. We will also ensure we are routinely identifying key patterns of variation in the data for each of these indicators, including variation over time and in comparison with the Scottish average.

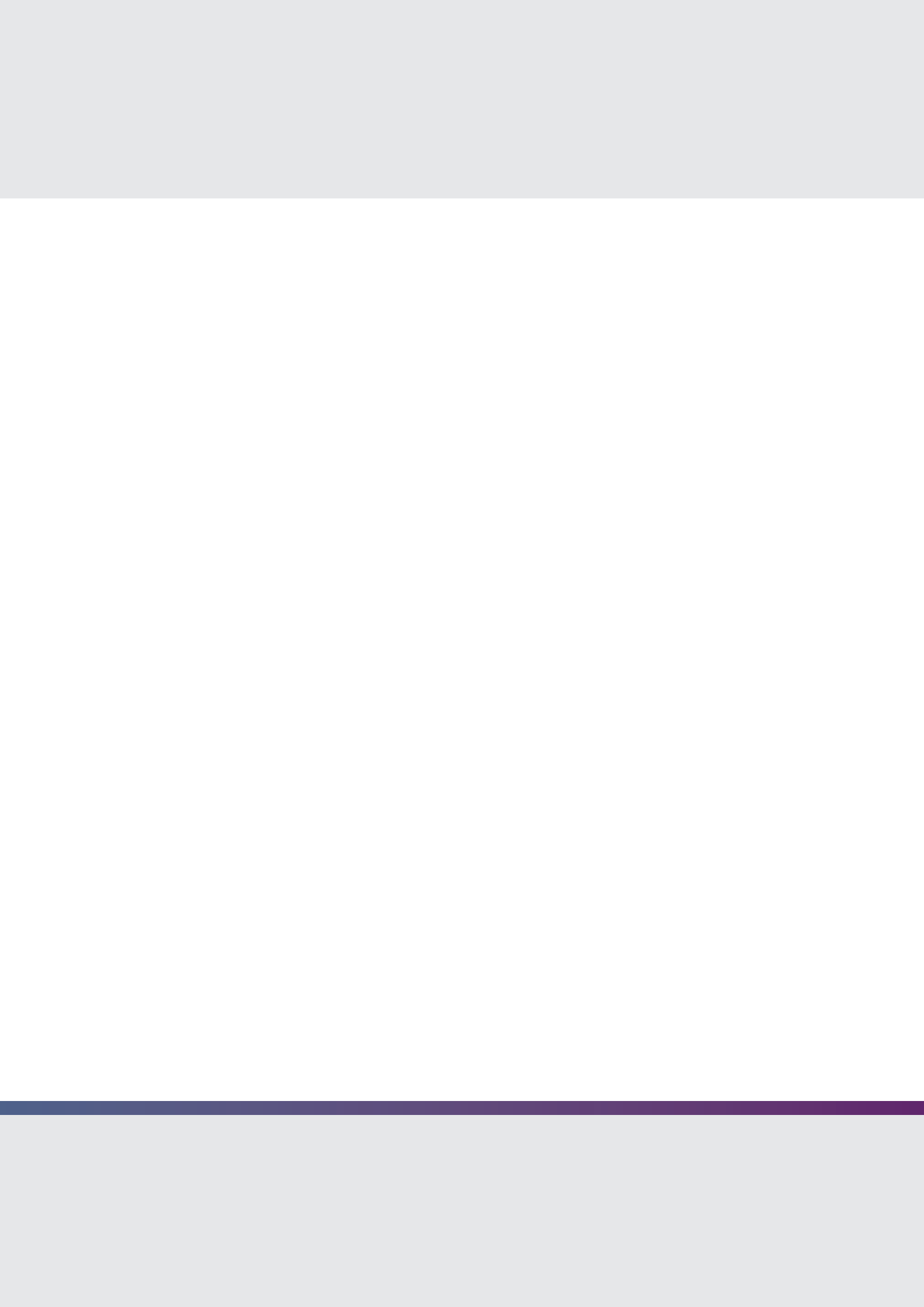
There has traditionally been a relative lack of data from national datasets about the quality of care provided in community settings. Public Health and Intelligence is, however, leading developments that will help ensure there is better data in the future about care delivered in the community. For example, there are increasingly better data becoming available about general practice/primary care, community-based mental health services, and district nursing.

In addition, there has also recently been the initial publication of a report which provides a digest of information and analyses on social care, covering self-directed support, home care service provision, care homes, and community alarms/telecare²⁵. In a development that will mature over time, these data are now also being linked with other datasets to gain better insights into the wider health and social care system and to develop a number of outcome measures.

Between April 2019 and March 2020 we will:

- consider our collective intelligence about eighteen NHS boards
- publish our feedback to each of these NHS boards
- raise public awareness of our work and ensure that the information we put into the public domain is written in language that is easy to understand
- prepare proposals for if/how we involve Integration Authorities in our work
- identify patterns of variation on a refreshed set of indicators, and use additional pieces of data about the quality of care in the community

²⁵ www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-06-11/2019-06-11-Social-Care-Report.pdf



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0141 225 6999 or email **contactpublicinvolvement.his@nhs.net**

NHS Education for Scotland

Board Paper Summary: Partnership Forum Minutes

1. Title of Paper

Minutes of the Partnership Forum meeting held on 2nd September 2019: copy attached.

2. Author(s) of Paper

Morag McElhinney, Principal Lead, HR

3. Purpose of Paper

To receive the unconfirmed minutes of the Partnership Forum meeting 2nd September 2019.

4. Items for Noting

6. Once for Scotland Policies (Portal and Presentation Programme Presentation Update)

The Partnership Forum received an overview of the Once for Scotland Policies programme, including the digital platform being developed by NES to support this. Timescale of March 2020 has been agreed by SWAG for the 6 core policies to be implemented across NHS Scotland, a local NES implementation plan is in development between HR and staff side.

7. Staff Engagement – Involved in decisions that affect me

An initial discussion explored the possible tools that NES are considering introducing to improve the digital solutions that they have available for engaging staff and to allow for more real time feedback, enabling improvement actions to be identified.

8. Agenda for Change Pay Reform (Appraisal including Statutory and Mandatory Training)

An update was provided on the 3 workstreams supporting the Appraisal and Incremental Progression aspect of the Agenda for Change Pay Reform noting that NES are involved in all three: developing Turas Appraisal and Turas Learn to include statutory and mandatory training completion and compliance reporting; developing a Once for Scotland approach to statutory and mandatory training with 9 or 10 agreed core learning outcomes; and leading a

national culture change programme that will promote the advantages of meaningful appraisals.

9. NDS & NES Digital

An update was provided on work being progressed to ensure that there are harmonised job descriptions in place that are fit for purpose, reflect the Digital, Data and Technology Professional Competency Framework and that support NES in attracting the required expertise.

10. Review of Partnership Working (NES/PF/19/21)

The group considered the review of Partnership Working. The review looked at the various component structures of partnership including the Scottish Partnership Forum and the overall conclusion was that Partnership was fit for purpose.

11 Stress Survey 2018 - Overview (NES/PF/19/22)

A summary of the Stress Survey was provided. There was agreement the survey should not be viewed in isolation and actions will be aligned with other work under our Staff Governance Standard and the Sturrock Report. A summary of the report would be progressed for sharing with staff.

13. National Board Shared Services Programme (NES/PF/19/23)

Members received an update on the National Board Shared Services Programme including HR content being moved over to HR Connect; information to be cascaded using Yammer; work also being done to have an HR Shared Services hub.

14. East Region Recruitment Transformation: Update (NES/PF/19/24)

Members were informed that a workshop was held in June and 3 options were given at the workshop, with further financial modelling now being progressed.

15. BMA Recognition Agreement (NES/PF/19/25)

Subject to any final feedback, the Agreement was approved.

5. Recommendations

None.

NES
September 2019
MM

(Unconfirmed)
NES/PF/19/18
NHS Education for Scotland

PARTNERSHIP FORUM

Minutes of the eighty-fifth meeting of the Partnership Forum held on Monday 2nd September 2019, NES 2 Central Quay, Glasgow

Present:

Caroline Lamb, Chief Executive (Joint Chair)
Liz Ford, Employee Director (Joint Chair)
Dorothy Wright, Director of Workforce
Lynnette Grieve, Staff Side Representative Unison
David Cunningham, BMA Representative (VC, 2CQ)
Ameet Bellad, Senior Specialist Lead for Workforce
Anne Campbell, Head of Programme – Education and Management Development, Workforce
David Felix, Postgraduate Dental Dean/Management Representative (VC, Westport)
Kirsti Long, Senior Specialist Manager for Workforce (VC, Westport)
Morag McElhinney, Principal Lead (HR)
Lindsay Lewis, Admin Assistant – HR, Workforce (minute taker)

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Apologies for Absence

Apologies were received from, Jackie Mitchell, RCM Representative and Ros Shaw, RCN Representative and Linda Walker, Staff Side Representative GMB.

3. Partnership Forum Minutes 28th May 2019 (NES/PF/19/16)

The minutes were agreed as being an accurate record.

4. Partnership Forum Actions 28th May 2019 (NES/PF/19/17)

All action points from the last meeting were noted as all due to be covered on the agenda for today.

5. Matters Arising from the Minutes

5.1 Sturrock Report – Cabinet Secretary

CL advised that she had attended the first meeting of the SLWG for this work which was well attended and included John Sturrock QC. The meeting took the format of a general discussion and a number of themes were identified which will be followed up with Boards. To date nothing has been issued. Some of the issues raised including

access to the iMatter tool for some staff groups. A follow up meeting of the SLWG is scheduled for the 31 October.

5.2. Brexit – DW advised that a further communication on the Settlement Scheme has been issued, encouraging staff to apply. This was particularly within the context of freedom of movement ending on the 31 October as announced by the UK Government.

Governance Items

6. Once for Scotland Policies (Portal and Presentation Programme Presentation Update)

AB informed members that this work has been ongoing for the past 9 months and the vision is to have a Once for Scotland set of policies. A discovery workshop was held back in January with a wide range of users and the development of the portal has been based on that. AB went onto describe

- Digital solution key initiatives
 - platform infrastructure - content management (using Umbraco)
- Technology & Security, Integration, user interface initiatives
 - Content design (using natural language and short rather than long words)
 - Content discovery and accessibility (device adaptable – mobiles, laptops, tablets etc)

Timescale of March 2020 has been agreed by SWAG for the 6 core policies and the feedback received at the meeting was all positive.

MM informed those present that SWAG are reviewing the supporting documents for the Implementation Plan and the timeline has been amended for phase 1 for a soft launch.

The Partnership Forum noted the update and commented that the portal was excellent and will make the information accessible for everyone.

7. Staff Engagement – Involved in decisions that affect me (NES/PF/19/19)

AB opened an initial discussion about the possible tools that NES are considering introducing to improve the digital solutions that they have available for engaging staff. These could allow for more real time feedback and enable improvement actions to be identified. AB gave a short presentation to members about next generation employee engagement tools that could be used to allow for a more agile approach to employee feedback, monitoring and analytics as well as tracking and managing of actions. He went on to describe the different methods of communication that NES uses including: Microsoft Teams, employment engagement tools, NES intranet, Workforce Policies, Turas Appraisal, Turas Learn.

DW informed members about the implementing considerations: research and best practice, organisational model, authorising environment, link to 'our way' and NES leadership behaviours, resourcing and long- term commitment.

LF noted that it was a very interesting presentation and it could well be the approach that is needed for getting staff buy in. LF also said she would welcome an early involvement from staff side.

8. Agenda for Change Pay Reform (Appraisal including Statutory and Mandatory Training (NES/PF/19/20)

AC summarised for members the 3 workstreams supporting the Appraisal and Incremental Progression aspect of the Agenda for Change Pay Reform noting that NES are involved in all three: developing Turas Appraisal and Turas Learn to include statutory and mandatory training completion and compliance reporting; develop a Once for Scotland approach to statutory and mandatory training with 9 or 10 agreed core learning outcomes; and leading a national culture change programme that will promote the advantages of meaningful appraisals. AC also noted the workstreams all interact and NES will need to collaborate with them all.

AC updated members on the progress to date noting that there are 5 proposed digital solution options. NES has recommended the middle option and this has been accepted by the subgroup as it allows for full integration between Turas Learn and Appraisal, so that PDP is updated based on the training completed as well as enabling digital signoff of learning completed and managers being notified when it is time of staff to complete refresher training. It was also noted that this option would give us a basis for a statutory and mandatory training passport.

AC informed members that funding needed to be approved by the SG by the end of July 2019 to allow for the launch in April 2020 but there has been very little progress across the workstreams so far to enable this deadline to be met.

The Forum noted the update provided and KL stated that there were statutory equality and diversity reporting implications which needed to be addressed i.e. reporting by protected characteristics in respect of staff not enjoying pay progression through failure to complete development.

9. NDS & NES Digital

MM explained that since implementation of harmonised job descriptions across NES in 2016, NES has taken on a much greater digital role in NHS Scotland and is operating in the context of the Digital and Social Care Strategy, this is reflected across NDS and NES Digital workstreams. HR led a workshop in August involving NDS and NES Digital to develop a shared understanding of the digital structures and roles required across NES Directorates. The workshop then focussed on identifying outcomes that will ensure that there are harmonised job descriptions in place that are

fit for purpose, reflect the Digital, Data and Technology Professional Competency Framework and that support NES in attracting the required expertise.

MM advised that following the agreement in the workshop of the structure of a common delivery team, harmonised job descriptions will be developed that reflect the technical expertise requirements and these will then be added to the harmonised suite. MM advised this will be progressed by HR in conjunction with NDS and Digital. MM also confirmed that new posts will continue to be consistency checked for a match against the harmonised suite as previously agreed, and where there is no match a harmonised job description will be developed. It was agreed this is expected to be the case for a small number of posts.

10. Review of Partnership Working (NES/PF/19/21)



letter-from-spf-co-c
hairs-re-partnership

DW provided members with a summary of the review on Partnership Working noting that the Executive Summary gave a good overview. Partnership Working in NHSScotland was last reviewed in 2012 and it was noted that we have a different landscape now with a focus on regionalisation and health and social care integration. The review reported that in contrast to previous review, local partnership working was stronger than national partnership working. The review also looked at the various component structures of partnership including the Scottish Partnership Forum.

DW summarised the overall conclusion that Partnership was fit for purpose. She drew attention to the six recommendations that had been made, four of which focussed on the Scottish Partnership Forum. CL thanked Dorothy for her update and LF noted that there was not anything in the paper that had not been expected.

DW raised whether this was an appropriate time to discuss how we can continue to improve partnership working in NES. It was agreed that some offline discussions would take place first and in due course bring something back to the Partnership Forum.

11 Stress Survey 2018 - Overview (NES/PF/19/22)

KL provided members with a summary about the Stress Survey stating that the Healthy Working Lives Strategy Group had noted the absence of benchmarking data in the survey (see table of page 30). It was noted that there had been good engagement with the survey.

Input is welcomed on the following areas: ideas on further analysis; ideas for action plan and wider communication with staff. DW noted that the survey provides another source of very helpful information, but it should not be viewed in isolation and actions

aligned with other actions under our Staff Governance Standard and the Sturrock Report etc. This was agreed.

KL asked members if it would make sense to shorten the length of the report? CL agreed that the report as it stands works for the Forum, but we would need something shorter for staff.

12. National Board Collaborative Discussion Document

CL informed members that it had previously been agreed that this would be a standing item on the agenda, but it was agreed that this item can be removed from the agenda going forward as there is nothing further to update.

13. National Board Shared Services Programme (NES/PF/19/23)



Update%20for%20
NES%20PF%2002091

MM informed members about the areas being worked on for the National Board Shared Services Programme: HR content being moved over to HR Connect; information to be cascaded using Yammer; work also being done to have an HR Shared Services hub.

CL thanked MM and DW for their update. LG noted that not everyone uses Yammer and MM agreed that she would take this comment onboard.

14. East Region Recruitment Transformation: Update (NES/PF/19/24)

Members were informed that a workshop was held in June and 3 options were agreed at the workshop, with financial modelling now being progressed. Prior to the June workshop, engagement workshops were held with each of the 6 boards and consultation with colleagues is ongoing. NES are currently working to move to JobTrain and we will be coming out to colleagues about this in the next 6 weeks. It was also noted that there would be ongoing communication with HR staff regarding the future impact of the East Recruitment Transformation programme.

15. BMA Recognition Agreement (NES/PF/19/25)

MM advised members that work had been completed on the Recognition Agreement. As the BDA had not yet commented it was agreed that it would now be sent to the BDA. Subject to any final comments, the Agreement was approved.

16. Policies (NES/PF/19/26)

The Forum noted the update provided by MM.

17. Managing Health, Safety and Wellbeing Committee minutes

There were no comments on the Minutes.

18. Change Management Programme Board minutes

CL noted that minutes were not yet available.

19. Any other business

KL raised any AOB item noting that UK government are consulting on extending protection on sexual harassment in the workplace.

Date of the next meeting: 30th October, NES Westport Room 7

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Training and Development Opportunities for Board Members

2. Author(s) of Paper

Joy Harvey, Executive Officer

3. Purpose of Paper

To provide details of any upcoming training and development events for Board members, together with details of opportunities for Board members to gain a deeper understanding of NES business.

The attached paper provides the normal detail of structured training events available for Board members. It also responds to feedback from Non-Executive Board Members that opportunities to engage further with the core educational functions of NES would be beneficial. This is intended to allow members to gain a fuller understanding of day to day business and allow interaction with colleagues and trainees. Teams within NES have provided dates of forthcoming events e.g. training courses and training days for trainees.

Board members should note that in relation to the opportunities for Board members to gain a fuller understanding of our work, the nature of some of these is that they will not be able to accommodate more than one Non-Executive member at a time. We will therefore need to ensure that we co-ordinate requests to participate in these events.

Please contact Joy Harvey (CEO.nes@nes.scot.nhs.uk) or David Ferguson (David.Ferguson@nes.scot.nhs.uk) for further details on these opportunities.

4. Recommendation(s) for Decision

This paper is for information.

Appendix 1 - Training and Development Opportunities for Board Members

Structured Training

On Board Scotland Training			
Date	Location	Cost	
2019			
13 December	Stirling Court Hotel, Stirling	£395.00 plus VAT per place.	
2020			
19 March	Grand Central Hotel, Glasgow		
19 June	Stirling Court Hotel, Stirling		
8 September	Radisson Blu Hotel, Edinburgh		
4 December	Stirling Court Hotel, Stirling		

On Board Scotland Training

Date	Conference/Event	Location
2019		
22 October	The Effective Audit and Risk Committee	Edinburgh
10 December	The Effective Audit and Risk Committee	Stirling

National Conference Days

Date	Conference/Event	Location
2019		
5 November	West Region HCSW Event	Grand Central
11 November	NES Bereavement Education Conference	Royal College of Surgeons
20 November	Future Nurse & Midwife Programme Board National Events	Grand Central
2020		
30 April – 1 May	10 th National Scottish Medical Education Conference	Edinburgh International Conference Centre

Development Opportunities with a focus on understanding more about NES's work.

Medicine*		
Date	Event	Location
2019		
Held throughout the year	Quality Management Visit	Nationally – various across Scotland

Held throughout the year	GP Specialty Quality Management Group	Various
* Medical events are organised regularly across Scotland. Dates and venues can be provided on request.		

NMAHP		
Date	Event	
2019		
25 September	National Strategic Group for Practice Learning	2 Central Quay, Glasgow and Westport 102, Edinburgh
7 November	Digital Health and Care Leadership Programme Consolidation Day (Cohort 12)	Westport 102, Edinburgh
19 November	Practice Education Leads Forum	2 Central Quay, Glasgow and Westport 102, Edinburgh
27 November	Refreshing your Family Nursing Practitioner (FNP) Practice	TBC

Optometry		
Date	Event	
Weekly	Optometry Teach and Treat Clinics	Aberdeen, Edinburgh and Glasgow

Quality Improvement		
Date	Event	Location
2019		
24-26 September	Scottish Coaching and Leading for Improvement Cohort 14 – Workshop 1	Dundee, venue TBC
1 October	Scottish Quality and Safety Fellowship Cohort 12 – Opening Day	Golden Jubilee
1 – 3 October	Scottish Improvement Leaders Cohort 23 (NHS GGC) - Workshop	Golden Jubilee
14 November	Scottish Improvement Leaders Graduation/Networking Event	BT Murrayfield
19-21 November	Scottish Improvement Leaders Cohort 22 (Scotland-wide) – Workshop	Golden Jubilee
26-28 November	Scottish Coaching and Leading for Improvement Cohort 13 – Workshop 2	Jury's Inn, Inverness
3-5 December	Scottish Coaching and Leading for Improvement Cohort 14 – Workshop 1	Dundee, venue TBC

Procurement		
Date	Event	Location & Link
2019		
29 October	Procurex	SEC, Glasgow Link
2020		
28 April 2020	P4H (Procure for Health)	EICC, Edinburgh Link

Finance		
Date	Event	Location & Link
2019		
19 November	Counter Fraud Conference	Stirling Management Centre

NES Digital Service		
Date	Event	Location & Link
2019		
20-21 November	Digital Health & Care Conference	Strathclyde Technology & Innovation Centre, Glasgow Link
26 November	Socitm Scotland 2019	Dynamic Earth, Edinburgh Link