

NHS Education for Scotland

NES/22/72

AGENDA FOR THE ONE HUNDRED AND SEVENTY FIRST BOARD MEETING

Date: Thursday 24 November 2022

Time: 10:15 – 12:45

Venue: Hybrid meeting: MS Teams / Room 1 Westport, Edinburgh.

1. **10:15 Chair’s introductory remarks**
2. **10:16 Apologies for absence**
3. **10:17 Declarations of interest**
4. **10:18 Minutes of the One Hundred and Seventieth Board Meeting 29 September 2022 for approval** NES/22/73
5. **10:20 Matters arising from the Minutes and notification of Any Other Business**
6. **10:21 Actions from previous Board Meetings** NES/22/74
For review
7. **Chair and Chief Executive reports**
 - a. **10:24 Chair’s Report** NES/22/75
 - b. **10:35 Chief Executive’s Report** NES/22/76
8. **Annual Items**
 - a. **10:55 Annual Progress Against Strategic Outcomes and Annual Review Self-Assessment 2021/22** NES/22/77
For Review and Approval (C. Bichan)
 - b. **11:05 Annual Climate Emergency and Sustainable Development Report** NES/22/78
For Approval (J. Boyle)
 - c. **11:15 Public Bodies Climate Change Duties Annual Report** NES/22/79
For Approval (J. Boyle)
 - d. **11:25 NES Draft Counter Fraud Policy** NES/22/80
For Approval (J. Sinclair)

9. Performance Items

- a. **11:35** 2022/23 Quarter 2 Financial Report For Review and Approval (J. Boyle) NES/22/81
- b. **11:50** 2022/23 Quarter 2 Risk Register Report For Review and Approval (J. Boyle) NES/22/82
- c. **12:00** 2022/23 Quarter 2 Delivery Performance Report For Review and Approval (C. Bichan) NES/22/83
- d. **12:10** Equality and Diversity Mid-Year Report For Review and Approval (K. Hetherington) NES/22/84

10. Governance Items

- a. **12:15** Significant issues to report from Standing Committees:
 - i. **12:15** Audit and Risk Committee held on 6 October 2022 (J. Ford, verbal update)
 - ii. **12:18** Digital and Information Committee held on 31 October 2022 (D. Garbutt, verbal update)
 - iii. **12:21** Staff Governance Committee held on 3 November 2022 (A. Currie, verbal update)
- b. **12:24** Board and Committee Meeting Dates 2023-24 For Review and Approval (D. Thomas) NES/22/85
- c. **12:30** Board Assurance Framework For Review and Approval (J. Boyle/D. Thomas/R. Coward) NES/22/86
- d. **12:40** Co-opted Member of Digital and Information Committee For Approval (D. Thomas) NES/22/87
- e. Change of name of the Digital and Information Committee For Homologation (D. Thomas) NES/22/88

11. Items for Homologation or Noting

- a. **12:42** NES Standing Committee Minutes
 - i. Digital and Information Committee, 6 June 2022 NES/22/89
 - ii. Audit and Risk Committee, 16 June 2022 NES/22/90
 - iii. Staff Governance Committee, 11 August 2022 NES/22/91

For Homologation

- b. **12:43** Final Three-Year Workforce Plan
For Homologation (Tracey Ashworth-Davies)

NES/22/92

12. **12:44** Any Other Business

13. **12:45** Date and Time of Next Meetings

- **Public Board:** 16 February 2023 at 10:15
- **Private Board:** 16 February 2023 at 12:30
- **Board Development:** 20 February 2022 at 09:30

NHS Education for Scotland (NES)

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NHS Education for Scotland

DRAFT MINUTES OF THE ONE HUNDRED AND SEVENTIETH BOARD MEETING HELD ON 29 SEPTEMBER 2022

As a result of NES moving into a hybrid approach to work from March 2022, this meeting was held via Microsoft Teams and as an in-person meeting opportunity at the NES Westport office in Edinburgh.

Present: David Garbutt (DG) (Chair)
Jim Boyle (JB), Executive Director of Finance
Anne Currie (AC), Non-Executive Director / Equality, Diversity and Human Rights Champion
Linda Dunion (LD), Non-Executive Director
Jean Ford (JF), Non-Executive Director
Lynnette Grieve (LG), Non-Executive Director / Employee Director
Annie Gunner Logan (AGL), Non-Executive Director
Douglas Hutchens (DH), Non-Executive Director (Vice Chair)
Gillian Mawdsley (GM), Non-Executive Director / Whistleblowing Champion and Climate Emergency and Sustainability Champion
Victoria Nairn (VN), Non-Executive Director (joined the meeting at 10.18, during item 4)
Karen Reid (KR), Chief Executive & Accountable Officer
Sandra Walker (SW), Non-Executive Director
Emma Watson (EW), Executive Medical Director
Karen Wilson (KW), Executive Director of Nursing / Deputy Chief Executive (Clinical)

In attendance: Tracey Ashworth-Davies (TAD), Director of Workforce / Deputy Chief Executive (Corporate)
Christina Bichan (CBI), Director of Planning & Performance (joined the meeting at 10.45 during item 7b)
Colin Brown (CB), Head of Strategic Development, CE Office
Christopher Duffy (CD), Senior Admin Officer (to observe)
David Felix (DF), Postgraduate Dental Dean / Director of Dentistry
Ann Gallacher (AG), Senior Admin Officer (to observe)
Nick Hay (NH), Public Affairs Manager (to observe)
Kevin Kelman (KK), Director of NHS Scotland Academy
Gordon Paterson (GP), Director of Social Care
Judy Thomson (JT), Director of Training for Psychology Services
Christopher Wroath (CW), Director of NES Technology Service
Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)

1. Chair's Introductory Remarks

- 1.1. The Chair welcomed everyone to the meeting. He began by highlighting that this meeting marked Linda Dunion's final attendance at a Public Board before she retires from the NES Board on 31 October 2022. On behalf of the Board, the Chair thanked Linda Dunion for her exceptional contribution and wished her well for the future.

- 1.2. The Chair also welcomed Ann Gallacher, Senior Admin Officer (Chair & Chief Executive's Office / Board Services), who was observing the meeting as part of her induction and Christopher Duffy, Senior Admin Officer (Board Services), who had also attended to observe.

2. Apologies for absence

- 2.1. Apologies for absence were received from John MacEachen, Della Thomas and Anne Watson.

3. Declarations of interest

- 3.1. There were no declarations of interest in relation to any of the items of business on the agenda for this Board meeting.

4. Minutes of the One Hundred and Sixty-Ninth Board Meeting (NES/22/65)

- 4.1. The minutes of the Board meeting held on 18 August 2022 were approved.

5. Matters arising from the minutes and notification of Any Other Business

- 5.1. There were no matters arising in relation to the minutes of the last Board meeting. There were also no notifications of any other business requiring consideration by the Board.

6. Actions from previous Board Meetings (NES/22/66)

- 6.1. The Board received the rolling Board action list for review and agreement. The Board noted that one of the seven actions was complete, two had been closed and four remained in progress. Updates and clarifications were provided for the actions that had been closed or were still in progress.
- 6.2. The following points were discussed:
 - a. 18 August 2022, Minute 6.2b: The Board Chair confirmed that the revised corporate governance developments timeline had been circulated to Board Members on 23 September, therefore this action could be marked as complete. **Action: AS**
 - b. 26 May Board meeting, Minute 8.2f: On behalf of John MacEachen, Karen Reid updated the Board on the status of the stakeholder mapping action. The findings of the NES stakeholder survey and the draft stakeholder map have been shared with the NES Extended Executive Team (EET) for review and comment within their directorates. EET members have been asked to report back on reflections and responses to the stakeholder survey recommendations and consider the draft stakeholder map with a view to identifying any gaps in current engagement. The EET have also been asked to consider whether there are any new partnerships to be made in the context of NES's future strategic direction. It is hoped that a further stakeholder mapping update will be able to be provided at the Board Development session on 27 October 2022.
- 6.3. The Board noted the action list updates. The Board agreed that the two closed actions could be removed and the remaining three incomplete actions should remain on the action list. The action list was agreed.

7. Chair & Chief Executive Updates

a. Chair's Report (NES/22/67)

7.1. The Chair presented a paper outlining his recent meetings and activity since the September Board in his roles as Chair of the NES Board and a member of the NHS Scotland (NHSS) Board Chairs Group.

7.2. The Chair invited questions from the Board, and the following point was discussed:

- a. The Board discussed current systems pressures and asked whether NES had received a response to the workforce solutions thought paper that was submitted to Scottish Government in June 2022. The Chair & Chief Executive's Office will share Caroline Lamb's (Director-General Health and Social Care / Chief Executive, NHS Scotland) response letter with the Board for their information.

Action: Chair & CE Office

7.3. In relation to an update on page three of the Chair's report, the Board homologated the request for Gillian Mawdsley to step down as a member of the Education and Quality Committee and join the Audit and Risk Committee. This change is due to Gillian Mawdsley agreeing to take on the Climate Emergency and Sustainability Non-Executive Director Champion role for NES.

7.4. The Chair thanked Board members for their discussion and moved onto the next item on the agenda.

b. Chief Executive's Report (NES/22/68)

7.5. Karen Reid introduced this report and began by highlighting the high level of work that continues to be delivered by staff across all NES directorates.

7.6. Karen Reid congratulated Emma Watson on her recent award of Honorary Professor status from the University of Aberdeen's School of Institute of Education in Healthcare and Medical Sciences, within the School of Medicine, Medical Sciences and Nutrition.

7.7. Karen Reid then highlighted the following items within the report for the Board's information:

- a. Scottish Government's 2022-23 Programme for Government has been included for the Board's information at Appendix 1.
- b. NES is awaiting formal Scottish Government feedback on the National Centre for Remote and Rural Health and Social Care Business Plan.
- c. The development of the NHS Scotland Youth Academy continues to progress positively with Skills Development Scotland now commissioning the process for school-based apprenticeships for delivery in Summer 2023.
- d. Karen Reid commended the NES Psychology directorate for their work in ensuring Scottish Qualifications Authority (SQA) approval of a Customised Award in Enhanced Psychology Practice (Children and Young People). This new accredited programme was developed by NES Psychology colleagues and will be certificated and quality assured by SQA as a Customised Award.
- e. Karen Reid also highlighted the high level of confidence gained from recent SQA External Verification Visits within the NES SQA Centre. A review of 11 SQA qualifications across Dental, Optometry and Psychology were review against SQA Quality Criteria and the outcome report indicated 'high confidence in the maintenance of SQA standards across all quality criterion'. Karen Reid thanked all those involved for their work.

- f. NES's first ever hybrid staff conference was held on 6 September 2022. Karen Reid confirmed that early feedback on the content and format of the conference had been very positive, with staff enjoying the opportunity to meet and engage with each other, both in person and remotely.

7.8. During discussion, the following points were raised:

- a. The Board welcomed the upcoming publication of the 'Trauma Informed Justice: A Knowledge and Skills Framework for Working with Victims and Witnesses' and asked that work of the Social Security Chamber (as part of the First-tier Tribunal for Scotland) is incorporated into NES work in this area going forward.
- b. The Board commended SQA's approval of the Professional Diploma in Family Nursing which has been taken forward by NES's Family Nurse Partnership Education Team.
- c. The Board discussed the progress of NES's work to support the expansion and development of the NHSS Bands 2-4 workforce. NES was commissioned by Scottish Government (SG) in October 2021 to take this forward in response to current health and social care systems pressures and the emergence of new service models. In response to a query from the Board, Karen Wilson advised that NES are unable to do more than 'encourage' territorial boards to use the Health and Social Care Support Worker (HSCW) development and education framework to increase HSCW access to education and training opportunities. NES is a representative on a new Task and Finish Group that has been set up by the Office of the Chief Nursing Officer at SG as part of 2022-23 winter planning and further opportunities to support the future HSCW workforce are currently being explored.
- d. The Board discussed the findings of the June 2022 NES staff survey that focused on NES's move to a hybrid working approach. In response to a query from the Board in relation to how NES could improve support for career and personal development goals, Karen Reid confirmed that work is underway to review NES career pathways. The budget for the NES Workforce Development Fund has also been increased and this will be actively promoted across the organisation to ensure staff are aware of opportunities to further their development.
- e. The Board also noted that one fifth of staff (21%) across all directorates have reported feeling 'burned out' and asked what action was being taken to address this. Karen Reid acknowledged the importance of understanding the reasons behind staff burn out and advised that NES's Organisational Development, Leadership and Learning Team are in contact with colleagues at NHS Lothian regarding a bespoke staff burnout tool that has recently been developed. The Board also highlighted the importance of NES supporting line managers, particularly in the context of NES's hybrid working arrangements and suggested that wellbeing-focused intranet articles could be a useful way of communicating wellbeing tools to staff.
- f. The Board discussed Whistleblowing training and welcomed the increase in training completion rates within NES. In response to a query from the Board, Tracey Ashworth-Davies will provide further information to explain why NES-employed doctors and dentists in training (DDiTs) are not included in the overall Whistleblowing training figures. **Action: TAD**
- g. In response to a query from the Board, Jim Boyle and Karen Reid will discuss the format of climate emergency and sustainability reporting to the Board going forward. **Action: JB/KR**

7.9. The Chair thanked Karen Reid for her report and the Board moved onto the next agenda item.

8. Strategic Items

a. Salary Sacrifice Electric Vehicle Scheme (NES/22/69)

- 8.1. Jim Boyle presented an outline proposal for an Ultra Low Emission Vehicles (ULEV) Salary Sacrifice Scheme for NES employees to the Board for approval.
- 8.2. As part of his introductory comments, Jim Boyle highlighted that further due diligence is required before the salary sacrifice scheme can be finalised. The Board have been asked to confirm their approval in principle to enable Finance colleagues to take forward the necessary work to allow the proposal to move to an implementation phase. Jim Boyle also highlighted the potential benefits of the scheme for NES including increased employee recruitment and retention and contributing to Scotland's Net Zero Carbon Reduction Target.
- 8.3 The paper was taken as read and the following points were raised in discussion:
- a. The Board welcomed the introduction of an ULEV salary sacrifice scheme in NES. The Board noted that after a robust research and assurance process, two existing UK-based ULEV schemes have been identified as potentially suitable for NES to join. In response to a query from the Board, Jim Boyle confirmed that both these schemes have already been implemented in other NHS Boards.
 - b. The Board discussed the importance of taking action in relation to the climate emergency and highlighted the commitments within the 2022-23 Programme for Government.
 - c. Jim Boyle is in discussion with the other National Boards in Scotland regarding the potential for them to participate in the ULEV scheme alongside NES. There is also the potential to rollout this scheme across the whole of NHS Scotland once the further due diligence is complete. Jim Boyle confirmed that there is no minimum take-up requirement in relation to the implementation of the scheme.
 - d. The Board discussed the importance of NES in its role as a responsible employer and ensuring that staff are fully informed of the associated financial implications by participating in any ULEV scheme.
- 8.4. After discussion, the Board approved the proposal for an ULEV salary sacrifice scheme for NES employees and asked Jim Boyle and Finance colleagues to take forward the required next steps. The Chair thanked Jim Boyle and his team for their work.

9. Annual Items

a. Feedback, Comments, Concerns & Complaints Annual Report (including Participation Standard & Annual Stakeholder report) (NES/22/70)

- 9.1 Christina Bichan presented the 2021-22 Feedback, Comments, Concerns and Complaints (FCCC) Annual Report to the Board for approval. Christina Bichan confirmed that the report has already been considered and approved by the Education and Quality Committee at their meeting on 15 September 2022.
- 9.2 There were no questions regarding the content of the report. The Board approved the 2021-22 FCCC report and the Chair thanked Christina Buchan and her team for their work.

10. Governance Items

a. Significant issues to report from Standing Committees

Education and Quality Committee held on 15 September 2022

- 10.1 Douglas Hutchens gave a brief overview of the key issues discussed at the most recent meeting of the Education and Quality Committee
- a. As well as receiving the 2021-22 FCCC report considered under item 9a of this Board agenda, the Committee discussed and approved the 2021-22 NES Research annual report. The Committee agreed that the report demonstrated the positive impact that research-based work continues to have in NES and highlighted potential future benefits.
 - b. The Committee discussed and noted a strategic plan that will support NES's ambition to become a Credit-Rating Body.
 - c. The Committee also discussed and noted an update on NHS Scotland Enhanced Monitoring (EM) processes. The Committee welcomed improvements to the EM process that will enable Boards to engage more effectively and take actions forward.

11. Items for Noting or Homologation

- a. NES Standing Committee Minutes

- i. Education and Quality Committee 12 May 2022 (NES/22/71)

11.1 The minutes of this meeting were homologated by the Board.

12. Any Other Business

12.1 There was no other business requiring consideration at this meeting.

13. Date and Time of Next Meeting

13.1 The next Public Board meeting will take place on 29 September 2022 at 10.15 a.m.

13.2 The Chair thanked everyone for their attendance and closed the meeting at 12.00pm.

NES
November 2022
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Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 29 September 2022					
	Chief Executive's Report	Circulate Scottish Government's response to NES's June 2022 workforce proposals thought paper.	Chair & CE Office	September 2022	Complete Letter shared with Board Members via email on 4 November 2022.
		In relation to Whistleblowing training completion rates, provide further information to the Board to explain why doctors and dentists in training (DDiTs) are not included.	Tracey Ashworth-Davies	November 2022	Complete Information shared with Board Members via email on 17 November 2022
		Jim Boyle and Karen Reid to discuss the format of sustainability reporting to the Board going forward e.g. a paragraph within future Chief Executive's Reports	Jim Boyle / Karen Reid	November 2022	Complete Proposed Board/Committee Governance: <ul style="list-style-type: none"> • Climate Emergency and Sustainability to be reflected in Board Scheme of Delegation • Board Assurance Framework updated to include Climate Emergency and Sustainability • Board Annual reports scheduled and included as

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					<p>standing heading in all CEO Board Reports</p> <ul style="list-style-type: none"> • Standing item on ARC agenda • Section included in lead executive reports to SGC, DIC and EQC as appropriate • Reporting by exception in all Board, Committee and Executive Team papers.
Actions agreed at Board meeting on 18 August 2022					
6.2b	Rolling Board Action List	Provide Board Members with a revised corporate governance developments timeline either via correspondence or a Board paper submitted to the September Public Board meeting	Della Thomas	September 2022	Complete Timeline shared with Board Members via email on 23 September 2022.
	Quarter 1 2022/23 Performance Report	Share updated Corporate Insights link with Board Members	Christina Bichan	September 2022	Complete Due to Corporate Insights moving platform in summer 2022, the majority of the NES Executive Team and Board no longer have active access to this site. As the Board transitions to the management of performance through strategic key performance indicators, going forward, the key points will be included in the Performance Report and presented by the Director of Planning and Performance.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					In Progress (update for 29 September Board) Further work is underway to ensure Board Members are given access to relevant performance information. Enhancement of the Quarter 2 report will build on the information previously provided through Corporate Insights
		In advance of preparing the Quarter 2 2022/23 performance report consider: - the report's overall presentation / format and the potential use of slides at future Board meetings to highlight significant data / key issues. - how to draw out differences between Red / Amber target categorisations and highlight this change within the next report	Christina Bichan	November 2022	Complete The action points have been taken forward as part of the 2022/23 Quarter 2 performance report that has been presented to the November Board meeting under item 8c. In Progress (update for 24 September Board) The Quarter 2 2022-23 Performance Report will be submitted to the 24 November 2022 Public Board meeting.
Actions agreed at Board meeting on 26 May 2022					
8.2f	Stakeholder Map	Take forward Board comments on the proposed stakeholder map as appropriate and work with the NES Executive Team to understand how NES directorates are engaging with stakeholders, whether there are any particular gaps and develop a proposal for future engagement activity as required	John MacEachen	November 2022	Complete The plans for progressing stakeholder mapping with the Executive Team, NES directorate and external stakeholders are in place. The draft stakeholder map will be brought to the 20 February 2023 Board Development session and is scheduled for final

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					<p>approval at the 23 March 2023 Public Board.</p> <p>In Progress (update for 29 September Board) The NES Executive Team have been asked to consider the stakeholder survey result recommendations and report back by the end of October on potential implications, including what action will be taken within directorates as a result of the stakeholder feedback. This data will provide increased information on current stakeholder engagement and identify any gaps in provision.</p> <p>In Progress (update for 18 August Board) This action remains in progress. An update will be provided at the Public Board meeting on 29 September 2022.</p>



NES/22/75

CHAIR'S REPORT

David Garbutt, Chair of NES Board

24 November 2022

November 2022

Since the last Board meeting I have attended the following meetings and events in addition to internal NES meetings and Standing Committees:

October 2022

1. I attended the launch event of the National Leadership Development Programme which was well received by attendees. The first product, the *Developing Senior Systems Leadership Programme*, has also commenced.
2. I attended the NHS Scotland National Board Chairs Group meeting where we discussed remuneration for non executive Board members and improving Board visibility.
3. I held a meeting with Chairs from other Boards to update them on current work in relation to Executive pay grades.
4. I had an induction meeting with Patricia Matheson, a new Associate Director within the Workforce directorate.
5. I had a mentor meeting with a non-executive colleague from another Board.
6. I had a meeting with Scottish Government (SG) staff regarding Board submissions to the National Performance Management Committee (NPMC).
7. I met with Scott Wood (a member of the NES sponsor team at SG) to discuss the appointment criteria for the new non-executive appointment round for NES.
8. I had discussions with Board Chairs regarding appraisal submissions.
9. I attended a full NPMC meeting where agreement was reached on a number of reports which had been submitted
10. I had a meeting with the NHS public appointments team to discuss interviews for the Chair posts at NHS Fife and NHS Highland.
11. I attended a meeting of the National Board Chairs Group and discussed proposals for a Board Development Reference Group.
12. I provided a Remuneration Committee Roadshow to Board members of NHS Tayside.
13. I visited Aberdeen University Medical School with Colin Brown (Head of Strategic Development, Chief Executive's Office) and had an interesting meeting with members of staff discussing their strategic approach.
14. I attended the NHSS Board Chairs Group Private meeting where we addressed NHS pressures and recovery programmes.

15. I attended the Board Chairs Group meeting with the Cabinet Secretary for Health and Social Care and SG colleagues where we discussed planned care performance, the National Care Service, Scottish Health Awards, Finance, Agency staff use and had a presentation on reducing alcohol and drugs related deaths and the challenge of increasing the pace of this work. Chairs were also asked to monitor progress with, and support for, Medical Assistance Treatment Centres (MATS) for dealing with these conditions.
16. I had a further meeting with Scott Wood regarding forthcoming non-executive appointments.
17. I spoke to NHS Chairs re appointments to the Board Development Review Group.
18. I gave a Remuneration Committee Roadshow presentation to Board members in NHS Western Isles.
19. I attended a Cabinet Secretary winter pressures meeting with Karen Reid (Chief Executive).
20. I attended a Care Experience Week event which covered The Promise Scotland commitments.
21. I attended another National Board Chairs meeting to discuss the financial position.

November 2022

1. I attended the inaugural meeting of the Aspiring Chairs Advisory Panel where good progress was made.
2. I attended a dinner with the General Medical Council (GMC) members where the focus was on workforce and new roles to support the medical workforce.
3. I attended the ceremony for the Scottish Health Awards and presented the Leader of the Year award on behalf of NES.
4. I attended a meeting of the Global Citizenship Advisory Board where we considered new approaches to partnership working with countries in Africa which are the Scottish governments priorities.
5. I met with the Chair of NHS Orkney to provide advice on strategic planning approaches.
6. I met Angella Fulton, the new Associate Director of Social Care, as part of her induction.

7. I attended a meeting of NHS Scotland Mentors to discuss inter organisational approaches to mentorship.
8. I had a follow up discussion with Carrie McEwan, Chair of the GMC, to hear feedback from their Council meeting which Emma Watson (Medical Director) had attended.
9. I attended a Viva Insights course run by NES, to introduce the new functionalities which exist with the TEAMS environment.
10. I attended series 6 of the Board Chair's Action Learning sets. These have proved highly effective in team building terms and helpful to the individuals attending.
11. I met with the Chair of NHS Greater Glasgow & Clyde to discuss the *Blueprint for Good Governance* and other issues of mutual interest,
12. I attended a National Board Chairs meeting where we discussed new proposals for the review of mental health provision.
13. I attended a meeting to discuss Scotland's new Dementia Strategy.
14. I attended a workshop to discuss sustainable Oral Health, run by our dental team.
15. I gave a presentation on Remuneration Committee business to the Board members of Public Health Scotland.
16. I gave a presentation on Remuneration Committee business to members of the NHS Orkney Board.
17. I met with Susan Roberts the new Associate Director in Pharmacy, as part of her induction to the new role.



CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

i. INTRODUCTION

- 1.1. The agenda for our November Board meeting contains a number of governance and performance items for assurance and approval, including the Quarter 2 2022/23 financial, operational delivery and risk reports, the Equality and Diversity mid-year report and the Board Assurance Framework.
- 1.2. The Board are also receiving four significant annual items for review and approval. The annual progress report on the delivery of our 2019-24 strategic outcomes highlights specific areas of our work that were delivered during 2021-22 including lessons learned and implications for the future, and will be published on the NES corporate website. The Board will also receive two annual reports that set out NES's progress against and commitment to the global climate emergency and sustainable development.
- 1.3 Board Members will already be aware that Vicki Nairn (Non-Executive Director) had to step down from the NES Board at the end of October 2022 due to her very recent appointment to the post of Interim Vice Chancellor at the University of the Highland and Islands (UHI). I would like to formally thank Vicki for her commitment and contribution during her time as a Non-Executive Board Member.

2. ANNOUNCEMENTS

2.1 David Felix (Director of Dentistry / Postgraduate Dental Dean)

- a. Board Members will have noted that earlier this month, David Felix announced his intention to retire at the end of 2023. David has been a hugely significant figure at NES and has been with us since 1995 as part one of NES's predecessor organisations, the Scottish Council for Postgraduate Medical and Dental Education.
- b. David has made a lasting contribution, both to NES and to generations of dentists across Scotland. Whilst David's departure is still some way off, I am grateful to him for the advance notice as this enables us to take the time to find an appropriate successor. David has been one of my most trusted advisors since I joined NES and I will personally miss his wisdom, consideration and kindness as well as his professional expertise. We will take the opportunity to celebrate David's contribution before he leaves the organisation towards the end of next year.

2.2 Associate Director, Social Care

I am pleased to announce that Angella Fulton joined NES on 7 November 2022 as Associate Director for Social Care. Angella is a registered general and mental health nurse who has worked in health and social care over a 35-year career. Angella has managed a range of different social care services in the third and public sector, including day care for adults, care homes for older people and specialists care homes for people living with dementia.

- 2.3 Angella joins us from the Care Inspectorate where she was an Inspector and Team Manager. Her most recent role has been leading a national quality improvement programme preparing for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

2.4 **Associate Director, Pharmacy**

I am also pleased to announce that Susan Roberts has been appointed as Associate Director for Pharmacy. Susan will lead a range of work focussed on workforce transformation which will look at the post-registration career framework developments for both pharmacists and pharmacy technicians as well as take on more NES corporate responsibilities and a NES Pharmacy strategic role. Susan previously undertook the role of Associate Postgraduate Dean with NES Pharmacy and commenced her new role at the beginning of November.

3. **STRATEGIC UPDATES**

3.1. The health and social care system remains under significant pressure as we enter the winter period, both in the context of frontline service delivery and the very challenging fiscal environment. NHS Scotland (NHSS) Board Chairs and Chief Executives continue to meet monthly with the Cabinet Secretary for Health and Social Care to discuss systems pressures. Board Chief Executives now meet on a fortnightly basis with Scottish Government to discuss winter planning and service priorities in relation to the NHS recovery plan.

3.2. **National Centre of Excellence in Remote and Rural Health and Social Care**
NES continues to work with Scottish Government (SG) officials, advisers, and key partners to develop the plans for the establishment of the National Centre for Remote and Rural Health and Social Care (the Centre). Discussions with SG regarding the funding of the Centre are ongoing.

3.3 We have postponed the stakeholder engagement workshops planned for November and December until next year to enable SG to clarify their policy intent and funding position. SG have advised NES that this will enable further discussion of the current business case, stakeholder feedback already received and consideration of the SG Emergency Budget Review. It is our understanding that SG remains committed to supporting remote and rural health and social care.

3.4 **Dundee Dental Hospital and Research School**

I am delighted to announce a new collaborative venture between the University of Dundee, NHS Tayside and NES that aims to transform the delivery of oral healthcare and place Dundee at the forefront of oral health research, education and treatment. The new Dundee Dental Hospital and Research School is the first of its kind and aims to embed research or quality improvement in every activity, patient contact and process that is undertaken to ensure effective, sustainable and inclusive care.

3.5 Building on the innovation and quality of Dental education and research that the University of Dundee's dental school, NHS Tayside and NES have already delivered, the new Dundee Dental Hospital and Research School will see patients invited to participate in a variety of projects designed to provide service improvement, with the aspiration that every patient contact will contribute to service development, clinical teaching and research.

3.6 I would like to thank Professor Jan Clarkson and her colleagues within the NES Dental directorate for their work in developing this new collaboration. Further

information on the launch of the new Dundee Dental Hospital and Research School can be found here: <https://www.dundee.ac.uk/stories/new-venture-expand-dundeess-international-reputation-oral-health>

3.7 **A National Care Service (NCS) for Scotland**

We continue to work with Scottish Government, the Convention of Scottish Local Authorities (COSLA) and partners to consider how NES can contribute to the NCS's planned aims and outcomes as the Bill process is considered.

3.8 **Sponsorship**

NES continues to engage positively with our Sponsor Team, including recent discussions on budget/commissioning, organisational strategic priorities and governance arrangements. NES will also be engaging with our Sponsor Team as part of the organisation's ongoing development of its new strategy.

3.9 We have received confirmation from SG that there will be no formal Annual Review during this calendar year. The 2022/23 annual review will take place in summer / early autumn 2023.

3.10 **COVID-19 Public Inquiry**

- a. Board members will be aware that the Honourable Lady Poole resigned as Chair of the independent Scottish COVID-19 Public Inquiry. Lord Brailsford has been announced as the new Chair. There will be a change to the Terms of Reference with a human rights based approach being taken by Lord Brailsford and he is to meet with bereaved families and focus on a person centred approach. Consideration of bereaved families and Long COVID will be at the forefront of the Inquiry. The overall structure of the Inquiry's Terms of Reference is potentially to be changed to allow Lord Brailsford to take a modular approach.
- b. The Scottish Inquiry Team have recently initiated a scoping exercise with health boards to get some idea on volume of evidence. As previously highlighted to the Board, a limited number of NES directorates hold information which may be within the scope of the inquiry. The relevant directorates have provided a best estimate of the volume of material held and this has been submitted to the Inquiry Team. The Central Legal Office (CLO) has reiterated advice that all documents relevant to the inquiry should be retained and this has been disseminated to directorate leads.
- c. Health Boards, on the advice of the CLO, have applied for Core Participant status. A decision on the outcome of the application has been delayed as a result of the change in Chair.
- d. The Scottish Inquiry Team is liaising regularly with the UK COVID-19 Public Inquiry and are now working together on a memorandum of understanding which will formulate how they will collaborate in the future. It is hoped that this will help to avoid duplication of effort. Copies of the regular Scottish COVID-19 Public Inquiry newsletters can be accessed via the following link: <https://www.covid19inquiry.scot/scottish-covid-19-inquiry-newsletters>

3.11 NHS Scotland Academy

a. National Workforce Programmes

i. National Clinical Skills for Pharmacists Programme

The National Clinical Skills for Pharmacists Programme continues to be delivered with training dates scheduled until June 2023. To date, the programme has supported 402 learners from across Scotland.

ii. Preparing for Work in Health and Social Care in Scotland

Over 2,000 learners have now accessed this suite of digital learning resources for those considering, or starting entry-level roles.

iii. Nursing and Midwifery Council (NMC) Objective Structured Clinical Examination (OSCE) Preparation (Digital learning resources)

Monthly OSCE resource development meetings continue to share good practice between boards, Higher Education Institutions (HEIs) and private providers. The OSCE digital resources for educators have been used by 131 colleagues, whilst the OSCE digital resources for international nurses have been used by 155 colleagues. A new short life working group will commence to progress the development of digital resources to support international recruitment for those preparing for the Nursing and Midwifery Council (NMC) Test of Competence for mental health and midwifery, with a proposed completion timeline for the end of February 2023.

iv. National Ultrasound Training Programme

The first cohort of learners will commence on the National Ultrasound Training Programme on 28 November 2022. Nine learners have been identified from across NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lothian.

b. National Treatment Centres' Programme

i. Foundations of Perioperative Practice

We have now delivered four cohorts of training on this programme, with participation from four of the NHSS Boards hosting National Treatment Centres, and 31 learners undertaking the training to date.

ii. Anaesthetic Assistants

The second cohort of anaesthetic assistants' training commenced on 7 November 2022 resulting in 14 learners now undertaking this programme from various health boards, including: NHS Borders, NHS Forth Valley, NHS Fife, NHS Golden Jubilee, NHS Grampian, NHS Lothian and NHS Tayside.

iii. Surgical First Assistants

The first stakeholder meeting for Surgical First Assistants took place 31 October 2022 with a second session planned for 4 December 2022. There are two programme development workshops scheduled to take place in

November. Interest to date from external stakeholders has been extremely positive.

c. National Endoscopy Training Programme (NETP)

Immersion training for clinicians from across Scotland continues at NHS Golden Jubilee continues, with 14 clinicians having accessed training lists to reach their requirements for JAG (Joint Advisory Group on GI Endoscopy) accreditation and training completion. Another 22 clinicians have been allocated training lists over the coming months, as part of the NETP.

d. 15 clinicians have been trained to become faculty on the Endoscopy Non-technical Skills (ENTS) course, with 10 clinicians participating in the first Scottish ENTS course on 28 November. A further 35 clinicians have signed up to participate in future ENTS courses.

e. Recently, NETP faculty delivered colonoscopy upskilling training to 12 clinicians in NHS Grampian, as well as continuing to support the delivery of basic skills courses at Dundee Institute for Healthcare Simulation and Stobhill Hospital in NHS Greater Glasgow and Clyde.

f. Six learners have started the first cohort of the Assistant Practitioner (Endoscopy) Programme training which will support them to move from career level 2 to career level 4 roles in endoscopy.

g. Widening Access & Sustainable Delivery Programme

i. NHS Scotland Youth Academy

Six locality Huddles have continued to meet monthly and schools are now being identified to participate in the Skills Development Scotland pilot. Additionally, the Huddles continue to develop regional skills ecosystems which aim to align regional education and skills provision with regional health and social care workforce priorities.

ii. Recently, through the NHS Golden Jubilee Huddle, NHS Scotland Academy educators delivered training in partnership with the Prince's Trust which was well evaluated by those attending.

4 DIRECTORATE UPDATES

4.1 Dental (including Healthcare Science and Optometry)

a. Dental Directorate Staffing Changes

The Dental directorate wish to advise the Board of two upcoming staffing changes. Jose Marshall who has a dual role within the directorate (Associate Postgraduate Dental Dean for the Reducing Inequalities Workstream and Core Training Adviser) plans to retire on 31 March 2023. Tony Anderson, Associate Postgraduate Dental Dean for Continuing Professional Development (CPD) has also advised of his intention to retire on 31 March 2023.

b. **Healthcare Science**

Clinical Scientists underpin diagnostics and treatments in many patients' pathways. They work alongside Biomedical Scientist, Clinical Physiologists and other Healthcare Science staff and medical practitioners - particularly in the laboratory sciences. They are the one group, that by virtue of shared training curricula, are recognised by the Royal College of Pathologists to compete for certain consultant appointments. Recently, NES Medicine asked if there was a supply of Clinical Scientists available to support immunology services. Previously there have been other such requests. Unequivocally, clinical scientist could step up to support medical workforce shortages and role transformations. We will again raise these opportunities with Scottish Government at our next formal meeting.

4.2 NES Technology Service (NTS)

a. **NTS Organisational Change**

The NTS organisational change programme continues to progress. NTS Associate Director recruitment will commence on 18 November 2022.

b. **National Digital Platform (NDP)**

- i. **EMPI (Enterprise Master Patient Index)** – Work in progress to point the EMPI service to use the National Shared Services (NSS) NextGate EMPI as the primary source of demographics. Change request with the new CHI delivery board to enable safe migration. NES will decommission its instance of NextGate EMPI to make a significant licensing cost saving and simplify the overall national EMPI.
- ii. **NDP Launchpad** – is a new service that went live in October in NHS Greater Glasgow & Clyde (GGC). This service provides a single way of accessing NDP-enabled applications in patient context from key systems. Trialled during the COVID-19 pandemic for connecting TrakCare in NHS GGC with the COVID-19 Clinical Assessment application (app), this allows any NDP-enabled app to be launched from TrakCare without needing to search again for the patient which simplifies workflow for users moving between applications.
- iii. **Developer Portal** – delivers functionality where developers can try out interacting with NDP services in a test environment. This currently has Fast Healthcare Interoperability Resources (FHIR) capability which is a global standard for passing healthcare data between systems. It also has Media Store capability which is a service that allows the storage and transfer of unstructured clinical data such as medical imagery. This will launch at the end of November 2022.
- iv. **Media Store** – provides unstructured, large binary clinical data storage capability. Being piloted with a Genomics workload in NHS GGC. Media Store capability to allow programmatic creation, reading, updating, and deleting of files and work is being explored to cover the “last mile” between

the Media Store and e.g., on-premise medical devices and associated workstations.

- v. **COVID-19 & Vaccination support** - NTS continue to develop the National Clinical Data Store (NCDS) which is the single point of truth for all vaccination data. Current work is in supporting the Autumn/Winter vaccination programme, working on discovery for the Scottish Vaccination Improvement Programme and working with the Child Health replacement programme on the immunisation aspects of that system.
- vi. **Workforce Data Service**: Data service that identifies who is where, doing what in the NHS Scotland workforce. This data can be used for personalisation of services, identity and access management, and national workforce statistics reporting. Work is underway on replacing the manual updating process of this from SWISS (Scottish Workforce Information Standard System) with a direct connection to eESS (Electronic Employee Support System).
- vii. **NDP Wider Launch** - as part of the wider launch of the National Digital Platform we have presented to the Health Board Digital Leads around the progress to date and the NDP services currently available. Work is also underway to develop the following launch activities which will be delivered at the 2022 Digital Health and Care Festival ([DigiFest](#)):
 - DigiFest 30 November 2022 - exhibitor stand & discussion panel
 - DigiFest 6 December 2022 - satellite session 'Introduction to NDP Services'
- viii. **National Boards Technology Collaboration** – A meeting with NSS colleagues was held earlier this month to discuss the NDP and collaboration between our organisations on its delivery. The meeting was very positive and we have agreed that closer collaboration is mutually beneficial and will lead to better technology support and outcomes for NHS Scotland. Further meetings are being planned to explore current priorities, capabilities, capacities, challenges, and opportunities.
- ix. **Digital Front Door** – Following a request from Scottish Government, NTS has produced a technology blueprint for Digital Front Door that aims to:
 - Provide a basis for exploring what technology options are available and for assessing existing solutions such as the NHS Digital app.
 - Support the evolution of Digital Front Door requirements and commissioning activity as the business requirements of such a service due to its nature cannot be fully determined, planned or prioritised without an understanding of the foundational technology capabilities required or available.
 - Outlines how Digital Front Door in technology terms can and should be an extension of the National Digital Platform.

This blueprint document was presented to Scottish Government by David McColl (Deputy Director, NTS) in November and was well received.

- x. **Digital Prescribing & Dispensing** – NTS are collaborating with NSS on the architecture and design of the new Digital Prescribing and Dispensing solution.
 - xi. **Cloud Hosting & Connectivity Support** – NTS continue to work on supporting the Seer 2.0 programme with NSS by providing them with cloud hosting and connectivity support. NTS are also working with the Laboratory Information Management System (LIMS) replacement programme to provide connectivity between the new LIMS solution and on-premise based devices.
- c. **Education and Training**
Christopher Wroath (Director of NTS) has engaged Gartner to review our existing architecture and technology as well as what is available in the marketplace to arrive at a set of recommendations in terms of what we should continue to build, maintain and support and what we buy. The outcome of this review is expected to be complete by end of December 2022.
- d. Workshops have been held with Microsoft to explore how their Viva Learning product can enhance learner experience and access to content on Turas Learn alongside other learning content providers, potentially providing an element of personalisation and allow line managers and peers to either assign or recommend learning to an individual.
- e. NTS has received interest/requests from the following NHS Boards and other organisations to onboard to Turas Learn as their Learning Management System:
- Scottish Ambulance Service
 - Angus Council
 - NHS24
 - NHS Golden Jubilee
 - Northern Ireland Medical & Dental Training Agency
- f. Work is underway to migrate NES's technology solution that supports the indexing of student nurses to a modern, supported platform resulting in improved user experience and process efficiency.
- g. **Health**
- i. **OpenEyes** - The Eyecare product is now available for use in services across NHS GGC, Forth Valley and Grampian. Go-Live in NHS GGC took place in June 2022 for the Glaucoma pathway. All Ophthalmologists across GGC have now used this pathway in at least one clinic. GGC Medical Retina pathway go-live is scheduled for November 2022. Product development with Toukan Labs has recommenced following SG written confirmation of funding. Trak integration with NHS Lanarkshire has commenced and engagement with NHS Dumfries & Galloway and NHS Fife are in progress.

The overall OpenEyes three-year plan ends this year and future planning has started.

- ii. **ReSPECT/ACP** - The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) product is now fully operational in NHS Forth Valley. The Product is now in testing for deployment in NHS Tayside on 24 November 2022. NHS Lanarkshire is lined up to rollout in early 2023, with NHS Western Isles to follow. NTS will meeting with the Scottish Ambulance Service to agree integration routes for paramedic data access.

h. **Social Care**

Following a request from Scottish Government, work is underway to provide reporting on occupancy in Adult and Older Peoples Care Homes.

4.3 Medicine

a. **Meeting with Cabinet Secretary to discuss Enhanced Monitoring in Scotland**

The meeting requested by Mr Yousaf, the Cabinet Secretary for Health and Social Care, to discuss the Enhanced Monitoring (EM) process in Scotland was held on 26 October 2022. The meeting was attended by Mr Yousaf and three SG officials, Karen Reid (CEO), Emma Watson (Medical Director) and Alastair McLellan (Postgraduate Dean) from NES and Charlie Massey (CEO), Colin Melville (Director of Education & Standards) and others from the General Medical Council (GMC).

- b. The meeting was triggered by the Cabinet Secretary's concern that Scotland has 10 of the UK's current 41 Enhanced Monitoring cases. The GMC described the role of EM within their overall quality assurance process across the UK. Alastair McLellan presented an EM case study based on a current example that has been on EM since 2016 illustrating what failure to meet the GMC's standards signified in terms of the underlying multiple, complex training quality and patient safety concerns that were found. Importantly, the case illustrated the non-linear progression towards improvement (that required the addition of 'conditions' to this EM case by the GMC) when there was lack of effective educational governance. The presentation also included an overview of the support for improvement that NES now offers when quality management processes find that the GMC's standards are not being met.

- c. The Cabinet Secretary was reassured that:

1. Scotland's EM caseload does not signify that postgraduate medical training is worse than elsewhere in the UK, rather Scotland has a firm grasp of quality management.
2. EM is a helpful catalyst that adds weight to the Deanery's efforts to support Boards to improve the quality of postgraduate medical training in complex circumstances
3. the attainment of high quality training is essential if Scotland is going to train and retain a high quality medical workforce. The Cabinet Secretary undertook to raise the importance of engaging to address concerns underpinning EM in forthcoming NHS Scotland Board Chief Executives

and Board Chairs' meetings as well as with each Board's Chief Executive and Chair.

d. Medical Trainee Recruitment

2022 recruitment has now closed, fill rates are to be released to Scottish Government week commencing 14 November 2022. Fill rates are good overall with the majority of vacancies in line with the rest of the UK in some higher medical specialties and higher psychiatry.

- e. 2023 recruitment – applications for core and run through programmes opened on 3 November, applications for higher specialty training programmes opened on 17 November for August 2023 start dates. The national website for specialty recruitment has been updated and can now be found at:

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overview-of-specialty-training/overview-of-specialty-training>

f. Progression of training

The report showing the progression outcomes of trainees for 2021/22 has been sent to Scottish Government for information. The main conclusions are as follows:

- i. Despite COVID-19 causing ongoing disruption to training, trainee progression across specialties has been improved as evidenced by ARCP (Annual Review of Competency Progression) data. There are some specialties where the training recovery is slower (e.g. obstetrics & gynaecology, some surgical and diagnostic programmes) due to variable resumption of some clinical activity. The speed of clinical service recovery impacts on the availability of training opportunities.
- ii. There has been no deterioration (and indeed some improvements) at the key progression points of end of Foundation training and numbers of CCT (Certificate of Completion of Training) awarded.
- iii. While the data provides some reassurance that training progression has improved, this may mask considerable accrual of unmet competences for trainees who have not yet reached a critical progression point. GMC approved derogations from the pre-pandemic curricula will remain until September 2023 and have facilitated progression, however the full range of competences will be required for trainees to gain CCT. At the current time the picture of the pandemic effect on postgraduate medical educational progression is incomplete but is improving.
- iv. The data may smooth out variation in educational progression in some regions, smaller training programmes, and in component parts of larger programmes. Small numbers mask this detail. Individualised support for trainees will be required to aid them to progress. This will be overseen by foundation and training programme directors, in partnership with educational and clinical supervisors, and with support from the Trainee Development and Wellbeing Service.
- v. The data does also not explicitly incorporate other significant influences on progression (e.g. Less than Full Time Training numbers, which are rising).

- vi. NES has invested in expanding simulation through the appointment of a number of Associate Postgraduate Deans (Simulation). Working collaboratively with Specialty Training Boards, CSMEN (Clinical Skills Managed Educational Network) and their NHS Scotland Academy peers, they are developing strategies and delivering operational activity to use simulation as a vehicle for accelerating and sustaining training recovery.

4.4 Nursing, Midwifery & Allied Health Professions (NMAHP)

a. **Child Protection and Adult Support and Protection eLearning modules**

There are four new eLearning modules about child protection and adult support and protection now available for the health workforce on Turas. Led by NMAHP, in partnership with the Public Protection Lead at Healthcare Improvement Scotland, the modules are accessible on the Turas [Public Protection Learning Site](#) – with introductory animations also available. Practice level 1 (informed) modules are intended for the entire health workforce, whether employed or volunteers. Practice level 2 (skilled) modules are designed for those with more direct and/or substantial contact. The resources should assist Boards with a ‘Once for Scotland’ approach and support everyone working in NHS Scotland to understand their child and adult protection roles and responsibilities.

b. **Learning Disability Education and Workforce Review**

A recommendation of the 2021 Pre-registration nursing, midwifery and paramedic science commissioned education programme performance management report was to conduct a workforce and education review for Learning Disabilities nursing pre-registration education. The purpose of this review is to explore the impact of the current, condensed, delivery model of Learning Disability (LD) pre-registration nursing education programmes in Scotland, on recruitment, progression and completion rates, and subsequent employment in the NHS Scotland workplace. The review began in September 2022 and will be complete by the end of January 2023.

- c. The first stakeholder workshop with HEIs (Higher Education Institutions) and practice partners took place on 29 September 2022 and generated themes for exploration of potential recommendations around recruitment to and completion of LD nursing education programmes, with a focus on remote and rural areas and band 2-4 staff; education programme models; workforce recruitment and retention and areas of practice in line with emerging LD policy and strategy.

d. **Scottish Health Awards**

The Scottish Health Awards were held in Edinburgh on 3 November 2022. The winner of the ‘Top Team Award’ was the COVID-19 and Flu National Vaccination Programme Team (Scottish Government Partnership). Ruth Robertson, who works jointly for NES and Public Health Scotland as Head of Programme for Public Health and Health Protection, was part of the team receiving the award. The award highlights NES’s very significant contribution to workforce education, particularly in relation to the COVID-19 response.

4.5 Planning and Performance

a. Whistleblowing

During 01 July 2022 to 30 September 2022 inclusive, NES received no new whistleblowing concerns. As of 30 September 2022, 217 line managers completed the mandatory manager-led level training (with 94 yet to complete). During quarter two we confirmed the appointment of an additional Confidential Contact: Graham Paxton (in addition to Karen Wilson). The first national NHS Scotland 'Speak up week' was held during 03-07 October 2022, and was used as an opportunity to:

- Give staff further opportunities to learn more about the National Whistleblowing Standards and the arrangements for raising a concern
- Solicit staff views on their experiences to date.
- Highlight the appointment of two Confidential Contacts
- Encourage managers to complete the training available on TURAS Learn.

In line with the requirements of the Standards, we continue to support a culture where speaking up in the public interest is encouraged.

b. Strategy Development

Development of the NES Strategic Plan 2023-2026 is continuing, with feedback from the Board Development session on 27 October 2022 being used to shape the next iteration. Engagement with the extended leadership team has been taken forward through the first meeting of the newly formed Strategic Implementation Group with many positive contributions being received which will further shape the developing document. Progress remains on track in relation to the timeline.

c. Measuring Performance

Development of a set of strategic KPIs aligned to the new Strategic Plan is also continuing to make progress with targeted support from Rubica scheduled which will assist in taking this work into the next phase, aligning the measures with the reframed strategic outcomes.

d. NES as a Credit Rating Body

In line with the recently approved NES Credit Rating Strategic Plan, recruitment of the Credit Rating and Quality Assurance Lead role which is critical to this development is now underway. In the interim, progress is being enabled through the allocation of capacity from within the Planning team.

4.6 Psychology

a. Association of Directors of Education in Scotland (ADES)

NES Psychology staff were delighted to join our CEO Karen Reid and other colleagues to meet with representatives from the Association of Directors of Education in Scotland (ADES). This was an invaluable opportunity to clearly identify existing collaborations and joint ambitions, particularly focussing on improving children and young people's mental health and wellbeing, through

projects such as the National Trauma Training Programme (NTTP) and Training in Psychological Skills - Early Intervention for Children (TIPS-EIC).

- b. The discussion also identified key future priorities such as the ongoing commitment across organisations to *#keepthepromise*, next steps for 'Getting it Right for Every Child' (GIRFEC) and opportunities for mutual learning through the need to keep staff wellbeing at the heart of future planning. Going forward, we plan to make clear linkages between the resources from both organisations and further opportunities to understand our relative contributions to the ambition of making 'Scotland the best place to grow up and learn'.
- c. **Tender for delivery of the Doctoral and MSc Applied Psychology Training Programmes**
NES Psychology have a live tender for the provision of the 3-year taught Clinical Psychology Doctorate programme(s) and a taught one year MSc Applied Psychology Children and Young People programme to meet the psychology workforce needs of the NHS in Scotland. Potential providers will be required to work in partnership with NES as the commissioner and NHS Scotland Health Boards to deliver the programmes in line with BPS (British Psychological Society) Accreditation criteria and meet/align with HCPC (Health and Care Professions Council) Standards of Education and Training. Contracts will be awarded for a period of six years which will provide stability in the current economic climate.
- d. **Careers Week**
NES Psychology worked with colleagues in NES Workforce to develop new Careers content in time for *#ScottishCareersWeek*. We reached out to colleagues across NES for nominations of staff working in Mental Health who would be willing to share their career stories. Case studies and videos were shared with colleagues in Scottish Government, with examples available via the following links:
 - Eugene - <https://www.careers.nhs.scot/careers/career-stories/eugene/>
 - Carol - <https://www.careers.nhs.scot/careers/career-stories/carol/>

4.7 Social Care

- a. Gordon Paterson is developing a proposal to deliver a programme of work that will seek to re-purpose existing content on TURAS Learn for the Social Care workforce in Scotland. This recognises that many of our existing resources are relevant and applicable to social care and could either be promoted and made more accessible or tailored to reflect the social care operating context. With positive support from the Scottish Government early discussions are now taking place with COSLA, SOLACE (Scottish Society of Local Authority Chief Executives and Senior Managers), Scottish Care and CCPS (Coalition of Care and Support Providers in Scotland), to scope this out and develop a programme plan and proposal.
- b. Along with colleagues from the NHSS Academy and NMAHP, Gordon Paterson is working with Skills Development Scotland to design a Skills Investment Plan

for the social care workforce in Scotland. The proposed approach will be evidence led and will; analyse the size and scale of existing workforce; assess the demand for skills now and in the future and an overview of provision; identify skills issues and challenges for the sector through desk-based analysis and engagement; agree a series of actions and interventions to address agreed areas of priority focus for skills.

We have now shared the proposal with colleagues in the Scottish Government (Adult Social Care, Workforce Team) with a view to discussing further, securing support, and aligning this with a proposed National Recruitment Campaign for Social Care.

- c. To support the proposed transfer of staff from NMAHP into the Social Care Directorate, the Change Management Programme Board has agreed on the need to manage this under the 'Organisational Change' Policy. We are currently providing briefings to those staff who could be affected, engaging and consulting with them collectively and individually, liaising with the Employee Director, developing a communications and project plan, and assessing the equalities impact of the proposed change.
- d. Gordon Paterson and Karen Wilson (Executive Director of Nursing) recently undertook a study tour to the 'Academies of Nashville' to learn more about the support that is given to senior phase school pupils to gain experience working in health services. The approach in Nashville, which is based on strong and effective partnership working, includes classrooms being converted in to simulated clinical areas; students being able to study for industry certification; study visits; opportunities for paid internships to gain work-based learning in health settings, during the school day; mentoring by health professionals and medical undergraduates. This approach enables students to gain experience and to make positive career decisions to work in health services. For some students they can decide otherwise, without having had to incur the expense of a college place.
- e. We are working with the NHSS Academy who are leading a partnership approach in NHS Grampian to seek to advance a similar model there to encourage and prepare senior phase pupils to consider careers in health and social care.
- f. Gordon Paterson has recently connected with colleagues in England and in Wales to hear more about their approaches to supporting the social care workforce, to share learning on areas of mutual interest and to inform the future work plans that the Social Care Directorate is developing. It is intended to similarly connect with colleagues in Northern Ireland.

4.8 Workforce

a. Hybrid Working

A New Ways of Working Steering Group has been established to embed and support hybrid working across NES. Responsibilities will include provision of support to line managers, promotion of resources to support staff wellbeing and

to foster cross-directorate collaboration, communication and sharing of best practice. All staff now have access to personal Viva Insights which provides useful information for individuals about their working style and patterns of work. It also provides useful support with key documents and reminders regarding commitments and papers at the start of each day. Viva Insights for Line Managers has commenced rollout with webinars for line managers over coming weeks. This will allow line managers to identify, manage and monitor (on an anonymised basis) patterns of working that are productive, sustainable and supportive of individual and team wellbeing. Organisational Insights licenses have been procured to enable similar work at an organisational level.

b. Equality, Diversity & Inclusion

The 2022 mid-year report on Equality, Diversity and Inclusion has been approved by the relevant committees of the Board.

c. NES Workforce Planning

The Draft Strategic Workforce Plan 2022-2025 has been published on the NES website following approval by the Board. Training materials are being developed to grow workforce planning capability across the organisation. The materials will mostly be bitesize video clips with the objective of building a workforce planning mindset when planning delivery of services and teams.

d. The education, training and development of the NES workforce is critical to the delivery of current and future strategy and plans. In 2022/23, a budget of c. £200k has been made available to directorates to be aligned to the education, training and development needs identified by in the three-year NES Workforce Plan.

e. Recruitment Activity

Although showing a reduction from Quarter 1 this year, recruitment activity continues to remain high. The last two years shows a continued increase, with 129 vacancies advertised in Quarter 2 of this year in comparison to 109 vacancies advertised in the same quarter last year. Ongoing Scottish Government temporary funding arrangements mean that there continues to be a high number of fixed term contract recruits and temporary agency workers - as of 30 September 2022, the percentage of staff in fixed term/agency contracts was 21.18%. This is a key risk given the challenging future funding outlook. A proportion of non recurrently funded staff are carrying out essential business as usual roles which would more properly be covered by recurrent funding. Retention risk of such staff is increasing.

f. The transition of NES recruitment activity into the East Region Recruitment Service took place in July 2022. The Boards supported by the service are experiencing transition challenges, with technology integration and individual Board resourcing levels being the main issues. NES has a temporary internal HR Transition team in place to mitigate these challenges supporting service delivery across the organisation. To allow the East Region service model to fully embed, the NES team is likely to be needed longer than planned, with funding a likely required until March 2023. NES and the East Region Recruitment Service continue to work closely together to ensure that all areas of work are covered. A

Service Level Agreement is in place and is being monitored closely. However, as with changes of this nature, some adaptation issues are to be expected.

g. NHSS Industrial Action

NES is monitoring current risks in relation to potential industrial action impacting its activities and has the appropriate management actions in place.

h. Once for Scotland Policies

The Scottish Workforce and Staff Governance (SWAG) Committee has approved the request by the Once for Scotland Policy Programme Board (the Programme Board) to extend the scope of the programme to include 'retire and return' in the refreshed retirement policy and a new menopause and menstrual health workplace policy.

i. The NHS Scotland Interim National Arrangement on Retire and Return has been developed and rolled out, effective from 30 August 2022. It offers a process which enables retiring employees to continue in employment that is suitable to them and the service. It takes a person-centred approach that supports and manages retirement in a tailored and individual way intended to retain experienced employees with the skills required to provide high quality care to the people of Scotland. The Arrangement is issued on an interim basis pending the review of the Retirement Policy by the 'Once for Scotland' Workforce Policy Review Programme. The arrangement will be formally incorporated into the Retirement Policy in the 'Supporting the Work-life Balance' suite of policies anticipated to be published in 2023.

j. The Programme Board has reviewed the position on the Flexible Work Location Policy, and reconfirmed:

- timescales for policy implementation are dependent on an agreed terms and conditions position. This is subject to UK Staff Council discussions
- a further 'soft launch' period will be considered due to the time lapsed and potential changes as a result of the terms and conditions position.

k. Widening Access/ Employability/Careers

The NES Widening Access team continues to support the delivery of a wide range of programmes and activities aimed at widening access to jobs, careers and training for groups who are currently underrepresented in the NHS Workforce. Working in partnership with the Scottish Government, Health Boards and the NHSS Health Care Academy, the current focus is on young people, including those with experience of care and UK Armed Forces veterans and service leavers with the strategic intention to potentially broaden the range of programmes in future to include other groups, for example people who have convictions, people impaired by disabilities and long-term illness and refugees and asylum seekers. This work aligns with and complements NES equality and diversity commitments.

l. A refreshed and updated NES Widening Access Strategy is under development and will be ready by December 2022. This strategy will set out future vision, ambitions as well as existing activities.

m. **Military Access Programme (MAP)**

Following the arrival of the new Head of Programme, the Military Service Leavers & Veterans Programme has been retitled the Military Access Programme (MAP). Supporting branding is being considered, with the longer-term intention that the programme, and outputs, will be deliverable under a Widening Access banner. Recruitment for a small team has started following agreement from Scottish Government on funding. A series of actions have been agreed to develop the programme in the coming months.

n. **NHSS Management Training Scheme (MTS)**

A review of the NHSS Management Training Scheme is now complete, and the final report has been shared with Board Chief Executives and Directors of Workforce. Implementation of agreed recommendations will be overseen by an MTS Steering Group chaired and led by NES and populated by internal and external stakeholders of the MTS.

o. **Leadership Development**

Leading to Change, the programme of work supporting development of leaders across health, social care and social work sectors, was formally launched by the Minister for Health on 3 October 2022. The launch brought together current and aspiring leaders in Scotland to showcase current and developing offers. As the strategic delivery partner for Scottish Government, NES worked in partnership with the Scottish Government team to deliver the launch. The programme will evolve over the next five years providing a wide range of support to leaders at all levels. NES leaders are participating in current opportunities and will further do so as offerings come on stream.

p. **Building Digital Skills and Leadership Programme**

NES is the strategic delivery partner for Scottish Government in improving digital skills and leadership across the health and social care sector. Funding has been extended beyond the initial two-year period in recognition to make the Digitally Enabled Workforce (DEW) team permanent within NES. This has resulted in discussions with Scottish Government and stakeholders to agree a new set of programme priorities for 2022-24

q. **Centre for Workforce Supply (CWS)**

The CWS continues to support NHSS Boards on a wide range of activities essential to international recruitment of clinical staff: supporting Board International Recruitment Leads; supporting the Scottish Government Task and Finish Group targeting Scotland-wide recruitment of 750 international nurses; developing and maintaining recruitment agency relationships; developing and sharing best practice in relation to pastoral support and accommodation; influencing access to OSCE centres; developing marketing approaches and a 'hub' to promote Scotland as a target for international recruits; centralised reporting to Scottish Government. Working with the NES Medical Directorate, options to support international medical recruitment has been mapped with next steps to include identification of gaps at Board level and further work on specific options in partnership with Scottish Government and Boards. Work is also being

progressed in utilising workforce data to model supply gaps, intended to inform the development of future resourcing strategies by Boards.

CALENDAR

This section of the report provides an overview of the meetings I have attended since 22 September 2022. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES Executive Team (ET) and Strategic Implementation Group (SIG)

Executive governance within NES has recently been reviewed to ensure that strategic decision-making within the organisation is conducted as effectively and efficiently as possible. From November 2022, the NES Executive Team (direct reports to the Chief Executive) will meet formally on a twice-monthly basis to focus on and consider strategic matters, collective strategic decision-making, strategic scrutiny and cross-organisational leadership.

The NES Extended Executive Team (EET) will be renamed the Strategic Implementation Group (SIG) and will meet for a business meeting once a month. SIG meetings will be chaired by Karen Wilson (Executive Director of Nursing / Deputy Chief Executive (Clinical)) and Tracey Ashworth-Davies (Director of Workforce / Deputy Chief Executive (Corporate)).

NHS National Board Chief Executives (BCEs)

BCEs of the national Boards and Public Health Scotland meet fortnightly via Microsoft Teams.

NHS BCEs + Scottish Government

NHS Board CEs meet monthly for Private, Strategy and Business meetings. All Accountable Officers also meet monthly with Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland). From May 2022 these meetings are being held in a hybrid format.

NHS Scotland Board Chairs and Chief Executives meet monthly a System Pressures and Recovery Meeting with the Cabinet Secretary for Health and Social Care. For the winter 2022/23 period, Board CEs will meet fortnightly to discuss systems pressures and winter planning priorities.

Meetings between 22 September – 16 November 2022

NES meetings

I continue to enjoy meeting with a range of NES staff and have now met with staff from all directorates to update colleagues on NES's future plans and the development of our

new strategy. A number of new staff have joined the organisation in recent weeks and I have met them as part of their induction.

NHS Scotland

I have met with a wide range of colleagues across NHS Scotland since the last Board meeting including Chief Executives and other senior colleagues at NHS Borders, Greater Glasgow and Clyde, Golden Jubilee, Healthcare Improvement Scotland, Public Health Scotland and National Services Scotland (NSS).

The Scottish Health Awards were held on 3 November in Edinburgh. NES sponsors the Leader of the Year award at this event. The awards provide an opportunity to celebrate the achievements of NHS Scotland staff during what continues to be a very challenging period.

External Stakeholders

I continue to meet with a wide range of key stakeholders across health and social care. Since the last Board meeting I have met with Chief Executives and senior representatives from the Enable Group, the Convention of Scottish Local Authorities (COSLA), the General Optical Council, the Scottish Leaders Forum, the Mental Welfare Commission, the Scottish Social Services Council (SSSC), the Open University, the University of Dundee, the General Medical Council (GMC), the British Medical Association, the Eden Project and the Digital Health and Care and Innovation Centre, (DHI). I have also met with colleagues from the Presencing Institute, Hult Ashridge, and Silvermaple in relation to leadership development. Myself and Kevin Kelman (Director of the NHSS Academy) brought together a number of key stakeholders from across public services to discuss the Independent Review of Qualifications and Assessment in Scotland and how well the current approach to qualifications and assessment meet the needs of Scotland's public services employers and workforce.

Scottish Government (SG)

I have met with a number of SG colleagues since the last Board meeting including Gillian Russell (Director of Health Workforce), Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing), Catherine Ross (Chief Healthcare Science Professions Officer) and Louise McDonald (Director-General Economy). Myself, Emma Watson (Executive Medical Director) and other colleagues from the Medical directorate and the GMC met for a roundtable session with Humza Yousaf (Cabinet Secretary for Health and Social Care) to discuss Enhanced Monitoring and opportunities to strengthen engagement with Health Boards and improving the education and training experience for doctors in training.

In terms of wider SG meetings, I have chaired meetings related to the National Leadership Development Programme (NLDP) and attended meetings of the Care and Wellbeing Portfolio Board, the Scottish Health and Industry Partnership oversight group (SHIP), the Place and Wellbeing Steering Group, the Preventative and Proactive Care Programme Steering Group, the National Care Service sub-group and the National Workforce Forum. I have also attended a number of meetings involving SG and other key stakeholders including discussions on Getting it Right for Everyone (GIRFE) and the Independent Review of the Response to Deaths in Prison Custody.

On 3 October, in my role as Joint Senior Responsible Owner (SRO) with Scottish Government, I attended the formal launch event of the National Leadership Development Programme (NLDP / Leading to Change) which was held in Edinburgh. The event was well received and set the scene for the wide range of leadership development programmes, opportunities and support that the NLDP will offer to health and social care leaders in Scotland.

NES Board

1. **Title of paper**
Annual Progress Against Strategic Outcomes and Annual Review Self-Assessment 2021-2022
2. **Author(s) of paper**
Nancy El-Faragy, Planning and Corporate Governance
3. **Situation/purpose of paper**
The purpose of the attached paper is to present progress against the strategic outcomes for 2021/22 and the 2021-2022 NES Annual Review Self-Assessment, for review and approval.
4. **Background**
 - 4.1. The NES Self-Assessment and Annual Review document; incorporating the 'At a glance' briefing, is produced annually to support the Scottish Government's Annual Review requirements. In addition, an annual publication is produced which provides a summary of progress against strategic outcomes. For 2021/22 these documents have been merged to create one report which fulfils both purposes for the reporting period April 2021 to March 2022.
5. **Assessment/key issues**
 - 5.1. An overview of our 2021-2022 key deliverables and achievements is presented throughout the document. Activities are presented with reference to the five key areas of focus from the current NES Strategy 2019-2024.
 - 5.2. The attached paper was developed from the following sources:
 - Directorate self-assessment submissions and onward updates.
 - 2021-2022 performance management data and targets (from 'Mi-Tracker').
 - Our phase four re-mobilisation plan, which was signed off by the Scottish Government in January 2022.
 - The NES Strategy 2019-2024.
 - Other sources including: the Chief Executive reports; Board papers; and other published papers.
 - 5.3. The overall document forms the basis for a ministerial or non-ministerial annual review of our work and for Board oversight of progress in strategic delivery.
6. **Recommendation(s)**
Board members are invited to review the Annual Progress Against Strategic Outcomes and Annual Review Self-Assessment 2021-2022 document and approve its submission to Scottish Government should this be required as part of any Annual Review process.

7. Author to complete

a) Have educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with the NES Strategy 2019-2024.

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 performing organisation (NES).

d) Have key risks and mitigation measures been identified?

- Yes
 No

e) Have equality, diversity and health inequality issues been considered?

- Yes
 No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
 No

Nancy El-Faragy
NHS Education for Scotland
11 November 2022



Self-Assessment and Annual Review 2021-2022

NHS Education for Scotland (NES) November 2022

(Last updated version:
Tuesday 22 November 2022
NE, NES)

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1. Introduction from our Chair and Chief Executive

As the national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education and training for the NHS and social care staff, NHS Education for Scotland (NES) is ambitious to drive change: it is innovative, collaborative and forward-thinking – working with NHS, local government, academia, professional organisations, regulators, social care organisations and a wide range of strategic partners across Scotland, and at UK and international levels.

NES is the leader in educational design and delivery and quality assurance. Utilising the very best in technology enabled learning, organisational and leadership development, workforce and learning analytics and digital development, across the entire health and social care workforce, in every community in Scotland, will help to facilitate staff to be supported, skilled, capable, digitally enabled and motivated to deliver improved outcomes.

NES supports delivery of Scottish Government commitments for health and social care including “We are Healthy and Active” and the development of a National Care Service. Through regular engagement with senior officials and Ministers in the Scottish Government, NES delivers education, workforce development and training, workforce analysis and planning to support service design and innovation including new approaches, models and locations of care. NES is focused on ensuring the workforce is ready for a range of post-pandemic scenarios and the changes in health and social care necessary to deliver improved outcomes. NES fully recognises the challenges facing the workforce and the population concerning mental health and wellbeing and provides several key educational programmes and support arrangements.

The scale of the health and social care workforce, in every community in the country, leverages a wider contribution in areas such as improving population health and reducing inequalities, economic development, innovation and competitiveness while recognising responsibilities in areas such as net zero. The NHS and social care can provide, at scale, opportunities for employment and training – including attraction into health and social care careers – and NES has the potential to be an awarding body for qualifications.

NES is a joint partner with NHS Golden Jubilee in the development of the NHS Scotland Academy, which provides accelerated training across the health workforce and formally launched in October 2021. This provides a ready-made platform on which to offer accelerated training where appropriate for the social care sector. The Youth Academy forms part of the NHS Scotland Academy and work is already underway with partners such as Skills Development Scotland and Local Authorities to implement new foundation and modern apprenticeships for young people in health and social care.

Supporting a Once for Scotland approach, NES is a leader in digital solutions and cloud-based services. This includes a platform to integrate data, intelligence and applications designed to make access to services and key information easier for users, supporting health and social care staff to work more efficiently with access to the information they need.

Welcome to our self-assessment and annual review 2021-2022, where we showcase a selection of achievements that illustrate our delivery of the NES [2019-2024 Strategy](#), supporting national priorities and policy drivers.

David Garbutt
Chair

Karen Reid
Chief Executive

2. 2021-2022 Self-assessment – At a glance

An overview of some of our key achievements in 2021-2022 is outlined below.

- a. As part of the implementation of flexible employment models and the Sustainable Workforce strand of the National Board Collaborative, work progressed on the transition of lead employer arrangements to dentists in training. In September 2021, new core and specialty dentists in training were employed by NES under the Lead Employer arrangements with Transfer of Undertakings (Protection of Employment) (TUPE) transfer complete by December 2021 for those already in employment.
- b. Our work in 2021-2022 included initiatives to support improved attraction and retention of NHS Scotland staff through the delivery of agreed actions (as set out in the [National Health and Social Care Workforce Plan](#) and the Sustainable Workforce Strand of the National Boards Collaborative). Commissioned by the Scottish Government, we hosted a Centre for Workforce Supply (CWS). In 2021-2022 our initial focus was to support NHS boards to achieve the target of 200 internationally recruited nurses by March 2022. Health board-reported data indicated that 53 were recruited in the seven-month period from September 2021 to March 2022, with recruitment activity ongoing in line with an extended target. We worked with colleagues across NHS Scotland to identify any barriers to international recruitment and to create and share specific 'Once for Scotland' solutions. This led to the development of an open and collaborative working environment, with NHS boards sharing information, challenges and potential solutions for the benefit of all.
- c. We continued to participate in UK-wide recruitment for doctors in training. In 2021, we advertised 948 Foundation Year One places and filled 918 (97%). We also advertised 382 Core and 760 Specialty posts and filled 358 (94%) and 691 (91%) respectively.
- d. We delivered expansion of the new national training and quality management programme within the post-registration training for newly qualified pharmacists and pharmacy technicians across all sectors. In the Pharmacy Foundation training for newly qualified pharmacists, during 2021-2022 we delivered the remainder of the previous programme while launching the new training programme, which included an Independent Prescribing (IP) qualification for newly qualified pharmacists. There are 177 pharmacists in training on this modular IP programme across pharmacy sectors including community, hospital, primary care, and cross-sector. In total, 128 participants remain in training on the outgoing programme, with 52 successfully completing training in this phase.
- e. Preparations were made for the establishment of a new Social Care Directorate, with the appointment of our first Director of Social Care, in March 2022.
- f. We continued to develop a workforce development plan to increase capacity in Child and Adolescent Mental Health Services (CAMHS). We delivered (long) training in Cognitive Behavioural Therapy, Interpersonal Therapy and family therapy to 86 practitioners, with 68 still in programmes. A total of 279 clinicians completed short courses. The 'New to forensic CAMHS' e-Learning resource was accessed by 278 practitioners. Additionally, 24 clinicians in cohort three completed the one-year development plan (April to December 2021), with 25 clinicians in Cohort four ongoing.

- g. During 2021-2022, seven cohorts of 75 family nurses participated in the core Family Nurse Partnership (FNP) education programme. Education delivery was maintained despite continued challenges in frontline service delivery in response to COVID-19. Education for family nurse supervisors benefited from an increased hybrid approach, receiving positive feedback from participants. Evaluation has been integral to continuous developments in FNP education.

The [FNP Scotland Education Strategy](#) established the foundations for the FNP education model, reflecting NHS Scotland values, and continues to enable measurable success and quality assurance against its key principles.

- h. To support immunisation and wider health protection programmes, we delivered a programme of 13 webinars, which also included information on the introduction of COVID-19 vaccines and public health microbiology. Over 10,000 people attended these webinars, of which recordings were made available on [TURAS Learn](#) for onward access and learning for other interested practitioners.
- i. We successfully deployed our anticipatory care planning product, Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), in one NHS Scotland board. This included the product being rolled out across primary, secondary, and unscheduled care services, as well as availability of an integration Application Programming Interface (API) for surfacing ReSPECT data within Clinical Portal and other cornerstone applications, such as 'TrakCare', within NHS boards.
- j. We continued to support the running of the 'Protect Scotland' app (during the Scottish Government support for COVID-19 testing). This app anonymously and privately alerted individuals if they had been in close contact with another app user who tested positive for COVID-19. The app was launched in September 2020, with over half a million downloads taking place in its first day. There were approximately 1.95 million downloads of the app to date.
- k. [TURAS Learn](#) is now the learning management platform for seven NHS Scotland health boards, where learning resources are hosted, and compliance reports are produced, with three boards joining in 2021-2022.
- l. We continued to work to consolidate our position as a national centre for health and social care workforce data and intelligence. We published quarterly official statistics on the NHS Scotland workforce on our [TURAS Data Intelligence website](#). These data are used by the Scottish Government, NHS boards, and the media.

3. A high-quality learning and employment environment

Box 1: Key area of focus 1 – A high quality learning and employment environment

NES Strategy 2019-2024 outcomes:

- More consistent, modern and flexible employment experiences.
- High quality training programmes and placement learning.
- Meaningful career conversations, appraisal and educational portfolios.
- Excellent support for workplace learning and development.
- Improved promotion of career opportunities in health and care and easy access to information.
- More accessible and flexible learning resources for remote and rural learners.
- Improved employee and trainee feedback, engagement, and health and well-being.
- Best value national administrative systems which enable flexible working and release time.
- Improved opportunities to access learning.

3.1. Lead employer and national employment policies

- 3.1.1. During 2021-2022, work on 'Once for Scotland' standard operating procedures for doctors and dentists in training continued via the **Lead Employer Programme**. This programme of work aims to improve consistency of employment experience across placements and employers for doctors and dentists in training. We provided project management support and contributed as a placement and employing Board. A lack of capacity in NHS boards, due to COVID-19-related circumstances, reduced progress with this work. However, progress was made in relation to the 'Returning to Work after Extended leave, Attendance, and Payroll' processes.
- 3.1.2. As part of the implementation of flexible employment models and the Sustainable Workforce strand of the National Board Collaborative, work progressed on the **transition of lead employer arrangements to dentists in training**. In September 2021, new core and specialty dentists in training were employed by NES under the Lead Employer arrangements with Transfer of Undertakings (Protection of Employment) (TUPE) transfer complete by December 2021 for those already in employment. Work is progressing with the Scottish Government in relation to the transition of vocational dental practitioners in general dental practice to the Lead Employer model by August 2022.
- 3.1.3. in liaison with the Scottish Government, Home Office, Disclosure Scotland, networks and NHS Boards, a high-quality national **Protecting Vulnerable Groups (PVG) and Tier 2/skilled worker advice and processing service** continued to be provided to NHS Scotland. Our work also included the extension of National Trainee Services to encompass Skilled Worker sponsorship of foundation trainees and vocational dental practitioners. This supports our aim to deliver a high-quality candidate experience maximising the attractiveness of Scotland as a place to work and train.

3.2. Quality management and educational governance

- 3.2.1. In **healthcare scientist training**, we undertake quality monitoring against our self-assessment standards through submission of training centre evidence, trainee feedback, accreditation, and training plans. This provides assurance that standards of training are consistent across all specialities and support safe clinical practice. All 100 training centres were accredited in 2020-2021 (as part of a four-year cycle) and all 200 (headcount) trainees every year. This includes training centre approval, training supervisor recognition, trainee progression, and trainee satisfaction and experience. Our training of clinical scientists and clinical physiologists is subject to scrutiny by the Academy of Healthcare Science (AHCS), which in turn, reports to the regulator, the Health and Care Professions Council (HCPC).
- 3.2.2. We completed our **Annual Review of Competency Progression (ARCP) cycle for healthcare science trainees** with a national training number. In 2021-2022 we tracked 275 trainees. Of the 158 eligible trainees, there was a 90% positive response rate to ARCP checks. Our count of accredited training centres was rationalised to 45 (hence avoiding duplicates that arose in units with the same specialty postgraduate and graduate training).
- 3.2.3. We continued to work to improve **quality across learning environments, training experiences and evaluation process for applied psychology trainees**. We coordinated and quality assured 465 placements, including intensive support for supervisors and trainees. A total of 604 site visits and 397 end of placement reviews were completed to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision.
- 3.2.4. We delivered new **supervisor training** to 90 delegates, Continuing Professional Development (CPD) training to 114 experienced supervisors, **Cognitive Behavioural Therapy (CBT) supervision skills** training to 16 clinical psychologists, and **health psychology awareness training** to four health psychology supervisors. We also maintained and developed the Service User/Experts by Experience Groups for both Clinical Training Programmes, including attendance at quarterly meetings.

3.3. Revalidation and appraisal

- 3.3.1. As part of our commitments to the Scottish Government, we provided **appraiser training** for clinicians wishing to take up the role of **medical appraisers**. This helps ensure consistency in approach, quality and a common pathway. We offer two types of appraiser training: two half-days for anyone wishing to become a new appraiser and a half-day refresher appraiser course for experienced appraisers.
- 3.3.2. The new **Refresher Appraiser courses** now consist of online modules designed for experienced appraisers. As part of this programme, two webinars were delivered in October 2021 and February 2022. Further coaching and mentoring training sessions are planned for 2022/2023. Overall, in 2021-2022 we delivered 20 new Appraiser courses, which were attended by 155 delegates.

3.4. Educational support roles and networks

- 3.4.1. We continued to recruit to the **Scottish Clinical Leadership Fellowship Programme (SCLF)**, our flagship leadership offering. During 2021-2022, there were 20 recruits, including 12 medically qualified doctors, pharmacist, pharmacy technicians and dentally qualified fellows. In addition, two remote and rural surgical fellows were appointed to the North of Scotland, with a third planned for 2022. Fellows have been actively involved with key strategic and operational activity at a senior level within their host organisations. The programme was transformed from an in-person format to online and was positively received. Following a successful delivery of the leadership programme online during the pandemic, we are returning to an in-person/hybrid format. We plan to have a formal review of the SCLF programme during 2022-2023.
- 3.4.2. We continued to **improve responses to survivors of trauma, through education and training of the wider workforce**. Since April 2021, we trained 51 trainers, delivered Trauma Enhanced and Specialist workshop-based training to 135 participants, and delivered a Trauma Informed and Leadership webinar-based training to a further 2,845 attendees. There were over 8,400 downloads of online resources, while videos were viewed over 6,900 times. The Trauma-Informed animations were viewed over 54,000 times, and over 9,000 people completed one of the skilled e-Modules. We continue to contribute to the network of Trauma Champions, including regular inputs to their development days. The network of local Transforming Psychological Trauma Implementation Co-ordinators delivered 1,366 training places and 265 consultation sessions. The National Trauma Training Programme website has received over 25,000 visits since April 2021.
- 3.4.3. We created a **draft knowledge and skills framework for the justice workforce** to recognise the impact of trauma on victims and witnesses, and to reduce re-traumatisation and support recovery. The framework was issued for consultation with all key stakeholders.
- 3.4.4. We supported an increase in the number of staff within NHS Scotland who are trained to deliver **high quality evidence-based psychological care** safely and effectively at different levels of the tiered care system. Working with key stakeholders, we delivered a range of training and education in evidence-based psychological therapies and interventions to over 1,000 multi-disciplinary staff working in adult mental health, substance misuse and forensic mental health. Our training included long therapy courses and shorter CPD training offers.
- 3.4.5. We delivered the **SQA accredited NES Enhanced Psychological Practice (EPP) Adult programme** to 20 learners. This new certificate level programme provides comprehensive training in evidence-based interventions to enable staff to work with people presenting with common mental health problems, such as depression and anxiety. In total, 19 learners successfully submitted and passed all modules to date and are due to complete in Summer 2022. Recruitment for a second cohort of learners concluded in February 2022 (with 24 EPP-Adult learners commencing in late April 2022). The programme aims to make effective use of the large cohorts of graduates in psychology and related disciplines. Learners are hosted in NHS Scotland health boards and are employed in Assistant Psychologist (or similar) posts to enable participation in the programme.
- 3.4.6. We continued the ongoing review of the NES/Scottish Government's '**The Matrix: A guide for delivering evidence-based psychological therapies**' and engaged with the wider workforce for each review topic (through participation in short life working groups).

- 3.4.7. We also supported NHS Scotland boards with the recruitment of 23.1 WTE master's level and 17.4 WTE Clinical Psychology posts (Older adults) to enable local training supervision, coaching and the **delivery of psychological therapies**. In addition, support was provided to NHS boards to develop and recruit 13.8 WTE clinical psychology posts to enable local delivery of psychological therapies to the health and care workforce.
- 3.4.8. We supported the implementation of the **Autism Training Framework (ATF)** through the provision of a comprehensive training programme in diagnostic assessment. We provided the following programmes:
- Autism Diagnostic Observation Schedule (ADOS) training to over 90 attendees.
 - Adapting CBT for Adults with Autism to 58 delegates.
 - CBT training to 20 Specialist Level staff in CAMHS.
- 3.4.9. We also developed a TURAS Learn site to support the ATF. Resources to adapt staff practice to meet the needs of neuro-diverse people across the lifespan and across the Informed-Enhanced practice were also added to the TURAS Learn page. The resources use real-life scenarios to demonstrate the impact of change on a range of autistic individuals and encourage reflection on adapting practice.
- 3.4.10. During 2021-2022, we delivered training and workforce development to support the Scottish Government's expansion of **Perinatal and Infant Mental Health Services** in Scotland (in line with the [Delivering Effective Services](#) report). All existing and new Mother and Baby Units and Community Perinatal Mental Health Teams (CPMHT) have accessed the seven Essential Perinatal and Infant Mental Health e-Learning modules, which were completed by over 9,700 people. Furthermore, we recruited additional trainees to expand the workforce in primary care and in specialist Perinatal Infant Mental Health (PIMH) services. These included 10 Psychological Therapy in Primary Care (PTPC) trainees, five CBT trainees and five Doctorate in Clinical Psychology trainees.
- 3.4.11. The **Rapid Action Placement Oversight Group (RAPOG)** – which was established in 2020 to monitor challenges around Nursing, Midwifery and Allied Health Professionals (NMAHP) practice placements in response to the COVID-19 pandemic – became part of the Future Nurse and Midwife Programme Board and the AHP stakeholder and recovery groups. These groups continue to provide strategic oversight of placements. In addition, several operational groups continued activity to focus on increasing capacity and diversity of placements to enable the NMAHP workforce to comply with regulatory bodies (for example, the Nursing and Midwifery Council (NMC) and the HCPC). Examples of key successes included:
- Placement allocation: Endorsement of a 'Once for Scotland' practice placement decision-making and governance tool for implementation.
 - Funded MSc in Physiotherapy scheme launched: 36 places offered across four Higher Education Institutions (HEIs).
 - Support of Peer Assisted Learning (PAL) work: Six case studies and one workshop for 20 staff tested, with an implementation plan being developed.
 - 'How to... Workshops': A series of practical workshops were delivered based on emergent themes captured via our practice education networks. A total of 592 staff attended six sessions on the following themes: Project-based placements; Peer-assisted learning; Role emerging blended placements; Long arm supervision; and Students at risk of failing.

- 3.4.12. In support of our aim to provide **generic CPD for early career healthcare scientists**, we delivered nine interactive webinar workshops to 83 delegates, and supported/developed a further 19 different CPD courses. A total of 3,234 CPD modules were completed online since 01 April 2021, and a further 890 modules were in progress at the end of March 2022.
- 3.4.13. In addition to the underpinning learning modules available on TURAS Learn, we delivered four **leadership development** webinars to approximately 40 early career healthcare scientists. National events to support the development of the healthcare science workforce included 10 webinar sessions; each attracting over 80 delegates, and two webinars for higher specialist trainees; with over 50 attendees at each.

3.5. Remote and rural educational support

- 3.5.1. During 2021-2022, we continued to plan the development of a **National Centre for Excellence for Remote and Rural Health and Social Care**, with preparation of a business case for consideration by the Scottish Government.
- 3.5.2. A new [Rural Advanced Practitioner Pathway](#) was developed, and the University of the Highlands and Islands was identified as the education provider. Delivery is planned for September 2023. We are now working with stakeholders to develop an online rural supervisory hub that will support supervisors and learners with high quality learning and educational resources.

Box 2: Key area of focus 1 – A high quality learning and employment environment **Case study: Medical Credentialing**

We worked with the four UK Departments of Health and the General Medical Council (GMC) to agree a framework for the implementation of medical credentials, as recommended by the UK Shape of Training Steering Group and adopted as policy by all four UK Ministers in 2017.

We submitted a full proposal for a GMC-approved Credential in Rural and Remote Health (Unscheduled and Urgent Care), which was considered by the GMC Curriculum Advisory Group in June 2021. The purpose of the credential is to provide a supportive training framework for General Practitioners and other non-training grade doctors practising – or wishing to practise – in rural and remote contexts to provide unscheduled and urgent care in rural and remote hospitals and at the interface with the community. The credential proposal was supported by stakeholders across the UK.

In December 2021, the Medical Director of the GMC formally endorsed the curricular content of the credential, praising us for “embracing the principles of the credentialing framework with a well-realised and designed curriculum”. This is a significant milestone, which has not yet (to date) been achieved by any of the other ‘early adopter’ credentials. It paved the way for a formal launch later in 2022, subject to the GMC confirming a number of operational framework details.

We started work with the GMC on preparing for delivery and are preparing a formal business case that will include provision of a digital learning hub. This will underpin both credential delivery but will also be flexible to support health and care practitioners in other rural and remote contexts.

Further information is available on the [GMC website](#).

4. National infrastructure to improve attraction, recruitment, training and retention

Box 3: Key area of focus 2 – National infrastructure to improve attraction, recruitment, training and retention

NES Strategy 2019-2024 key outcomes:

- Improved promotion of career opportunities in health and care and easy access to information.
- Greater awareness of career opportunities in health and care for young people and school leavers.
- Higher education outcome agreements that meet the needs of health and care.
- Widened access to higher education and improved recruitment in key areas.
- Sufficient education and training capacity to meet future workforce needs.
- High take up and fill rates in post-graduate training programmes.
- Effective support for staff returning to work or retraining.
- Initiatives to support succession planning.

4.1. Recruitment, careers promotion and youth employment

4.1.1. Our work in 2021-2022 included initiatives to support improved attraction and retention of NHS Scotland staff through the delivery of agreed actions (as set out in the [National Health and Social Care Workforce Plan](#) and the Sustainable Workforce Strand of the National Boards Collaborative). Commissioned by the Scottish Government, we hosted a **Centre for Workforce Supply (CWS)**. In 2021-2022 our initial focus was to support NHS boards to achieve the target of 200 internationally recruited nurses by March 2022. Health board-reported data indicated that 53 were recruited in the seven-month period from September 2021 to March 2022, with recruitment activity ongoing in line with an extended target. We worked with colleagues across NHS Scotland to identify any barriers to international recruitment and to create and share specific 'Once for Scotland' solutions. This led to the development of an open and collaborative working environment, with NHS boards sharing information, challenges and potential solutions for the benefit of all.

4.2. Pre-registration education

4.2.1. We continued to offer educational and training opportunities for those pursuing a career in **dental nursing**. We provided up to 200 places for trainee dental nurses to undertake the NES Dental Nurse Induction blended learning programme prior to commencing a pre-registration dental nurse training course. A total of 171 trainees commenced the pre-registration course following attendance at induction, with in-takes in May 2021 and September 2021. The training was successfully completed by 82 trainees in December 2021 and 77 remain in training from the September 2021 in-take.

4.2.2. We aim to deliver high quality, efficient and sustainable **pre-registration NMAHP and paramedic education** to support health and care. The Performance Management Report submitted to the Chief Nursing Officer Directorate (CNOD) in November 2021 reported on the overall quality assurance and performance monitoring of 12 Higher Education Institutions (HEIs) commissioned to deliver NMC-approved and Health and Social Care Partnership (HSCP) approved paramedic science pre-registration education. Based on recruitment retention and completion data, and workforce demand within learning disabilities, a key outcome was that an education and workforce review should be undertaken. Following an agreement with CNOD, this work will be progressed in the coming year.

- 4.2.3. Our activities during 2021-2022 included delivery of a recruitment training and quality management programme for **pre-registration pharmacy training**, to provide the Pharmacy workforce for NHS and community practice in Scotland. The Scottish Government requires an increase of 120 trainees to deliver more pharmacists into the Scottish workforce within four years.
- 4.2.4. We recruited trainee pharmacists to our **Pharmacy Foundation Training Year** (previously pre-registration pharmacist scheme) one year in advance, from the final year of pharmacy undergraduates. Following conclusion of the 2021 recruitment process, initially 210 applicants were successfully matched through the national Oriel recruitment process. A further 19 became eligible for funded training from the 2022-2023 cohort, creating a potential 229 trainee pharmacists for 2022-2023.
- 4.2.5. In the Foundation Training Year (FTY) Programme, the **trainee pharmacist workforce** overlaps across the delivery year. For the 2020-21 cohort, 211 trainee pharmacists progressed through the pre-registration programme with support from the FTY team, with 200 first time completions and 11 delayed on their General Pharmaceutical Council (GPhC) assessment dates. Of the 2021-2022 cohort, 209 trainee pharmacists continue to progress through training.
- 4.2.6. We delivered **quality management systems** to approve suitable training sites for our Foundation Year trainees. Additional approval virtual visits were conducted, which were only required in response to changes to training details for trainee pharmacists. Our Pharmacy ACT team and FTY team are progressing joint training provider approvals on a 'Once for NES' basis. A validation process commenced, looking at training provider feedback questionnaires completed by students and FTY trainee pharmacists, along with our training provider approval form. This process is in preparation for our impending GPhC FTY accreditation.
- 4.2.7. Considering the effect of GPhC reforms on initial education and training, this accreditation process has been a key focus. Initial work for the 2022-2023 GPhC accreditation process and visit for the NES FTY Trainee Pharmacist programme, commenced in 2021-2022.

4.3. Additional Cost of Teaching

- 4.3.1. **Medical Additional Cost of Teaching (ACT) funding** is provided by the Scottish Government to support the additional costs of the clinical teaching of undergraduate medical students when they are in hospital or GP placements in Health Boards. We manage the distribution of funds as agreed by the Medical ACT allocation model. The budget for Medical ACT has grown substantially – from £77.2 million in 2017-2018 to £103.9 million – mainly due to an increase in student numbers. Although progress was affected by COVID-19-related circumstances, a wide-ranging review of the Medical ACT funding processes has been carried out over the last two years. This involved three short life working groups, which included 11 internal and 51 external stakeholders. A fuller review of the work in collaboration with key stakeholders is expected, with the aim of publishing a Medical ACT Framework in 2023/2024.
- 4.3.2. **Pharmacy Additional Cost of Teaching (ACTp) funding** provided by the Scottish Government, is aimed at experiential learning and clinical experience for all pharmacy undergraduate students in Scotland to support the increasing clinical roles of pharmacists within the primary care setting. We coordinate, develop and administer Pharmacy Additional Cost of Teaching (ACTp) on behalf of the Scottish Government in conjunction with both schools of pharmacy in Scotland (Robert Gordon University and the University of Strathclyde) and other key stakeholders.

- 4.3.3. **Pharmacy ACT Experiential Learning (EL)** activity was successfully completed for 2021-2022 across all three Pharmacy sectors for students from the two schools of Pharmacy in Scotland, meeting six weeks of EL delivery. Although interruptions due to the COVID-19-related situation continued, recovery placements were successfully co-ordinated. The national co-ordination process for 2022-2023 EL activity commenced during quarter four of 2021-2022, with new models of placement/funding confirmation being explored to support the pathway to 11 weeks of EL by 2024-2025.
- 4.3.4. In Pharmacy ACT preparation of Experiential Learning (PFEL) training activity, a total of 273 facilitators were trained in 2021-2022 to further support EL. Across the cohort of existing facilitators with over three years of experience, 18.2% (455) completed the mandatory further training requirements to remain on the NES approved list of EL facilitators.
- 4.3.5. Through our **Pharmacy ACT Quality Management** work, a total of 164 training sites were approved for EL, with feedback uploaded to TURAS to assist the approval process.

4.4. **Postgraduate training grades**

- 4.4.1. We continued to participate in UK-wide recruitment for doctors in training. In 2021, we advertised 948 Foundation Year One places and filled 918 (97%). We also advertised 382 Core and 760 Specialty posts and filled 358 (94%) and 691 (91%) respectively.
- 4.4.2. In 2021 we carried out the **Annual Review of Competency Progression (ARCP)** process for the training year 2020-2021. In total 7,645 ARCP outcomes were recorded for 6,104 doctors in training. For analysis, 479 'No reviews' were excluded leaving 7,166 ARCP outcomes: 5,752 (80.3%) were satisfactory; 1,096 (15.3%) were neutral, while 318 (4.4%) were unsatisfactory. There were 18 Outcome Four's issued, which resulted in release from training.
- 4.4.3. New ARCP outcomes were created, which related to the effect of the COVID-19 situation on any delays and missed training opportunities. These were recorded without any detriment to trainees (336 (4.7%) ARCP outcomes). Of the 336 ARCP COVID-19-related outcomes, 271 (80.7%) did not require a training extension, whilst 65 (19.3%) required extensions.
- 4.4.4. Through national recruitment 80 **Dental Core Training** posts were filled (from a target of 92). This is due to a combination of posts unfilled at national recruitment, withdrawals following recruitment and resignations since post commencement. A small number of local recruitment exercises had limited success.
- 4.4.5. In response to the COVID-19 pandemic, it was agreed that the current cohort of dental trainees would be offered an extension to their training to July 2022. An additional training period, of between 10 and 12 additional study days, was provided to dental trainees to support their achievement of satisfactory completion. A total of 141 **Vocational Dental Practitioners** were in post in March 2022 and will be considered for satisfactory completion of training at the National Review Panel (NRP) in June 2022. National Review Panels took place in November 2021 and February 2022. Six trainees achieved satisfactory completion at the February 2022 NRP.

- 4.4.6. The ARCP process for up to 45 Specialty Trainee Registrars (40 NES-funded) and 90 Dental Core Trainees was supported. **Dental Core and Specialty Trainees** require to maintain an educational record of achievements in the relevant e-Portfolio and participate in the ARCP process. This process follows the quality management procedures outlined in the relevant training grades agreed on a four-nation level. During 2021-2022, training continued for all trainees in post. Interim review of competence progression for Dental Core Trainees in February 2022 resulted in 73 making satisfactory progress (outcome one).
- 4.4.7. Due to the continued impact of the pandemic, the annual trainee induction, educational study day programme and a national education conference were all delivered online.
- 4.4.8. During 2021-2022, access to up to 120 places was provided on a range of **blended learning programmes for dental care professionals** to undertake Scottish Qualifications Authority (SQA) Professional Development Awards (PDAs) and Higher National (HN) Units to upskill and contribute towards professional development. Over recent months, candidates undertaking our SQA post-registration blended learning programmes successfully completed their relevant SQA qualifications. These include:
- PDA in Delivering Oral Health Interventions (SCQF 8).
 - HN in Local Decontamination of Reusable Instruments (SCQF 7).
 - PDA in Inhalation Sedation (SCQF 8).
 - Higher National Certificate (HNC) in Oral Health Care Dental Nursing (SCQF 7).
- 4.4.9. In support of our aim to maximise the NMAHP contribution to transformational service change, improvement and innovation, we continued to promote the role development model (as outlined in the five-year vision linked to the **Allied Health Professions (AHP) Transforming Roles** strategy position paper). Presentations and workshops were held with AHP Practice Educators, the Dietetic Primary Care Group, the AHP Mental Health Group and the AHP Public Health Leads Group. Work was undertaken to develop and pilot a service needs and learning needs analysis tool to scope the current and future roles of dieticians in primary care, and assistant practitioners in radiography. This will identify the levels of practice and the educational underpinning required to develop and embed these roles in practice.
- 4.4.10. Our education and career pathway for **Adult Integrated Community Nursing** aims to provide a responsive, flexible, community nursing workforce equipped to practise confidently and competently across a range of settings from level five to level eight of the Career Framework for Health. The first part of the education and career pathway, the Graduate Diploma in Integrated Community Nursing (GDip ICN), is designed for community nurses working at level five of the Career Framework for Health (Agenda for Change Band 5 equivalent).
- 4.4.11. Since the programme was introduced in 2020, a total of 354 students enrolled in two cohorts. Work is underway to commission education for the next part of the Pathway to prepare nurses for the senior/specialist practitioner role in care home, district, general practice, or prison health nursing. This new programme will build on the core generalist knowledge, skills and competencies associated with the GDip ICN with more specialised education at SCQF Level 11, and enable nurses to provide safe, effective, person-centred care to people with more complex health and care needs within a specialist area of practice. It will provide role-specific modules to prepare nurses for the roles and responsibilities at Level 6 of the Career Framework for Health (for example, as district nurses or senior general practice nurses^{1,2}). A tender for evaluation of the programme was developed and delivery of a final report is anticipated by September 2023.

¹ <https://www.gov.scot/publications/transforming-nursing-midwifery-health-professionals-roles-district-nursing-role-integrated/>

² <https://www.gov.scot/publications/developing-general-practice-nursing-role-integrated-community-nursing-teams/>

- 4.4.12. We progressed commissioning and recruitment of **Applied Psychology and Psychotherapy trainees** to ensure that NHS Scotland is provided with suitably trained and fit for purpose professionals. We supported 59 clinical psychology trainees to complete pre-registration training and commissioned and recruited 80 clinical psychologist training places, including five additional trainees to enhance perinatal mental health capacity. In addition, 39 trainees for Psychological Therapies in Primary Care (PTPC) and 30 MSc trainees in Applied Psychology for Children and Young People (APCYP) were supported to complete training. We also commissioned and recruited 45 MSc PTPC trainees and 36 MSc APCYP trainees for commencement in January/February 2022.
- 4.4.13. We provided NHS Scotland with over 20 appropriately trained **neuropsychologists** and upskilled other disciplines in these approaches. We supported three trainee health psychologists to complete training, as well as four in programme (due to complete training by February 2023). Additional commissioning and recruitment involved four trainee health psychologists who started training in February 2022. Finally, we supported the 2017 cohort of five child and adolescent psychotherapy trainees to complete in September 2021, and commissioned and recruited the new cohort of four trainees who commenced in September 2021.
- 4.4.14. We delivered expansion of the new national training and quality management programme within post-registration training for newly qualified pharmacists and pharmacy technicians across all sectors. In **Pharmacy Foundation training** for newly qualified pharmacists, during 2021-2022 we delivered the remainder of the previous programme while launching the new training programme, which included an Independent Prescribing (IP) qualification for newly qualified pharmacists. There are 177 pharmacists in training on this modular IP programme across pharmacy sectors including community, hospital, primary care, and cross-sector. We delivered trainee and educational supervision inductions, an educational programme, and provided peer sessions for both trainees and their educational supervisors. In total, 128 participants remain in training on the outgoing programme, with 52 successfully completing training in this phase.
- 4.4.15. In the **pharmacy technician foundation programme**, 56 pharmacy technicians undertook the programme across the community (1), primary (42) and acute (13) care sectors. Lessons learned from the assessment process have resulted in the development of a workshop on provision of education and training. The intention is to direct learners to our QI Foundation course.
- 4.4.16. Our **Healthcare Scientist trainee** cohort includes supernumerary pre-registration clinical scientists and practitioner level (graduate) staff undertaking advanced practice scientist development. Training involves either the three-year Scientist Training Programme or an equivalent master's training programme.
- 4.4.17. Recruitment to clinical scientist posts ensures the ongoing supply of these postgraduate healthcare science workforce via our training-grade pathway. We supported the recruitment of 22 clinical scientist trainees via 122 online interviews. This year saw 1,192 applications: lower from the 1,675 last year but nevertheless still exceptionally challenging for applicants. This year's outturn meant that there were 54 applicants for each training post, with interviewees having a one in five chance of appointment.
- 4.4.18. From 46 bids, we supported 27 biomedical scientists (in-service staff) with postgraduate bursaries (for 2020-2021, 37 bursaries were awarded from 55-60 bids). The reduction in applicants may have been due to service pressures on the laboratory community and staff opting to defer advanced practice training.

4.5. Post-registration Dental Nurses and Dental Care Professionals

- 4.5.1. We provided support to enable registered dental professionals to upskill as Orthodontic Therapists through completion of the Royal College of Surgeons of Edinburgh **Diploma in Orthodontic Therapy**. Nine new participants commenced the programme in May 2021 and successfully passed their preliminary examinations in December 2021. The course was delivered in a blended learning format for the first time, with some access to clinical skills on-site.
- 4.5.2. We also provided post-qualification opportunities for **Practice Managers and Administrators**. In April 2021, 28 participants commenced on the Dental Practice Management programme (PDA Dental Managers, SCQF Level 8), with 27 remaining active. Those that deferred from the previous cohort have re-joined the programme at different intervals to complete the required units of the qualification. There were 19 participants on the Dental Reception Skills programme (PDA Dental and Medical Reception Skills, SCQF Level 6), with 15 remaining active.

4.6. Career support programmes and resources for returners

- 4.6.1. We continued to support improvement of **retention of GPs** through career advice, induction and returner programmes, a retainer scheme, and support for performance issues. The GP Returner and Enhanced Induction programmes provide support to a return to clinical practice for GPs who have not worked in the NHS for two years or more, and for GPs trained overseas to join the workforce in Scotland.
- 4.6.2. Over 2021-2022 there was an increased interest in these programmes. Eight GPs are in placement (seven returners and one enhanced induction) and 17 completed (14 Returners and three Enhanced Induction). One GP Returner resigned, and one Enhanced Induction doctor was not able to continue. This totals 27 doctors who received this support, compared to 17 for 2020-2021.
- 4.6.3. We developed and delivered a range of dental educational materials, including the Practice Support Manual, Drug Prescribing, the [Dental Companion app](#) and implementation tools. We continued the delivery of synchronous events and the development of asynchronous educational resources, with a significant increase in CPD content on TURAS Learn achieved.

Box 4: Key area of focus 2 – National infrastructure to improve attraction, recruitment, training and retention

Case study: *Pharmacy post-registration Foundation Programme*

In line with the development of the health and care workforce, Pharmacist Independent Prescribers (PIPs) are key to delivering the ambitions of Pharmacy services across *all* sectors in Scotland.

We put in plans to ensure that newly qualified pharmacists are not disadvantaged by the changes in the initial education and training of pharmacists. These plans included a NES Post-Registration Foundation Programme aligned to the revised Royal Pharmaceutical Society (RPS) Post registration Foundation curriculum for recently qualified pharmacists, and includes the PIP qualification delivered by the two Scottish Schools of Pharmacy.

This new programme, which was launched in October 2021, is open to newly qualified pharmacists across all sectors of pharmacy in Scotland and individuals completing this will be credentialed by the RPS.

We led the engagement with stakeholders, including potential and past trainees, NHS Managed Service, Community Pharmacy and Schools of Pharmacy. Our work is supported by other workstreams, including for example, remote supervision and simulation training.

5. Education and training for a skilled, adaptable and compassionate workforce

Box 5: Key area of focus 3 – Education and training for a skilled, adaptable and compassionate workforce

NES Strategy 2019-2024 key outcomes:

- Learner centred professional development ensures practitioners keep up to date.
- Enhanced roles to support an improved skill mix and service design.
- Coherent approach to developing and sharing learning resources.
- Improved development for support workers and allied health professionals.
- Clear career progression routes for all roles.
- A caring and compassionate workforce.
- People developed with the right values and behaviours to operate across boundaries.
- Access to leadership and management development at all levels.
- A culture of continuous improvement embedded in everyday practice.
- Excellent in clinical practice based on evidence and safe models of care.
- Well-developed and multi-disciplinary teams.

5.1. Continuing Professional Development for general medical practice, pharmacy, dental and optometry

- 5.1.1. The **Practice Managers Vocational Training Scheme (PMVTS)** and **Supervisory Management in General Practice (SMGP)** programme were redesigned to be delivered virtually. Cohort 15 of the PMVTS (which was paused during 2020-2021) has now been completed (10 participants). Cohort 16 commenced in September 2021 with 16 participants, and Cohort 17 commenced in January 2022 with nine participants.
- 5.1.2. Cohort three of the SMGP was also paused and recommenced in June 2021, with Cohorts four and five delivered in October and November 2021 respectively. We also delivered ten webinars and virtual workshops to provide Practice Managers and the wider Primary Care team with regular updates, education and support. In addition, Local Coordinators have continued to signpost Practice Managers to educational resources and provided pastoral support to their local colleagues.
- 5.1.3. We continued to deliver education for **General Practice Nurses (GPNs)** during 2021-2022. Given the COVID-19-related circumstances, our mode of delivery is changing to a self-directed e-Learning package, which should increase the number of GPNs accessing our learning programmes. These are being designed and released in a planned, staged way, giving longer term stability. To date, learning programmes include asthma, Chronic Obstructive Pulmonary Disease (COPD), bronchiectasis and cervical screening. In total, there were 947 learners.
- 5.1.4. Between 01 April 2021 and 25 March 2022, there were 1,331 delegates attending other courses specifically tailored for GPNs.
- 5.1.5. In August 2021 we published the Cervical Screening Education Standards. This resource subsequently supported the design of a national e-Learning module.

- 5.1.6. We continued to support **CPD programmes for dentists and dental care professionals**. Online CPD events were the focus of delivery. Some face-to-face events took place, for example medical emergencies training, but with limited uptake. Speaker approval is automatically sought to record the webinars to be made available via 'Portal TV'. Currently 26 titles are live.
- 5.1.7. We continued to provide a flexible and adaptive programme for remediation, bespoke training and support for dental registrants. The **New to Scotland/Not in Work, Education, Support, Training (NEST) programme** included a modular mandatory training component (four times per annum), with a minimum of 24 places. All four courses were successfully delivered. Registrants were supported with Personal Development Plans (PDPs), using expertise from 12 mentors. Support and advice were also provided to those returning to work after a career break. An additional bespoke Mandatory Training (MT) course for 12 Aberdeen University graduates was also delivered. This was due to their undergraduate training being completed in December 2021 (rather than June 2021 due to the COVID-19-related situation). All successfully completed the Test of Knowledge, been certificated, and have subsequently taken up posts as assistants in the General Dental Service.
- 5.1.8. We met our target to achieve 90% of all General Ophthalmic Services (GOSs) Optometrists/Ophthalmic Medical Practitioners (OMPs) practising within Scotland completing the 2021 **optometry mandatory training** activity by 31 December 2021. We are continuing to work with health boards to contact those who have not yet undertaken the module.
- 5.1.9. During 2021-2022 we continued to support the delivery of **CPD for the optometry profession** through the provision of Teach and Treat clinics at three centres (NHS Lothian, NHS Greater Glasgow and Clyde, and NHS Grampian). All three centres operated at reduced capacity. Engagement with NHS Forth Valley, regarding the possibility of a fourth centre has commenced. Currently, 119 Optometrists attended at least one teach and treat session. Over the next three fiscal years, we aim to have 100 optometrists attending at least one teach and treat session per annum. Each session can support up to three optometrists when no physical distancing is in place.
- 5.1.10. We hosted a **national Optometry non-medical prescribers conference** to support extended community eyecare. We recruited experts to design and deliver the CPD in line with professional needs. It was delivered online with keynote lectures attracting up to 143 delegates. Additionally, in October 2021, we hosted a national optometry conference to support community eyecare. Delivery was also online and occurred at the end of a three-year CPD cycle. Delegates (207), tutors and facilitators received CPD points, as per guidelines. Attendee numbers were less than expected due to the end of the Continuing Education and Training (CET) cycle, with many delegates already having achieved revalidation. COVID-19-related pressures in the workforce were also noted.
- 5.1.11. We delivered four face-to-face training events focussing on the skills required to support the **First Port of Call (FPOC) optometry service**. Experts were recruited to design and deliver CPD in line with professional needs. CET points were available for application from the regulator (which in turn support revalidation).

- 5.1.12. In line with Scottish Government policy, we supported pharmacists and pharmacy technicians to provide new/evolving NHS services. We provided professional development opportunities to all pharmacists and pharmacy technicians in Scotland, as aligned with GPhC regulatory requirements.
- 5.1.13. A total of 15,435 **pharmacy learners** completed e-Learning modules. Additionally, we provided a range of webinars, including 'COVID-19 Friendly Consultations' (50 attendees), 'Pharmacy Educational Reforms' (168 attendees), and 'Treating Common Bugs beyond Pharmacy First' (127 attendees). Work progressed with the second and third Clinical Decision-Making modules, with launch expected in 2022-2023. Following the success and timely nature of the 'Prescribing of Paxlovid for the treatment of COVID-19' webinar, the Northern Ireland Government requested access to the recording to include in their educational portfolio.

5.2. Role development and frameworks for practice

- 5.2.1. We delivered education and training to support the primary care pharmacy workforce across Scotland to meet the Scottish Government vision for **Primary Care Transformation**. The aim is to allow multi-disciplinary teams to support people in the community, enabling GPs to spend more time with patients in specific need of their expertise.
- 5.2.2. Following the successful initial two cohorts of '**Pharmacy Technicians Working in Primary Care**' in 2020-21, we commenced cohort three (119 participants) with the successful online learning pathway. Exploration of demand for cohort four will commence in July 2022, with initial indications showing a continued high demand for this programme.
- 5.2.3. A total of 504 Pharmacy General Practice Clinical Pharmacists (GPCPs) registered and continue to progress through the **Advanced Practice Framework**, with Cohort 9 achieving completion and Cohort 10 underway. A further seven GPCPs were accredited: six at Advanced 1 level and one at Advanced 2 level.
- 5.2.4. We provided community optometrists with a broad education in glaucoma management, equipping them with the knowledge and skills to extend their remit. We provided 45 places for the second cohort of the NES-accredited training **SQA level 11 course to manage ocular hypertension and glaucoma in the community**. The programme included online learning, training sessions, reflective practice, clinical placement, and theoretical and clinical assessment. Results were issued in early April 2021, with 34 optometrists passing the course.
- 5.2.5. We provided education to optical assistants to increase their scope of practice in the community. We delivered the **SQA-equivalents of level 5 and level 7 Certificate in Optical Care courses**, which consisted of three one-day tutor-led workshops. Fifteen optical assistants passed their training (at either level).

5.3. Person-centred care education and training

- 5.3.1. We continued to work with social care, local authorities, education and third sector organisations to reduce health inequalities and improve oral health through educational provision.
- 5.3.2. **'Childsmile'** is a National Public Health initiative to improve the oral health of young children and bridge the gap in oral health inequalities. We developed a blended learning approach to the core training for dental nurses and dental health support workers. Five dental nurses and four Dental Health Support workers completed the [six-module Childsmile course](#). We also delivered a two-day update development session, with 13 Dental Nurses and six Dental Health Support Workers having attended. Nine participants completed the Fluoride Varnish application practical session.
- 5.3.3. Aimed at those involved in the oral care of priority groups, an educational framework for learning in oral health was created. In line with Scottish Government direction and the Recognition of Prior Learning (RPL) policy to support SCQF qualifications, a key aspect of the learning framework was the development of [Open Badges](#). In total, 132 open badge applications were received, with 91 being awarded.
- 5.3.4. We also developed a toolkit to support the delivery of the SCQF Level 5 qualification in **Oral Health Peer Mentoring**, aimed at improving the oral health of prisoners.
- 5.3.5. We developed and delivered additional training for the **Community Chaplaincy Listening (CCL)** service. The new training programme increased the number of national trainers from two to eight, and a new training manual to support this course is currently being developed. A new Telephone Listening training programme enabled the service to continue during COVID-19 lockdown.
- 5.3.6. We also developed and delivered online training for **Values-Based Reflective Practice (VBRP®)**. VBRP® supports staff to build resilience and wellbeing within the workplace and enables them to deliver enhanced person-centred care. To date the online course has trained 118 people across most NHS boards, as well as a range of other organisations. In addition, we developed VBRP® Dynamics and Processes trainers' and participants' manuals, as well as VBRP® Initial and Re-Registration Manuals.
- 5.3.7. Further activities included commissioning and delivery of a scoping study of **spiritual care services and delivery**, to analyse the workforce perspective on current services and educational provision. A final report is due in early summer 2022, which will inform future activity to support spiritual care role development. We delivered an introductory programme in qualitative research in spiritual care and established and supported a Spiritual Care research network.
- 5.3.8. Throughout 2021-2022 we continued to deliver educational interventions and support to enhance health and care professionals in their **effective communication and practice** around death, dying and bereavement care. Our work included:
- Seven free one-hour sessions with over 1,000 registrants.
 - An annual Bereavement conference, with 1,100 registrants.
 - Films, which have collectively been viewed over 90,000 times demonstrating a 35.5% increase on the overall total views in the last 12 months.
 - The [support around death](#) website, which has seen approximately 31,000 users with a reach across 142 countries.
 - A new film: '[Bereavement charter for Children and Adults in Scotland: What does it mean for health and social care professionals?](#)'

5.4. Mental health (including CAMHS, learning disabilities and dementia)

- 5.4.1. We continued our work to ensure that the cross-sector health and social services workforce have access to specific learning and development opportunities to promote human rights and evidence-based care. We also supported and promoted health equalities for people living with dementia (and their families and carers).
- 5.4.2. Our **Adults with Incapacity (AWI) training**, which allows dentists to sign incapacity certificates in line with current legislation, was re-purposed from a face-to-face format into a blended learning programme. This allowed us to offer up to four courses (three days each), with 15 places for dentists in the Public, Hospital and General Dental Services. Ten from the previous cohort of participants have undertaken the case presentations with a further date planned for the remaining five to complete this. A further 17 participants completed the live online sessions.
- 5.4.3. The **Dementia Specialist Improvement Leads (DSIL) Programme** was adapted for online delivery, as per the COVID-19-related restrictions, with the core components of the programme remaining unchanged. In September 2021, cohort four began the 18-month programme. In response to workforce pressures and attrition, the planned participant numbers were increased from 30 to 41, with a focus on the social care sector.
- 5.4.4. At the current time, 39 participants continue to progress through the DSIL Programme, from a range of settings. Representation includes nursing and allied health professions professionals. To date, three of the main four components of the programme have been delivered. The delivery of the fourth component will take place in October 2022, with a second phase of all four components planned to take place between September 2022 and January 2023.
- 5.4.5. In total 37 staff have completed the **'Palliative and End-of-life-Care in Dementia', training for trainers**. Due to COVID-19-related work pressures, this was below our target of 50 health and social care staff.
- 5.4.6. We delivered a range of learning opportunities for health and social care staff at the **'Enhanced Level of the Promoting Excellence Framework'**, which focuses on the needs of people with dementia at an advanced stage of their dementia journey. A total of 95 health and social care staff completed learning events and masterclasses at the enhanced level. A digital masterclass and webinar were delivered which prioritised new knowledge and skills identified in the refreshed framework ('Dementia through a Trauma Informed Lens', and 'Learning Disability and Dementia'). In total over 1,000 participants attended over both days, with feedback from both sessions positive.
- 5.4.7. At skilled level, resources developed included five short learning bytes to support the person living with dementia, in the context of COVID-19.
- 5.4.8. During 2021-2022 we continued to develop and deliver educational and workforce resources for the health and social care workforce, and the wider public health workforce (in response to Action 2 of the [Suicide Prevention Action plan](#)). Resources included:
- Launch of the informed Children and Young People (CYP) facilitator pack supporting the facilitation of the CYP 'Ask, Tell, Respond' animations.
 - Ongoing development of our facilitator network who have accessed the informed facilitator resources to date. This is currently 155 people/organisations across health, social care, education, and the wider public sector.
 - Development of four masterclass presentations over autumn/winter 2021-2022, supporting learning at the enhanced and specialist levels of practice, with over 1,100 participants.

- 5.4.9. During 2021-2022 we worked more widely with the delivery leads within the **Suicide Prevention Action Plan**, National Suicide Prevention Leadership Group, and the wider Suicide Prevention community where mental health improvement and suicide prevention cuts across a wide agenda. This included areas such as Learning from Significant Events and Distress Brief Interventions.
- 5.4.10. We undertook a range of programmes to increase **CAMHS knowledge and skills in evidence-based assessments and interventions**. Our aim is to reduce mental illness and improve psychological health in vulnerable children and young people.
- 5.4.11. We continued to develop a **workforce development plan to increase capacity in CAMHS**. We delivered (long) training in CBT, Interpersonal Therapy (IPT) and family therapy to 86 practitioners, with 68 still in programmes. A total of 279 clinicians completed short courses. The 'New to forensic CAMHS' e-Learning resource was accessed by 278 practitioners. Additionally, 24 clinicians in cohort three completed the one-year development plan (April to December 2021), with 25 clinicians in Cohort four ongoing. We worked closely with health board leads to continue to develop a multi-sector workforce development plan by supporting the recruitment of 74.5 WTE additional CAMHS staff to increase workforce capacity in CAMHS and design and deliver relevant education and training.
- 5.4.12. In line with our educational framework '**Supporting psychological wellbeing in adults with learning disabilities**' we ensured staff have the knowledge and skills to provide effective interventions/services. We delivered training to 35 delegates and developed a 'Positive Behavioural Support Informed Level' resource in collaboration with the Scottish Social Services Council (SSSC) and third sector partners. A webinar in relation to attachment, trauma and people with learning disabilities was developed and delivered to 350 participants, with additional participants accessing the recording.

5.5. Maternal and child health (including young people and families)

- 5.5.1. We delivered training and coaching for multi-professional staff across child agencies to deliver evidence based/informed **psychological interventions to children and young people** who may not otherwise be able to access such support.
- 5.5.2. Since April 2021, 114 staff in children's services have been trained in '**Let's Introduce Anxiety Management**' (LIAM) and 70 in **Behavioural Activation (BA)**. We also directly trained 24 BA trainers/coaches and 42 LIAM trainers/coaches. We developed remote training materials, and feedback shows this is effective with improved scope to reach remote and rural areas. We have engaged NHS Shetland, NHS Orkney and NHS Dumfries and Galloway since we changed to a remote training/coaching model. Clinical data were collected for 435 children and young people who received the LIAM intervention. Analysis reveals significant reductions in anxiety, low mood and distress, and progress towards the children's own therapy goals. Work has begun on TURAS learning programmes and to commission a coaching skills module.
- 5.5.3. During 2021-2022, we maintained a network of 11.6 WTE **clinical psychologists and clinical associate psychologists** to deliver 'Training and coaching in Psychological Skills – Early Intervention for Children' (TIPS-EIC). Nine NHS boards have established delivery, with the remaining five in the process of recruitment to posts. TIPS-EIC trainers delivered training to 1,342 staff (school nurses, pupil support officers, pastoral care staff, third sector staff, social workers, and educational psychologists).

- 5.5.4. We delivered a range of evidence-based interventions aimed at strengthening attachment, parenting and family relationships, and supporting children and young people's developmental competence. We provided three Level 4 Group **'Triple P' training sessions** to 58 practitioners, four 'Incredible Years' preschool training sessions to 89 practitioners, 13 practice support sessions to 151 practitioners, and training in evidence-based universal social, emotional and behavioural focused interventions to 26 practitioners. A total of 91 families accessed Triple P online.
- 5.5.5. We also delivered three **'Solihull Approach' Train the Trainer** training sessions to 36 practitioners and 12 Solihull Approach Foundation Level Training to 130 practitioners. In total 13,507 participants registered to access the Solihull Approach Online courses.
- 5.5.6. We continued to build **psychological capacity and capability**, and meet specific training requirements in psychosocial care, within Scottish paediatric healthcare. We developed course content and implementation plans for an **Enhanced Psychological Practice (EPP)** programme for **CYP**. The SQA credit rating application process is underway and the e-Learning modules that underpin the programme were completed by the end of April 2022. Recruitment for the pilot cohort of EPP-CYP learners concluded in February 2022, with 13 learners commencing the programme in late April 2022. Learners are hosted in NHS Scotland health boards and are employed in Assistant Psychologist (or similar) posts to enable participation on the programme.
- 5.5.7. We delivered six training events in **'Training in Psychological Skills – Paediatric Healthcare'**, and two pilot events, offering 125 training places. The trainer network delivered 18 'bitesize' training events with at least 416 places offered. Some events were open access with no limitations on numbers.
- 5.5.8. **CPD for school nurses** was informed by a previous learning needs analysis, which identified key topic areas aligned to national priorities on the refocused role of the school nurse. Two online webinars engaged 200 participants, and evaluations reflected positivity in the use of webinars to support learning.
- 5.5.9. During 2021-22, seven cohorts of 75 family nurses participated in the core **Family Nurse Partnership (FNP) education programme**, exceeding the operational target. Education delivery was maintained despite continued challenges in frontline service delivery in response to COVID-19. The education team demonstrated significant adaptability in responding to workforce needs, consistently ensuring FNP clients and their children are central to the purpose and outcomes of education. Education for family nurse supervisors benefited from an increased hybrid approach, receiving positive feedback from participants. Evaluation has been integral to continuous developments in FNP education. The [FNP Scotland Education Strategy](#) established the foundations for the FNP education model, reflecting NHS Scotland values, and continues to enable measurable success and quality assurance against its key principles.
- 5.5.10. The FNP education programme has been rated by the SQA as meeting the criteria required to award successful candidates 60 SCQF Level 11 points. Scotland is the first country in the world to achieve academic credit for an FNP education programme.

5.5.11. The **Scottish Multi-Professional Maternity Development Programme (SMMDP)** is a training programme providing clinical skills-based courses, and other resources, to the maternity and neonatal professionals in Scotland. As a national priority, provision of core mandatory training was maintained by face-to-face education with adjustments due to public health measures and adapted to offer blended approaches where relevant. Operational targets were significantly exceeded to meet workforce needs with 93 neonatal resuscitation courses delivered to 962 midwives, and 26 obstetric emergency courses provided for midwives and obstetricians. Courses evaluate positively and feedback is being used to inform developments in technology enhanced learning.

5.5.12. Working with a third sector partner and the Scottish Postural Care Forum, a public health campaign for **'Your Posture Matters'** was launched in March 2022. Development of a campaign and social media pack enabled key partners to raise awareness across professional and public networks. The strength in this work is integrating family stories and ensuring their voices are shared and prioritised as part of the [postural care strategy and recommendations](#). Our focus and partnership approach on postural care education will continue with development of digital resources.

5.6. Equality and diversity (including health inequalities)

5.6.1. During 2021/2022, we established **staff equality networks** and improved the **operational governance** of our equality work.

5.6.2. We worked in partnership with the Employability and Apprenticeship Network, the Scottish Government and external partners to progress planning and activity focussed on the **Young Person's Guarantee (YPG)**. We created a draft NHS Scotland Opportunities Plan, which specifically targeted groups that are not well represented in our current workforce.

5.6.3. We continued to deliver a **refugee doctor's programme** for those wishing to become employed in NHS Scotland. These doctors are guided on language qualifications, registration with the GMC, and occasionally, supported in obtaining clinical placements. Our Steering Group continued to meet quarterly to advise and support all trainees, particularly those with protected characteristics, to achieve their full potential by **reducing differential attainment in medical education**.

5.6.4. We commenced a review of our medical trainee support services and agreed to change the name of the Performance Support Unit to the **Trainee Wellbeing and Development Service**. The aim is to provide a better-connected portfolio of services under a single governance umbrella and to better support trainees to achieve their full potential.

5.6.5. We were funded by the Scottish Government to deliver a programme of work for building **digital skills and leadership capabilities** across the health and care sector. Work completed included a 'Near Me and Remote Health Pathways' learning resource, a Microsoft 365 skills hub, and a Knowledge, Information and Data (KIND) learning network.

5.7. Healthcare Support Workers

- 5.7.1. To help reshape the workforce within the context of health and social services integration, we supported career development, access to learning, qualifications, and education pathways for health and social services support workers.
- 5.7.2. Phase one of the commissioned review of '**Career pathways for Health Care Support Workers (HCSWs) working at Levels 2-4 of the NHS Career Framework for Health**' within NHS Scotland was completed. This work aims to propose a national education and development framework outlining the knowledge, skills and behaviours required to deliver safe, effective, person-centred care.
- 5.7.3. Key recommendations from Phase 1 included:
 - The adoption of the framework for Level 4 HCSWs within nursing teams in acute care, and Level 3 and 4 roles within community nursing teams.
 - Supporting NHS boards to share existing resources to develop education programmes at pace for level 4 nursing HCSWs and level 3 and 4 nursing HCSWs in the community.
 - Use of the framework as a basis for further development to create a comprehensive framework for nursing, midwifery, allied health profession and healthcare scientists.

5.8. Organisational, leadership and management development (external)

- 5.8.1. We delivered a range of national learning resources and programmes to support the delivery of transformational change, service reform and harmonised workforce practices.
- 5.8.2. We completed the delivery of cohorts three and four of '**Leadership Cubed**', our leadership development programme for aspiring directors. We commissioned an evaluation of cohort three, which will inform the design of a new 'Developing Senior Systems Leadership' programme.
- 5.8.3. Our core **talent management products and services** for health and care organisations include a self-assessment questionnaire, career conversations and career conversation reviews. In August 2021, we added 'Conversation Lite' and the 'Project Lift 360 Feedback' tool'. We trained 60 facilitators and coordinators across the system to deliver these new products.
- 5.8.4. During 2021-2022 we delivered the following **six leadership and management programmes**:
 - Leadership Links: each of our nine webinars delivered attracted 50 to 80 participants from across health and social care.
 - Leading for the Future: this Adaptive Leadership Programme, for senior leaders across Health, social care and the third sector, was delivered online for the second year running.
 - Coaching for Wellbeing: we received 3,011 registrations from the health and social care workforce, with 2,009 participants having received/currently receiving coaching through the service. The reported likelihood of participants to recommend coaching to a colleague was 9.6 (on a ten-point rating scale, where 0 = 'not at all likely' and ten = 'very likely').
 - GP Coaching: we delivered a total of 854 coaching hours to 121 GPs. Despite the challenges in the system (including the COVID-19-related circumstances), the average uptake remained high at 96%.
 - Scottish Clinical Leadership Fellowships: this Leadership and Management Development Programme was delivered in an online format. Recruitment for the next cohort is almost complete, with medical, pharmacy and dental fellows commencing in August 2022.

5.9. Quality Improvement education

- 5.9.1. During 2021-2022, we provided leadership and **Quality Improvement (QI)** support and training to the optometry profession through two discussion workshops and three webinars (meeting demand in numbers). CET points were applied for, from the regulator, which supports the revalidation of optometrists and dispensing opticians. Two online Leadership and Management Programme (LaMP) discussion workshops were delivered in September 2021 and November 2021.
- 5.9.2. We maintained the **Optometry Peer Assisted Learning (PAL)** network through online or face-to-face meetings. In total, 17 meetings took place with 120 optometrists attending.
- 5.9.3. We continued to support a competent, confident, and engaged workforce through **core Quality Improvement capacity and capability programmes** (e.g., the Scottish Quality and Safety Fellowship, Board Development and the Scottish Coaching and Leading for Improvement Programme).

5.10. Patient safety, clinical skills and public health (including health protection and Healthcare associated infections)

- 5.10.1. Following peer review, we updated our '[Management of dental patients taking anticoagulants or antiplatelet drugs](#)' guidance, with the second edition published in March 2022. We also published updated '[Drug Prescribing](#)' guidance in June 2021.
- 5.10.2. During 2021 to 2022 we continued to develop and publish resources to support the resumption of **dental care provision**, and the overall Scottish Government dental response to the COVID-19 pandemic. In support of general dental services, we reviewed guidance on aerosol generating procedures, and their mitigation and provided a report on recently published evidence. In May 2021, we published information on [ventilation for dental facilities](#). At the request of the Chief Dental Officer, we will be carrying out a literature review to identify evidence related to the transmission of SARS-CoV-2/COVID-19 linked to dental settings.
- 5.10.3. We implemented and delivered programmes of **health behaviour change training** to multi-professional groups using multiple media formats. There were 1,338 'Motivation, Action and Prompts' (MAPs) behaviour change module completions and we delivered a suite of MAP training modules to 118 participants. We continued to recruit and maintain the national coaching network of MAP training by delivering Train the Trainer training to 44 participants.
- 5.10.4. We embedded service level agreements and a new model of partnership across seven health boards to build capacity and provide **Common Clinical Conditions (CCC) Teach and Treat Training Hubs**. Automated reporting on prescribers commenced on our TURAS platform.
- 5.10.5. We responded to unprecedented demand from the **pharmacy service** and supported Scottish Government ambitions to build greater clinical capacity and capability to improve safety, patient care, and to support the redesign of traditional professional roles and boundaries.
- 5.10.6. We provided increased access to **Independent Prescribing (IP) training**, with the originally planned 244 places increased by a further 186 places. We had 294 places for Clinical Skills training, and due to additional funding/demand, an additional 186 places were commissioned.

- 5.10.7. The implementation of **pharmacy simulation-based training** was a key deliverable, which will continue to expand in 2022-2023. We ran five 'SimStart' courses, with 41 pharmacists attending the training. A further three pharmacists attended the 'Introduction to Sim' two-day course. For those pharmacists working in general practice, six GP Clinical Pharmacist (GPCP) Sim courses were offered, which provided training for 23 pharmacists. Eleven FTY pharmacists attended the simulation training.
- 5.10.8. We provided a blended learning programme of in-practice **Infection Control Training** with up to 60 face-to-face events, 80 online events and access to six webinars. Given the varying COVID-19-related restrictions throughout the year, delivery was a balance of face-to-face and online events.
- 5.10.9. We provided an extensive programme of educational support for **health protection, and infection prevention and control**, to the public health workforce. This also included support for specialist practitioners and the wider health and care workforce.
- 5.10.10. We developed 15 new **immunisation learning resources**, and provided access to 38 existing learning resources to support new, returning, and experienced vaccinators. These included the existing core immunisation learning resource, 'Promoting Effective Immunisation Programme' (PEIP) for registered practitioners and HCSWs.
- 5.10.11. A range of **seasonal flu vaccination programme resources** were delivered for specific population groups using e-Learning and webinars. The suite of resources is available on [TURAS Learn](#).
- 5.10.12. **Immunisation** resources include:
- Proficiency documents for administration of seasonal flu and COVID-19 vaccines by registered healthcare practitioners, and by HCSWs.
 - HCSW vaccinator education programme for those without two years health and social care experience.
 - CPD sessions for vaccinators on enhanced communication skills and health literacy and inequalities.
 - E-Learning modules developed in partnership with Public Health Scotland (PHS) to support new, returning, and experienced staff involved with the delivery of the seasonal flu immunisation programme in Scotland.
- 5.10.13. We developed a **Career Development Framework for Health Protection Nurses** and an associated record of learning. We also completed a review of Health Care Science matrices for Public Health Microbiology, Epidemiology, and Health Protection. We reviewed the following existing resources: Ticks and Lyme disease; Blood Borne Virus; Hepatitis B and C; and Human Immunodeficiency Virus (HIV).
- 5.10.14. To support **immunisation and wider health protection programmes**, we delivered a programme of 13 webinars, which also included information on the introduction of COVID-19 vaccines and public health microbiology. Over 10,000 people attended these webinars, of which recordings were made available on [TURAS Learn](#) for onward access and learning for other interested practitioners. These webinars have been evaluated and constructive feedback applied for future webinar development. Other resources included:
- Three e-Learning modules to support the development of core COVID-19 knowledge.
 - Two e-Learning modules to support the yellow fever vaccination programme.

- 5.10.15. During the COVID-19 pandemic, we supported the contact tracing programme through the development and dissemination of learning resources. We supported new, returning and experienced **contact tracers** via a self-assessment tool, which helped assess the currency of skills and any perceived gaps. A 'Proficiency Assessment Tool' was designed to be used by Team Leaders/Line Managers to help ensure that the work of contact tracers is safe and effective, and to provide feedback to support ongoing learning and development. CPD sessions for contact tracers were developed, with topics including enhanced communication skills, health literacy and inequalities. Lesson plans and associated resources were made available for local delivery.
- 5.10.16. Through 47 meetings, we engaged with key stakeholders to review and revise educational resources and to prioritise educational provision. These stakeholders included the Scottish Health Protection Network Workforce Education group (two meetings), health board educational leads (23 meetings), the Scottish Government policy team (four meetings) and the Contact Tracing Advisory Group (four meetings).

Box 6: Key area of focus 3 – Education and training for a skilled, adaptable and compassionate workforce

Case study: *Evaluation of the COVID-19 HCSW (early adopter) vaccinator education programme*

Commissioned by the CNOD of the Scottish Government, we worked with PHS to develop a 12-week programme to support the workforce development of HCSWs with less than two years' experience in health or social care. The evaluation sought to help refine programme delivery, assess the length of time it took HCSWs to be deemed proficient in their vaccinator role, and examine some of the educational outcomes and impacts on practice.

HCSWs, trainers and supervisors were asked to provide feedback on the programme via surveys, development sessions and health board reports. Four health boards opted to participate in the evaluation. Fifty-one HCSWs took part at the pre-programme stage and 35 post-programme, representing response rates of 67% and 53% respectively. Attrition from the programme was 13% (n=10) for HCSWs and 24% (n=5) for supervisors.

HCSWs rated their knowledge and skills of their role, of working in the NHS and of vaccine preparation before and after taking part in the programme. Although scoring quite highly at the first timepoint, all domains improved by the second with most progress being made in understanding vaccines and their administration. HCSWs were mostly positive about the educational activity and resources put in place to support learning. Areas for improvement were noted.

Supervisors were invited to attend a development workshop and to participate in a survey. Seven took part in the first and 11 in the second, corresponding to response rates of 33% and 52% respectively. Supervision was estimated to take about five hours per week for each HCSW, and each supervisor worked on average with six HCSWs during the course of the programme. Health boards also fed back on their progress about supporting programme delivery.

Three sources of data were used to determine the length of time it took HCSWs to be assessed as proficient in their vaccinator role. HCSWs and supervisors reported a mean proficiency time of 6.5 and 6.1 weeks respectively. Health boards reported that programme duration for future cohorts will be 8-10 weeks as most HCSWs were able to obtain proficiency by this time.

6. A national digital platform, analysis, intelligence and modelling

Box 7: Key area of focus 4 – A national digital platform, analysis, intelligence and modelling

NES Strategy 2019-2024 key outcomes:

- A national digital platform with a coherent architecture.
- The ability to rapidly introduce and scale up new technologies based on consistent standards.
- Products developed on the national platform that improve patient care and experience.
- Business, administrative and workforce systems that create time and care and improve the employment experience.
- Improved access to information, data analytics and intelligence.
- Improved capability and capacity in our specialist digital workforce.
- A workforce with up to date skills to deliver digitally enabled services.

6.1. The National Digital Platform for health and social care

- 6.1.1. Work is ongoing to progress development of a **National Digital Platform (NDP)**. The platform is a cloud-based collection of services including authorisation, authentication, audit and the Clinical Data Repository (where patient data is stored). The NDP is a key deliverable of the Digital Health and Care Strategy, and will enable the health and care workforce, and citizens, to easily access and understand the information they need, where and when they need it. A platform roadmap for 2022-2023 has been developed and is now in pilot.
- 6.1.2. We successfully deployed our anticipatory care planning product, '**Recommended Summary Plan for Emergency Care and Treatment**' (**ReSPECT**), in NHS Forth Valley. This included the product being rolled out across primary, secondary, and unscheduled care services, as well as availability of an integration Application Programming Interface (API) for surfacing ReSPECT data within Clinical Portal and other cornerstone applications, such as 'TrakCare', within NHS boards.
- 6.1.3. A blueprint for the **national rollout of the ReSPECT product** was developed and implemented in conjunction with key stakeholders and includes continued engagement meetings with NHS boards and additional sites. The ReSPECT product has been successfully integrated with the NDP Enterprise Master Patient Index (EMPI) service, and work continues on the development of functionality to share ReSPECT PDFs to the 'GP Docman' system. It is anticipated that ReSPECT will be available in all NHS Boards by December 2022.
- 6.1.4. We were commissioned by the Scottish Government to deliver a **national Ophthalmology Electronic Patient Record (oEPR)**, a single place where all a patient's eye health data is securely stored in a way that is accessible by healthcare professionals on a national level. In addition to supporting hospital eyecare services, this national record also allows for eyecare data to be shared between hospitals and community Optometrists. The oEPR uses Open-source Electronic Patient Record ('OpenEyes') on the National Care Platform to enable use by NHS boards.
- 6.1.5. The oEPR is now live in NHS Grampian and NHS Forth Valley and is fully integrated within the NHS Grampian optometry system. A further rollout to additional NHS boards is planned with NHS Greater Glasgow and Clyde and NHS Fife in early 2022-2023.

6.2. Vaccination and COVID-19-related digital tools

- 6.2.1. We continued to support the running of the **'Protect Scotland' app** (during the Scottish Government support for COVID-19 testing). This app anonymously and privately alerted individuals if they had been in close contact with another app user who tested positive for COVID-19. The app was launched in September 2020, with over half a million downloads taking place in its first day. There were approximately 1.95 million downloads of the app to date.
- 6.2.2. The app has full Medicines and Healthcare products Regulatory Agency (MHRA) Type 2 Medical Device accreditation. We are deemed the manufacturer under the regulations and are therefore accountable to the MHRA for regulatory compliance. We will support the deployment of any feature enhancements and future iterations of the app and will continue to manage the environment, Information Governance and security required to allow the app to stay in deployment in Scotland.
- 6.2.3. In September 2020, we were commissioned by the Scottish Government to develop the **TURAS Vaccination Management (TVM) tool**. This tool was initially developed to assist with the winter flu vaccination programme. It provides a secure means of recording data at point-of-care to a national database and supports standardised clinical management and workflow. It also supports the recording of retrospective vaccination events (out-with Scotland) and is accessible on different devices.
- 6.2.4. In December 2020, a new app was launched for health and care home staff carrying out **COVID-19 vaccinations**. The tool collects essential data at the point of vaccination and enables vaccinators to immediately identify whether it is an individual's first or second dose, and which vaccine has been administered.
- 6.2.5. We worked closely with NHS National Services Scotland (NHS NSS) and PHS to support the COVID-19 vaccination efforts. By January 2022, more than 13 million vaccination events had been recorded in the vaccination's management tool (2.3 million for flu and 11 million for COVID-19).
- 6.2.6. Patient vaccination data recorded using the TVM tool is sent to the **National Clinical Data Store (NCDS)**; this being the single data source for information on COVID-19 and flu vaccinations. Data can be sent to GP systems, and in time, the information collected on the app will help demonstrate how effective each vaccine is.
- 6.2.7. We continue to deliver new features within the vaccination programme. In August 2021, the ability to record **co-administration of both the COVID-19 and flu vaccines** at the same time was enabled, allowing for huge efficiency gains. An additional feature, delivered in November 2021, included the ability to record vaccinations that were administered outside Scotland. We continue to support enhancement of the app and the supporting NCDS, as well as the continuing management of the technical environment, Information Governance, security, and other services required.
- 6.2.8. Work continues towards the **Vaccination Transformation Programme** goal of supporting shingles, pneumococcal and pertussis vaccinations in Scotland.

6.3. The TURAS digital platform

6.3.1. In support of our aims to provide education and training for a skilled, adaptable and compassionate workforce, we continued to provide resources through **TURAS, our national learning and workforce platform**, which is free of licence costs for public sector organisations in Scotland. Our TURAS platform provides a single source of training services, learning resources and information that can be accessed by anyone, anywhere, and from any device at any time. It also enables the sharing of learning resources across health and care.

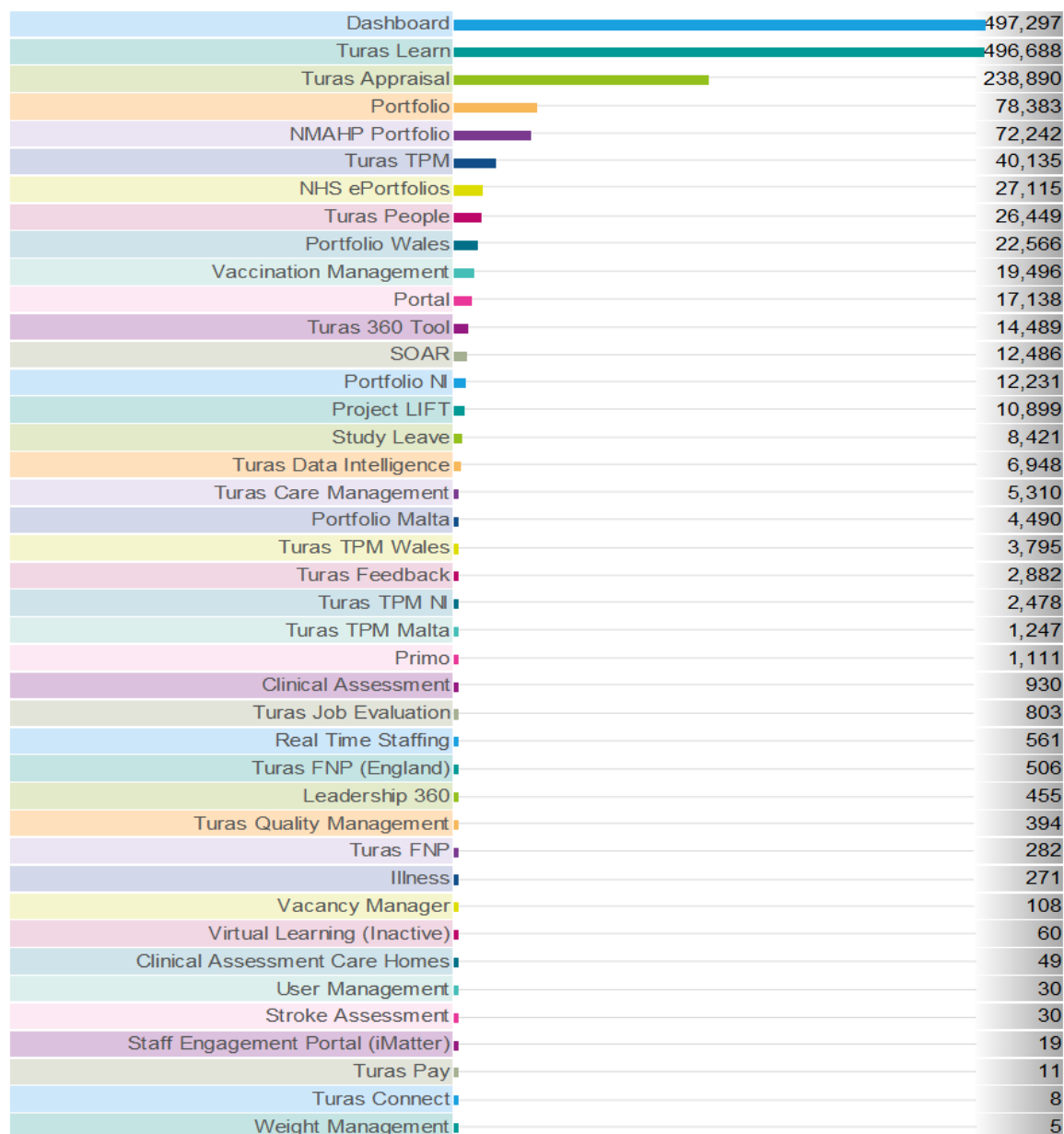


Figure 1: TURAS applications and registered users.

6.3.2. [TURAS Learn](#) is now the learning management platform for seven NHS Scotland health boards, where learning resources are hosted, and compliance reports are produced. Three boards joined in 2021-2022. Many other organisations host materials for health and care staff.

6.3.3. TURAS Learn continues to grow and now hosts over 18,300 resources, including 1,390 e-Learning modules, 1,497 videos, and 5,327 courses. Learning completions have increased since 2020-2021

Table 1: Number of learning completions.

	2020-2021	2021-2022	Percentage increase
Course	21,746	26,837	19%
e-Learning	92,727	108,046	14%
Learning programme	19,389	33,919	43%

6.3.4. Compared to 2020-2021, the total number of page views is up by 41%, with access via a mobile device increased by 46%. The 'Infection, Prevention and Control Foundation' learning resource continues to be the most visited site. Learning and information about 'Lateral Flow Testing' is the most popular of the COVID-19 resources.

6.3.5. With respect to our [Knowledge Network](#) platform, library subscriptions have been renewed, with resources available for all health and care staff. We updated and streamlined the service, with the majority of community websites now transferred to other platforms.

6.4. Digital skills development (digitally enabled workforce)

6.4.1. In mid-2021, we established a programme of work to address key Scottish Government priorities to **improve workforce digital capabilities**.

6.4.2. Our progress included:

- The delivery of **Digital Leadership Programmes**, with increased places to approximately 70 health and social care participants per cohort.
- A **Digital Learning Design Programme**, with capacity doubled from 20 to 40 learners.
- The launch of the '**Microsoft 365**' skills hub across the health sector.
- The procurement of research into accessibility and use of **digital-skills resources**.
- Funding from the Scottish Government to scope a Scotland-led national master's qualification in **Digital Health and Care Transformational Leadership**.
- Testing the concept of a series of '**Leading in a Digital Age**' masterclasses aimed at executive level staff across the health and care sector.
- The building of a virtual learning academy for **Knowledge, Information and Data (KIND) staff**.
- Mapping existing **Digital Champion Groups** across the health and social care sector to promote digital leadership and skills growth.

6.5. Data analysis, intelligence and modelling

- 6.5.1. We began the release of **quarterly workforce publications** in 2019, which initiated our enhanced role in workforce intelligence. Through our data tools and reporting platforms, we deliver support for workforce planning in dentistry, nursing and midwifery, optometry, psychology and medicine. Our role in workforce analysis, information and modelling activities supports the provision of statistical analysis and workforce data to support workforce planning in NHS Scotland.
- 6.5.2. We continued to work to consolidate our position as a national centre for health and social care workforce data and intelligence. We **published quarterly official statistics** on the NHS Scotland workforce on our [TURAS Data Intelligence website](#). These data are used by the Scottish Government, NHS boards, and the media. In February 2022, we requested a formal assessment of these statistics by the Office for Statistics Regulation with a view to re-designating these outputs as National Statistics.
- 6.5.3. In 2021-2022 we added a new data reporting tool to the TURAS data intelligence dashboard to support accurate reporting on **ARCP progression**.
- 6.5.4. We started work to review plans to improve the lives of doctors in training by limiting the number of **long shifts in any seven days**.
- 6.5.5. We completed and published the NES Pharmacy Workforce Report 2021, the Community Pharmacy Workforce Report 2021, and the Prescribing Report 2021, to **inform workforce planning across pharmacy sectors**. Going forward, we will contribute to the Pharmacy Workforce Forum being established by Scottish Government Chief Pharmaceutical Officer.
- 6.5.6. We also have a leading role to monitor Scottish Government and NES investment in trainees and the workforce. We monitored and assessed the impact of funding on **mental health services capacity and capability** by publishing quarterly workforce statistical reports on workforce size and vacancies. In addition to a data quality enhancement exercise, the assessment of the impact and utilisation of data is underway with stakeholders. We continue to develop new systems through 'TURAS Data Intelligence' and 'Power BI' to **provide workforce and educational planning reports**. Through this, we assessed the output and employment destination of graduates from all Applied Psychology training courses. Additional data was provided on staff turnover to provide the Scottish Government with further evidence about vacancies.
- 6.5.7. We continued to produce data reports for Scottish Government on the outcomes of the **'Psychology of Parenting' Project** across Scotland. Data indicators published in the reports included clinical outcomes of the children whose families have received training. We also carried out Psychological Therapies workforce data analysis and reporting using our data systems. We will work with NHS Board Psychological Therapy leads to review and enhance the data to be analysed going forward.

Box 8: Key area of focus 4 – A national digital platform, analysis, intelligence and modelling

Case study: *The National Digital Platform*

The Scottish Government's Digital Health and Care Strategy 2018, revised in 2021, has a clear vision to improve the care and wellbeing of people in Scotland, by making the best use of digital technologies in the design and delivery of services. We have been the primary delivery partner of the NDP from the outset and have responsibility to deliver the core technical architecture to realise the vision.

There are three primary aims:

- 1) Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.
- 2) Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology in order to improve the delivery of care.
- 3) Health and care planners, researchers and innovators have secure access to the data they need to increase the efficiency of our health and care systems and develop new and improved ways of working.

The NDP now provides foundation data and technology services that are key to meeting the aims above and for improving the care and wellbeing of the people in Scotland. These consist of (but are not restricted to):

- Consolidated health and care data that is in real-time and is standards-based to allow ease of integration and sharing to those who deliver and use health and care services in Scotland.
- Common development services that can be used by any organisation to build technology solutions that support those who deliver and use health and care services across Scotland, ensuring a consistent experience and cost efficiencies by building once to serve multiple purposes.
- A platform that removes technology silos and providing data access across geographical, sectoral, organisational and service boundaries.

Further information is available at: [The National Digital Platform](#).

7. A higher performing organisation (NES)

Box 9: Key area of focus 5 – A higher performing organisation (NES)

NES Strategy 2019-2024 key outcomes:

- A positive and flexible employment experience for NES staff.
- Improved training, organisational development and quality improvement capacity and capability.
- A culture of innovation, improvement and shared responsibility.
- Effective accountability and governance and a sustainable NES.
- A digitally enabled NES.

7.1. NES (internal) organisational performance improvement

- 7.1.1. We maintained a focus on delivery of a high-quality attraction, recruitment and on-boarding experience for all applicants and candidates. We developed and piloted a **refreshed job pack** with the aim of improving attraction into our workforce. Following positive feedback, this will be launched for all roles in 2022-2023. Attraction into our workforce was also reviewed through a survey with recent new starts, which will inform how we market our vacancies going forward.
- 7.1.2. Within our workforce planning activities, we considered how vacancies could be filled through employability schemes, and capability is being developed for this across the organisation. Opportunities to utilise talent pools and better joining up of **recruitment campaigns** also began in 2021-2022, and will continue into 2022-23. The candidate journey from recruitment through to onboarding and induction was reviewed. Measures were identified to further improve this and work in this area will continue across 2022.
- 7.1.3. In April 2021, a **new national whistleblowing procedure** was launched in NHS Scotland. We engaged with staff to raise awareness of the procedure and of the online training available. We continue to encourage an open 'speak-up' culture that supports learning and improvement. In line with the requirements of the National Whistleblowing Standards, our first Annual Whistleblowing Report will be published in mid-2022.
- 7.1.4. Given the COVID-19-related circumstances, we delivered a programme of work to **support staff wellbeing and organisational performance**.
- 7.1.5. In the 2021 **national 'iMatter' survey** conducted across all NHS Scotland boards we achieved the highest score in Scotland on two key metrics: overall experience of working in the organisation (8.1); and recommendation of the organisation as a good place to work (8.7). Of the eight national NHS boards, we scored highest or joint highest on all questions. We continue to review our results to identify local areas for improvement.

Box 10: Key area of focus 5 -A higher performing organisation (NES)

Case study: *Developing performance measures*

In 2021-22, we started work on the development of strategic Key Performance Indicators (KPIs) relating to the themes emerging from our new corporate strategy. This work will enable us to focus on key results that will indicate our progress against each strategic priority.

Measurement of progress towards our strategic objectives will be easier and will provide us with greater assurance, providing a stronger basis for accountability and improvement. Monitoring of progress and reporting will be improved.

Although this work is not intended to be fully implemented until 2023-24, KPI development has already had a significant impact on our organisation. It has influenced the drafting of strategic themes for our new 2023-2026 strategy, ensuring a focus on measurable outcomes.

Our cross-directorate approach to this work has enabled us to obtain a greater understanding of the needs and objectives of the organisation. In addition, it is impacting on how performance is reported, as well as informing future operational planning cycles.

Appendix A: Key references

- NHS Education for Scotland (2019) 'NHS Education for Scotland Strategy 2019-2024: A skilled and sustainable workforce for a healthier Scotland'. Edinburgh: NHS Education for Scotland. Available at: https://www.nes.scot.nhs.uk/media/kacboen5/nes_strategic_framework_2019_2024.pdf.
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- Scottish Government (2022) 'Realistic Medicine: A Fair and Sustainable Future. Chief Medical Officer for Scotland: Annual Report 2021-2022'. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/cmo-annual-report-2022-realistic-medicine-fair-sustainable-future/>.
- Scottish Government (2022) 'National Performance Framework'. Available at: <https://nationalperformance.gov.scot/>.

(Last updated version: 22 November 2022(a)
Nancy El-Faragy, NHS Education for Scotland)

NES Board

1 Title of Report

Annual Climate Emergency and Sustainable Development Report 2021/22

2 Author(s) of Paper

Jim Boyle, Director of Finance

3 Situation/Purpose of paper

This report presents for review by the Board the Annual Report on the NHS Scotland Global Climate Emergency and Sustainable Development Policy. The obligation on all Boards to publish this report arises from the Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development (the Policy), which was published by the Scottish Government in November 2021. The duty to report annually was also reinforced in the NHS Scotland Climate Emergency & Sustainability Strategy (the Strategy), published in August 2022. The instruction for Boards to comply with the Policy was contained in the Directors Letter DL (221) 38 and the first report is due to be submitted by NHS Boards in Scotland by 30 November 2022, covering the year 2021/22. A report has to be published by each Board, and it should include each Board's National Sustainability Assessment Tool (NSAT) score, as well as examples of best practice which could be adopted across the whole of NHS Scotland.

The report that is proposed for issue to the Scottish Government is set out in Appendix 1.

Background

- 3.1 The Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development was published in November 2021, and all NHS Boards in Scotland are required to comply with the policy. It is attached to this report as Appendix 2, and can also be accessed at the Scottish Government website at:

[sehd.scot.nhs.uk/dl/DL\(2021\)38.pdf](https://sehd.scot.nhs.uk/dl/DL(2021)38.pdf)
- 3.2 The NHS Scotland Climate Emergency and Sustainability Strategy: 2022-26, was launched in August 2022, and it targets five areas to lower carbon emissions in the health service, and it promises annual progress reports on the strategy.
- 3.3 The new strategy sets out actions needed for all of the NHS in Scotland to be a net-zero health service by 2040 at the latest. It supports the delivery of UN Sustainability Goals and a Fairer, Greener Society. It recognises the alignment between the principles of environmental sustainability and the overall vision for NHS Scotland in terms of prevention, sustainable models of care and sustainable communities.

- 3.4 Included in the strategy is the aim to reduce emissions from medicines such as metered dose inhalers (MDI) for asthma, and anaesthetic gases, as well as a cut in the use of single use clinical instruments, and a goal to make it easier for staff, patients and visitors to travel to hospitals and other NHS buildings by public transport or bicycle.
- 3.5 Another goal is to reduce pharmaceutical waste through improved prescribing, promoting regular medication reviews, deprescribing where appropriate, and patient support, as well as supporting health professionals to consider environmental impacts when making prescribing decisions by providing them with the necessary information.
- 3.6 And the strategy includes goals to reduce greenhouse gas emissions from all NHS buildings by at least 75% by 2030, compared with a 1990 baseline; use renewable heating systems by 2038 for all NHS-owned buildings; and for all its estate to have net-zero emissions by 2040 or earlier where possible.
- 3.7 The Strategy is attached to this report as Appendix 3, and can also be accessed at the Scottish Government website at:

[gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/documents/](https://www.gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/documents/)

4 Assessment/Key Issues

- 4.1 All Boards are required to adopt the new Policy and Strategy and each Board has a requirement to report publicly and via its own internal governance processes each year. As part of that reporting, each NHS Scotland body must assess its contribution to the achievement of the United Nation's Sustainable Development Goals on an annual basis. The report format template has been issued to Boards by the Scottish Government, and that format has been used in compiling the report at Appendix 1. The report should include the rating from the National Sustainability Assessment Tool.
- 4.2 Many of the provisions of the Strategy apply to the Territorial Boards, which have large buildings estates, use metered dose inhalers and anaesthetic gases, and have large vehicle fleets. Clearly none of these areas of activity apply in any significant way to NES and some of the other National Boards, but we still have an obligation to fully comply with both the Policy and the Strategy. NES have engaged directly with NSS in the provision of information for the National Sustainability Assessment Tool (NSAT), and the results of that assessment have now been relayed to NES, and are shown in the table below:

NHS Education for Scotland		Max score	Previous year			Final incl review updates		
			Score awarded	% score awarded	Level	Score awarded	% score awarded	Level
Governance & policy		85	59	69%	Silver	58	68%	Silver
Our NHS	Transport	50	23	46%	Bronze	25	50%	Bronze
	Greenspace	0	0	N/A	N/A	0	N/A	N/A
	Capital projects	0	0	N/A	N/A	0	N/A	N/A
	Nature & Biodiversity	0	0	N/A	N/A	0	N/A	N/A
	Active travel	35	12	34%	N/A	17	49%	Bronze
Our people	Sustainable care	0	0	N/A	N/A	0	N/A	N/A
	Ethics	15	8	53%	Bronze	10	67%	Silver
	Welfare	35	27	77%	Silver	28	80%	Gold
	Communities	25	14	56%	Bronze	16	64%	Bronze
	Awareness	30	22	73%	Silver	21	70%	Silver
Our planet	Procurement	50	26	52%	Bronze	22	44%	Bronze
	GHG	40	11	28%	N/A	15	38%	N/A
	Adaptation	35	6	17%	N/A	15	43%	Bronze
	Waste	45	19	42%	Bronze	19	42%	Bronze
	Environmental management	40	19	48%	Bronze	22	55%	Bronze
Total		485	246	51%	Bronze	268	55%	Bronze

4.3 Although there is still significant room for improvement across all of our activities, the NSAT assessment does show progress in a number of areas, with the overall score moving from 51% for 2020/21 to 55% for 2021/22. With the recent appointment of a Board Sustainability Champion and Executive Lead for Sustainability, it is intended that a renewed focus on compliance with the newly published national strategy will bring further improvements.

4.4 The proposed Annual Report, covering the year 2021/22, is attached as Appendix 1 to this report. Subject to Board approval, the Report would then be submitted to the Scottish Government by the deadline of 30 November 2022.

4 Recommendations

The Board is asked to:

1. Approve the proposed Annual Report on the NHS Scotland Global Climate Emergency and Sustainable Development Policy, as set out in Appendix 1 to this report.

Author to complete

a) Have Educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with [NES Strategy 2019-2024](#)

- 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)

d) Have key risks and mitigation measures been identified?

- Yes
- No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
- No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
- No

Jim Boyle, Director of Finance
November 2022
NHS Education for Scotland

Board Report

1 Title of Report

Public Bodies Climate Change Duties Annual Report

2 Author(s) of Paper

Jim Boyle, Director of Finance

3 Situation/Purpose of paper

This report presents for review by the Board the draft Public Bodies Climate Change Duties Annual Report. This report is submitted by all public bodies that are required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements)(Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020, which took effect for reporting periods commencing on or after 1 April 2021. It therefore applies to the financial year 2021/22, which is the reporting period covered by this report. Subject to Board approval, the report will be submitted to the Sustainable Scotland Network by 30 November 2022.

Background

3.1 As an NHS Board, NES is a 'Major Player' under the terms of the Climate Change (Scotland) Act 2009 and has a legislative duty to submit an annual report on what it is doing to meet the statutory PBCCD. This report must be submitted to Scottish Government, via the Sustainable Scotland Network, by 30 November each year and will cover the most recently completed financial year. The Public Bodies Climate Change Duties Report has seven sections:

Part 1: Organisational Profile

Part 2: Governance, Management and Strategy in relation to climate change

Part 3: Corporate Emissions, Targets and Projects

Part 4: Adaptation to the impacts of climate change

Part 5: Procurement actions and achievements regarding climate change

Part 6: Data Validation and sign-off Declaration

Part 7: Reporting on Wider Influence (recommended completion only).

3.2 The first six parts apply to the Board's own carbon emissions reduction, climate change adaptation and sustainable procurement activities.

4 Assessment/Key Issues

- 4.1 Appendix 1 of this report contains extracts of the main sections from the template to be submitted to the Sustainable Scotland Network on behalf of NES, under parts 1 to 6 outlined in paragraph 3.1 above.
- 4.2 The major source of carbon emissions for NES is travel by staff in carrying out their duties. This has seen a very significant reduction as a result of the Covid pandemic and the move to a predominantly remote/hybrid method of working for staff. Although 2022/23 recorded a minor increase from the previous financial year, the carbon emissions for both years as a result of staff travel represented reductions from pre-pandemic levels of over 80%.
- 4.3 A key focus of the Sustainability Board during 2022/23 and in future years will be to bring additional initiatives forward that can further reduce NES's carbon emissions and to support other Boards in their efforts to do likewise. It will be the intention to focus some of that work on developing how our education and training programmes can further build in elements of awareness of climate change and sustainability and behavioural change in clinical practice to widen NES's influence in this area.

4 Recommendations

The Board is asked to:

1. Note and comment on the draft submission by NES of the Public Bodies Climate Change Duties Annual Report for 2021/22.
2. Approve the submission of the Public Bodies Climate Change Duties Annual Report to the Sustainable Scotland Network by 30 November 2022, subject to any further amendments the Board may wish to see made.

Author to complete

a) Have Educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with [NES Strategy 2019-2024](#)

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)

d) Have key risks and mitigation measures been identified?

- Yes
 No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
 No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
 No

Jim Boyle, Director of Finance

November 2022

NHS Education for Scotland

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

NHS Education for Scotland (NES) is committed to ensuring that patients and their families get the best healthcare possible from a well-trained and educated workforce, and ensuring that workforce is constantly invested in to meet the challenges of future years. As a special health board within NHS Scotland, in addition to its statutory duties, NES has a duty to comply with wider strategic environmental initiatives. Through legal compliance and adopting such initiatives and best practice NES can help meet NHS Scotland targets, reduce its overall carbon footprint and mitigate environmental impact throughout its business operations. It is a NES priority to be fully compliant with all environmental legislation and to achieve the environmental targets set by the Scottish Government in achieving those targets. NHS Education for Scotland recognises that the effect of its activities on the environment is important and will so far as is reasonably practicable mitigate the environmental impact of its activities. NES recognises that the minimum acceptable level of environmental performance is full legal compliance, however we will routinely review its Environmental Management System (EMS) and aim to continuously improve its procedures to better its environmental performance. As an NHS Board that does not provide direct patient care, our principal aim will be to assist the wider NHS in achieving sustainability and climate-change goals by training and educating the wider workforce to ensure that best practice is embedded into all that we do, and that education and training programmes are designed in a way that supports this.

Directly within our Board, we will continue to provide advice to staff to encourage sustainable and active travel options, and we are continuing to support hybrid working that has been in place throughout the Covid pandemic period, and which has contributed to a very significant reduction in business miles travelled. This will be the default method of working for many of our staff in future. We will implement the requirements of the Scottish Government's Sustainable Procurement Flexible Framework, ensuring that a whole-life-cost approach is taken to procurement activities and sustainability will be a key factor in procurement decisions. In our own buildings, energy efficiency will continue to be a key contributor to lowering our carbon emissions. Due to the nature of NES, waste management is not a major consideration, but it should be noted that a small amount of healthcare waste is produced through the dental training centres and NES will ensure that best practice in waste management will be applied in these sites.

PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

NES has recently appointed a Board Sustainability Champion, Gillian Mawdsley, and an Executive Lead for Sustainability, Jim Boyle, Director of Finance.

NES has an active Sustainability Governance Board, the Sustainability Development Programme Board (SDPB), with identified relevant function Leads e.g. Travel and Transport, Procurement, Energy and Waste have been delegated with the responsibility for ensuring the planned implementation of sustainable development activities within their area of authority.

The Board's objectives are to ensure that NES complies with the relevant elements of the public bodies duties of the Climate Change (Scotland) Act 2009, as well as the newly published (August 2022) Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development.

A clear management strategy is required for NES to help achieve the Scottish Governments target of Net Zero 2045 (compared to previous levels), and we will comply with all national reporting requirements to monitor national and individual Boards' performance against policy.

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

Climate change action is managed on behalf of the organisation by the NES sustainable development programme board it is tasked with delivering continuous improvement within our services to reduce environmental impact on the business, working towards a more resilient and sustainable sector. The programme leads have the following responsibilities:

1. Leading on the relevant work programme area and agreeing programme objectives in the SDPB group to deliver NES public bodies duties
2. Securing or allocating the resources necessary to deliver the agreed programme
3. Supporting SDPB with requirements in their area of accountability
4. Being a key reference point for colleagues for their area of accountability
5. Sharing knowledge and experience to ensure consistency across NES and identify opportunities for continuous improvement

The SDPB group will develop the programmes of work in each of the work streams to ensure that NES sustainability obligations are delivered. The programmes will be agreed by the delivery group and reported on by the accountable leads through the SDPB group.

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
	NHS Scotland Sustainable Development Strategy	On request
	EMP 04 Identifying legal and other issues	On request
	EMP12 Waste management	On request
	ENVPO2 Energy management	On request
	NES Property and Asset Management Strategy	On request

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

No

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	CCRA	On request	2021-2022	
Business travel	Travel & Subsistence Policy	On request	2017-2018	Updated 2017
Staff Travel	Flexible Working Policy, office location	On request		Scotland' policy under review
Energy efficiency	ENVPO2 Energy management	On request		
Fleet transport				
ICT				
Renewable energy				
Sustainable/renewable heat				
Waste management	ENVPO1		2017-2018	
Water and sewerage				
Land Use				
Other (please specify in comments)	NSAT	On request	2021-22	Actions being incorporated from NSAT evaluation into 22/23 plans
Please select from drop down box				

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

NES have participated in the Net Zero Pathway and through this will work to the 2040 target, the Environmental Management and Waste Data platform model is now also being utilised as the one of the means of Governance in our energy expenditure.

The Climate Change Risk Assessment has been completed with an adaptation plan in place.

Travel - provide detailed directorate travel claims data for staff to review. Initial analysis of eExpenses data for staff has taken place, however further analysis is required to help understand and interpret the data fully; flat rate for mileage should encourage staff to use low emission vehicles. A proposal for a salary sacrifice scheme for Ultra-Low Emission Vehicles has been brought to the Board for consideration.

Waste: although our waste targets were maintained, during this reporting period, in line with SG guidance during the Covid pandemic, most staff were able to work from home when required and only critical in-person training and other tasks that could not be performed remotely were carried out from our main sites. Whilst our sites remained open, we continued with our waste reduction and recycling targets and objectives in conjunction with our Smarter Ways of Working Programme - specific waste targets and objectives.

Remote working has brought benefits in that staff have adapted to additional friendly working practices which has had a huge positive impact on our Digital by Default initiative.

Other SW Programmes such as conference material and stock management will be re-energised as we saw increased numbers of staff returning to the office during 2021/22 and into 2022/23 in line with guidance.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

The Climate Change Risk Assessment and adaptaion model were completed in June 2022

Further information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

This information will be provided in future as part of our strategy/development plan.

Information given out to staff to promote good environmental practice both at home and at work.

Environmental training given to key staff e.g.: Sustainability development programme board/ Net Zero Pilot scheme

The Board will utilise the NES adaptation plan, whilst using the climate impact risk assessment tools to include the climate change risk assessment,

Work stream leads will review departmental service delivery, including national procurement and community impact.

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the baseline year to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT

Reference year	Year	Year type	Scope 3	Total	Units	Comments
Baseline Year	2017/18	Financial	116	116	tCO ₂ e	
Year 1 carbon footprint	2018/19	Financial	163	163	tCO ₂ e	
Year 2 carbon footprint	2019/20	Financial	264	264	tCO ₂ e	For 2019/20 it was established that our data providers (CTM) had changed the way they report CO ₂ data, therefore the reporting figures in previous years were under reported. The reported 2019/20 figure is a true reflection of the CO ₂ emissions.
Year 3 carbon footprint	2020/21	Financial	18	18	tCO ₂ e	CO ₂ emissions have dropped in line with COVID 19 travel restrictions and uptake of online meetings instead of travelling between offices etc.
Year 4 carbon footprint	2021/22	Financial	24	24	tCO ₂ e	This figure comprises the emissions from staff travel

3b Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data consumption available for an emission source enter the emissions in kgCO2e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor The emission factor year is auto-assigned based on your answer to Q1f, if it is incorrect please contact SSN.

You can now filter emission sources by "type" in column C to enable quicker selection of emission source in column D.

User defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require extra rows in the table please send the template to ccreporting@ed.

Emission	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO ₂ e)
Transport	Domestic flight (average passenger)	Scope 3	52,527	passenger km	0.24587	kg CO2e/passenger km	12.9
Transport	Short-haul flights (average passenger)	Scope 3	47,696	passenger km	0.15353	kg CO2e/passenger km	7.3
Transport	International flights (average passenger)	Scope 3	-	passenger km	0.18362	kg CO2e/passenger km	-
Transport	Rail (National rail)	Scope 3	102,879	passenger km	0.03549	kg CO2e/passenger km	3.7
	Other (please specify in comments)	Scope 3					-
							23.9

3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information

In future financial planning periods NES will be considering a significant estate rationalisation programme that will have sustainability and reduction of emissions at its heart. We will be aiming to reduce the building footprint, which in itself will create significant reduction in emissions, and any reconfiguration of buildings, acquisition of new building or lease commitments will be done with sustainability considerations from and centre. We will encourage work practices that eliminate unnecessary travel by making remote working facilities fully accessible for employees, and where travel is unavoidable, then use of public transport or other sustainable sources will be the default method.

Annual Operating Plans will also seek to gather information on emissions associated with all of our activities, that will allow us to make informed decisions about how to modify, reduce or indeed increase activities based on sustainability considerations. This may not be fully achievable in the forthcoming iteration of our Operating Plan, but early steps will be taken to start preparing this.

3db How will the body publish, or otherwise make available, its progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be

NES will fully comply with all statutory reporting requirements, and will make such reports available via the Board's web site and employee intranet.

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

Much of the work to reduce direct impact on climate has been necessary to meet the challenges of the Covid pandemic, e.g. reducing in employee travel. However, now that the initial phase of the pandemic has ended, it will be crucial to take a more active role in driving forward other actions aimed at reducing NES's carbon emissions and moving towards the medium-term aim of becoming carbon net-zero, in line with national policy. That will be the focus of the Sustainability Board during 2022/23 and in future years.

4d Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

NES Sustainability Board meets every quarter. Incorporate climate change resilience into risk management and service life cycle processes
Existing operational risks will be reviewed during 2022-2023 ensuring that all historic risks have been assessed and where applicable, additional actions taken. The EMS system will provide governance and data regarding Climate Change

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

EMS system - the sustainable development board will monitor and manage going forward with clear and defined roles for work stream leaders

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

Travel and Transport - Provision of advice to staff to encourage sustainable and active travel options through, for example, newsletter from SDPB and policy release information.
To further analyse and develop eExpenses data so it can be included in the climate change report in the future.
Waste - Continue with our waste minimisation and recycling targets and objectives in conjunction with our Smarter Ways of Working Programme
Net Zero Pilot Scheme - NES are taking part in this pilot scheme.

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

NES adheres to >96% of applicable national framework agreements at Scottish Government and NHS National Procurement level. (Example of adherence – use of national stationery contract, travel contract, desktop and mobile client devices, cleaning consumables, etc, ensuring that all contractors adhere to the basic requirements of SG contract awards.

NES has a published NES Ethical Procurement Policy (available on NES internet) which requires all direct suppliers and contractors to observe the provisions of the policy and requires that such suppliers and contractors, in turn obtain similar compliance with its provisions from their suppliers and contractors including our environmental impact expectations when contracting with NES.

NES Procurement Strategy identifies our commitment to Sustainability, environmental impact and ongoing continuous improvement. The NES Procurement Annual Report is published in accordance with the Procurement Strategy Guidance and Template issued by the Scottish Government in May 2017 and the Procurement Reform (Scotland) Act 2014 which requires public organisations with an estimated total value of regulated procurement spend of £5m or more (excluding VAT) in a financial year to prepare and publish a procurement strategy and to report on this annually. This report describes our commitment to Sustainability and our expectations of the supply base.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

Further to the requirements of the Procurement Reform (Scotland) 2014 Act all regulated Procurements and open tendering contain a section devoted to Sustainability, which includes the NES Ethical Procurement Policy where suppliers must state their compliance to environmental impact, fair working practices, living wages commitments, community benefits and other associated impacts.

Regular quarterly measures are provided (via nationally designated Travel Management company) on carbon emissions from all forms of transport and travel activities, and these are provided to NES SDPB (Sustainable Development Programme Board)

NES Sustainability and Ethical Procurement commitments and objectives are published on the NES Internet and links are provided on NES Procurement company-wide collaboration network (Yammer) to our national Climate Change obligations, underpinning our commitment.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The NES intranet has a page devoted to Sustainability guidance and have published a Suppliers Code of Conduct. Example - Stationery ordering and delivery - Consolidated ordering and shipments means reduced frequency of site deliveries annual amnesty months where no stationery products are ordered. This is advertised to all staff and monitored by the Procurement Team to ensure adherence to these principles with any departures from this approach addressed.

Digital Coaching framework encourages and increases the amount of travel-free training made available to all staff and the use of this technology has increased during the pandemic and will form an increasing part of our post-COVID service delivery model for education, training and CPD.

NES fully participates in the national Sustainable Procurement Steering Group, which discusses and shares best practice in this area.

NES Board Paper

1. Title of Paper

NES Draft Counter Fraud Policy

2. Author(s) of Paper

Janice Sinclair, Deputy Director of Finance & Fraud Liaison Officer (FLO)

3. Situation/Purpose of paper

The NES Counter Fraud Policy and Fraud action plan have been updated and combined into a new NES Counter Fraud Policy, now presented to the Board for approval. The draft policy was considered by the Audit and Risk Committee (ARC) at their meeting on 6 October 2022 and sequenced through the Partnership forum on 17 November 2022 for information. The ARC recommended one clarification which has now been incorporated into the policy and is highlighted in yellow.

4. Background

- 4.1 Having a Counter Fraud Policy is a key component to any counter fraud strategy and an important tool in the fight against fraud and corruption.
- 4.2 NHS Scotland's policy on countering fraud is detailed in the "Partnership Agreement with Health Boards 2022-25" issued by the NHS Scotland Counter Fraud Services (CFS). This Partnership Agreement forms a key element of the Scottish Government's determination to counter fraud against NHS Scotland. In January 2008, the Scottish Government published its "Strategy to Counter NHS Fraud in Scotland" followed in June 2015, by "Protecting Public Resources in Scotland – A Strategic Approach to Fighting Fraud and Error".
- 4.3 The CFS partnership agreement provided boards with a draft policy and response plan which follows the principles and guidance set out in those documents and is consistent with the Counter Fraud Standard; a set of assessed components that encourages Boards to assess; measure and manage its fraud risks in addition to finding and investigating fraud that has occurred.
- 4.4 The attached draft policy is based on that draft policy and response plan and shared with CFS and staff side before the ARC and presented to the Partnership Forum for information earlier this month.

5. Assessment/Key Issues

The draft Counter Fraud Policy if approved, will replace the existing Counter Fraud Policy and Fraud Action plan.

A communications plan will be developed to ensure that staff are aware of the revised policy and to meet the requirements of the Counter Fraud Standard.

6. Recommendations

The Board is asked to approve the draft Counter Fraud Policy.

Author to complete

a) Have Educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with [NES Strategy 2019-2024](#)

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)

d) Have key risks and mitigation measures been identified?

- Yes
 No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
 No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
 No

JS
16 November 2022
NES

FRAUD, BRIBERY & CORRUPTION POLICY & RESPONSE PLAN

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1. INTRODUCTION

- 1.1 A basic principle of public sector governance is the proper use of public funds. This makes it important for public sector employees to be aware of the risk of, and response to fraud, bribery, corruption, and systematic theft (hereafter referred to as 'fraud').
- 1.2 NHS Scotland's policy on countering fraud is detailed in the "Partnership Agreement with Health Boards 2022-25". This Partnership Agreement forms a key element of the Scottish Government's determination to counter fraud against NHS Scotland. In January 2008, the Scottish Government published its "Strategy to Counter NHS Fraud in Scotland" followed in June 2015, by "Protecting Public Resources in Scotland – A Strategic Approach to Fighting Fraud and Error". This policy and response plan follows the principles and guidance set out in those documents and is consistent with the Counter Fraud Standard; a set of assessed components that encourages Boards to assess; measure and manage its fraud risks in addition to finding and investigating fraud that has occurred.

- 1.3 The NHS Scotland Counter Fraud Services (CFS) was created specifically to assist all Boards in their efforts to tackle fraud and this document sets out the NES Board's approach to manage fraud proactively. The Board recognises that every pound of fraud prevented or recovered means increased funding for patient care. The Board has procedures in place that reduce the likelihood of fraud occurring. These include Standing Financial Instructions (SFI), operational procedures, a system of internal control and risk assessment. The Board engages CFS to promote a fraud awareness culture through a range of products and services. The Partnership Agreement 2022-25 with CFS outlines what must happen in the event of a fraud or other irregularity being discovered. The Partnership Agreement includes reference to the Board and CFS proactively detecting and investigating fraud and assessing the risk of fraud.
- 1.4 This document provides detailed direction and help to NES staff dealing with circumstances suspected to be fraud. In these circumstances the Board has immediate discussions to agree with CFS how to progress each case appropriately. CFS will always consider taking forward relevant cases that have the potential for criminal prosecution. NES Staff need to be aware of this and of their responsibilities when a criminal prosecution is not appropriate.

2. PUBLIC SERVICE VALUES

- 2.1 High standards of corporate and personal conduct based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. The Code of Conduct published by the Scottish Government Health Department (SGHSCD) in April 1994 (revised 2004) set out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety, and professional codes of conduct

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers, and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff, and the public.

- 2.2 All those who work in the organisation should be aware of, and act in accordance with, these values.

3. THE NES BOARD'S POLICY

- 3.1 The Board is committed to the NHS Scotland Counter Fraud Strategy and to the public service values outlined above.
- 3.2 The Board will maintain an honest and open culture and encourages anyone having suspicions of fraud to report this immediately. All staff can be confident they will not suffer in any way as a result of reporting suspicions held in good faith i.e., suspicions other than those that are raised maliciously.

4. ROLES AND RESPONSIBILITIES

4.1 Chief Executive

- 4.1.1 As the Accountable Officer, the Chief Executive has the responsibility for countering fraud in its broadest terms. Accountable Officers are required to have adequate arrangements in place for the deterrence, prevention, and detection of fraud. In line with central guidance, these arrangements should encompass robust systems of preventative and detective controls to reduce the risk of fraud and contribute to the promotion of an anti-fraud culture. The Accountable Officer should also use CFS to assist in the investigation of actual, and alleged, losses involving patients' funds where evidence exists of systematic fraud.
- 4.1.2 In October 2008 the SGHSCD issued circular CEL 44 (2008) noting that all frauds must be reported to CFS regardless of who the suspect or victim is, whether it is prosecuted criminally, civil action or by discipline, or whether the fraud was actual or attempted. The Accountable Officer must ensure that systems are put in place to notify CFS of all reports of fraud, so that complete records of fraud against NHS Scotland are available.

4.2 Director of Finance and Fraud Liaison Officer

- 4.2.1 The Chief Executive may delegate the day-to-day responsibility for the management of individual cases to the Board's Director of Finance. In the case of general theft, the Director of Finance will report the suspected crime directly to Police Scotland to carry out the appropriate investigations. In cases of systematic thefts, the Director of Finance will report to CFS, who will advise if police involvement is necessary.
- 4.2.2 From 1st April 2022, this Board has adopted the 12 components of the Counter Fraud Standard, which designates the Director of Finance to manage the risk of fraud, bribery, and corruption.
- 4.2.3 This Board has nominated a senior officer as the Fraud Liaison Officer (FLO). The FLO will liaise with CFS on all matters relating to fraud and will cooperate with reactive and proactive enquiries. The FLO has a duty to report, on behalf of the Board, all allegations of fraud and receives reports from CFS. The FLO and CFS agree whether the allegation will be taken forward for potential criminal prosecution, and/or as a disciplinary or civil case. See SGHSCD circular CEL 03 (2008) for roles and responsibilities of Counter Fraud Champions and Fraud Liaison Officers. Further guidance on how these roles support the Counter Fraud Standard will be available from April 2022.
- 4.2.4 Where CFS is undertaking a case on behalf of the Board no further action shall be taken by the Director of Finance, the Fraud Liaison Officer, the Director of Workforce, or any other Board officer without consultation with CFS. This is necessary to maintain the integrity of the investigation.

4.3 Counter Fraud Champion

4.3.1 The Scottish Government's Strategy asks the Board to appoint an executive or Non-Executive Director to be the Counter Fraud Champion (CFC) to help with the process of promoting a counter fraud message within the organisation. This role is vital in representing counter fraud issues at Board level and communicating to staff to promote an anti-fraud culture. the counter Fraud champion within NES is the Director of Finance

4.4 Counter Fraud Services

4.4.1 CFS will work with the Board to promote an anti-fraud culture among staff; contractors; suppliers; and the wider public who will come to regard fraud against NHS Scotland as unacceptable. CFS delivers prevention, detection and investigation services and provides support and facilitation for the FLO and the CFC in their work.

4.4.2 Where CFS investigates a fraud, a final report outlining the case will be issued to the Board. Where appropriate, a range of recommended civil or disciplinary actions and an estimate of potential civil recoveries will be included in the report. CFS may include counter fraud recommendations in reports to mitigate the risk of re-occurrence. The Board has a responsibility to provide a management response to CFS recommendations. For criminal prosecutions, CFS send a Standard Prosecution Report directly to the Procurator Fiscal on behalf of the Board.

4.4.3 Where there is disagreement between the Board and CFS over the application of the full range of sanctions that may be recommended by CFS, then:

- the Board's Accountable Officer must submit his/her concerns to the Director of Health Finance and Governance, Scottish Government, copying the letter to the CFS Head of Service
- CFS must submit its concerns to the Board's Accountable Officer, copying the letter to the Director of Health Finance and Governance, Scottish Government

4.4.4 The CFS Head of Service has a professional responsibility to the Accountable Officer of the Board for the conduct of investigations on their behalf and the provision of advice. Information concerning work carried out on behalf of a client body may only be disclosed out-with the confines of CFS with the express permission of the Board, except for disclosure to the SGHSCD, other UK health counter fraud bodies where relevant, the appointed auditor, or the Crown Office and Procurator Fiscal Service or Police. The CFS Head of Service also has the right of access, in exceptional cases (those involving allegations against the most senior staff in the Board), to the SGHSCD Finance Director.

4.5 Human Resources working with Counter Fraud Services

4.5.1 The Director of Workforce shall ensure that those involved in the investigation are advised in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as required.

4.6 Employees Responsibility

4.6.1 All staff have a duty to protect the assets of the Board, which include information, physical property, and cash. The Board will maintain an honest and open culture and wishes to encourage anyone having suspicions of fraud, embezzlement, bribery, corruption, or systematic theft to report them without delay.

4.6.2 The reporting routes for NHS staff should be clearly defined in staff induction documentation and awareness raised for existing staff. The reporting routes should be detailed in, contract documentation and CFS publicity material. In all such internal and external documentation, it should be noted that time may be of the utmost importance to prevent further loss to the Board.

4.7 **National Fraud Initiative (NFI)**

4.7.1 The National Fraud Initiative (NFI) in Scotland is a counter-fraud exercise led by Audit Scotland, assisted by the Cabinet Office. Data analytics compare information about individuals held by different public bodies, on different financial systems and databases to identify circumstances (matches) that might suggest the existence of fraud or error.

4.7.2 **The NFI allows:**

- public bodies to investigate these matches and, if fraud or error has taken place, to stop payments and attempt to recover the amounts involved
- auditors to assess the arrangements that the bodies have put in place to prevent and detect fraud

4.7.3 This Board participates in this exercise which is carried out every two years.

5. **PUBLIC INTEREST DISCLOSURE ACT 1998**

5.1 The Public Interest Disclosure Act (PIDA) 1998, is the law that protects whistleblowers from **negative treatment or unfair dismissal**. It is part of the Employment Rights Act 1996 (ERA). PIDA makes it unlawful to subject a worker to negative treatment or to dismiss them because they have raised a whistleblowing concern.

5.2 The Board will maintain an honest and open culture and encourages anyone with suspicions of theft, fraud, corruption, or embezzlement to report them without delay. The Board is required to provide a secure environment and method of communication for staff, practitioners, suppliers, and patients to report suspected fraud in compliance with the Public Interest Disclosure Act 1998. This will be consistent with the Whistleblowing Policy (see NHS 'Once for Scotland' website) and should be clearly outlined to staff through intranet guidance and staff leaflets.

5.3 The Independent National Whistleblowing Officer (INWO) provides confidential whistleblowing standards and new guidance to NHS staff. The phone line, 0800 008 6112, is open to anyone who wish to raise any concerns about practices in NHS Scotland. Further information and guidance are available from the INWO website.

6. **REGULATION OF INVESTIGATORY POWERS (SCOTLAND) ACT 2000**

6.1 The use of covert surveillance or covert human intelligence sources by public authorities in Scotland is strictly controlled by the provisions of RIP(S)A. The use of these investigatory powers is detailed at section 6.6 et seq, of the Partnership Agreement. Where appropriate CFS will authorise, and conduct, directed surveillance and the use of CHIS on behalf of the Board.

6.2 Where the Board is considering the use of directed surveillance or the use of CHIS in cases which do not involve fraud which fall within the remit of CFS, in connection with public safety or the prevention of disorder, or for the purposes of

protecting public health, they should contact the appropriate public body as outlined in HDL (2003) 30. This will normally be Police Scotland. However, CFS may be able to assist the Board in certain instances, for example where there has been a theft of property.

- 6.3 CFS can provide further guidance for Boards on how to ensure directed surveillance is not undertaken by their staff inadvertently, leaving the Board potentially open to legal challenge or allegations in relation to the infringement of Article 8 of the Human Rights Act 1998 – The right to respect for private and family life and/or breach of the 1998 Act. Health Boards should also consult their Data Protection Officer to ensure that all surveillance (including CCTV and monitoring of employee emails/internet usage) and other activities is carried out in accordance with the 1998 Act and all relevant Codes of Practice.
- 6.4 All investigations undertaken by CFS investigators will be conducted in compliance with relevant extant legislation, relevant Regulations and Codes of Practice, recognising the considerations of the Human Rights Act 1998.

7. SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DEPARTMENT (SGHSCD) GUIDANCE

- 7.1 The SGHSCD guidance on financial control procedures when criminal offences are suspected is provided within the Partnership Agreement, specifically:
- a) in cases of theft, where there are reasonable grounds for thinking that an item of property, including cash, has been stolen, the Director of Finance should report the details to the police.
 - b) in cases of suspected fraud, embezzlement, bribery and other financial irregularities, preliminary enquiries should be carried out with as much speed as possible. Restitution of funds or property is not a reason for withholding information or failing to report the facts. At the very early stages of a case of suspected fraud, which includes fraud involving third party funds, CFS must be contacted to discuss whether the case will be taken forward criminally and/or through discipline and/or civil recovery. Where a fraud may also affect other NHS bodies, the Board should inform the Scottish Government so that this information may be disseminated appropriately.
 - c) where the nature of the alleged offence or the position of the person involved could give rise to national or local publicity, the SGHSCD should also be informed.
 - d) where preliminary investigations suggest that prima facie grounds exist for believing that a criminal offence has been committed, the Board and CFS must decide if criminal prosecution would be an appropriate route. The norm is that all such cases should be considered for reporting to the procurator fiscal, however where both the Board and CFS agree it is not in the public interest, generally on the grounds of low value, the case may be taken forward through discipline and/or civil recovery routes.
 - e) the Board and CFS must be prepared to justify all such decisions to the appointed auditor. Breach of trust must be taken into account in these considerations, i.e., being of low value does not automatically preclude a case from being notified to the procurator fiscal. Where there is doubt as to whether a prima facie case for prosecution exists, CFS will contact the Crown Office and Procurator Fiscal Service to obtain advice.
 - f) in any event, CFS should be contacted before any overt action is taken which may alert the suspect and precipitate the destruction or removal of evidence or the dissipation of assets. This includes taking action to stop a loss or tighten controls.

- g) where NES and CFS are undertaking pro-active exercises in areas of known fraud risk, officers and directors must provide assistance and such data as is required to ensure the success of these operations.

8. THE REPORTING FRAMEWORK – CEL 44 (2008)

- 8.1 CEL 44 (2008) updated the required reporting standards in a revised SFR 18 (Scottish Financial Return). The SFR 18 forms part of the Board's annual accounts and the change was to improve reporting of all relevant items. The purpose of enhanced recording and reporting will be to enable the Scottish Government and NHS bodies to better understand the scale and types of identified NHS frauds, the categories within which these fall, the amounts involved, where applicable (since not all frauds/attempted frauds reported will have an attributable cost), and recoveries made.

9. REPORTING SUSPICIONS

- 9.1 A list of the different types of offences that can occur can be found at Appendix I.
- 9.2 Allegations of fraud, embezzlement, bribery, corruption, or systematic theft may come from a number of sources and may be received anonymously. The subject of the allegation may be in respect of any person or corporate body, including employees; primary care contractors; suppliers; and patients
- 9.3 Where the subject of the suspected fraud, embezzlement, bribery, corruption, or systematic theft is not an NHS colleague, then the suspicions should be reported in writing to the Head of Department/ Appropriate Director. It is important to capture all information that is readily available regarding the suspect(s) for reporting to the FLO. The Head of Department/ Appropriate Director and the FLO will then discuss and agree whether a report to CFS and/or Police Scotland is appropriate.
- 9.4 **Suspected Employee Fraud**
- 9.4.1 Where an NHS employee is suspected, in the first instance any suspicions should be reported to the relevant Head of Department/ Appropriate Director. If the suspected incident involves the then suspicions should be reported in writing to a more senior officer or directly to the Board's Fraud Liaison Officer (FLO). In the absence of the FLO, the Board must have an appointed Deputy.
- 9.4.2 For incidents involving Executive Directors of the Board, the FLO should contact the Chair of the Board or the Chair of the Audit and Risk Committee. It is important to act quickly when suspicions are reported in order to minimise further losses to the Board. This also allows action to be taken to secure evidence required for any future proceedings; criminal or disciplinary.
- 9.4.3 Contact should then be made with the Director of Workforce immediately, before proceeding with any internal investigation. Where the suspicions relate to a potential criminal offence, the FLO will formally refer matters on a CFS1 form to CFS, who will consider the referral and determine if a criminal investigation is justified. CFS, the FLO and the Director of Workforce should then discuss and determine whether/when to initiate suspension of the employee pending an enquiry.

9.5 In All Cases

- 9.5.1 The FLO should also consider the need to inform the Board, the Counter Fraud Champion (CFC), the Director of Finance, the Chief Internal Auditor or External Audit of the reported incident. In doing so, cognisance should be taken of the following guidance:
- 9.5.2 **In all cases where fraud, embezzlement, bribery, corruption, or systematic thefts are suspected, it is essential that there is the earliest possible consultation with Counter Fraud Services, who should be contacted immediately by the FLO. Counter Fraud Services will then advise if Police Scotland need also be involved.**
- 9.5.3 In any event, Counter Fraud Services should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
- 9.5.4 Inform and consult the Director of Finance and the Chief Executive at the first opportunity in all cases where the loss may exceed the delegated limit (or such lower limit as the Board may determine) or where the incident may lead to adverse publicity.
- 9.5.5 All such contact should be formally recorded in the Log. It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions (where fraud, embezzlement, bribery, corruption, or systematic theft are not suspected) should do so by following the guidance contained in the Board's Whistleblowing Policy. Following investigation of the complaint, if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer, to the Fraud Liaison Officer.

10. CFS PROTOCOL

- 10.1 The decision on whether a referral is taken on by CFS as a criminal investigation is normally taken following correspondence between the FLO and CFS and usually involves an initial meeting to consider the available evidence. If the referral involves an employee of the Board, then HR involvement in any initial meeting is crucial to avoid any conflict with ongoing or future disciplinary processes. The officer leading the criminal investigation will be Counter Fraud Specialist from CFS. The circumstances of each case will dictate who will be involved and when.
- 10.2 On any matters related to the investigation of fraud, and acting on the Director of Finance's behalf and as stated in the Board's SFIs, Counter Fraud Services staff is entitled without necessarily giving prior notice to require and receive:
- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case they shall have a duty to safeguard that confidentiality), within the confines of the data protection act.
 - b) Access at all reasonable times to any land, premises, or employees of the Board.
 - c) The production or identification by any employee of any cash, stores, or other property of the Board under an employee's control; and
 - d) Explanations concerning any matter under investigation.
- 10.3 If the allegation concerns a director, the CFS will undertake all consultation with the Chair of the Audit and Risk Committee/ Chair of the Board, the FLO, the Director of Workforce and Chief Internal Auditor, as appropriate.

- 10.4 Where the allegation does not refer to a Board employee, CFS will undertake all consultation with the FLO and Director of Finance. The procedures followed by the CFS in all investigations are detailed in the Partnership Agreement.
- 10.5 Disciplinary policies and procedures for NHS Scotland employees follow a common structure (members of the medical and dental professions excepted – see 10.6 below). In accordance with the Once for Scotland policy, where the actions of an employee are such that it is considered to be appropriate to invoke the disciplinary procedure, no disciplinary action will be considered until a thorough investigation has been carried out, and a manager will be identified to undertake the investigation.
- 10.6 Where appropriate, CFS will support NES to refer cases involving members of the medical and dental professions to the relevant Regulatory Body to consider the impact on their professional standing/competence.
- 10.7 If initial CFS enquiries determined that there are to be no criminal proceedings, then it may be more appropriate for the Board to carry out an internal investigation. In this instance, all information/evidence gathered by CFS will be passed to the Board. The internal investigation will then be taken forward in line with employment law and the Once for Scotland policies, as appropriate.
- 10.8 Any formal internal investigation to determine and report upon the facts, should establish:
- the extent and scope of any potential loss.
 - if any disciplinary action is required.
 - the criminal or non-criminal nature of the offence (if not yet established).
 - what can be done to recover losses; and
 - what may need to be done to improve internal controls to prevent any recurrence?
- 10.9 Where the report confirms a criminal act but notification to Police Scotland has not yet been made, then a formal report should be submitted to them at that point.
- 10.10 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or delegated officer within the Directorate, who shall gather such evidence as necessary.
- 10.11 Where recovery of a loss to the Board is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to contact the Central Legal Office (CLO), which provides legal advice and services to NHS Scotland.

11. POLICE SCOTLAND

- 11.1 It is expected that, wherever a criminal act is suspected, but which falls out-with the remit of Counter Fraud Services, the matter will be notified to Police Scotland as follows:
- i. During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the Fraud Liaison Officer.

- 11.2 The FLO and the investigating manager should informally notify Police Scotland of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.
- 11.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager's report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the police investigation.

12. SUSPENSION OF EMPLOYEE

- 12.1 Following consultation between the Board and CFS, it may be appropriate to limit the investigation to disciplinary/civil recovery action. If so, the following outline the actions to be followed:
- a) Where the allegation refers to an employee, the Director of Finance will seek advice from the Director of Workforce on suspension or redeployment.
 - b) Where the allegation is in respect of a director, the Chair of the Audit and Risk Committee/ Chair of the Board will involve the Director of Workforce, where appropriate, in making any decision regarding suspension.
- 12.2 Where consultation between the Board and CFS conclude that a criminal investigation is required, the FLO/ Director of Finance/ Director of Workforce should consider whether/when to suspend the employee(s) subject to the investigation, pending the outcome. This should be carried out in line with the Once for Scotland policies.
- 12.3 Suspension is not a disciplinary sanction but a neutral act and would normally only be considered where the behaviour alleged would, if proved, constitute an offence of a serious nature and time is needed to investigate the circumstances further. When taking action to suspend an employee it is important to communicate the reason for taking the action, against which there is no appeal.
- 12.4 The employee should be advised that they will receive full pay whilst on suspension and should not return to the workplace nor contact their colleagues about the allegations until such time as allowed to do so by their employer.
- 12.5 Where there is to be an investigation by CFS, the Board must consult CFS prior to suspending any member of staff. CFS will not take any part in the decision as to whether or not suspension is appropriate, but instead would seek to be in a position to make recommendations about the timing of the suspension in the interest of securing the integrity of any potential evidence.
- 12.6 For example, if the alleged offence concerned conduct within NHS premises, such as payroll fraud or improper application of tendering regulations, and the decision to suspend had been taken, CFS may recommend that the individual be escorted from the premises in order that evidence could not be tampered with. If, however, the allegation concerned the theft of property, CFS may recommend that it is more appropriate to reasonably delay the suspension in order to enable the searching (under warrant) of the home or premises of the individual concerned.

13. GATHERING EVIDENCE

- 13.1 This policy cannot cover all the complexities of gathering evidence. Each case must be progressed based on the individual circumstances of the case, taking professional advice as necessary (including advice from CLO where deemed appropriate). Where CFS decides not to pursue a criminal investigation, for whatever reason, the recommended next steps may involve an internal, Board-level investigation. In these circumstances it is important that the gathering of evidence is carried out in a methodical and consistent way.
- 13.2 Depending on the situation, and after discussion and agreement between the Board and CFS, there may be occasions when CFS can undertake preliminary enquiries on behalf of the Board.
- 13.3 The Board/CFS Partnership Agreement outlines where it may be possible to utilise some of the work carried out by CFS in a criminal case for disciplinary or civil recovery proceedings. This will always be subject to approval from the relevant Procurator Fiscal and may require advice from the Central Legal Office. Subject to those caveats, the work done by CFS, particularly with respect to witness and suspect interviews, could reduce the work required by the Board's investigation team.
- 13.4 At all stages of the investigation, any discussions or interviews should be documented and, where feasible, agreed with the interviewee.
- 13.5 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, appointed by the HR Directorate, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of his or her own words. In circumstances where the witness is the Fraud Liaison Officer then the "role" of Fraud Liaison Officer moves to the next most senior member of staff.
- 13.6 Physical evidence should be identified and gathered together (impounded) in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. Wherever possible, replacement or new document etc. should be put into use to prevent access to the evidence. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record. Care with evidence gathering is important, as that which may initially be treated as a discipline case could become a criminal prosecution at a later stage.
- 13.7 Where evidence is believed to be held on individual computers; laptops; smartphones; tablets; camera systems; or on a business network, CFS will provide advice in the first instance to the Board on developing a plan to secure digital evidence. Great care should be taken where there is a need to secure copies of files, emails and logs, and strict procedures must be followed to allow this type of evidence to be admissible in prosecution proceedings. Accessing this information prior to securing a forensic image may be considered by a Court as tampering with the evidence and it may be ruled inadmissible.

14. DISCIPLINARY PROCEDURES

- 14.1 The Board investigation should cease when:
- there is sufficient evidence for a case to answer and defences have been investigated,

- the Investigating Manager considers that reasonable steps have been taken to obtain information in regard to the allegation,
 - if sufficient evidence hasn't been obtained, they may wish to seek a more wide-ranging investigation.
- 14.2 In any disciplinary action taken by the Board toward an employee, the Once for Scotland disciplinary procedures have to be followed.
- 14.3 This may involve the investigation manager recommending a disciplinary hearing to consider the facts, consideration of the results of the investigation and making further recommendations on appropriate action to the employee's line manager. Where the fraud involves a regulated health professional, the Board should also consider referring the matter to the relevant professional body.
- 14.4 In every case where it is proposed to proceed to a disciplinary hearing whilst there is a criminal case pending based on the same or related allegations, the advice of Central Legal Office/external equivalent is to be sought before proceeding. There is no requirement under the criminal law for staff to be retained on full pay pending the criminal case. However, it may be considered inappropriate to proceed with a disciplinary hearing if the individual concerned declines to attend. In every such case, CLO will advise on whether the evidence is in itself sufficiently strong and compelling to justify dismissal in absentia, if necessary. In practice, such action will be the exception rather than the rule.

15. THE LAW AND ITS REMEDIES

- 15.1 Criminal Law may impose sanctions on the suspect for causing loss, while civil law may assist the Board to recover its loss.
- 15.2 Subject to CFS obtaining approval from the Procurator Fiscal concerned, there is no reason why the criminal prosecution and civil process cannot be taken at the same time if the evidence supports such action.
- 15.3 Where recovering a loss is likely to require a civil action, it will be necessary to seek legal advice from the Central Legal Office (CLO). Such action should only be progressed under the authority of the Director of Finance.
- 15.4 The following is a brief description of the most common civil law remedies:
- 15.4.1 **Monies had and received**
The claim will refer to funds of the pursuer, which have been 'had and received' by the defender at the pursuer's expense and will seek their recovery.
- 15.4.2 **Interest**
The pursuer may be entitled to interest on the amount lost, and there are claims for interest under court rules and statute.
- 15.4.3 **Damages for deceit**
A defender may become liable to the pursuer for damages arising out of the act, and if the pursuer can establish this liability, they are entitled to be put back into the position that they would have been in if the act had not been committed. If successful, this claim may result in the award of damages beyond mere recovery of assets stolen.

- 15.4.4 The Board/CFS Partnership Agreement outlines where it may be possible to utilise some of the work carried out by CFS in a criminal case for civil recovery proceedings. This will always be subject to approval from the relevant Procurator Fiscal and may require advice from CLO.
- 15.4.5 In Civil Law, the method of concealment (in the case of fraud) is unlikely to be a key factor in the value of compensation or the drafting of the statement of claim.
- 15.4.6 Criminal Law allows for the restraint (i.e. freezing) and confiscation of the proceeds of crime, following conviction. CFS, in conjunction with the police and Crown Office and Procurator Fiscal Service, will always press to have the full effect of the Proceeds of Crime Act 2002 applied whenever it is appropriate. Additionally, a Compensation Order in favour of the victim can form part of the sentencing by a Sherriff but cannot be instigated by CFS, nor prompted by the Procurator Fiscal.

16. DISCLOSURE OF LOSS

- 16.1 The FLO will maintain a log of all reported suspicions of fraud, embezzlement, bribery, corruption, or systematic theft. The log will document any losses that may have occurred, all actions taken, and conclusions reached. If the suspicion appears groundless, a record of the incident will be retained in the Incident Log only. If a suspicion appears grounded and further action is required, the incident will also be recorded in the Fraud Log.
- 16.2 The Director of Finance shall notify the Audit and Risk Committee of all frauds discovered and also of all losses arising from any criminal or suspected offences. The Audit and Risk Committee will review the incidents and fraud logs at least once each year and will report any significant matters to the Board. This log will be utilised to help populate the SFR 18.2 form which forms part of the Board's annual accounts.
- 16.3 Guidance on the referring of losses and special payments is provided in CEL 10 (2010) – Revised Scottish Financial Return (SFR) 18: Enhanced Reporting of NHS Frauds and Attempted Frauds. This includes reporting of all forms of irregular activity which suggest that fraud may have taken place, even if the evidence is not of a standard that can be used for prosecution. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit and Risk Committee as part of the Annual Accounts. SFR 18 should include all losses, with appropriate description, aligned within the standard categories specified by the SGHSCD. External Audit should be notified of any loss as part of their statutory duties.
- 16.4 Management must take account of the permitted limits on writing off losses for "Category 2 Boards", as outlined in Annex C of CEL 10 (2010).
- 16.5 Guidance on losses and special payments is provided in Circulars 1985(GEN)17 and HDL (2005) 05. The delegated limits for approving the writing off of losses and special payments are detailed in the Board's Standing Financial Instructions.
- 16.6 It will be important for the Director of Finance to consider actions to be taken to minimise the risk of a potential repeat of the incident. The actions will include a review of lessons learnt and completion of a risk assessment by internal audit or consideration of a Fraud Risk Assessment by CFS. Any lessons learned should

be disseminated to the Service through the internal audit network or by using the CFS bulletins.

17. MEDIA COVERAGE

- 17.1 **Under no circumstances** should a member of staff speak or write to representatives of the press, TV, or radio, about a suspected fraud without the express authority of the Chief Executive.
- 17.2 The Officer in Charge of the criminal case, whether from CFS or Police Scotland, will be responsible for collaborating with the Board's communications department in relation to preparing and agreeing the timing and content of an appropriate press release.

18. CONTACTS

Counter Fraud Hotline – 08000 15 16 28 (powered by Crimestoppers)

Counter Fraud Services

01506 705200 (general enquiries)

www.nss.nhs.scot/departments/counter-fraud-services/

Independent National Whistleblowing Officer

0800 008 6112

<https://inwo.spsso.org.uk/>

1. LIST OF FRAUD OFFENCES

1.1 Depending on the nature of business and the products or services provided, NHS employees may have the opportunity to commit fraud. There are numerous types of fraud that can be perpetrated by staff and some examples are given below. This list is not exhaustive.

- **Dishonest action by staff to obtain a benefit** e.g. sick pay fraud, false expenses, false overtime, embezzlement of cash or goods and procurement fraud.
- **Account fraud** e.g. fraudulent account transfer to employee account, fraudulent account transfer to third party account and fraudulent account withdrawal.
- **Employment application fraud** e.g. false qualifications, false references, or use of false identity.
- **Unlawfully obtaining or disclosure of personal data** e.g. fraudulent use of customer/payroll data, modification of customer payment instructions and contravention of IT security policy with intent to facilitate the commission of a criminal offence.
- **Unlawfully obtaining or disclosure of commercial data** e.g. contravention of IT security policy with intent to facilitate the commission of a criminal offence.

1.2 The remit of CFS relates to fraud including theft, dishonesty, deception and/or manipulation of documents/records where there is a loss to NHS Scotland property or funds. The following is a list of offences which CFS may investigate following the consultation process between the Health Board FLO and CFS.:

- **Fraud** (A false pretence – a false pretence by word of mouth, writing or conduct, and
An inducement - induce someone to pay over monies/hand over goods, and
A practical result - that the cheat designed had been successful to the extent of gaining benefit of advantage, or of prejudicing, or tending to prejudice, the interests of another person)
- **Embezzlement** (is the felonious appropriation of property (i.e. a thing or things belonging to someone) that has been entrusted to the accused with certain powers of management or control)
- **Forgery and uttering** (is the making and publishing of a writing feloniously intended to represent and pass for the genuine writing of another person. Uttering means the tendering or presenting of a document)
- **Bribery and Corruption** The Bribery Act 2010 makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation:
 - Active bribery (section 1 of the Act) makes it an offence for a person to offer, give or promise to give a financial or other advantage to another individual in exchange for improperly performing a relevant function or activity.

- Passive Bribery (section 2 of the Act) makes it an offence for a person to request, accept or agree to accept a financial or other advantage in exchange for improperly performing a relevant function or activity.
 - Corporate offence (section 7 of the Act) states that an organisation may be liable if it fails to have adequate procedures in place to prevent bribery.
- **Theft** (the felonious taking or appropriating of property without the consent of the rightful owner or other lawful authority) of NHS property or funds with a high value or where a series of thefts has been identified.

In exceptional circumstances, or in the interest of NHS Scotland, but always as directed by the relevant Accountable Officer, CFS may investigate the alleged commission of any of the fraud offences where there is no direct loss to NHS Scotland funds or property, but the loss is in connection with the delivery of services under the National Health Services (Scotland) Act 1978.

Board Paper

1. Title of Paper

2022/23 Quarter Two Financial Report

2. Author(s) of Paper

Jim Boyle, Director of Finance
Janice Sinclair, Deputy Director of Finance
Margaret Reid, Interim Head of Finance Business Partnering

3. Purpose of Paper

The purpose of this paper is to:

- a) Inform the Board of the outturn position for Quarter 2 of financial year 2022/23, which shows an underspend position of £1.5m year to date and a full year forecast position of £3.5m underspend, which is dependent on the receipt of all anticipated funding allocations.
- b) highlight the uncertainty around funding at a national level which is creating financial planning uncertainty for NES, and the new funding treatment of Covid costs to NES
- c) confirm the Board's position on the Scottish Government's request that NES fund £0.9m of anticipated allocations from the NES baseline budget.

4. Background

- 4.1 The Board is receiving a suite of performance reports for consideration at the meeting today, when the financial position in this report can be considered alongside the Performance Report and Risk updates. Given the current level of uncertainty surrounding the funding position across NHS Scotland, this paper has been prepared to update the Board on the financial position, as we currently know it, and follows on from previous briefings provided for the Board.
- 4.2 As shown in Table 1 below, at the end of Q2 there is a forecast underspend of £3.5m against a budget of £626.2m. £1.2m of that is related to a potential return to the Scottish government under an agreement to fund an element of planned revenue expenditure from an agreed capital allocation, where expenditure meets the criteria of capitalisation under the provisions of the Capital Accounting Manual.
- 4.3 This then leaves £2.3m as generally available for utilisation by NES. Table 1 below shows further detail of the overall NES financial position. The report also sets out that there are a number of cost and funding uncertainties that are likely

to impact on the overall financial position, and the forecast underspend will provide some flexibility to mitigate some of those uncertainties

5. Assessment/Key Issues or Strategic Risks

- 5.1 As shown in Table 1 below, the revenue outturn forecast year-end position for the whole of NES is a forecast year-end underspend of £3.541m, with £0.875m in directorates, and £2.666m in corporate provisions. As at the end of Q2, most directorates are forecasting close to break-even, however, there are some underlying pressures and opportunities which are emerging.

Table 1: Corporate Summary Financial Position

<u>NES Year-End Forecast as at Period 6</u>			Forecast (Over)/ Underspend at Q2
	Current Budget £000s	Forecast Outturn £000s	£000s
Medical Training Grade Salaries	310,328	310,332	(4)
Remainder of NES	315,848	312,303	3,545
TOTAL NES	626,176	622,635	3,541

Capital Funding

- 5.2 £1.2m of the forecast £3.5m underspend has arisen as a direct consequence of a capital allocation recently being made available by the Scottish Government to NES to allow some planned revenue spending, plus some additional spending to be funded through that allocation. Further discussion will be held with the Scottish Government to determine the mechanism for utilising that underspend, but SG have an expectation that this will be directed towards helping to mitigate the overall funding pressure across NHS Scotland.
- 5.3 The total capital allocation agreed is £2.4m, and the £1.2m referred to above relates to expenditure which we had previously anticipated would be funded via a Revenue to Capital Transfer. Having the separate capital allocation, means that this transfer will not now be required and the £1.2m cost will instead be reported against the capital allocation. This has the effect of increasing the NES revenue underspend by £1.2m.
- 5.4 The balance of the capital allocation represents new planned expenditure and will not impact on the forecast revenue position. The capital plan is attached in Appendix 4.
- 5.5 Due to long lead times for the work, we shall not be in a position to progress the purchase of the cataract simulators or repurpose the office accommodation before the end of March. We continue to identify opportunities to make full use of the total allocation, however, we are currently forecasting an underspend of £1m for capital.

5.6 Any Capital underspend will be the subject of discussions with SG and is likely to be returned to SG in due course.

Covid Costs

- 5.7 Boards continue to contain, where possible, the ongoing impact of the response to Covid within business as usual activity and funding. Although the Scottish Government has provided funding to Boards, it has been at a greatly reduced level from previous years, as UK consequential funding for Covid has ceased in 2022/23. The Scottish Government have asked all NHS Boards to work to reduce costs as far as possible. The impact for NES is now absorbed and reported in the full-year forecast position in this report, and we continue to monitor Covid spending, measuring performance against the Covid funding envelope confirmed by the Scottish Government earlier in the year - a total funding of £0.4m for NES.
- 5.8 Since funding was confirmed, our net Covid-related costs have further reduced by £202k since Q1, mainly within NES Technology Services, where we have seen a reduction in the initially forecast overspend of £177k largely in relation to Azure web hosting and Office365 costs. This has resulted in a Q2 forecast Covid-related overspend of £106k across NES. See Table 2 below for more details of where Covid costs are being incurred.

Table 2 - Covid Costs

Directorate	COVID Funding Envelope £000	Spending Full Year Forecast £000	(Over)/ Underspend £000
Training Programme Management	(141)	0	(141)
Pharmacy	25	22	3
NES Technology Services	528	463	65
Dental	172	173	(1)
Psychology	(53)	0	(53)
Healthcare Sciences	12	12	0
Workforce	36	31	5
Planning & Corporate Resources	16	0	16
SG Funding Reduction	(193)	(193)	0
NES Total	402	508	(106)

Medical Training Grade Salaries

- 5.9 The Medical Training Grade Salaries budget, which represents 49% of total NES budgeted spending in 2022/23, is forecasting a very minor overspend of £4k in relation to the funding gap. This position currently offers very low risk to the NES projected year end corporate position, based on previous commitment by the SG to fund any gap in this spending budget. However, given the current financial position across NHS Scotland, any change in this position will be reported to the Board in future reports.

Savings

- 5.10 We continue to see reductions in spending as a result of the vacancy lag, with £1.9m being recorded to date . The forecast position for the remainder of the year, taking into account known vacancies indicates a further £0.97m. If this continues, we will see the savings target included in the NES budget being exceeded by approximately £500k by the year-end.

Directorate Variances

- 5.11 Monthly monitoring and variance analysis review meetings continue to take place across NES as they normally do, but in the current financial climate there is a particular focus on the timing of receipt, and anticipated values of funding allocations from the Scottish Government. The Board has previously been briefed on the impact that funding uncertainty is having on the ability to forecast financial results and to plan resources and spending. However, taking account of that financial uncertainty, most directorates are forecasting outturns that are reasonably close to budget, but two areas in particular are driving a forecast total directorate **underspend of £0.875m**.

Dental - a full year forecast net underspend of £498k for Dental is mainly due to lower than expected uptakes in training posts.

- There is a £395k underspend from 7 fewer vocational trainees being in post, although all Scottish graduates who wished to have a post in Scotland have secured a post in Scotland. The main recruitment took place in August and that exercise is now complete. The forecast includes a small allowance for early leavers (£27k) based on previous years' experience.
- In addition to this, there is a £236k forecast net underspend in core & specialty training. Within this there is a £446k underspend for low September recruitment of core trainees, partially offset by a £210k overspend from five months of double-running for specialty trainee posts where there was not a September start date. The start date for speciality trainees is September/October for the new intake, while the posts they replace finish at varying points in Q3 and Q4.
- These underspends are partly offset by a spending programme of £49k overspend from the European Dentist Initiative pilot, aimed at addressing shortages in recruitment to training posts. This pilot has been developed in consultation with the Scottish Government.

Medical Professional Development - the full year forecast underspend of £227k, which is mainly due to lower than expected uptake of Fellows posts, mainly Paediatric Fellows in the September cohort.

- 5.12 The analysis across all directorates is shown in Appendix 1.

Corporate Provisions Budgets

- 5.13 The Corporate Provisions budget contains items that do not sit within particular directorates, or where sums are held centrally to deal with corporate spending or funding issues. There are a number of issues, many of which are described

elsewhere in this report, that account for £2.6m of the overall projected underspend of £3.5m for NES. Appendix 2 provides further detail of the items in Corporate Provisions.

NES Corporate Position

- 5.14 As shown in Table 1 above, we are now reflecting a forecast underspend of £3.54m against a budget of £626.2m. The overall underspend forecast position for NES is dependent on the receipt of all the outstanding anticipated Scottish Government allocations.
- 5.15 As set out in paragraph 5.2, £1.2m of the forecast £3.5m underspend has arisen as a direct consequence of NES agreeing a recent capital allocation with Scottish Government colleagues. If that £1.2m is protected for return to the Scottish government, as explained above, under an agreement to fund an element of revenue expenditure from an agreed capital allocation, where expenditure meets the criteria of capitalisation under the provisions of the Capital Accounting Manual. This is essentially recognition of the Revenue to Capital adjustment no longer required.
- 5.16 Allowing for these leaves £2.3m as generally available for utilisation by NES. Table 1 above shows further detail of the overall NES financial position. The report also sets out that there are a number of cost and funding uncertainties that are likely to impact on the overall financial position, and the forecast underspend will provide some flexibility to mitigate some of those uncertainties.
- 5.17 The 1.25% National Insurance rise that was planned for November 2022 implementation has now been deferred, and this will create some budget headroom for NES, with approximately £1.1m that will no longer be required to be spent. The Scottish Government has indicated that this may be left with Boards in the current financial year, with no corresponding clawback of core baseline funding. Should formal confirmation of this be received, then that would create an additional £1.1m underspend for NES, that would provide flexibility to meet other potential spending pressures. It is uncertain at this stage if the new UK government will make any further decisions on this NI increase.
- 5.18 Additionally, we have identified a number of underspends after appointments have been made to fill vacant posts where the new incumbent is appointed at less than the budgeted pay point. Previously directorates would have planned to utilise these savings, of £216k, but given the current financial uncertainty, directorates have been notified that surplus budget arising from this will be held centrally to provide flexibility to fund corporate priorities as agreed by the Extended Executive Team in line with delegated authorities and will be reported accordingly to the Board.

Funding

- 5.19 As shown in Table 3 below, as at the end of October, NES is expecting to receive recurring allocations of £513.6m and £113.8m in non-recurring and earmarked allocations, giving a total funding of £627.4m. This was based on best available information from Scottish Government at that point. Table 4 also shows that £89.6m of allocations have still to be received, causing financial planning and

reporting uncertainty, and the Board has already received reports on this situation.

Table 3: Total Anticipated Revenue Funding as at 31st October 2022

					Total split by:	
	Recurrent	Non- Recurrent	Earmarked	Total	Received	Outstanding
	£000s	£000s	£000s	£000s	£000s	£000s
Original budget	495,216	0	0	495,216	493,716	1,500
Medical Training Grade Expansions	4,576	18,721	0	23,297	21,716	1,581
Medical ACT additional funding	0	13,325	0	13,325	0	13,325
Medical Education Package funding gap	0	10,476	0	10,476	0	10,476
Primary Care Fund National Boards	0	11,048	0	11,048	8,066	2,982
Psychology Mental Health	0	17,038	7,365	24,403	0	24,403
Other	13,771	28,734	7,122	49,626	14,281	35,346
Total in-Year allocations	18,347	99,342	14,487	132,175	44,063	88,113
Total Revenue Allocation	513,563	99,342	14,487	627,391	537,779	89,613

5.20 Projections set out in this report are based on the information available at this time, but should funding assumptions have to be changed, future reports will take account of that, and be reflected in revised projections. Details of the individual anticipated allocations are provided in Appendix 3.

5.21 New allocation confirmations in the October letter confirmed receipt of £42.7m for individual allocations, but that was against an expected £43.4m, leading to a shortfall of £0.81m in relation to those activities. Discussions continue with SG, however the ongoing delay in confirming funding is creating significant uncertainty in the planning of spending programmes, both for NES baseline activity and for additional commissions work.

5.22 Directorates are in the process of reviewing the impact of the reduced allocations, and assessing which areas of activity need to be adjusted to meet the restricted funding. As an example, the allocation confirmed for NES Technology Services is £0.5m less than anticipated, and we are currently in discussions with SG regarding the impact on the NTS workplan from this shortfall.

5.23 Boards are generally being advised not to incur future expenditure against any, unconfirmed allocations. However, many of the unconfirmed allocations already have existing matching spending commitments, and have people already in post, so the ability to freeze spending is limited, and this represents the greatest area of risk to NES. Directorates are also engaged in various procurement exercises, and it may be necessary to pause or cancel some of those exercises, which presents NES with a reputational risk with suppliers and the wider market.

5.24 An exercise has been carried out to grade the £89.6m of outstanding allocations for 2022/23, into low, medium and high risk. This has been done to maintain an element of perspective on the quantum of outstanding sums and to gauge the level of risk to the Board. It is not unusual to see allocations sitting as unconfirmed beyond the beginning of the financial year, but 2022/23 sees a

greater number outstanding, and also within a later timescale. The high-risk allocations total a revised sum of £4.0m.

- 5.25 The high-risk allocations include the £1.5m recurrent allocation for the historic adjustment for National Boards' Savings Target. This remains outstanding and it is now highly unlikely that this allocation will come to NES (and other National Boards) in 2022/23. This will create risk moving forward as the allocation was recurring and a key deliverable in creating a breakeven budget position in 2022/23 and likewise will be in balancing a breakeven position in 2023/24 and beyond. Funding expectations have also now been adjusted in respect of the £0.7m under-spend carry forward from 2021/22, which will not now be received in the current financial year.

Funding from NES Baseline

- 5.26 As part of the revenue review that has been undertaken nationally, the Scottish Government has asked NES to consider funding c.£0.9m of anticipated allocations from within the NES baseline. This includes the Centre for Workforce Supply (£502k this year and circa £600k recurrently) and £150k in relation to the Graduate Career Advantage Scotland (GCAS). This programme is open to graduates whose careers were affected by COVID. The Scottish Government asked NES to support the programme in conjunction with the University of Edinburgh. Directorates continue to work with Scottish Government colleagues to gain formal confirmation and have received assurance that all committed expenditure will be covered. Boards are generally being advised not to incur future expenditure against any, unconfirmed allocations. However, many of the unconfirmed allocations already have existing matching spending commitments, and have people already in post, so the ability to freeze spending is limited.

Table 4: Scottish Government Request to fund from NES baseline

		£000	
GCAS Funding	Graduate Apprenticeship funding -	150	NR
Centre for Workforce Supply	Operate The Centre for Workforce Supply	600	R
Workforce Planning Capacity	Support implementation of National Workforce Strategy - develop a qualification to support this	50	R
TURAS Platform	Support the the development of the TURAS system to collate and reporting of management information - covering personal development, mandatory training and appraisal	20	NR
Medical Associate Professionals (MAPs)	SG have provided £100k to support delivery of the service and educational needs analysis in respect of medical associated professionals - due to conclude January 2023. Expectation to cover this over the remainder of 2022/23 and thereafter this would become imbedded as part of NHS Scotland Workforce : FY cost £118k.	118	R
	Funding request of NES		
	Recurring - R	768	
	Non- recurring -NR	170	
	Total Request	938	

- 5.27 It is not proposed at this stage that NES confirm acceptance of funding these workstreams from baseline funding, as there remains considerable uncertainty around receipt of funding for other allocations, as well as coverage of existing and committed costs on posts funded through non-recurrent allocations.

5.28 It is recommended that the Board approve a strategy of deferring agreement to fund these commissions from the NES baseline until there is greater certainty of confirmation of other allocations to NES, most of which already have committed expenditure against them, which NES is incurring at risk.

Strategic Risks

5.29 As noted above, the spending review currently being undertaken by Scottish Government is creating uncertainty and presents a significant pressure. We have received in the last few days confirmation of £42.7m of funding allocations, representing just under a third of the previous outstanding funding total of £131.1m. In addition, we have also been advised that funding for the pay offer that has been made by the Scottish Government to Agenda for Change employees, is being fully funded nationally. That offer sees an average offer of 7% across all pay bands, with this in the lowest grade receiving an uplift of 11.32% and those in the highest band being offered 2%.

5.30 The detail of funding received in the most recent allocation letter is included within Appendix 5. Timing of funding confirmations and of the spending that it supports is key especially as we move into the second half of the year. While confirmation is slow it becomes increasingly difficult to plan spending, and it increases the possibility of underspending against allocations.

5.31 The return of funding with respect to the £1.5m National Boards savings target remains outstanding, and it is now viewed as very unlikely that this allocation will come to NES (and other Boards) in 2022/23, we do however still have this within our unconfirmed allocations at this time and is subject to ongoing review with the Scottish Government.

5.32 Earlier warning of underspend remains key if we are to provide NES with the opportunity to deliver a better managed full year outturn. Finance Managers continue to engage with directorates, to ensure that forecasts and spending plans are as accurate and robust as possible, but the considerable uncertainty in the system makes this a challenging task.

6. Recommendation for Decision

The Board is invited to:

- Note financial results for the first six months of the year to 30th September 2022.
- Note the uncertainty around funding.
- Agree that confirmation of the funding of additional commissions from the NES baseline budget, as detailed in Table 4 at paragraph 5.26 should be deferred until there is greater certainty around the confirmation or otherwise of funding allocations to support committed expenditure.

a) Have Educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with [NES Strategy 2019-2024](#)

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)

d) Have key risks and mitigation measures been identified?

- Yes
 No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
 No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
 No

JB/JS/MR
November 2022
NES

Corporate Summary Financial Position by Directorate

Full Year Forecast as at Q2

Directorate	Current Budget £000	Forecast Outturn £000	(Over)/ Underspend £000
Quality Management	105,967	105,922	45
Strategic Planning & Directorate Support	6,803	6,711	92
Training Programme Management	21,491	21,574	(83)
Medical Training Grade Salaries	310,328	310,332	(4)
Professional Development	8,124	7,897	227
Pharmacy	15,702	15,690	12
Medicine Total	468,415	468,126	289
NES Technology Service	22,380	22,403	(23)
Dental	47,645	47,147	498
NMAHP	16,310	16,324	(14)
Psychology	38,054	38,038	16
Healthcare Sciences	4,382	4,365	17
Optometry	1,462	1,457	5
Workforce & Planning	12,580	12,490	90
Finance, Properties & FM	7,874	7,887	(13)
NHS Scotland Academy	944	929	15
Social Care	250	255	(5)
Total Directorate Position	620,296	619,421	875
Corporate Provisions	5,880	3,214	2,666
NES Total	626,176	622,635	3,541

Corporate Provisions Forecast Year-end Outturn 2022/23

	Underspend/ (Overspend) £000s	Comments
Revenue to capital saving	1,199	
2021/22 funding carry forward confirmed by SG	572	
Vacancy lag increase	500	
Depreciation change of accounting treatment	294	Change of accounting treatment from SG to pre 2019 levels
Directorate wide appointments below budget	203	
Additional support for Directorates less provisions not required	(56)	
VAT refund	153	HMRC E-library 2019/20 Vat Refund : HMRC rules changed
Procurement savings target released	(300)	Procurement savings recognised
Other	101	
Corporate provisions year-end forecast underspend at Q2	<u>2,666</u>	

2022/23 Funding Summary

Area	Recurrent	Earmarked	Non Recurrent	Total	Received	Outstanding
	£000	£000	£000	£000	£000	£000
Baseline budget	493,716	0	0	493,716	493,716	0
National Boards	1,500			1,500		1,500
Original budget	495,216	0	0	495,216	493,716	1,500
In-Year Allocations						
National Boards - Return non-recurrently	0	0	0	0	0	0
TEL Carried Forward	0	0	500	500	500	0
COVID Envelope	0	0	400	400	400	0
NDS SCI Diabetes	0	0	883	883	883	0
NDS	0	0	5,271	5,271	4,348	923
Medical Training Grade Expansions	4,576	0	18,721	23,297	21,716	1,581
Medical ACT additional funding	0	0	13,325	13,325	0	13,325
MEP funding gap	0	0	10,476	10,476	0	10,476
IST & IMT Funding	0	0	655	655	0	655
Medical Study Leave	0	1,000	0	1,000	0	1,000
Medical Training Grades Salary Funding Gap	0	0	0	0	0	0
Primary Care Fund National Boards	0	0	11,048	11,048	8,066	2,982
Psychology CAMHS and PT	0	0	0	0	0	0
Psychology Mental Health	0	7,365	17,038	24,403	0	24,403
Pharmacy AEIPC,GPCP	0	0	1,673	1,673	0	1,673
Pharmacy PRPS	0	5,988	1,636	7,624	0	7,624
Outcome Framework-CNOD Bundle (NMAHP only)	505	0	4,478	4,983	0	4,983
BSc Paramedic Programme	416	0	0	416	0	416
Depreciation	0	0	0	0	0	0
WF Tech enable workforce	0	0	1,100	1,100	729	371
Centre for Workforce Supply	0	0	502	502	0	502
National Leadership Development Programme	0	0	921	921	0	921
Provisions Afc balance	0	0	0	0	0	0
Digital funding NDS Tie in	0	0	2,337	2,337	1,812	526
Digital funding PharmPress	0	0	338	338	338	0
Provisions 2021-22 Surplus Brought Forward	0	0	0	0	0	0
Social Care	0	0	250	250	0	250
NHS Scotland Academy	546	0	573	1,119	0	1,119
Dental Overseas levy	0	0	0	0	0	0
Dental Aberdeen Dental School	0	0	3,074	3,074	3,074	0
Dental Specific Covid (Dental School staffing)	0	0	0	0	0	0
HCS Cardiac Science training	0	0	412	412	0	412
Anticipated pay award (PSP correction)	12,224	0	0	12,224	0	12,224
Other allocations (under £300k)	80	134	3,731	3,872	2,197	1,747
Total in-Year allocations	18,347	14,487	99,342	132,103	44,063	88,113
Total Revenue Allocation	513,563	14,487	99,342	627,319	537,779	89,613
		113,829				

Capital Funding

Capital Summary		
	£000s	£000s
Project Name /Allocation Description	Original Submission	Capital Forecast
Cataract Simulators *	650	0
Surface Hubs	140 R	140
Re-purposing Office Accommodation for Training Purposes	500	0
Ophthalmic seimulators /Slit Lamps	350 R	350
Real Time Staffing Development	650 R	650
Dental Equipment	59 R	59
Physical Server (x2)		47
WiFi Replacement		54
TURP Simulator	98	110
Total Anticipated Capital Allocations	2447	1410

*Cataract simulators have been cancelled due to lead time constraints – this is an ongoing issue that requires resolution.

Draft Allocation letter September 2022

Health Finance
Shiree Donnelly, Deputy Director, Health Finance



E: shiree.donnelly@gov.scot

Karen Reid
Chief Executive
NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN

02 November 2022

Dear Ms Reid

Financial Allocations 2022-23 (April - October 2022)

I am writing to advise you of your Board's resource limits, adjusted to reflect additional allocations advised by Scottish Government policy colleagues for 2022-23.

	Baseline	Earmarked	Non-	
	Recurring	Recurring	Recurring	Total
	£	£	£	£
Core Revenue Resource Limit	498,342,388	16,157,329	23,278,422	537,778,139
Cash Requirement	-	-	-	586,268,000

Any queries on specific allocations should be directed to the contact names advised on the supporting schedule. The Scottish Government e-mail addresses follow a standard format of Forename.Surname@gov.scot. For all other queries, please contact the allocations team directly at NHS_Board_Allocations@gov.scot

A copy of this letter has been sent to your Director of Finance.

Yours sincerely

Shiree Donnelly

Deputy Director, Health Finance

Appendix 5 – continued

NHS Education for Scotland Core Revenue Allocations 2022-23



Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non- Recurring £	Total £
June								
1	2022-23 Initial Baseline	Janice Sinclair	Stephanie Knight	Health Finance	492,345,000	-	-	492,345,000
2	2021-22 Recurring Allocation - Adjustment	Janice Sinclair	Stephanie Knight	Health Finance	1,370,880	-	-	1,370,880
					493,715,880	-	-	493,715,880
July								
8	Veterans Programme	Janice Gibson	Gwen Nicholson	DG Coordination Health & Social Care	-	-	71,747	71,747
9	NHS Scotland Board Development work	Sharon Millar	Sarah Hildersley	DG Coordination Health & Social Care	-	-	90,000	90,000
10	Support for unpaid carers	Helen McFarlane	David Leslie	Policy and Delivery	-	-	51,000	51,000
16	Realistic Medicine network and projects	Louise Bell	Stephen Martin	Chief Medical Officer	-	-	51,472	51,472
					-	-	264,219	264,219
August								
34	Management of the Scottish National Audit Programme	Jim Boyle	Annalena Winslow	Quality	-	-	103,000	103,000
37	Spiritual Care: Education and Development	Audrey Taylor	Mark Evans	Quality	-	-	26,160	26,160
42	Improvements to SARCS	Anna Alexander	Tansy Main	Chief Medical Officer	-	-	60,000	60,000
50	Return of carried forward TEL funding	Jim Boyle	Stephanie Knight	Health Finance	-	-	500,000	500,000
69	Local Development aligned with DHAC Strategy	Jim Boyle	Isabel Hinds	Digital Reform & Service Engagement	-	-	86,810	86,810
					-	-	775,970	775,970

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NHS Education for Scotland Core Revenue Allocations 2022-23



Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non- Recurring £	Total £
September								
97	CSO/NES Joint Clinical Lecturer Scheme	Adam Hill	Julie Simpson	Chief Scientist Office	-	-	166,058	166,058
103	Scottish Clinical Leadership Fellows	Alan Young	John Cameron	Quality	-	-	65,351	65,351
131	Knowledge Services Support - Social Services Workforce	Annette Thain	Graham Dunn	Health Finance	-	-	54,000	54,000
					-	-	285,409	285,409

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Appendix 5 – continued

NHS Education for Scotland

Core Revenue Allocations 2022-23



Scottish Government
Riaghaltas na h-Alba
gov.scot

Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non- Recurring £	Total £
October								
141	Access to Medicines Complete	Annette Thain	Bryan Lamb	Pharmacy Division	-	337,616	-	337,616
164	Research Fellow (endoscopy & prostate cancer database)	Anne Dickson	Cathy Dunn	Elective & Unscheduled Care	-	-	87,208	87,208
172	Covid-19 Funding Envelopes 22-23	Jim Boyle	Stephanie Knight	Health Finance	-	-	400,000	400,000
174	Military Access Programme Staffing and Programme	Duncan Mackinnon	Gwen Nicholson	DG Coordination Health & Social Care	-	-	176,145	176,145
177	Recruitment of pharmacist band 8b (0.6 WTE)	Anne Watson	Louise McCubbin	Pharmacy Division	50,508	-	-	50,508
179	Additional GP Training Places	Alan Young	John Harvey	Workforce Planning & Development	-	2,420,000	-	2,420,000
180	GP Trainer Grants	Alan Young	John Harvey	Workforce Planning & Development	-	1,004,000	-	1,004,000
181	Expansion of Foundation Training Places	Alan Young	John Harvey	Workforce Planning & Development	3,924,000	-	-	3,924,000
182	Oversubscription to the Foundation Training Programme	Alan Young	John Harvey	Workforce Planning & Development	-	-	1,217,000	1,217,000
183	Medical Trainee Expansion Posts (2015-2022)	Alan Young	John Harvey	Workforce Planning & Development	-	12,333,000	-	12,333,000
184	Additional Infrastructure to Support Expansion Posts	Alan Young	John Harvey	Workforce Planning & Development	652,000	-	-	652,000
185	Remote and Rural Credential	Alan Young	John Harvey	Workforce Planning & Development	-	62,713	-	62,713
188	Coaching for Wellbeing	Tuija Tengvall	Suzanne Lyon	Healthy Workforce Cultures and Staff Wellbeing	-	-	272,900	272,900
193	Design Support - Corporate Communications	John MacEachen	Andrew Wilkie	NHSScotland & DGHSC Corp Comms	-	-	20,000	20,000
194	Openness and Learning Agenda and Joint Commission - 2022/23	Jim Boyle	Annalena Winslow	Quality	-	-	103,000	103,000

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NHS Education for Scotland

Core Revenue Allocations 2022-23



Scottish Government
Riaghaltas na h-Alba
gov.scot

Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non- Recurring £	Total £
195	Management of the Scottish National Audit Programme 2022-23	Jim Boyle	Annalena Winslow	Quality	-	-	(103,000)	(103,000)
202	HSST 20 trainees and Clinical Technologists 8 trainees	Leigh Willocks	Deirdre O'Flynn	Chief Nursing Officer	-	-	322,940	322,940
216	Technology Service - 2022/23	Christopher Wroath	Isabel Hinds	Digital Reform & Service Engagement	-	-	7,400,000	7,400,000
217	Digital Skills and Leadership Programme	Paula Baird	Isabel Hinds	Digital Reform & Service Engagement	-	-	728,956	728,956
226	Primary Care GPP National Board 2022-23 - tranche 1	Amjad Khan	Laura Cregan	General Practice Policy Division	-	-	7,730,475	7,730,475
227	Primary Care PCSC National Board 2022-23 - tranche 1	Emma Watson	Laura Cregan	Urgent Care and Primary Care Division	-	-	63,000	63,000
229	Aberdeen Dental School and Elgin Outreach	David Felix	Alex Bowerman	Chief Dental Officer & Dentistry	-	-	3,324,000	3,324,000
230	E&W Outreach and DSHW National Education	David Felix	Alex Bowerman	Chief Dental Officer & Dentistry	-	-	210,200	210,200
					4,626,508	16,157,329	21,952,824	42,736,661
					498,342,388	16,157,329	23,278,422	537,778,139

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Board Paper

1. Title of Paper

2022/23 Quarter 2 Corporate Risk Report

2. Author(s) of Paper

Jim Boyle – Director of Finance

Rob Coward – Principal Educator, Planning and Corporate Resources

3. Situation/Purpose of paper

The purpose of this paper is to present the NES Corporate Risk Register as at 16 November 2022.

4. Background

4.1 The paper presents the NES Corporate Risk Register as at 16 November 2022.

5. Assessment/Key Issues

(include identification of any strategic risks)

Corporate Risk Register

5.1 There have been updates to the mitigations within the Corporate Risk Register since the Board previously considered the Corporate Risk Register in August, and a new risk R21 has been added:

- Delays in confirming allocations or reduction to allocations from SG lead to a failure to deliver against the Strategic plan, and impact on ability to manage the financial outturn at the end of the year

5.2 As reported at the August Board meeting it is expected that the Corporate Risk Register will be substantially revised in line with the recommendations of the review of NES Risk Management, and this will be the subject of discussion at the next Board development session, and for the Board to then formally consider changes to risks and risk appetite, as well as changes to the presentation of corporate risks. This will require significantly closer alignment of corporate risks with our strategic priorities and changes in the presentation and quality of risk reports.

5.3 At its meeting on 14 November the Risk Management Group reviewed directorate risk registers to identify existing or emerging risks which require escalation to the strategic corporate register. There were no such risks identified although this will remain a focus for the RMG going forward.

- 5.4 The Board previously received reports on risk relating to the Covid pandemic, but those are now either closed or absorbed within business as usual activity, and this report therefore no longer features the Covid risks, as agreed by the Executive Team. The Risk Management Group will continue to monitor the previous Covid risk in case anything subsequently requires to be brought into the Corporate Register.

6. Recommendations

The NES Board is asked to note and approve the NES Corporate Risk Register and provide any further feedback as appropriate.

Author to complete

a) Have Educational implications been considered?

- Yes
- No

b) Is there a budget allocated for this work?

- Yes
- No

c) Alignment with [NES Strategy 2019-2024](#)

- 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)

d) Have key risks and mitigation measures been identified?

- Yes
- No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
- No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
- No

RC/JB
NES
November 2022

NES Corporate Risk Register - November 2022

Risk No.	Description	Risk Owner (Lead Director)	Current Scores			Mitigating measures	NES Risk Appetite	Previous Residual Score		
			I x L	Gross Risk	I x L			Net Risk	I x L	Residual Risk
STRATEGIC/ POLICY RISKS										
R1	Pressures on the system result in education and training being considered as less important than service delivery priorities, including as a result of COVID-19 impact.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training. 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received. 3. The residual scoring of this risk remains as Primary 1 and now reflects the risk associated, across the professional groups, with the disruption to educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register. 4. NES Remobilisation Plan focuses on recovery of priority areas of core business, acknowledging the continuing uncertainty and service pressures which may affect capacity within the workplace- based learning environment.	OPEN (Score Range 10-12)	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 against expected funding and is unable to deliver its strategic outcomes.	NES Executive Team (Jim Boyle)	5 x 5	Primary 1	4 x 3	Primary 2	1. The Annual Operational Planning process within NES gives Directorates indicative budgets to plan their own activities and expenditure and identifies cost pressures and potential savings across NES. 2. The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings. 3. This process enables decisions to be taken by the EET on prioritisation measures needed to deliver a balanced budget to the Board to be based on the impact of the planned activities. 4. NES Board considers measures and makes approvals to balance the annual budget, including the measures suggested by the EET to reach a balanced position. 5. Close working with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position on MTG's. 6. Discussions with SG are ongoing to identify the longer term (recurrent) impact of COVID.	OPEN (Score Range 10-12)	4 x 4	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; potential future workforce supply; and training progression.	NES Executive Team (Karen Reid)	4 x 4	Primary 1	4 x 3	Primary 2	1. NES Directors maintain strong engagement with relevant leads at Scottish Government. 2. NES to maintain an evidence bank to support ability to influence policy decisions. 3. Chief Executive and NES Directors to maintain links with other UK organisations. 4. The ability to agree decisions on a 4 nation basis has been key during the COVID response. The detail of these decisions is included in the COVID appendix.	OPEN (Score Range 10-12)	4 x 3	Primary 2
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the	NES Executive Team (Tracey Ashworth-Davies)	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence - through regular engagement with SG sponsor team, and relevant executive director groups, including SAMD, SEND and HRDs. 2. Work with Boards to ensure optimal deployment of staff.	OPEN (Score Range 10-12)	3 x 4	Primary 2

	attraction, recruitment and retention of the workforce										
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 (Karen Reid)	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs. 3. Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at EET are communicated to staff through regular staff video and Intranet updates. 	OPEN (Score Range 10-12)		3 x 4	Primary 2
R16	The UK is no longer a member of the EU: potential negative impact on recruitment, and reciprocal recognition of qualifications.	NES Executive Team (Tracey Ashworth-Davies)	4 X 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Systems and processes have been updated to reflect the points-based system for NES recruitment and for NES employees, and more widely for the national immigration (formerly Tier 2) services provided to Health Boards by NES for trainees (doctors and dentists in training). 2. Regular communications have been provided to colleagues across Boards and affected employees and trainees. Changes to immigration regulations led to a 25% increase in unique applications in 2020/21 and a further increase in 2021/22. The 2020/21 increase in applications resulted in improved fill rates to training programmes across the medical specialties and this is expected to continue in the 2021/22 recruitment round. 	OPEN (Score Range 10-12)		3 x 5	Primary 2
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	Primary 1	4 X 3	Primary 2	<ol style="list-style-type: none"> 1. Director to review structures and deliverables and identify necessary changes to ensure resources are focused on delivery of the agreed outcomes from the Digital Health & Care Strategy (and take account of any changes when SG refresh the Strategy later in 2021). 2. Continued engagement with key stakeholders. 3. Performance Monitoring is included in the remit of the reconstituted Digital and Information Board Committee. 4. Director to ensure all NES Technology Service work has clinical safety and medical device regulations embedded into all developments. 	OPEN Score Range 10-12)		4 x 3	Primary 2
R20	Inability to fully support the delivery of the NES Strategy due to lack of capacity in corporate support infrastructure	NES Executive Team (Jim Boyle, Tracey Ashworth-Davies)	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Assessment of resource required to support pipeline commissions is being made, informed by information provided by SG sponsorship team. 2. Some additional HR resource has already been provided in the 2022/23 budget. 3. Further assessment of any additional resource in all support areas will be made based on emerging commissions, as well as NES baseline activity. 4. Recruitment authorisation and other recruitment processes are being reviewed with the aim of achieving a more efficient, risk-based approach reducing time across NES and, all things being equal, reducing the time to recruit new staff. This could include how to bundle recruitment into groups of authorised roles, rather than recruiting to each post individually, etc. 5. Discussions on the implications of continued non-recurrent funding have been and will continue to be held with the Scottish Government, although no significant movement in the Scottish Government's position has been achieved at this point. Corporate process to ensure centralised view of commissions and impact on infrastructure in place by Dec 22. 	OPEN (Score Range 10-12)		4 x 3	Primary 2

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 (Tracey Ashworth-Davies, Christina Bichan)	5 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> As part of operational planning all activities are linked to a NES strategic objective. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. At a Strategic Level argument to be made about requirement to invest in workforce organisation. Regular ET & SIG meetings are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. Executive-led digital structure enables prioritisation of NES digital activity Workforce plan 2022-25 approved by Executive Team and Board. to develop and implement NES whole system workforce planning covering 2022 -2025. Discussions ongoing with the Scottish Government sponsorship team to ensure that commissions land at NES with clear policy aims and objectives, to minimise the time spent forming delivery proposals, and with full resource implications outlined. The NES Executive Team will also continue to monitor the resources required to deliver the Strategic Plan. Discussions with the Scottish Government about risks created by non-recurrent funding of key roles seeking to secure within baseline funding. Mapping of current non-recurrent funded posts with risk categorisation to be discussed at Nov/Dec ET. Recruitment approval process under review to ensure priority is on critical replacement and new roles, releasing funding where possible to support non-recurrent funded essential roles. 	OPEN (Score Range 10-12)	3 x 4	Primary 2
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance.	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans. Key focus has been applied to planning the onboarding of new executive recruits: Medical Director, Director of Social Care, Director of Finance. Deputising arrangements for the NES CEO were formalised on 29 March 2022 to align with the retirement of the current Deputy CEO in March 2022. 	OPEN (Score Range 10-12)	3 x 3	Contingency
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Karen Reid)	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. Communication plan to be a key focus on all organisational change projects. Strong focus on communication and visibility, both at a corporate and directorate level through, for example, weekly executive led corporate videos. Use of employee voice tools to monitor the pulse on organisational sentiment. Following an evaluation of Trickle in October 2021, it has been agreed to transition to an alternative tool (Microsoft Viva insights) during 2022. 	OPEN (Score Range 10-12)	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	<ol style="list-style-type: none"> Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. <ul style="list-style-type: none"> The plans were tested in a desk top exercise and recommendations were considered by the ET and incorporated into the current version of the plans. How these plans have been implemented is reflected in the COVID Annex. Director of NES Technology Services has discussed with Director of Strategy and a new BCP is in draft. The Director of NES Technology has discussed with the appropriate Operational, Information Governance leads 	OPEN (Score Range 10-12)	2 x 4	Housekeeping

R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Executive Team (Christina Bichan)	5 x 5	Primary 1	4 x 5	Primary 1	<p>1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, COVID-19 Contingency Plan, Re-mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments</p> <p>2. NES Resilience Co-ordinating Team in place.</p> <p>3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home</p> <p>4. Reporting protocols agreed and implemented.</p> <p>5. Dissemination and cascade of organisation-wide communications across key platforms.</p> <p>6. Meetings of the Recovery and Renewal Steering Group actively reviewing Covid recovery status and current staff arrangements, making necessary decisions to adapt or escalate as appropriate.</p> <p>7. Future working arrangements for NES agreed by the Executive as 'hybrid'. Directorates have responsibility for their own implementations plan which will be triggered at the appropriate point of Covid recovery on a corporate basis.</p> <p>8. NES CEO, Chair and Director of Workforce taking forward strategic discussions regarding the resilience and wellbeing of health and social care senior leaders as part of the National Leadership Development Programme.</p>	AVERSE (Score Range 1 - 3)	4 x 5	Primary 1
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FINANCE RISKS										
R10	The complexity of the NES budget results in unplanned year-end underspend giving the impression that NES is overfunded or not delivering its planned objectives.	NES Executive Team (Jim Boyle)	4 x 5	Primary 1	3 x 5	Primary 1	<p>1. A Variance Analysis Reporting (VAR) process is in place:</p> <ul style="list-style-type: none"> The annual budget is based on the operational and financial plans. The targets and outcomes within the operational planning model provide visibility of planned spend at an activity level which contributes towards more effective variance analysis. The outcome from regular discussions between Finance Managers and budget holders to identify any movements in actual expenditure compared to budget/forecast are held monthly and reported to Directors and the Director of Finance. This process allows for mitigating action to be taken to manage any overspend/ underspend, as early as possible during the year. Regular budget update reports to the Extended Executive Team, and the Board support effective governance. In addition, the Executive Team sub-group on recruitment (ETSR) ensures that headcount cannot be added without prior approval. <p>2. Requests from SG for NES to undertake additional work are only agreed if appropriate funding is provided at the outset and recognises what can be delivered in-year. In addition, a process is currently being developed to identify all future commissions from Scottish Government (SG). This involves working with the SG to ensure that all commissions come into a central point of contact within the SG sponsor team and will then be communicated to the Director of Finance (DoF) to ensure wide visibility across NES. NES colleagues will also be required to inform the DoF of any discussions with SG to ensure no omissions.</p> <p>3. Discussions with SG are underway to reclassify more non-recurring funding to recurring which should encourage the early commitment to programmes, reducing underspends caused by recruitment delays.</p> <p>4. A set of Strategic Financial Principles was approved by the Board in May for adoption across NES. The principles set out the definitions of roles & responsibilities across the whole of NES affecting a range of financial aspects of NES business.</p> <p>5. The uncertainty in the funding of NHS in the current financial year means that the likelihood of this risk occurring has not been reduced, although NES are fully engaged with the SG on this and the Board will be made aware of changes to the funding landscape and the impact for NES</p>	AVERSE (Score Range 1 - 3)	3 x 5	Primary 1

R11	NES is unable to deliver in year savings required to balance budget and therefore has year-end overspend which is in breach of its statutory financial targets	NES Executive Team (Jim Boyle)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> 1. Monthly Financial reporting includes performance against savings targets to provide an early indication of any potential under-achievement of the targets. 2. Additional measures identified during Operational Planning could be implemented part-way through the year if required. 3. Improvement plans to support an ongoing programme of identifying efficiency savings will be developed 4. Savings captured from innovations in delivery in response to COVID. 5. SG have agreed to review the status of non-recurring allocations with a view to changing them to recurring where possible which will generate efficiencies from the stability created from longer-term planning. 	AVERSE (Score Range 1 - 3)		3 x 3	Contingency
R21	Delays in confirming allocations or reduction to allocations from SG lead to a failure to deliver against the Strategic plan, and impact on ability to manage the financial outturn at the end of the year.	NES Executive Team (Jim Boyle)	4 x 5	Primary 1	3 x 5	Primary 1	<ol style="list-style-type: none"> 1. Central record of all commissions and funding requirements is being updated in finance and shared with planning to ensure that we have awareness at a corporate level of the overall position. 2. Regular contact between NES and colleagues in SG policy and finance divisions is being maintained to support meaningful discussions and encourage prompt confirmation of funding 3. A structured assessment of risk has been applied across all funding streams to provide a realistic assessment of the risk of exposure 4. Finance managers are working with directorate budget holders to identify potential savings which can be used to bridge any emerging funding gaps 5. This issue was discussed at the NES Board on 29 September 2022, so they have been kept informed of the issue and the potential implications for the Board. 	AVERSE (Score Range 1 - 3)			
REPUTATIONAL/CREDIBILITY RISKS											
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Executive Team	4 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Directorates have focused on contingency planning and arrangements for paused work. 2. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. 3. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. 4. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 5. NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term. 6. Annual Operational Plan, incorporating desired outcomes, will form baseline for organisational activities post-COVID-19. 7. Planning systems require all activities to include anticipated desired outcome 8. Desired outcome measured 9. Readiness to 'fail fast' rather than pursue initiatives that aren't working. 10. Development of focused communication plans as a pro-active measure to ensure awareness of NES activity. 	CAUTIOUS (Score Range 4 - 9)		3 x 4	Primary 2

R13	<p>NES does not deliver leading to a loss of reputation and confidence from stakeholders.</p> <p>Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs.</p> <p>Future implications of the Independent Review of Adult Social Care in Scotland.</p>	<p>NES Executive Team (Karen Reid, Gordon Paterson)</p>	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> 1. NES organisational activity has been refocused to support frontline services and implementation of NES Re-mobilisation Plans 2. Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible. 3. Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments. 4. Review of Operational Plan targets to identify and plan priorities in the recovery phase. 5. Ensure targets set are SMART and also have resources allocated to them to support delivery 6. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting. 7. Development of focused communications to support management of stakeholder expectation in relation to NES capacity to deliver and support new systems development. 8. NES Director of Social Care appointed to lead the social care work programme in NES. 9. The implications for NES from the Adult Social Care Review and the establishment of the National Care Service are discussed with our Sponsor Directorate and Mental Health & Social Care Directorate to allow for forward Planning. 	<p>CAUTIOUS (Score Range 4 - 9)</p>		3 x 3	Contingency
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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 (Christina Bichan)	5 x 5	Primary 1	2 x 2	Housekeeping	<ul style="list-style-type: none"> 1. Standing committees responsible for each governance domain supported by Executive Groups. 2. Each committee provides an annual report to Audit Committee detailing how it has discharged its remit. 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 5. Whistleblowing arrangements are in place with information, training and resources available to staff via the Intranet including Whistleblowing standards, policy and process. 6. During the pandemic we have maintained a 'Governance Light' approach for implementation if required to support secure governance at times of particular service pressure. 7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies. 	AVERSE (Score Range 1 - 3)		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	<ul style="list-style-type: none"> 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 (based on ISO27001) have been put in place to ensure robust security applies to the TURAS platform and the being developed National Digital Platform. 3. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process. These resources include reference to whistleblowing in relation to loss or misuse of data and are part of the essential learning programme for all NES employees. 	AVERSE (Score Range 1 - 3)		4 x 2	Contingency
R19	Breach of cyber security resulting in unauthorised access to NES digital systems and data	NES Executive Team (Christopher Wroath)	5 x 4	Primary 1	5 x 3	Primary 1	<ul style="list-style-type: none"> 1. Digital team ensures firewall logs, including changes to the firewall rule base, are added to the (Security Information and Event Management) SIEM tool in use and continue to be monitored frequently. 2. The standard build for end user Windows devices and servers has been documented in the Windows 10 Endpoint Security Standards and in the VMWare tool for servers. 3. A penetration test of the NES internal network by an external accredited organisation will be scoped and scheduled before the end of August 2022. 4. Senior Management and Executive level involvement and oversight of Cyber security related risk through updates in the Digital and Information Committee and Audit Committee meetings. 5. Staff awareness of Cyber security matters is raised through information security webinars provided by the Information Security Manager, which includes phishing emails and security regarding the use of public Wi-fi, reporting security breaches and determining key NES contacts, password guidance, information / data management under GDPR as well as analysing key current trends in Cybercrime. 6. The suite of Information Security Policies and Procedures will be reviewed annually. 7. NES Senior Management will ensure a skills and capability matrix for cyber security is completed and updated annually. 8. Following the Adastra ransomware attack during summer 2022 which caused outage for NHSScotland services, NES Technology are undergoing a lessons learned exercise and will be applying any amendments to approach as required 	AVERSE (Score Range 1 - 3)		5 x 3	Primary 1

Board Paper

1. Title of Paper

2022/23 Quarter 2 Delivery Performance Report

2. Author(s) of Paper

Karen Howe, Planning and Corporate Governance Manager
Christina Bichan, Director of Planning and Performance

3. Situation/Purpose of paper

This paper provides a summary of performance using RAG exception reporting against the NES 22/23 Detailed Operational Plan for Quarter 2 of 2022/23.

4. Background

4.1 Performance is reported quarterly to the NES Board using RAG exception reporting for the targets underpinning the 22/23 Detailed Operational Plan. This report covers quarter 2 from 1st July 2022 to 30th September 2022.

4.2 During 2021/22 we started to review our strategic vision and future operating model. This includes improvements to our corporate performance framework by establishing strategic key performance indicators (KPIs), which will measure business outcomes rather than activities, using evidence-based performance measurement methodology (PuMP® – Performance Measurement Programme). This work is ongoing alongside further development of a refreshed Strategy and evolution of the Board's planning approach to better support outcome focused delivery.

5. Assessment/Key Issues

5.1 The 22/23 Detailed Operational Plan contains 549 targets, of which at the end of Quarter 2, 14 are red, 42 are amber, 480 are green and 13 are blue. Of the 78 priority targets, 1 is red, 5 are amber, 71 are green and 1 is blue. When targets are reviewed by strategic theme, then strategic themes 1 (Quality Learning & Employment Environment), 2 (National Infrastructure for attraction, recruitment, training and retention) and 5 (High Performing Organisation) are all on, or over, 90% on track or complete (92%, 92% and 90% respectively). While strategic theme 3 (Education and training for a skilled, adaptable and compassionate workforce) and strategic theme 4 (National digital platform and analysis) are 89% and 85% on track or complete, respectively.

5.2 This year, a new RAG rating (blue) has been included, to clearly show which targets are fully completed, aligning with the approach utilised by Scottish Government in annual delivery planning. At the end of Quarter 2, there are 13 blue targets reported.

6. Recommendations

The Board is asked to note quarter 2 performance against the 22/23 Detailed Operational Plan.

Author to complete

Have Educational implications been considered?

Yes

No

a. Is there a budget allocated for this work?

Yes

No

b. Alignment with [NES Strategy 2019-2024](#)

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)

Have key risks and mitigation measures been identified?

Yes

No

c. Have Equality and Diversity and health inequality issues been considered?

Yes

No

d. Have you considered a staff and external stakeholder engagement plan?

Yes

No

Karen Howe

07/11/22

NES

NHS Education for Scotland – 2022/23 Quarter 2 Performance Report

1. Introduction

During 2021/22 we started to review our strategic vision and future operating model. This includes improvements to our corporate performance framework by establishing strategic key performance indicators (KPIs), which will measure business outcomes rather than activities, using evidence-based performance measurement methodology (PuMP® – Performance Measurement Programme). This second performance report of 2022-23 reflects the early steps in the transition towards full adoption of this performance measurement methodology, in the way we measure and report on performance against our strategy. The full benefits of our move to outcomes focused performance measurement will not be wholly realised until the new strategy is finalised and this transition is complete.

2. Summary of Performance

This report covers 2022/23 quarter 2 performance against the 2022-23 Detailed Operational Plan, which continues to focus on delivery of our 2019-2024 strategy. Progress against our strategy is based on the RAG (Red, Amber, Green) ratings, with an additional 'blue' category this year, to more clearly reflect the work that has been completed and align with the progress monitoring approach utilised by Scottish Government in Board's quarterly delivery returns. Overall, there are 549 individual targets, which are distributed across our 5 strategic themes. Of those 549 targets, 78 (14%) have been identified as priority targets. In addition to the targets set out in the Detailed Operational Plan, within the NHS Scotland Academy there are 6 priority deliverables for 22/23 with performance at the end of quarter 2: 67% Green and 33% Amber. The 2 amber areas relate to uptake of training placements on the National Treatment Centre Work Programme and capacity to establish the National Endoscopy Training Programme.

RAG definitions used across the organisation are as follows:

- **Red** – progress unsatisfactory. The target is more than 10% off the stated goal and/or delayed by more than 3 months.
- **Amber** – progress partially unsatisfactory. The target is 10%, or less, off the stated goal AND/OR is delayed by 3 months or less.
- **Green** – progress against this target/outcome has been satisfactory and ongoing, with 100% of the target on track and within timescales.
- **Blue** – work fully completed.

When a target lacks a numerical indicator, the lead for that work uses their expertise to advise on the most appropriate RAG rating, based on the definitions above.

Following an audit recommendation, RAG ratings and updates are subject to a number of quality checks before they are finalised. Overall, 11 targets were followed up for further clarification, with 6 amber targets moving to red; 1 green target moving to red; 1 green target moving to blue; and 2 green targets moving to amber. The remaining target was unchanged.

3. Performance Measurement against the 2019-2024 NES Strategy Q2 22-23

Figure 1 shows a summary of performance across all 549 targets, with 480 green (87%), 42 amber (8%), 14 red (3%) and 13 blue (2%). Figure 2 shows a summary of performance across the 78 priority targets, 71 were green (91%), 5 amber (6%), 1 red (1%) and 1 blue (1%). A more detailed analysis of the performance under each strategic theme can be found in the following sections.

Figure 1 – Summary of Q2 22/23 (all targets, n= 549)

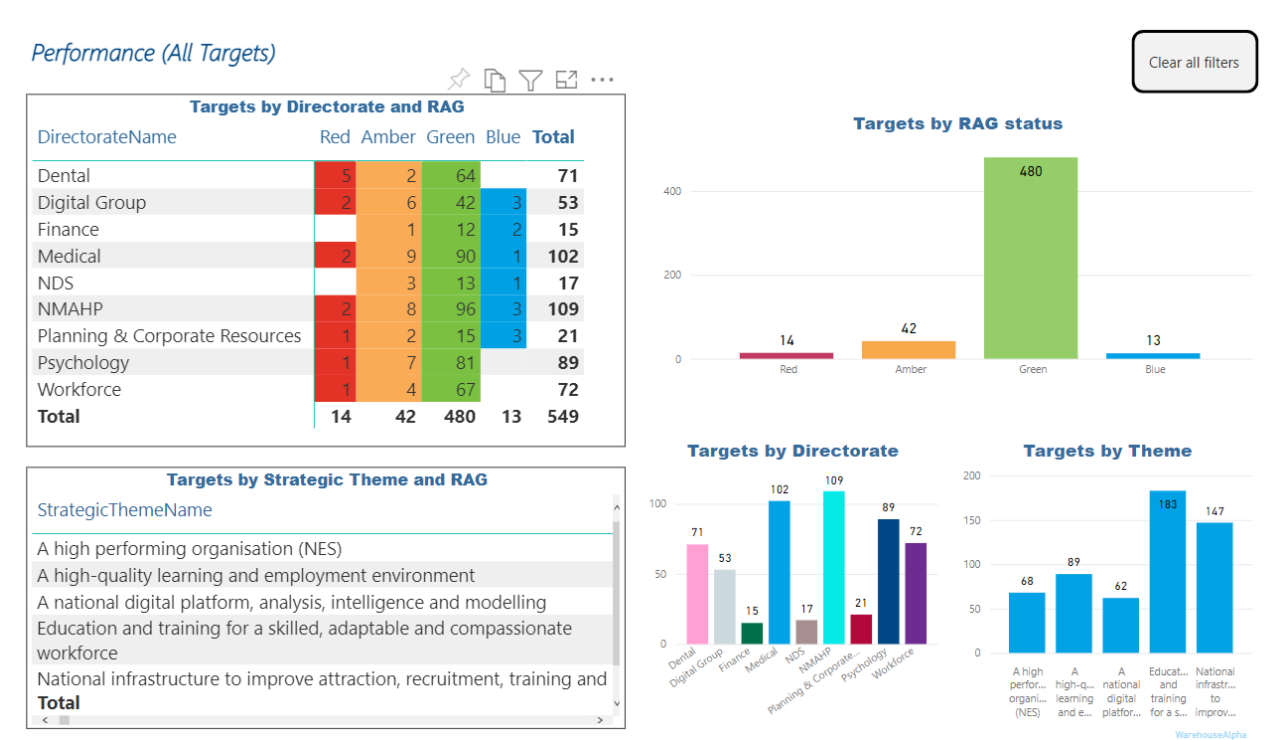
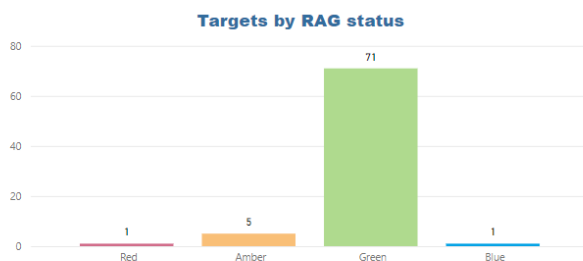


Figure 2 – Summary of Q2 22/23 (priority targets, n= 78)

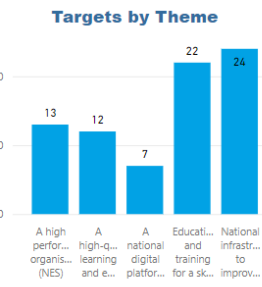
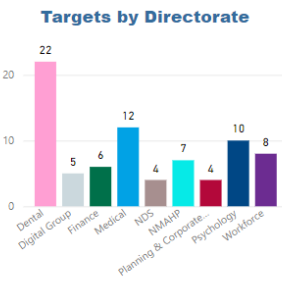
Performance (Priority Targets)

Clear all filters

Targets by Directorate and RAG					
DirectorateName	Red	Amber	Green	Blue	Total
Dental	1		21		22
Digital Group		1	4		5
Finance			5	1	6
Medical			12		12
NDS		2	2		4
NMAHP			7		7
Planning & Corporate Resources		1	3		4
Psychology		1	9		10
Workforce			8		8
Total	1	5	71	1	78



Targets by Strategic Theme and RAG	
StrategicThemeName	Total
A high performing organisation (NES)	22
A high-quality learning and employment environment	12
A national digital platform, analysis, intelligence and modelling	7
Education and training for a skilled, adaptable and compassionate workforce	24
National infrastructure to improve attraction, recruitment, training and	22
Total	89



A spreadsheet with all 78 priority targets along with their quarter 2 updates and RAG status can be found [here](#).

3.1 A high quality learning & employment environment

In total, 89 targets (17%) contribute to the delivery of this strategic theme, with 7 amber, 81 green and 1 blue at Q2 (there were no red targets). Overall, 92% of targets under this strategic theme are on track or completed.

There are 12 priority targets under this strategic theme, all of which are green.

3.1.1 Constraints

Progress at Q2 appears on track, with no constraints identified.

3.1.2 Action required to improve performance

No action necessary.

3.2 National infrastructure to improve attraction, recruitment, training and retention

In total, 147 targets (27%) contribute to the delivery of this strategic theme, with 4 red, 8 amber, 134 green and 1 blue at Q2. Overall, 92% of targets under this strategic theme are on track or complete.

There are 24 priority targets under this strategic theme, with 1 amber and 23 green. Table 2 shows the amber priority target under this theme.

Table 2 – Priority Amber targets Q2 2022/23 under Strategic Theme 2 (National infrastructure to improve attraction, recruitment, training and retention)

Target	RAG Rating	Update
Psychology - Support 3 trainee health psychologists to complete training by February 2023 and 1 trainee by April 2023. Support 5 trainee health psychologists to complete training by February 2024. Commission and recruit up to 4 trainee health psychologists to commence in February 2023. (TAR0004784)	Amber	3 trainee health psychologists on track to complete training by February 2023, with a further 1 to complete in June 2023. 2 trainee health psychologists on track to complete training by February 2024, with a further 1 to complete in March 2024. 1 trainee from the 2022 cohort has withdrawn. Recruitment for the 2023 intake is underway with interviews scheduled for November. We are anticipating an intake of 4 for this cohort.

3.2.1 Constraints

Amongst the non-priority targets under this theme, the main constraint has been the withdrawal of, or delays in, securing external funding. Additionally, the number of psychology and dental trainees recruited was below target.

3.2.2 Action required to improve performance

Work being closely monitored, no further action required.

3.3 Education & training for a skilled, adaptable and compassionate workforce

In total, 183 targets (33%) contribute to the delivery of this strategic theme, with 7 red, 14 amber, 159 green and 3 blue at Q2. Overall, 89% of targets under this strategic theme are on track or complete.

There are 22 priority targets under this strategic theme, with 1 red and 21 green. Table 3 shows the priority red target under this theme.

Table 3 – Priority Red target Q2 2022/23 under Strategic Theme 3 (Education & training for a skilled, adaptable and compassionate workforce)

Target	RAG Rating	Update
<p>Optometry - Subject to funding. By end of Q4, to accredit a minimum of 75% of Optometrists enrolled in the third cohort of NES accredited training, Scottish Qualifications Authority level 11 course, to manage ocular hypertension and glaucoma in the community. To include online learning, training sessions, reflective practice, clinical placement, theoretical and clinical assessment. (TAR0004695)</p>	<p>Red</p>	<p>External funding has not been secured to deliver the third cohort. This target was closed in Q1.</p>

3.3.1 Constraints

All but one of the red targets under this theme have been due to a reduction in or withdrawal of funding, with Optometry being particularly affected.

3.3.2 Action required to improve performance

No action required.

3.4 A national digital platform, analysis, intelligence and modelling

In total, 62 targets (11%) contribute to the delivery of this strategic theme, with 1 red, 8 amber, 50 green and 3 blue at Q2. Overall, 85% of targets under this strategic theme are on track or complete.

There are 7 priority targets under this strategic theme, 2 of which are amber and the remaining 5 are green. Table 4 shows the priority amber targets under this theme.

Table 4 – Priority Amber targets Q2 2022/23 under Strategic Theme 4 (A national digital platform, analysis, intelligence and modelling)

Target	RAG Rating	Update
<p>NDS - By March 2023 develop and implement a solution that enables the sharing of a single medication record in at least one NHS Board in Scotland. This will be achieved by ingesting medication data from various sources (e.g. GP-IT systems, HEPMA, ChemoCare) into a central repository (Clinical Data Repository, part of the National Digital Platform) and making this available for Health and Care workers when requested, resulting in improved access, safety, efficiency and smoother transitions of care and out of hours. (TAR0005032)</p>	Amber	<p>SG governance has not affirmed the development of Single medication record as yet. The sharing of data from GP-IT to care settings is being trialed in A&A on a small scale and the medicines aspects should be explored as part of this work. The need to update ECS has been elevated at the CS Service board which reinforces the need for development. There is the opportunity to include HEPMA data end of Q4 through the adoption of UK core R4 FHIR standards by CMM. However, there is no confirmation that SMR will be formally confirmed as yet.</p>
<p>NDS - Platform Development - By March 2023, develop, maintain and operate a coherent Digital platform infrastructure core components, cloud environment, and offer platform services to support health and care for people across Scotland. (TAR0005022)</p>	Amber	<p>Organisational response to the unfolding cyber attack on the NHS systems owned by Advanced meant that teams were rapidly deployed to assist, team are 2-4 weeks behind on the delivery plan. EMPI Service most impacted, migration to a new underlying service delayed by 5 weeks.</p>

3.4.1 Constraints

Several areas under this theme are awaiting confirmation of external funding and/or clarification around the scope of the commission.

3.4.2 Action required to improve performance

No further action required.

3.5 A higher performing organisation (NES)

In total, 68 targets (12%) contribute to the delivery of this strategic theme, with 2 red, 5 amber, 56 green and 5 blue at Q2. Overall, 90% of targets under this strategic theme are on track or complete.

There are 13 priority targets under this strategic theme, with 2 amber, 10 green and 1 blue. Table 5 shows the amber priority targets under this theme.

Table 5 – Priority Amber priority targets Q2 2022/23 under Strategic Theme 5 (A higher performing organisation)

Target	RAG Rating	Update
NDS - By the close of formal Stage 2 Re-Organisation, we shall have secured the right number of skills, trained and supported staff, in the right place, at the right time and in the right roles to meet current and expected demand. (TAR0005288)	Amber	Phase 2A is now about to complete with the recruitment of the Associate Director posts. There has been a delay in this process as formal org change processes concluded. Recruitment is now expected to take place end of Sep 2022.
Finance (previously PCR) - Prepare and implement a strategy to secure accommodation in both Glasgow and Inverness in advance of the lease events in 2023 using the data gathered from Directorates regarding technology enabled learning and workstyles during 2022 in order to ensure continuity of service provision in the 2022 – 2023 period and thereafter. (TAR0005276)	Amber	PFM continue to participate in National Board Collaboration meetings in order to try and understand opportunities to rationalise estate given hybrid working. The lack of data or indications around planned future usage from within NES is proving problematic with continuing low levels of office use despite indications that staff remain keen to work in a 'hybrid' way. A property project team is being established to understand the needs of the organisation in order that appropriate flexibility can be created within the current contractual arrangements to adapt once the future ways of working data is collated.

3.5.1 Constraints

No clear constraints under this theme.

3.5.2 Action required to improve performance

No further action required.

3.6 All Red (priority and non-priority) targets Q2 2022/23

An overview of the status of each of the target areas which are reporting as Red at the end of Quarter 2 is provided in Table 6 below. As can be seen there are 3 targets which were closed at Q1 with no further action planned for 22/23. These were reported to Board in the last performance update and have therefore been incorporated at the end of the table but shown in grey for clarity.

There are 6 targets which are reporting as Red at the end of Quarter 2, however will not be subject to further activity in 22/23 and have therefore been closed. These will be shown in grey in future updates.

Of the 14 Red targets, 4 of them are subject to ongoing mitigating actions as shown in the update column with progress monitoring continuing. There is 1 target which is currently red but will be completed in month and therefore is expected to be Blue at the next update.

Table 6: All 2022/23 targets reported as Red status at the end of Quarter 2.

Target	RAG Rating	Update
Dental - Up to 90 Dental Core and up to 45 (40 NES-funded) Specialty and post Certificate of Completion of Specialist Training (CCST) trainees achieving the learning outcomes of the relevant curricula to the GDC (General Dental Council) standards. Supported by relevant digital systems and trainers who can access support from NES. (TAR0004874)	Red	68 dental core trainees (DCTs), 75% of available posts, started posts on 7 September 2022. Meetings with OMFS units to discuss current situation and solutions for future recruitment are taking place.
Optometry - In 2022/2023 we aim to finalise design and deliver a medically orientated Continuing Professional Development (CPD) package to the Optometry profession, and being accessible to a sufficient number of practitioners to meet the demands. This work will require a scoping exercise to determine outcomes that align IP optometrists to level 3 of the RCO's OCCCFF (Royal College of Ophthalmology's Ophthalmic Common Clinical Competency Framework) on emergency eyecare. Submit CPD points to the regulator which supports Optometrists' and dispensing opticians' revalidation. High tutor levels required due to good practice guidance from	Red	Due to reduced workforce, reduced funding and alternative priorities given by SG, this target will not be delivered in 2022/23. To be closed in Q2 with no further action.

Target	RAG Rating	Update
regulator around facilitator:learner ratios for CPD delivery. (TAR0004698)		
Optometry - To deliver 4 face-to-face training events in the capacity to consent workstream by quarter 4. Recruiting experts to design and deliver Continuing Professional Development (CPD) in line with professional needs; apply for CET (Continuing education and training) points from the regulator which supports Optometrists' and dispensing opticians' revalidation. High tutor levels required due to good practice guidance from regulator around facilitator:learner ratios for CET delivery. (TAR0004705)	Red	Due to reduced workforce, reduced funding and alternative priorities given by SG, this target will not be delivered in 2022/23. To be closed in Q2 with no further action.
Optometry - To deliver 4 face-to-face training events focusing on skills required to support the GOS (General Ophthalmic Services) optometry service by the end of Q4. Recruiting experts to design and deliver Continuing Professional Development (CPD) in line with professional needs; apply for CET (Continuing education and training) points from the regulator which supports Optometrists' and dispensing opticians' revalidation. High tutor levels required due to good practice guidance from regulator around facilitator:learner ratios for CET delivery. (TAR0004704)	Red	Due to reduced funding and uncertainty around future funding this target will not be delivered in 22/23. To be closed in Q2 with no further action.
NDS - Roll out corporate Comms plan to NES by 30/06/2022. Implement at least 1 corporate publicity campaign by 31/12/2022 to support new strategic direction for NES. Support other communications activity and projects as directed by the organisation. (TAR0004947)	Red	Timeline for delivery of strategic plan has resulted in delay to corporate comms in this area. Comms strategy to be produced once Organisational strategy is ready. Anticipated that this will be ready for approval by Board in Q4.
NDS - Develop link between Turas Learn and Turas Appraisal allowing learning record to be viewed and created as part of the PDP by 31/03/2023. (TAR0004926)	Red	Funding still to be identified for Appraisal. A bid was included to resource an enhanced team around Appraisal that could carry out any prioritised feature enhancements, an example being developing linkage between Learn and Appraisal. The Learn end of this linkage was developed as part of delivery of the Learning Record Store in 2019-20, resourced by funding made available that year.

Target	RAG Rating	Update
		Discussions are ongoing in relation to funding for this particular linkage and wider Appraisal funding to cover other requested developments such as Board Chair Appraisals. Until funding is sourced, unless this work is prioritised in place of other work supporting NES core business, the work on this will not progress.
Medical - Have appointments for up to 10 GP-SIPS (Stay in Practice Scheme) doctors at an average of 6 sessions per week. (TAR0005010)	Red	This target is no longer being supported by SG and has therefore been closed in Q2.
NMAHP - Subject to funding, we will take forward the educational recommendations following the development of Integrated Healthcare Framework for People Living in Care Homes by March 2023. (TAR0005096)	Red	No commission was forthcoming for 22/23 - target closed in Q2 with no further action planned.
PCR - A performance report to the Board on progress against our 2019-24 strategy. (TAR0005263)	Red	Due to the timeline for this report coming forward to Board the target is currently Red however it is scheduled for presentation to the November meeting of the Board as part of a merged self assessment and strategy delivery performance report for 21/22. This target will therefore be marked as complete (Blue) in Q3.
Psychology - Complete Turas Learn e-learning programme for Lets Introduce Anxiety Management (LIAM) and brief Behavioural Activation by December 2022. (TAR0004826)	Red	This piece of work has been paused due to other priorities and will not be completed in this financial year. Data continue to demonstrate significant reductions in distress/ achievement of goals/ satisfaction with service from children and young people and their parents as well as high satisfaction with training and coaching delivered by NES funded staff to staff who deliver LIAM and brief BA predominately in school settings. Target to be closed Q2.
Workforce - Ensure national services for PVG (Protecting Vulnerable Groups) and Certificate of Sponsorship are issued and monitored in accordance with extant Disclosure Scotland/ Home Office regulations, timescales and enable trainees to start post on time. (TAR0004725)	Red	Residual work ongoing resulting from significant increase in COS and associated impact to start dates. Identification of appropriate long term resourcing needs to meet higher volume being progressed, alongside continuous improvement activity for sponsorship processes.
Optometry – PRIORITY - Subject to funding. By end of Q4, to accredit a minimum of 75% of Optometrists enrolled in the third cohort of NES accredited training, Scottish Qualifications Authority level 11 course, to manage ocular hypertension	Red	Funding has not been received for the third cohort. This target was closed in Q1.

Target	RAG Rating	Update
and glaucoma in the community. To include online learning, training sessions, reflective practice, clinical placement, theoretical and clinical assessment. (TAR0004695)		
Medical - (Subject to funding) Deliver QI training and education to interdisciplinary professionals working in Primary Care. (TAR0005311)	Red	Funding not secured, therefore not commissioned to deliver in 22/23. Target closed in Q1.
NMAHP - Subject to funding, develop 'teenagers and young adults' cancer specific information for non-specialist staff by March 2023. This will be undertaken in collaboration with the Managed Service Network for Children and Young People (CYP) with Cancer, in support of the Collaborative and Compassionate Cancer Care Strategy for CYP 2021-2026. (TAR0005129)	Red	Target closed in Q1. Scottish Government have requested the provision of psychological skills is the current priority area within the Collaborative and Compassionate Cancer Care Strategy for CYP 2021-2026. The development of 'teenagers and young adults' cancer specific information for non-specialist staff, will be considered at a later stage and not in this operational year therefore no further activity being taken forward in 22/23.

3.7 NHS Scotland Academy

In addition to the targets set out in the Detailed Operational Plan, and in partnership with NHS Golden Jubilee - within the NHS Scotland Academy there are 6 priority deliverables for 22/23. Performance at the end of quarter 2 shows that 67% (4) are Green and 33% (2) Amber. The 2 amber areas relate to uptake of training placements on the National Treatment Centre Work Programme and capacity to establish the National Endoscopy Training Programme with both areas being closely monitored and highlighted as part of Quarterly Board reporting to Scottish Government.

Board Paper

1. Title of Paper

Equality and Diversity Mid-Year Report

2. Author(s) of Paper

Katy Hetherington, Principal Lead, Equality, Diversity & Human Rights Team

3. Situation/Purpose of paper

3.1 To provide the Board with a mid-year report for approval on NES's progress with delivering its statutory equality duties. This includes progress towards NES's Equality Outcomes published in April 2021.

3.2 Appropriate scrutiny has been provided by the Staff Governance Committee on 3rd November and Digital and Information Committee on 31st October. Due to the timing of the Education and Quality Committee, the mid-year report was circulated and approved by correspondence.

3.3 To advise the Board on our two-year reporting requirements under the Scottish Specific Duties of the Public Sector Equality Duty.

3.4 A brief overview of recent reports on the experiences of health and social care staff from minority ethnic backgrounds is also summarised for the Board. This draws on findings from across the UK.

4. Background

4.1 The Public Sector Equality Duty

NES published its Equality Outcomes in April 2021 to set out how it would meet the Public Sector Equality Duty and the Fairer Scotland Duty (Annex A). This report provides a mid-year update on progress with the Equality Outcomes and our work to meet our legislative requirements.

4.2 Every 2 years we are required to report on our progress in mainstreaming the Public Sector Equality Duty. This includes progress with our equality outcomes, employee information with respect to protected characteristics and any action taken because of that information and our gender pay gap. This is due by April 2023.

4.3 NES Strategy and Equality

Addressing all forms of inequality and progressing equality is central to our work in NES. This is important in how we carry out our functions both as an employer and in our role in education, training, workforce planning and a provider of technology in health and social care. We want to mainstream equality into our work as well as identify areas where we can make the most difference in tackling inequality through our areas of influence. It is therefore proposed that we review our current Equality Outcomes to align with our new strategy and to ensure they are specific and measurable.

5. Assessment/Key Issues

Key issues for the Committee to note in this mid-year report include:

- Continuing to establish an infrastructure in NES to support our work on equality, diversity, inclusion and human rights
- Regular meetings have taken place with our all our Staff Networks and we continue to promote and grow membership
- Progress with our Equality Outcomes, how we are mainstreaming equality, our equality and diversity employment monitoring data and our gender pay gap will be published by end of April 2023 to meet legislative requirements with the Public Sector Equality Duty in Scotland
- We will review and refresh where necessary our Equality Outcomes to align with NES's new strategy, involving people who share protected characteristics and informed by any new evidence.
- Support to our Educators continues through our Technology Enhanced Learning Team and equality is important as part of our digital product design approach.
- Work is underway on updating NES's Inclusive Education and Learning Policy and supporting guidance for staff. The policy is being issued for consultation in November and tabled for discussion at the Education and Quality Executive Group in December 2022.
- The Equality, Diversity and Human Rights Team is undertaking a Learning Needs Assessment with NHS Boards to inform plans to develop high quality and timely education and training resources on our TURAS platform.

6. Recommendations

6.1 The Board is invited to:

- a. Note and approve progress to meet our Public Sector Equality Duty.
- b. Note legislative requirements to publish a report on progress with the Scottish Specific Duties of the Public Sector Equality Duty by April 2023.
- c. Note plans to review our Equality Outcomes and to align with our new Strategic Framework.

Author to complete

a) Have Educational implications been considered?

Yes

No

b) Is there a budget allocated for this work?

Yes

No

c) Alignment with [NES Strategy 2019-2024](#)

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)

d) Have key risks and mitigation measures been identified?

Yes

No

e) Have Equality and Diversity and health inequality issues been considered?

Yes

No

f) Have you considered a staff and external stakeholder engagement plan?

Yes

No

Katy Hetherington

Principal Lead, Equality, Diversity and Human Rights Team

24th November 2022

Mid-Year Report – Equality and Diversity

1. Progress towards Equality Outcomes:

The Board approved for publication a revised set of Equality Outcomes in April 2021. Governance for equality and diversity is distributed within the Board Committee structure to provide appropriate scrutiny on elements relevant to Committee functions. This mid-year report provides an overview of progress towards each outcome. This is set out in Annex A.

The Digital and Information, Staff Governance and Education and Quality Committee have each approved mid-year reports on progress with equality outcomes relevant to their functions.

As well as the equality outcomes on specific areas of NES's programmes, we also set outcomes to mainstream equality into our work by:

- Improving our Equality Impact Assessment (EQIA) performance, ensuring a systematic approach to using EQIA to inform the development of new workstreams;
- Building capacity – both technical and educational -- to deliver accessible digital learning

2. Progress Report and Reviewing our Equality Outcomes

We will publish a 2 year report on our progress in meeting the Public Sector Equality Duty by end of April 2023. This is a requirement of the Scottish Specific Duties of the Public Sector Equality Duty. Our new reporting through the Equality and Human Rights Steering Group has strengthened the performance management of our equality work across the organisation. This informs reporting to our Committees and to the Board. The report on our 2 year progress, how we are mainstreaming equality in our work and our employee equality data, including the gender pay gap will be presented for approval to the Board (following scrutiny through the Committees) at its meeting on 23rd March 2023. This will replace our usual end of year report to the Board as this will be incorporated in this report.

Our Equality Outcomes should reflect the areas where we can make the most difference to inequalities through our sphere of influence. Outcomes should be specific and measurable, informed by evidence and the involvement of people who share protected characteristics. The development of a new strategy for NES and the 2 year report provides a timely opportunity for us to review our Equality Outcomes to ensure they reflect the full range of our functions.

The Equality and Human Rights Team will provide leadership for a review of our Equality Outcomes over the next 6 months, working with the Equality and Human Rights Steering Group and our staff networks. Any revisions will be published on our website, following the relevant approval through our governance structures.

3. Staff Learning and Development

We launched a new Community of Interest on Equality and Human Rights as a place to share learning and practice for staff in September 2022. The launch event attracted over 90 staff. The community is intended to provide a menu of options to support a continuous professional development approach to learning about equality, diversity, inclusion and human rights issues.

One of our first events under the banner of the community was an event hosted by the NES Underrepresented Ethnic Minority Staff Network with Professor Emerita Rowena Arshad. This event was to mark Black History Month and nearly 100 people attended from NES and other NHS Boards. We have also held a session on the LGBTQ+ Health Needs Assessment undertaken by NHS Greater Glasgow and Clyde and NHS Lothian. An event is planned for 8th December with the Royal College of Nursing on their recent guidance on neurodiversity.

We also have plans for short sessions led by NES staff to share experiences on their work around EQIA, digital accessibility, trauma-informed practice, the Inclusive Education and Learning Policy review and a recently produced animation about young Carers. As part of Care Experienced Week (24th Oct) there were also learning sessions each day including on children's rights.

We have developed a calendar of awareness events which we are using to plan regular learning sessions and we will share this with our Executive Team and Board to promote visible leadership at the events.

We are carrying out a Learning Needs Assessment to better understand the learning needs in this area with our partners and stakeholders. This will include understanding the learning needs of our own staff in NES. Alongside this we are cataloguing the resources on the TURAS Equality and Diversity Zone and will be promoting relevant resources in the coming months to our own staff and the wider workforce.

4. Reviewing NES's inclusive Education and Learning Policy and Guidance

We are refreshing our policy to ensure it is up to date considering our increasing focus on digital learning. The policy will set out our ambitions for an inclusive approach to our education and learning, both for our learners but also for our curricular and learning resources. An EQIA is being undertaken and staff are being consulted on the policy through the Equality and Human Rights Steering Group, staff networks and our community of educators. The policy is tabled for discussion at the Education and Quality Executive Group in December. We recognise the need to monitor the impact of the policy and provide supporting guidance to staff on implementation. We plan to develop this in the new year.

5. Staff experiences in relation to equality, diversity and inclusion in health and social care

Several recent reports have highlighted the poorer experiences of staff from Black and Minority Ethnic Communities working in health and social care, in Scotland and other parts of the UK. Work is underway with the Equality and Human Rights Steering Group to inform a discussion paper for the Executive Team on how NES can contribute to the proposed recommendations and the findings in these reports. The reports have highlighted the experiences of staff from an ethnic minority background however it is recognised that other forms of discrimination will exist e.g. the BMA published a report in November 2022 on LGBTQ+ Equality in Medicine which identifies similar experiences. A summary of the issues, the policy context and links to the reports are provided for information to the Board in Annex B.

Katy Hetherington
Principal Lead – Equality, Diversity and Human Rights Team
24th November 2022

Annex A: Progress update on NES's Equality Outcomes

The Board approved for publication a revised set of Equality Outcomes in April 2021.

The following provides an update on each of our Equality Outcomes for the Board to note and approve:

Outcome 1: Our support for youth employment with a particular focus on engagement and supporting transitions from school, college and university for those further from the labour market or more likely to experience barriers to full employment: young people who are care-experienced, disabled, or from Black and minority ethnic or socio-economically disadvantaged communities.

Progress

Measuring this outcome is a challenge. The Equality and Human Rights Team will work with the Widening Access Team to develop an Equality Outcome which is measurable and which focuses on those population groups who experience barriers to full employment and where inequality exists.

A refreshed and updated NES Widening Access Strategy is underdevelopment and due to be presented to the Staff Governance Committee in May 2023. The Widening Access team continues to support activities aimed at widening access to jobs, careers and training for groups that are under-represented in the NHS workforce. The current focus is on young people, including those with experiences of care and UK armed forces veterans and service leavers. There is the potential to broaden this to include under-represented groups for example people who have convictions, people with disabilities and long term illness and refugees and asylum seekers. The Strategy will be constructed in a way that enables us to support a wide and flexible range of under-represented groups

The Youth Academy continues work through regional 'huddle' groups to improve progression pathways for young people from school/college into the workforce. A major focus of the huddle groups remains the SDS/NHS Healthcare Pathway pilot qualification, which will start in 2023 aimed at senior phase pupils and focussed on developing transferable 'meta' skills needed for NHS careers. Other projects underway with the regional huddle groups include using simulation resources in local NHS sites to attract young talent into NHS Careers and developing regional skills ecosystems which align regional provision with workforce priorities.

Outcome 2: The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience

Progress:

The refugee doctor programme is piloting an enhanced induction programme and this is being reviewed in conjunction with the Scottish Government and the Centre for Workforce Supply. Further discussion is required with Scottish Government around the overall vision for the refugee doctor scheme and how this should be delivered. Discussions will need to include the overall scope of the programme (multidisciplinary or medical staff only), the reach across Scotland and the future

commissioning process for delivery of the programme by the end of December 2022

As highlighted to the Board in May we recognise the need to undertake further work in this area to measure progress towards this outcome. This will be part of our review of our Equality Outcomes next year. In the meantime, we have continued to support refugee doctors complete English language requirements and the Professional and Linguistic Assessment Board (PLAB).

Outcome 3: Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced

Progress:

The Advancing Equity in Medical Education Steering Group continue to meet and advise the Scotland Deanery in supporting work in this area. An action plan is being progressed which recognises the complexity of addressing this issue which is recognised across the UK. Areas progressed include:

- Stakeholder workshop held in September to share practice and identify areas for collaboration
- Work to update equality monitoring categories on TURAS following feedback from trainees and informed by work nationally. A further campaign to encourage Drs in Training to provide equality monitoring data is planned.
- Work is underway to extract data from TURAS to create a trainee equality, diversity and inclusion dashboard. This will aim to build a better understanding of the demographic profile of trainee doctors in Scotland (including ethnicity and place of primary medical qualification), and support prioritisation and evaluation of work to address differential attainment
- GP STEP (Scottish Trainee Enhanced Programme) is being extended to Medicine, including for Psychiatry trainees, and explored for other disciplines
- Associate Post-Graduate Dean for International Medical Graduates (IMGs) has been appointed and is part of the core Group in NES to progress the action plan. Nationally, induction events are held twice a year for all new IMGs.
- A simulation resource for supervisors is being developed to support effective feedback to International Medical Graduates, recognising the range of issues which may impact on their performance in NHS Scotland.
- Reverse Mentoring being piloted in GP – 12 mentors have been trained and is being explored for senior deanery leaders
- [Softer Landing- Safer Care](#) being rolled out across Scotland for International Medical Graduates
- Additional support discussed for those trainees who advise that this is required at recruitment
- Equality, Diversity and Inclusion course for medical and dental trainers has been piloted and evaluated to be rolled out.

Outcome 4: We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland through:

- a. Expanding the availability of technology enhanced learning which reflects best practice in accessibility and increases flexibility in learning opportunities.

Progress

The Technology Enhanced Learning Team continues to support NES educators through an active community of practice and a suite of resources. Developments include

- a pre-learning questionnaire to identify in advance a person's accessibility to learning or training
- Detailed practical easy to use guides on how to create PowerPoint and Word documents that are accessible for users and meet legal accessibility requirements
- Quality Guidelines for Digital Learning resources approved and an implementation plan will be completed by December 2022

We are also reviewing our Inclusive Education and Learning policy to take account of the increased use of digital in the design and delivery of our learning. The policy will be presented to the Education and Quality Executive Group in December with a supporting implementation plan.

- b. Establishing arrangements for reasonable adjustments passports for trainees under the Lead Employer programme.

A NES short-life working group involving local boards was set-up early summer to discuss the Reasonable Adjustment Passport. This group was temporarily paused to accommodate the additional demands of recruitment for doctors and dentists in training on HR colleagues. It is anticipated that the group will schedule to meet again before mid November. Example passports are being circulated for comment prior to developing a first draft version. Our Specialist Disability Advisor is linked in with this work for NES and with SG about a 'once for Scotland' approach.

- c. Providing holistic careers advice and person-centred support for disabled trainees through the Performance Support Unit (now the Training, Wellbeing and Development Service).

One to one support and case management is undertaken by the Disability Specialist Lead. Individual Learning Plans are being implemented where necessary for our Doctors and Dentists in Training.

Bespoke person-centred resources have been designed including for a small cohort of trainees to enable them to progress with processes such as Annual Review of Competence Progression (ARCP).

Outcome 5: The diverse development needs of our workforce and changes in the way work is being done will be our focus as we support development of digital capability and accessible and inclusive technology enhanced learning. Digital learning capability is a complex concept incorporating elements of information literacy, digital skills and capacities for learning. Learners may also be differentially impacted by barriers to accessing appropriate digital infrastructure for learning. We will invest in core skills development for our educators and designers which will include:

- a. Accessibility [design, facilitation, assessment, reasonable adjustments]
- b. Cultural competence and anti-racist education
- c. Unconscious bias in education
- d. Social learning and facilitating for inclusive learning

Progress

Developing digital capability in NES

See update on Outcome 4 on the support provided by the Technology Enabled Learning Team in NES. NES staff also participate alongside a wide diversity of colleagues across health and care in programmes to deliver the workforce priorities of the Scottish Government's Digital Health and Care Strategy (See Developing digital capability across the health and social care sector below).

Equality and Diversity Education and Learning

Our Specialist Lead Education post joined the Equality, Diversity and Human Rights Team in June 2002. Initial work being undertaken in the team is a Learning Needs Assessment with NHS Boards. This will inform our priorities to provide high quality and timely learning and education materials for health and social care staff. This will include learning and education for our staff in NES. We are keeping our Scottish Government policy colleagues in the Health Workforce Directorate informed. SG have commissioned the Coalition for Race Equality and Rights (CRER) to develop a race equality and anti-racist learning and development programme for the health sector and we have been asked to contribute to this work.

Cultural competence

NHS Academy is working with the NES Equality, Diversity and Human Rights team to develop resources to support international nurses prepare for their NMC Test of Competence for NMC registration. The group has been scoping what materials exist across NES, in other Boards and the UK. It is recognised that focusing on support only for international nurses without recognising the need to ensure the wider workforce culture is inclusive is as important.

Developing digital capability across the health and social care sector

The Digitally Enabled Workforce Team, commissioned by Scottish Government to support the development of digital skills within the health and social care sector via targeted projects, commissioned research, conducted by Capgemini, into factors related to accessibility and use of digital skills resources. This included evidence related to digital device use at work, providing useful insight into potential barriers to equality and inclusion. This work has been shared widely within NES, including

those leading work on education strategy related to the development of NES's education and training systems. It has also been shared more widely with Scottish Government and within the health and social care sector.

The programme has funded 15 places on a Professional Diploma in Digital Learning Design provided by Digital Learning Institute and accredited by Glasgow Caledonian University. The programme has also funded 24 places on the Digital Learning Design Train the Training Programme developed and run-in partnership with University of Highlands and Islands and NES. Cohort 1 completed on 21 July 2022 and evaluation is underway. Cohort 2 commenced on 6 October with participants who are working in learning and development roles in health, care and third sector

Outcome 6: Our approach to digital design considers the role of digital in:

- a. How we design with the diverse needs of our audiences in mind when developing our products;
- b. How we consider the role of digital in supporting the care pathways we are supporting or for which we are delivering learning;
- c. How the delivery of highly accessible digital solutions is best supported by and influences the "non-digital" ways of interacting with a product or service; and
- d. How we measure whether our digital products and technology enabled learning are connecting with audiences in ways that address rather than widen inequalities

Progress

Key measures have been developed to set out how progress will be made towards this outcome. These are considered in the development of all our products and services and is an important way to mainstream equality, diversity, and inclusion into product development and design.

Areas to demonstrate this approach since our update to the Board in March 2022 now include updates across health and care, workforce, training, education, and learning:

- The Turas Style guide provides a foundation to meet the principles of equality, diversity and human rights in accessibility and experience and is currently under design to support emerging priorities of the National Digital Platform.
- Establishing a users' starting place with digital skills and tools to help lower the barrier for use and meet acceptability needs is evidenced in the work of the Technology Enhanced Learning and The Knowledge Network teams to develop systems for development content and the eBook procurement framework.
- The launch of the National Digital Platform and the potential for the platform to meet public and patient needs directly and indirectly through improvement of work conditions, tools, and system capabilities. The Service Catalog section outlines how to access and develop applications and services using a secure approach and style guide.

- Real Time Staffing users in critical care, maternity and mental health were involved in helping to address barriers to using the online platform.
- A new Study Leave App, part of the Training Programme Management (TPM) and Training portfolio, systematically designed to ensure the application can be used across a variety of devices including mobile-friendly.

Outcome 7: The attraction and selection processes for our leadership and management programmes support a leadership and management cohort that is inclusive and representative. The provision of our leadership and management programmes supports the building of an inclusive workplace culture.

Progress

The new Leading to Change programme was launched by Scottish Government in October 2022. NES is a key delivery partner and is working closely with the SG Equality Manager for the programme to deliver the actions in the Equalities Sub-group action plan. There are 6 actions and NES is responsible for 4 of these actions including the now launched Diversity Coffee Connect Programme and an Equality, Diversity and Inclusion Blog series. The Coffee Connect Programme aims to provide a safe environment for people across the health, social care and social work workforce in Scotland to connect on a monthly basis to discuss specific equality, diversity and Inclusion themes as part of an informal 1 to 1 conversation. The blog series invites people to share their leader experience, journey and stories. The first blog has been published on the website at [New Approaches to Leadership and Race Equality \(leadingtochange.scot\)](https://www.leadingtochange.scot) NES is also funded and responsible for delivering an allyship programme and a diversity at all levels programme as part of the Equalities Action Plan. Actions to develop anti-racism objectives and performance measures for NHS Board chairs and a diversity recruitment target for senior executives are being led by Scottish Government.

The recruitment process for the Management Training Scheme (MTS) is currently being reviewed to identify any potential barriers for people with a protected characteristic. The recommendations will then help guide the improvements in the Scheme's recruitment.

Outcome 8: NES is an inclusive employer, with:

- a. Effective employee voice, including staff networks with effective influence on policy

Progress

NES has the following staff networks which meet regularly in a supportive environment, facilitated by our Equality Network Co-ordinator

- Parents and Carers Staff Network (76 members) - This network meets quarterly
- Underrepresented Ethnic Minority Staff Network (33 members) - This network meets monthly

- LGBTQ+ Staff Network (36 members) - This network meets every 2 months
- Disability, Long-term conditions, Neurodiversity & Mental Health Staff Network (64 members) - this network meets monthly

The Chairs and Vice Chairs of all the networks meet quarterly to discuss and decide ways forward on common network areas. Network meetings provide the opportunity for peer support as well as progressing network action plans. Our Non-Executive Board Champion has been invited to attend the joint chairs meeting and to attend each staff network meeting at least once a year.

The networks have support work in the organisation including:

- The Carer Positive Benchmarking review
- HR Student placement undertook interviews with members about their experiences as part of the Disability, Long-term conditions, Neurodiversity & Mental Health Staff Network
- Focus groups discussions to inform the staff survey on hybrid working.
- Updating NES education resource Equal Partners in Care (EPiC) with Network members sharing their lived experience videos
- Review of accessibility information for NES sites with our Health and Safety Officer
- Membership on the Short Working Life Group to review the Inclusive Education and Learning Policy

There have been a range of events since our last update to the Committee such as:

- Disability Workplace Adjustments Event
- Promotion of Pride History month including participation in the Edinburgh Pride parade, conversations with NHS LGBT+ leaders event and 'meet the author' Kaite Welsh event
- Living and Working with IBD (Inflammatory Bowel Disease) Live podcast with Edmund Murray (Finance Manager NES)
- Underrepresented Ethnic Minority Staff Network monthly tea/coffee/cake drop-ins
- Parent/Carer Connections weekly drop-ins
- Education sessions at network meetings e.g. Inclusive language, what is racism, challenging prejudices and stereotypes.

Our Under-represented Ethnic Minority Staff Network Chair is a member of the SG Ethnic Minority Forum which brings all the NHS Race Equality Network Chairs together. We also have membership of the Edinburgh Employers Network which has a focus on Carers.

- b. Improved recruitment outcomes for young candidates, minority ethnic candidates and disabled candidates

We have found from our monitoring over the last 4 quarters that external advertising of posts has not led to increased diversity in the workforce. Further work in Q3 and Q4 this year to inform our talent attraction activities across these groups will be undertaken. This will involve targeting specific areas of

improvement across each of our directorates and aligning these to their respective workforce planning actions. Closer liaison with our four existing staff networks with feedback and recommendations on targeted advertising and enhanced use of social media will also be undertaken in Q3 and Q4 (with analysis of any impact measured after an initial 6 months). The Equality, Diversity and Human Rights Team will work with HR colleagues to inform our approach to talent attraction.

A refresh of the existing Modern Apprentice (MA) employment offering within NES is underway. An updated and more integrated MA programme for NES is being developed, linking in directly with workforce planning and each Directorate's 2023-24 Operational Plan.

The refreshed NES Job Packs and Adverts have been successfully piloted across all NTS vacancies and will be rolled out across NES in a phased approach in Q3. An analysis of any equality and diversity impact will be measured after 6 months. To support this, all three eLearning recruitment modules have now been fully developed and tested in Turas. HR will be incorporating these into all vacancy planning discussions from October onwards and will be promoting as part of a new communications plan to managers and following the transition of recruitment activities to the East Region Recruitment Service in July 2022.

c. An adaptable and flexible workforce with positive support for staff wellbeing

A review is underway to improve the provision of services for neurodivergent trainees, led by our Specialist Disability Advisor and Training Development and Wellbeing Service. This will include assessment processes, reasonable adjustments, case management, ongoing support and trainer awareness. We also continue to run the Guaranteed Interview Scheme for Dental and Pharmacy trainees as part of our recruitment campaigns and accommodate reasonable adjustments during trainee recruitment campaigns and trainee employment. We are planning to develop a self-assessment tool to support dental vocational trainers in assessing the accessibility of their premises as a place of work, improving the ability to identify training practices which suit the needs of trainee applicants with disabilities. We will update the Committee on progress at our end of year update.

We included equality monitoring in our recent staff survey to understand if our hybrid working model was affecting staff differently across the protected characteristics. In relation to staff with protected characteristics, most improvement was found by staff with a disability, and staff in the youngest age group. A 'New Ways of Working' Steering Group has been established to support effective hybrid working in NES and equality considerations will be part of the group's remit.

Mainstreaming Equality and building capacity

As well as specific outcomes, NES also set outcomes to mainstream equality into its work:

- **Improve our Equality Impact Assessment (EQIA) performance, ensuring a systematic approach to using EQIA to inform the development of new workstreams**

The Equality and Human Rights Team have identified a need to refresh our approach to EQIA. This is part of a broader programme of work to increase learning and sharing of practice across the organisation. We are currently piloting a revised set of questions to streamline the EQIA process. Our community of interest will help share learning and practice across the organisation on equality and human rights, including EQIA. In the meantime, guidance remains available to staff on the intranet with support from the Equality and Human Rights Team who are planning to deliver training sessions by the end of the year. Several EQIAs across the organisation have also been identified and are being progressed. Once EQIAs are signed off they are published on our website.

A session with the Executive Team was held in May 2022 to raise awareness about the Public Sector Equality Duty, EQIA and the updated Fairer Scotland Guidance for public bodies. Support to consider and embed equality considerations and impact assessment into NES's new strategy is being provided to the Planning and Performance team by the Equality and Human Rights Team.

As part of the operational planning guidance we have highlighted that consideration should be given to contributing to our Equality Outcomes and whether EQIA should be incorporated into planning.

- **Build capacity – both technical and educational -- to deliver accessible digital learning.**

Building capacity to deliver accessible digital learning continues. The Technology Enhanced Learning Team continues to support NES educators through an active community of practice and a suite of resources. Developments include:

- a pre-learning questionnaire to identify in advance a person's accessibility to learning or training
- Detailed practical easy to use guides on how to create PowerPoint and Word documents that are accessible for users and meet legal accessibility requirements
- Guidelines for Digital Learning resources for learning modules

Work to refresh our Inclusive Education and Learning policy will include work to develop guidance and support for staff to put the policy into practice.

NES is also playing an important role in supporting the digital capability of the wider health and social care workforce through the Digital Enabled Workforce programme of work.

Annex B: Responding to findings on staff experiences in relation to equality, diversity and inclusion in health and social care

Several recent reports have highlighted the poorer experiences of staff from Black and Minority Ethnic Communities working in health and social care, in Scotland and other parts of the UK. The findings from these reports demonstrate that there is much that needs to be done to improve the experiences of staff with protected characteristics, specifically from ethnic minority backgrounds.

Work is underway in NES to look at how we can respond to these findings and contribute to improving the experiences of Black and Ethnic Minority health and social care workers.

As a national NHS Board we have opportunities to

- influence the systems and infrastructure for change, working with our partners across health and social care.
- embed an understanding of anti-racism, discrimination and its impact on health and wellbeing in our curricular resources for our learners.
- provide managers and leaders across health and social care with the knowledge, tools and reflective practice to support an inclusive and diverse workplace through leadership and management development such as the Leading to Change Programme
- make sure learning is accessible and take positive action to address historic disadvantage.
- create an inclusive, diverse and supportive workplace culture at NES.

Links to reports:

The [Equality and Human Rights Commission](#) published a report on its findings on experiences of lower paid ethnic minority workers in health and social care on 9 June 2022. The report covered the UK and provided briefings for each of the devolved nations.

The same week the Department for Health and Social Care produced the findings from a report on [Leadership for a Collaborative and Inclusive future in health and social care](#).

On 15th June, the BMA published a report on [Delivering racial equality in medicine](#). The report outlines the scale of adverse experiences for ethnic minority doctors and sets out recommendations to work towards addressing the disparities in the medical profession based on race.

The [NHS Confederation](#) published a report on 15th June on how health and social care systems can mitigate the impact of the unequal effects of COVID-19 on groups with protected characteristics. On 17th June NHS Confederation also published findings from a survey of Black and Minority Ethnic senior leaders on experiences in the NHS.

In April 2022, Health Education England published the findings of a survey on experiences of racial discrimination and harassment in [London-wide primary care workforce](#).

The structural factors underpinning inequalities in society is well-recognised in these reports. This leads to inequalities in health, education, and work. Addressing those root causes while also mitigating the impacts are all part of taking a whole systems and anti-racist approach to racism and discrimination. NES has a contribution to a such an approach through its role as an employer and in the functions it carries out as an NHS Board.

BMA published a report on the experiences of LGBTQ+ doctors and medical students in [November 2022](#). From the survey findings, experiences of homophobic, biphobic and transphobic behaviour in medicine are not uncommon.

Policy Context

These reports, coming on the heels of reports in Scotland and the wider UK into the disproportionate impact of Covid-19 on different population groups, particularly Black and Minority Ethnic communities have led to renewed focus on racial inequalities.

The BMA highlighted the disproportionate impact of Covid-19 on doctors from Black and Ethnic Minority backgrounds in its report on the impact of the pandemic on the profession, recommending that

- To mitigate inequity in the future, mechanisms must be introduced to make the experience of working in the NHS less variable by background or protected characteristic

The Scottish Government has made a commitment to take an explicit anti-racist approach in its policy making.

Scottish Government Health and Social Care Directorate activities include:

- establishing policy teams to respond to racialised inequalities experienced by staff (Workforce Equality and Experience) and for population health (Racialised health inequalities and health equity Unit, Pop Health Directorate).
- A community of practice on racialised health inequalities has been set up to support policy makers in health and social care in this area. NES attends (Equality, Diversity and Human Rights Team
- A Racialised Health Inequalities in Health and Social Care Steering Group has been established by SG to drive equity in access.
- Health Workforce directorate are commissioning work by the Leith Agency to develop a platform on equality and inclusion resources as a resource to support workforce equality. Anti-racist resources have been commissioned by CRER to increase staff racial literacy through developing anti-racist resources.

- An Equalities Manager and Equalities sub-group has been established to bring a focus on equality to [Leading to Change](#) of which NES is the delivery partner.
- A new strategy on Improving Wellbeing and Workforce Cultures is due in October 2022

Board Paper

1. Title of Paper

Board and Committee Meeting Dates 2023-24

2. Author(s) of Paper

Della Thomas, Board Secretary, Corporate Governance Principal Lead

3. Situation/Purpose of paper

The 2023/24 Board and Committee Meeting dates are brought to the Board for review and approval.

4. Background

4.1 The Board approve their schedule of meetings on an annual basis and following this, calendar invitations are issued. This enables non-executives, executives and senior managers to protect time well in advance, for essential Board and Committee meetings. It also allows for the schedules of business to then be prepared for the Board and Committees.

4.2 As per the 2022/23 Business period, the summer recess has again been scheduled for the month of July.

4.3 The same meeting days as per the 2022/23 schedule of meetings has been followed:

- Board, Board Development, Audit and Risk Committee (ARC), Staff Governance Committee (SGC) meet on a Thursday morning.
- Technology and Information Committee (TIC) meets on a Monday morning with the exception of the 18 April 2023 Meeting falling on a Tuesday to avoid papers being sent out on Easter Monday.
- Remuneration Committee meets on a Wednesday morning.
- NHS Scotland Academy Joint Strategic Programme Board meets on a Tuesday morning.

5. Assessment/Key Issues

(include identification of any strategic risks)

5.1 Without this strategic overview, taken as part of the scheduling of the meetings, there is a risk that the correct governance sequencing of papers is not achieved, which could result in delayed decision making and/or poor corporate governance.

- 5.2 As per the 2022/23 schedule and sequencing, quarterly financial reporting will be governed through the full Board as part of a performance package of reports, including the risk and operational delivery quarterly reports. Therefore, the sequencing of the 2023/24 Board dates have been carefully checked with key authors to ensure the dates set are achievable.
- 5.3 The 2023/24 meeting dates have been based on the 2022/23 meeting sequencing and revised as per feedback received from Board members and key authors. The June Remuneration Committee date has been pushed back by three weeks so the timeline for preparing executive reviews and draft objectives is more realistic. The length of time between February and March Board meetings and August and September Board meetings has been extended to avoid them falling as closely together. The 2023 December Education and Quality Committee will be extended in length to enable the scrutiny of the medical annual reports.
- 5.4 As per our usual practice, the ARC will scrutinise the Annual Accounts in advance of full Board at the ARC meeting scheduled for 15 June 2023. In order to enable time for any changes to be made following this meeting, it is advised that the June Private Board meeting is scheduled for 29 June 2023. The Board have previously agreed that both of these meetings will be extended in length to enable comprehensive scrutiny of the Annual Report and the Annual Accounts. The informal Annual Accounts Workshop will not be scheduled for 2023.
- 5.5 The Board and Committee schedule of meetings has been shared in advance with Chairs and Executive Leads to identify any potential diary clashes and has been amended as appropriate.
- 5.6 The NHS Scotland Academy Joint Strategic Programme Board (NHSSA JSPB) dates are currently provisional and have not been checked with NHS Golden Jubilee (NHSGJ) colleagues or the NHS Scotland Academy Director.

6. Recommendations

- 6.1 The Board is invited to approve the 2023/24 schedule of meeting dates for the NES Board and NES Committees.
- 6.2 The Board is asked to note that the dates suggested for the NHS Scotland Academy Joint Strategic Programme Board are provisional and have yet to be discussed with the NHS Scotland Academy and NHS Golden Jubilee.

Author to complete

a) Have Educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with [NES Strategy 2019-2024](#)

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)

d) Have key risks and mitigation measures been identified?

- Yes
 No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
 No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
 No

DT
NES
November 2022

Item 10c

24 November 2022

Board Paper

1. Title of Paper

NES Board Assurance Framework

2. Author(s) of Paper

Jim Boyle, Executive Director of Finance

Della Thomas, Board Secretary & Principal Lead, Corporate Governance

Rob Coward, Principal Educator, Planning & Corporate Resources

3. Situation/Purpose of paper

3.1 This paper provides an update on the planned work to revise the Board Assurance Framework and seeks Board approval for the current Board Assurance Framework with some very minor amendments made.

4. Background

4.1 The NES Board Assurance Framework currently sets out the sources of assurance against each of the information systems required by the Scottish Government's Blueprint for Good Governance¹ and the Audit and Assurance Committee Handbook. It links these to the roles of the Board and Standing Committees as set out in the Board Standing Orders and Committee Terms of Reference.

4.2 The Board Assurance Framework was included as an Appendix, for information, in the Corporate Governance Strategic Developments paper brought to the 26 May 2022 Board meeting.

4.3 The Board Assurance Framework was also considered informally as part of the Active Governance Board Development Session held on 30 June 2022.

5. Assessment/Key Issues (include identification of any strategic risks)

5.1 The newly developed Board Assurance Framework will mitigate risks in order to assist the Board triangulate strategic assurance information and improve scrutiny of strategic risk and strategic performance.

5.2 The attached Board Assurance Framework is unchanged from the version presented at the May Board and June Board Development meetings, with the exception of the following amendments:

- An updated job title for the Director of Technology, an additional source of assurance relating to data security.
- Changes to Section: “Performance in delivering Strategic Plans” to include addition of Fulfilling Emergency Climate Change and Sustainability Requirements; reference to “Strategic” and Operational planning process; reference to quarterly performance reports including Key Performance Indicators (KPIs) to Board and Scottish Government (SG) and removal of reference to Executive Team (ET) Daily Decision log as this log is no longer required.
- Changes to Section: Financial Management to include the ET regular review of in-year financial plans, in addition to the Directorate in year reviews
- Changes to Section: Risk Management to remove the reference to the cross Directorate COVID risk register.

5.3 As per the May Board paper and the discussion during the June Board Development session, it remains the ambition to revise the Board Assurance Framework to:

- Simplify the format of the Board Assurance Framework and consider the development of a Board Assurance Map.
- Align the new Board Assurance Framework with the new strategic priorities and new Strategic Key Performance Indicators.
- Align the new Board Assurance Framework with the organisation’s strategic risks.
- Develop linked Assurance Frameworks for each standing Committee, connecting with their delegated remits and responsibilities.

5.4 Further to discussion at the June Board Development session, work to develop a new Board Assurance Framework will be carried out to bring a revised Framework to the Board. This will involve an independent review to be commissioned to bring forward recommendations for a clearer framework that can be regularly considered at a strategic level by the Board and the Executive Team.

6. Recommendation

The Board is invited to review and approve the current Assurance Framework, noting that this will be revised significantly in line with planned corporate governance changes and guidance on assurance mapping from the Corporate Governance Blueprint Group.

RC/DT/JB
November 2022

Author to complete

a) Have Educational implications been considered?

Yes

No

b) Is there a budget allocated for this work?

Yes

No

c) Alignment with NES Strategy 2019-2024

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)

d) Have key risks and mitigation measures been identified?

Yes

No

6

e) Have Equality and Diversity and health inequality issues been considered?

Yes

No

f) Have you considered a staff and external stakeholder engagement plan?

Yes

No

RC/DT/JB

November 2022



NHS Education for Scotland

Assurance Framework

November 2022

Document information

Consultation		Executive Team NES Board Audit Committee
Scope of Document		The sources of assurance used by the NES Board to obtain assurance on the delivery of the organisation's strategic, operational and financial plans
Objective		To enable the NES Executive Team and Board to assess the level of assurance provided in all corporate functions.
Linked Documentation		-
Document Sponsor	Name	Jim Boyle
	Job Title	Director of Finance
	Division	Finance and Procurement
Approved by/ & Date		
Authors	Name	Rob Coward and Della Thomas
	Job Title	Principal Educator and Board Secretary

Amendment History

Date	Issue	Details of Change
11/09/19	2	New introductory text to explain the origins and purposes of the Assurance Framework
11/09/19	2	New content under Staff Governance on Whistleblowing
11/09/19	2	New content under several functional areas to reflect the distributed nature of risk management
04/10/19	2	Change Management – New text to indicate that Change Management Board Minutes are presented at Staff Governance Committee
14/02/20	3	Quality Management - New reference to sharing examples of good practice.
14/02/20	3	New information regarding directorate reporting on Equality & Diversity performance targets in Performance Management
14/02/20	3	Links to current Committee remits in introductory section

22/04/20	3	New source of assurance on Covid-19 risks in Risk Management
03/06/20	4	New source of assurance on Covid-19 related mobilisation plans in Change management
03/06/20	4	Amendment of text in Information Management to clarify sources of assurance for Cyber Security
03/06/20	4	Text change to reflect implementation of Disaster Recovery and Incident Management Plan.
27/10/20	5	New column to indicate committee/board responsible for obtaining and improving assurance.
27/10/20	5	Deletion of links to standing committee remits pending review
23/12/20	6	Inclusion of additional sources of assurance on Information Management relating to the Network and Information Systems (NIS) directive and regulations, 2018 and associated documentation, and review of a compliance framework checklist by the Digital Executive Group
23/12/20	6	Additional sources of assurance on Whistleblowing under Staff Governance.
19/01/21	6	Cross check with Committee ToRs
21/01/21	7	Addition of assurance information relating to Information Management and references to Digital & Information Committee remit
14/11/22		Section: "Performance in delivering Strategic Plans" Addition of Fulfilling Emergency Climate Change and Sustainability Requirements Reference to "Strategic" and Operational planning process has been included Reference to quarterly performance reports including KPIs to Board and SG has been added Removal of reference to ET Daily Decision log as this log is no longer required
14/11/22		Section: Financial Management The inclusion of the ET regular review of in-year financial plans has been made, in addition to the Directorate in year reviews
14/11/22		Section: Risk Management The reference to the cross Directorate COVID risk register has been removed

Introduction

The Scottish Government's Blueprint for Good Governance¹ set out the requirement for Health Boards to commission information systems to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans. The Blueprint - a response to reviews of governance processes and practice in NHS Tayside and NHS Highland – indicated that assurance systems should provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, accessible, quality, affordable and sustainable services.

The Blueprint reinforces the Scottish Government's requirements published in the revised Audit and Assurance Committee Handbook (April 2018) for health boards to develop an Assurance Framework. The purpose of the Framework is to enable the Audit Committee and the Board to understand the levels and sources of assurance it receives in relation to work, systems and processes. This will enable identification of areas where current levels of assurance are considered excessive or where further assurance mechanisms need to be identified and implemented.

The Audit and Assurance Handbook specifies the following corporate functions where the Board will require assurance regarding management, quality and performance:

- **Performance in delivering Strategic Plans** – setting the organisation's strategic direction and monitoring and managing performance against related objectives.
- **Quality Management** – monitoring quality, making improvements and rectifying quality deficits
- **Financial Management** –the organisation's financial resources are managed effectively
- **Human Resources Management** – NES employees are recruited, developed and managed fairly and effectively
- **Change Management** – organisational and service change is efficient and effective
- **Risk Management** – NES's processes and practices for identifying and managing operational, strategic and other risks are effective.
- **Information Management** – the policies, processes and for collecting, holding, using and sharing information safely and effectively.

¹ Scottish Government, [Blueprint for Good Governance](#), January 2019

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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<p>Performance in delivering Strategic Plans</p> <p>(Making sure that our plans deliver against our strategy and that we deliver against our plans)</p>	<p>Development of the NES Strategy in consultation with internal and external stakeholders</p> <p>Strategic and Operational Planning processes – ensuring strategic alignment</p>	<p>Board workshop and sign-off of consultation draft and final NES Strategy</p> <p>Annual Operational Delivery Plan, includes plans to progress delivery of key strategic outcomes.</p>	<p>Consultation feedback on NES Strategy and Scottish Government feedback</p> <p>Internal Audit Reports on Performance Management, and Staff Governance</p>	<p>NES Board (Director of Planning) Quinquennial process</p> <p>NES Board (Director of Planning)</p> <p>Audit & Risk ToR 9.1.5 (Director of Finance) Annual</p>	<p>Managing the process to develop the Strategic Plan and Financial Plan for approval by the Board.</p> <p>Ensuring systems and processes at a local directorate level support high performance.</p> <p>Executive Team oversight of performance indicators, financial indicators and staffing indicators.</p>	<p>Setting the Direction (Approval of Strategic Plan and Financial Plan)</p> <p>Holding to Account (Receiving quarterly performance reports and challenging areas of poor performance)</p> <p>Assessing Risk (Achieving balance between ambition and realistic assessment of what is achievable)</p>
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What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Performance in delivering Strategic Plans (continued)	Corporate Performance Management Dashboard and quality control process	Quarterly Performance Reports detailing progress against Key Performance Indicators.	External Audit review of Performance in Annual Report and Accounts	NES Board (Director of Planning) Quarterly		given resources, environment etc (Board, standing committees)) Engaging Stakeholders (obtaining assurance that stakeholders have been involved in the setting of Strategy and in understanding annual operational plans).
	Financial Plan aligns with Operational plan	Quarterly Delivery Reports.	Quarterly Delivery Reports to Scottish Government	NES Board (Director of Planning) Annual		
	All staff have objectives that relate to delivery of key targets	Reports to Staff Governance Committee on personal objectives and Staff Governance Standard	Scottish Government monitoring of Staff Governance Standard	Staff Governance ToR 9.1 & 9.1.1 & 9.1.4 (Director of Workforce) Annual		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Performance in delivering Strategic Plans (continued)	Performance against targets considered at Directorate meetings – measures taken to remedy areas of poor performance	Performance reports	-	(All NES Directors) Quarterly	Executive Team has oversight of progress against equality and diversity targets.	Influencing Culture (oversight of Staff Governance indicators)
	Staff management – ensuring staff are managed in accordance with the Staff Governance Standard and NES policies to be high performing.	-	-	Staff Governance ToR 9.1.3 & 9.1.4 (Director of Workforce) Biannual		
	Equality and diversity targets developed annually in	Directorate updates on prioritised E&D targets	-	Education & Quality ToR 9.6 Staff Gov. ToR 9.2.4		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
	<p>operational planning</p> <p>Feedback, complaints handling and participation processes implemented by directorates and corporate Complaints Handling team</p> <p>Engagement with stakeholders</p> <p>Fulfilling Emergency Climate Change and Sustainability Requirements</p>	<p>Feedback, Comments, Concerns and Complaints (FCCC) report</p> <p>Stakeholder Map and Communication Strategy</p> <p>Standing Item Reports to Audit and Risk Committee</p>	<p>Scottish Government and Scottish Public Services Ombudsman reviews FCCC report and provides feedback</p> <p>-</p> <p>Board and Scottish Government Reports: Annual Climate Emergency and Sustainable Development</p>	<p>(Equality Advisor) Biannual NES Board</p> <p>Education & Quality ToR 9.9 & 9.10 (Director of Planning) Annual</p> <p>NES Board (Head of Comms) As required</p> <p>Audit and Risk Committee ToR section 9.7</p>	<p>Executive Director of Finance appointed as Climate Emergency and Sustainability Lead</p>	<p>Non-Executive Director Climate Emergency and Sustainability Champion</p>

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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			Report and Public Bodies Climate Change Duties Annual Report			
Quality Management (Making sure that what we deliver – in all areas, is of a high quality, and fit for purpose)	<p>Local processes in place to ensure quality and ‘fitness for purpose’ of educational programmes, resources.</p> <p>Sharing of practice through the Educational Leadership Group and Thematic Review</p> <p>Feedback collected from</p>	<p>Education & Quality processes including Directorate Review and Thematic Review</p> <p>EQC review of Thematic Review reports</p>	<p>Internal Audit reviews.</p> <p>Formal Review by the GMC (every 5 years) of Medical Education in Scotland.</p> <p>-</p> <p>-</p>	<p>Education & Quality ToR 9.10</p> <p>(Directors of education directorates)</p> <p>Thematic and Directorate Reviews biannual</p> <p>Education & Quality ToR 9.4 (Education & Quality Exec Lead)</p>	<p>Managing local operational processes to assure, control and improve quality.</p> <p>Ensuring appropriate stakeholder engagement in development of new products/review of existing programmes.</p>	<p>Setting the Direction (approving Education Governance arrangements)</p> <p>Holding to account (reviewing educational governance reports, Annual FCCC report, Equalities Outcomes progress reports)</p>

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Quality management (continued)	service users and stakeholder organisations and reviewed to identify quality issues Complaints management process - including follow-up on complaints related recommendations and annual review	Feedback, Comments, Concerns and Complaints (FCCC) Report Review of local quality management outcomes, including those from trainee surveys.	Scottish Government review of Feedback, Comments, Concerns and Complaints report	Education & Quality ToR 9.4 (Director of Planning) Annual Education & Quality ToR 9.12 (Director of Planning) Annual	Executive Team oversight of draft Educational Governance processes Executive Team approval of complaints handling processes	Assessing Risk (Identifying risks to receiving assurance related to performance and quality including compliance with statutory and policy duties (Board, standing committees))
	Annual review of standing committee business to check performance against approved remits	Annual review of Board committee reports confirming adherence to approved remits	-	Audit & Risk ToR 9.1.6 & 9.1.7 (Executive Leads) Annual		
	Development of standing	Standing committee	-	Audit & Risk ToR		Engaging Stakeholders (oversight of

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Quality management (continued)	<p>committee annual workplans</p> <p>Compliance with equality related statutory duties</p> <p>Application of local quality management processes to digital developments</p>	<p>annual workplans approved</p> <p>Approval and monitoring of: Equality Outcomes and Mainstreaming Priorities Equality Impact Assessments Fairer Scotland Duties</p> <p>-</p>	<p>Review of Equality Outcomes and associated reports by Equality & Human Rights Commission</p> <p>-</p>	<p>9.1.6 & 9.1.7 9.1.8 (Executive Leads) Annual</p> <p>Education & Quality ToR 9.5</p> <p>Staff Governance ToR 9.2.4 (Equality Adviser) Biannual</p> <p>Education & Quality ToR 19.6 (Directors of education directorates) As required</p>	<p>Executive Team oversight of draft Equality Outcomes, Mainstreaming Priorities and FCCC reports</p>	<p>appropriate stakeholder/lay involvement in educational and digital developments)</p> <p>Influencing Culture (advocating for proper oversight of learning environment at all NHS Boards)</p>

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
	Application of local research governance process aligned with NES Research Framework	Approval of NES Research Governance Framework (aligned with UK Research Standards) and Research Governance annual report	Internal audit of research governance	Education & Quality ToR 9.7 (Research Governance Lead) As required Annual		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Financial Management (Making sure that our resources are properly applied to deliver our Strategic Plans and that we do not breach our financial limits)	<p>Budget setting process aligned to Operational Planning which aligns to Strategic Plan</p> <p>Operational level challenge to budget setting process</p> <p>Regular, accurate and clear reporting of actual against budget and forecast</p>	<p>Full details of process of developing an annual budget</p> <p>Regular Financial reporting</p>	<p>Internal Audit (e.g. Budget Management, Fraud prevention, Procurement)</p> <p>External Audit of Annual Accounts</p> <p>Scottish Government scrutiny of Financial Performance Reporting submissions</p>	<p>Audit and Risk ToR 9.2, 9.3, 9.4 NES Board (Director of Finance) Annual</p> <p>(Director of Finance) Annual</p> <p>Audit and Risk /NES Board (Director of Finance) Quarterly</p>	<p>Detailed controls on expenditure at a Directorate level.</p> <p>Adherence to delegated authorities</p> <p>Regular review of Finance monitoring reports</p>	<p>Ensures effective financial stewardship through considering value for money, financial control and financial planning and strategy through the following:</p> <p>Setting the Direction (Approval of Strategic Plan and Financial Plan)</p>

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Financial Management (continued)	Production of Annual Accounts and sign-off by Accountable officer	Review of annual accounts	Auditor General for Scotland and the Scottish Government Health and Social Care Directorate review and provide feedback on Annual Accounts	Audit & Risk ToR 9.3.4 – 9.3.9 (Director of Finance) Annual		Holding to Account (Receiving quarterly Finance Report)
	Annual Best Value review	Directors' assurance provided to the CEO to support signing of the Governance Statement.				Assessing Risk (Understanding key areas of budget risk)
	Regular review of in-year financial performance at Directorate and Executive Team level, and amendment of financial plans if appropriate					Engaging Stakeholders (Ensuring that stakeholders understand the budget)
	Development and adherence to Standing Financial Instructions setting out limits of financial delegation		Internal Audit Review as part of Controls Framework review.	A&R ToR 9.4 (Director of Finance) Ongoing		Influencing Culture (Setting a strong tone in relation to the

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Financial Management (continued)	Development and implementation of procurement controls	Monitoring of Procurement including performance of the compliance with Procurement Duty (through Procurement Annual Report)	Internal Audit Review as part of Controls Framework review.	A&R ToR 9.6 (Director of Finance) Annual		proper use of public money)
	Development and implementation of financial controls and reconciliations Savings plans and measurement of delivery	Review of Corporate and local risk registers	Internal Audit Review as part of Controls Framework review. Internal Audit	Audit & Risk ToR Controls 9.2 9.2.2 & 9.2.4 (Director of Finance) Ongoing Board/ Audit & Risk		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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	Management and reporting of finance risks			ToR does not detail A&R role with financial risks (DoF) All meetings		
Human Resource Management (Making sure that NES recruits, develops, manages and retains its staff fairly, efficiently and effectively)	People and OD Strategy including Key Performance Indicators (including relevant workforce metrics) Reports on Staff Governance Standard	Approval of People and OD Strategy (including KPIs) Review of progress against agreed KPIs (through quarterly review of metrics and dashboard with KPIs) and reports on Staff Governance Standard	Internal audit External audit Scottish Government reviews Staff Governance Monitoring data and provides feedback	Staff Governance ToR – role re. risk 9.2.3 (Director of Workforce) Triennial Staff Governance ToR does not appear to include specifics on progress reports re KPIs (Director of Workforce) Quarterly	ET ensures alignment of human resources with strategic priorities and operational needs ET reviews performance against People and OD Strategy KPIs ET reviews reports on Staff Governance Standard	Setting the Direction (Approving the People and OD Strategy and Workforce Plan) Holding to account (Reviewing reports on Staff Governance, the Workforce Plan, iMatter, performance against KPIs) Assessing Risk

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
<p>Human Resource Management (continued)</p>	<p>Use of feedback on staff satisfaction and team working through iMatter to identify issues and affect improvements</p> <p>Monitoring quality of staff performance objectives and personal development plans to ensure</p>	<p>Review of NES and national iMatter reports</p> <p>Report on outcomes from quality assurance of performance objectives and PDPs</p>	<p>Publication of iMatter comparative data by Scottish Government and thematic review</p> <p>Internal audit</p>	<p>Staff Governance ToR does not explicitly cover staff related feedback and conclusions e.g. iMatter Staff Governance Committee (Director of Workforce) Annual</p> <p>Staff Governance ToR 9.2.4 (Director of Workforce) Annual</p>	<p>ET reviews iMatter reports and initiates change where required</p> <p>ET considers Establishment Control recs at each meeting</p> <p>Equalities performance data reviewed by SMLT</p>	<p>(Identifying key risks relating to Human Resource Management and ensuring these are managed effectively</p> <p>Engaging stakeholders (ensuring that People and OD policy application is developed in partnership)</p> <p>Influencing Culture and standards of people management across the</p>

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Human Resource Management (continued)	alignment with directorate and NES objectives					organisation (SGC)
	Compliance with the specific statutory duties under Equality and Fairer Scotland legislation	Approval of Equality Outcomes and Mainstreaming Priorities and monitors progress reports Monitor compliance and improvement in relation to specific equality duties through review of Equal Pay statement and workforce equality data (presented in Workforce	Equality and Human Rights Commission scrutiny Scottish Government reviews Workforce Plan	Board Staff Governance ToR 9.1.7 (Director of Workforce) Quadrennial Staff Governance Committee (Director of Workforce) Quadrennial		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)	<p>Ensure fair remuneration of senior staff</p> <p>Ensure fair access to development opportunities and training progression for staff and employed trainees through 'Differential Attainment' actions</p>	<p>Plan) and Fairer Scotland related reports.</p> <p>Remuneration Committee considers pay levels and performance of senior staff.</p> <p>Considers reports on Differential Attainment initiatives and information.</p>	<p>National Performance Evaluation Committee reviews performance ratings and provides feedback.</p> <p>-</p>	<p>Remuneration ToR 9.1 (Director of Workforce) Annual</p> <p>Education & Quality ToR 9.12 (Directors of education directorates) As required</p>	[Assurance arrangements in development]	

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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	<p>Whistleblowing Policy and processes to encourage staff and others to raise public interest concerns and ensure these are investigated and reported effectively</p> <p>Maintenance of risk registers relating to human resources</p>	<p>Quarterly updates on the whistleblowing portfolio provided to Staff Governance Committee</p> <p>Annual report on handling of whistleblowing concerns</p> <p>Non-Executive Whistleblowing Champion appointed</p> <p>Review of corporate and directorate risk registers</p>	<p>Independent external review of Whistleblowing concerns referred to the Independent National Whistleblowing Officer.</p> <p>Internal audit</p>	<p>Staff Governance Committee ToR 9.2.1 (Director of Planning) Quarterly</p> <p>Staff Governance</p>		<p>Holding to account for whistleblowing policies and practice.</p> <p>Assessing risks identified in whistleblowing concerns</p> <p>Influencing the culture to encourage staff and others to report public interest concerns</p>
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What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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		relating to NES workforce		Risk ToR 9.2.3 Board (Director of Workforce) Quarterly		
Change Management (Making sure that NES manages significant service change and any consequential organisational change)	Business cases and plans for service re-design and change (including explicit information on impact and efficiency and Stakeholder Engagement Plan) Organisational Change Policy and Procedures Change Management Programme Board	Plans for service re-design and progress reports Organisational Change Policy and Procedures approved Change Programme risk register reviewed Minutes of Change Management	Internal audit External audit - -	Staff Governance ToR does not include a specific role for SGC in relation to organisational change (Director of Workforce) Locus and frequency of reporting to be established	ET reviews and authorises business cases and plans for service re-design and change Change Management Programme Board authorises and monitors organisational change processes	Setting the direction (Approving the Organisational Change Policy) Holding to account Assessing risk Engaging stakeholders (Ensuring NES follows consultation and engagement processes (Board))

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Change Management (continued)	authorises and monitors organisational change processes	Programme Board meetings				
	Organisational Perf. Imp. Programme processes	Quarterly report from the OPIP team.		Staff Governance ToR does not include a specific role for SGC in relation to organisational change (Director of Workforce)		Influencing culture (Ensuring NES is focused on improvement in all aspects of its work)
	Covid-19 Recovery Plan articulates strategic and operational responses to Covid-19 pandemic	Covid-19 Response subject to scrutiny by NES Board	Covid-19 Mobilisation Plan submitted to Scottish Government	Board (Director of Planning) Approx. Biannual		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Risk Management (Making sure that NES identifies and manages key risks to its services, stakeholders and the organisation)	ET review of NES Risk Strategy and Risk Management Framework.	Review and approval of Risk Strategy and Management Framework	Internal audit reviews External audit	Audit & Risk (ToR 9.2) (Director of Finance) As required	ET reviews reports on risk registers	Setting the Direction (Approving the Risk Strategy and Management Framework, determining NES's risk appetite)
	Development and local review of corporate and directorate risk registers.	Annual review of risk appetite	Internal audit	Board (Director of Finance) Annual	ET advises on Risk Strategy and Risk Management Framework	Holding to account (Reviewing corporate and directorate risk registers to check key risks are identified and managed effectively)
	Recording and monitoring of directorate and	Regular review of the Corporate Risk Register	Internal audit	Board (Director of Finance) All Board meetings		
	Review of the most significant (Primary rated)	Internal audit	Internal audit	All standing committees		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Risk Management (continued)	<p>project risks using Risk Management System (MiTracker).</p> <p>Quarterly Risk Register Review Process in directorates.</p> <p>Reports to Exec Team on directorate risk registers</p>	<p>Directorate risks</p> <p>Reports on Standing Committees' review, handling and identification of risks</p> <p>Review of Audit Scotland reports</p>		<p>(A&R Committee ToR does not mention specific role in monitoring financial risks) (Executive Lead Officers) Quarterly</p> <p>(Director of Finance) Quarterly</p>		<p>Assessing risk (Identifying key risks to NES business)</p>

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Information Management (Making sure that NES only collects the data it needs, the data is kept securely and is only accessed by the correct people)	Development and implementation of Information Management Strategy Policies, plans and processes for information governance, cyber security, records management, Freedom of Information and intellectual property.	Review of Caldicott Guardian annual report Annual Information Governance & Security report reviewed	Internal audit External audit The Digital Health & Care Strategic Portfolio Board reviews and provides feedback on regular reports from the NES Digital Service	Board (Director of National Data & Tech Services) Annual Digital and Information Committee (ToR 9.4) (Director of National Data & Tech Services) Annual	Executive Team approves organisational policies, plans and processes for information management. Executive Team monitors Information Management through reports in areas such as Freedom of Information and data protection.	Setting the direction (Approve strategy) Holding to account (Review and challenge progress reports from Digital. Review Data incident reports) Assessing risk (Understand the kind of information risks NES could be exposed to and seek assurance on
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What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Information Management (continued)	Information management policies, plans and processes (including cyber security arrangements) aligned with relevant legislation, international quality standards and Scottish Government policy/strategies		Internal Audit. A specific IT Risk Universe conducted to target internal audit resource towards the areas assessed as most high risk.	Digital and Information Committee (ToR 9.1) (Director of National Data & Tech Services) As required		how these are addressed) (Digital Sub-Committee)
	Role-based access to information systems and dashboards		Internal Audit	Digital and Information Committee (ToR 9.1) (Director of National Data		Engaging stakeholders (how do we communicate how we use the data we hold) Influencing culture

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Information Management (continued)	Development, implementation and audit of Information Security Management System		Internal audit	& Tech Services) As required Digital and Information Committee (ToR 9.1) (Director of National Data & Tech Services) As required		
	Information Asset Register and Data Protection Impact Assessment Register			Digital and Information Committee (ToR 9.4) (Director of National Data & Tech Services) As required		
	Business continuity/disaster recovery systems and processes	The Executive Team has reviewed and commented on the iterative development of NES Business Continuity plans. Plans		Digital and Information Committee (ToR 9.1)		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Information Management (continued)	Provision of cloud-based information management systems for safe data storage, retrieval and sharing	implemented due to COVID.		(Director of National Data & Tech Services) As required		
	Cyber security based on agreed processes for authentication and registration of system users and investment in firewall technologies		External penetration testing of NES internal network	Digital and Information Committee (ToR 9.4) (Director of National Data & Tech Services) As required		
	Mandatory training of all NES staff on Information Governance.	Scrutiny of training data		Digital and Information Committee (ToR 9.4) (Director of National Data & Technology Services)		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
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Information Management (continued)	Assessment and management of risks relating to data management	Review of NTS Risk Register		As required Staff Governance (ToR 9.2.4) (Director of Workforce) As required		
	Development of Information Governance and Information Security documentation to evidence compliance with Scottish Government Network and Information Systems (NIS) directive and regulations, 2018	Review of Digital Progress report	Annual Scottish Government audit of Information Governance and Information (Cyber) Security policies and procedures	Digital and Information Committee (ToR 9.1) (Director of National Data & tech Services) Quarterly NES Board (Director of National Data & Technology Services) As required		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role

Board Paper

1. Title of Paper

Co-opted Member of the Digital and Information Committee

2. Author(s) of Paper

Della Thomas, Board Secretary, Corporate Governance Principal Lead

3. Situation/Purpose of paper

3.1 The Board is invited to approve Angus McCann, as a co-opted member of the Digital and Information Committee for a further year.

4. Background

4.1 Section 9.7 Board Standing Orders states that the Board may authorise Committees to co-opt members for a period of up to one year, subject to the approval of both the Board and the Accountable Officer.

4.2 Angus McCann (non-executive Director, NHS Lothian) is a co-opted member of the Digital and Information Committee (DIC). He brings particular digital and technology skills, knowledge and experience to enhance the Committee's membership.

5. Assessment/Key Issues

(include identification of any strategic risks)

5.1 The DIC took their annual review of their Terms of Reference and membership at the 31 October 2022 meeting and concluded that it would be very beneficial to continue to co-opt Angus McCann to the DIC. Angus McCann confirmed his availability and willingness to continue.

5.2 The Accountable Officer has approved this continuation and we now seek the approval of the Board.

5.3 As the Board moves to fill current non-executive director vacancies the specific skills, knowledge and expertise relating to technology matters will be sought.

6. Recommendations

6.1 The Board is invited to approve the continuation of the co-opted member to the Digital and information Committee for a further year.

Author to complete

a) Have Educational implications been considered?

- Yes
- No

b) Is there a budget allocated for this work?

- Yes
- No

c) Alignment with [NES Strategy 2019-2024](#)

- 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)

d) Have key risks and mitigation measures been identified?

- Yes
- No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
- No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
- No

Della Thomas
November 2022
NES

Board Paper

1. Title of Paper

Change of name of the Digital and Information Committee (DIC)

2. Author(s) of Paper

Della Thomas, Board Secretary, Corporate Governance Principal Lead

3. Situation/Purpose of paper

The Board is invited to homologate the decision of the Digital and Information Committee to change their name to the Technology and Information Committee.

4. Background

4.1 The Digital and Information Committee reviewed their Terms of Reference (ToRs) at the 31 October 2022 meeting.

5. Assessment/Key Issues

(include identification of any strategic risks)

5.1 As part of the review of the DIC ToRs, the Committee noted the change in name of the Digital Directorate to the NES Technology Service.

5.2 The Committee concluded that a more accurate and up to date way to describe the work of this Committee would be to re-name it to the Technology and Information Committee.

6. Recommendations

6.1 The Board is invited to homologate the change of name for the Digital and Information Committee to the Technology and Information Committee.

Author to complete

a) Have Educational implications been considered?

- Yes
 No

b) Is there a budget allocated for this work?

- Yes
 No

c) Alignment with [NES Strategy 2019-2024](#)

- 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)

d) Have key risks and mitigation measures been identified?

- Yes
- No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
- No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
- No

Della Thomas
November 2022
NES

DIGITAL AND INFORMATION COMMITTEE

NES/DI/22/22

Minutes of the Sixth NES Digital and Information Committee held on Monday 06 June 2022 10:15 – 12:45 via Microsoft Teams.

Present: David Garbutt, Non-Executive Director and Chair of the DIC
Douglas Hutchens, Non-Executive Director
Vicki Nairn, Non-Executive Director
Angus McCann, Non-Executive Director NHS Lothian

In attendance: Jenn Allison, Senior Officer, Board / CEO Office
Colin Brown, Head of Strategic Development.
Jim Boyle, Director of Finance
Tracey Ashworth-Davies, Director of Workforce
Paula Baird, Principal Lead, Workforce (for Appendix C, item 7)
David Felix, Director of Dental (until 11:00)
Heather Kilfara, Senior Finance Manager
Gordon Paterson, Director of Social Care
Marisa Wedderspoon, Manager, Digital
Christopher Wroath, Director of NES Technology Service

1. Welcome and introductions

- 1.1 The Chair welcomed everyone to the meeting, particularly Gordon Paterson, who has recently started with NES as Director of Social Care and was in attendance to observe the Committee as part of his induction to NES.
- 1.2 Colin Brown, who was in attendance as depute for Karen Reid, was also welcomed to the meeting and Paula Baird was welcomed for appendix C of the Lead Executive Officer report.

2. Apologies for absence

- 2.1 Apologies were received from Jean Ford, Karen Reid and Della Thomas. David Felix gave apologies from 11:00.

3. Declarations of interest

- 3.1 The Committee confirmed there were no declarations of interest in relation to the business on the agenda of the meeting.

4. Notification of Any other business

- 4.1 There was no other business raised for discussion.

5. Minutes of the meeting 11 April 2022 (NES/DI/22/14)

- 5.1 The minutes were approved as a correct record, following minor spelling corrections.

6. Committee Rolling Action Log

(NES/DI/22/15)

- 6.1 The Committee noted that of the 13 actions, 10 have been marked as complete, 1 has been closed and two are in progress.
- 6.2 The Committee noted that the action to align the NES Assurance Framework with the Digital and Information Committee (DIC) ToRs has been closed as these developments are in progress and will be overseen by the Audit and Risk Committee (ARC) and/or the Board as appropriate. The 26 May 2022 Corporate Governance Developments Board paper provided an update on this and the other associated corporate governance developments.
- 6.3 The Committee noted that Christopher Wroath has drafted a paper for Karen Reid and Jim Boyle in relation to Scottish Government (SG) commissions and what can be delivered against this with the allocated budget from SG.
- 6.4 The Chair of the DIC updated the Committee that SG continue to work on a National Information Governance Agreement, however no further update regarding this is available.
- 6.5 The Committee noted the completed actions and the update regarding the action in progress.

7. Annual Caldicott Guardian Report 2021/22

(NES/DI/22/17)

- 7.1 The Chair invited David Felix to present the report to provide the Committee with assurance around NES compliance with the Caldicott Principles.
- 7.2 David Felix informed the Committee that 2021/22 saw an increase in NES's role and responsibilities regarding the processing of patient identifiable data and that he is content that the Caldicott principles are upheld across NES.
- 7.3 The Committee noted an outline of all new patient identifiable data processing undertaken within NES in 2021/22, incidents and information breaches and review of activity across NES Directorates with regards to the management and processing of patient identifiable data.
- 7.4 The Committee asked if there were any expected challenges for the future as NES increases its role further in relation to the processing of patient identifiable information. David Felix informed the Committee that he is comfortable that adequate processes are in place to support any future developments.
- 7.5 Discussion took place regarding the increased number of self-reported breaches and the Committee asked how NES ensures that controls in place are comprehensive enough. David Felix advised the Committee that awareness raising of what and how to report has led to increased numbers of self-reported breaches, which is positive evidence that correct processes are being followed as well as allowing process improvements to be implemented for preventative measures. David Felix added that none of the self-reported breaches have

resulted being required to be reported to the Information Commissioners Office (ICO).

- 7.6 Christopher Wroath added that as the scale of NES' responsibility for processing data increases the technology and process that supports this will not change and re-iterated that these are robust information governance and security processes.
- 7.7 A query was raised regarding the future plans for the Turas Clinical Assessment Tool for Care Homes (TCATCH) and Severe Acute Respiratory Infections (SARI) systems. Christopher Wroath explained that both systems had been set up to support the pandemic and that TCATCH will be de-commissioned and SARI will continue to be used as a business as usual system, led by Greater Glasgow and Clyde.
- 7.8 David Felix thanked Tracey Gill and her team for their work in producing the report.
- 7.9 The Committee were satisfied that NES is compliant with the Caldicott Principles and approved the annual report for onward consideration and final approval by Public Board on 18 August 2022.

8. Annual Information Governance and Security Report 2021/22

(NES/DI/22/18)

- 8.1 The Chair invited Christopher Wroath to introduce the Annual Information Governance and Security Report 2021/22.
- 8.2 Christopher Wroath presented the report which updated the Committee regarding progress of key activities including: Information Governance & Security Audits; Information Requests; Incidents / Data Breaches; NES Business Continuity; Penetration Testing; Information Governance Assessments & Agreements; and Training & Awareness.
- 8.3 The Committee noted that there has been a significant increase in Freedom of Information (FOI) requests and Christopher Wroath informed the Committee that colleagues continue to manage FOIs appropriately and within the guidelines.
- 8.4 The Committee requested that the correct active governance terms, linking to the agenda, are used within the recommendation section of the cover papers. Christopher Wroath will ensure that future cover papers are correctly completed.
Action: CW
- 8.5 The Committee noted that the link to the Information Security Risk Register in the paper did not work and Christopher Wroath informed the Committee of the risk and noted they will be included as an appendix to the next NTS risk report to the Committee.
Action: CW
- 8.6 The Committee noted and were satisfied with the progress against the Network Information Systems (NIS) Audit actions.
- 8.7 The Committee noted the mandatory training figures and raised concern that the completion rates were lower than they expected and asked to what extent

colleagues were aware of policies and guidance around Information Governance and Security. Christopher Wroath advised the Committee that there are regular communication campaigns in relation to Information Governance and Security. Tracey Ashworth-Davies added that new Information Governance and Security mandatory training package was recently released. She added that the Staff Governance Committee monitor completion rates and that the Extended Executive Team are committed to raising completion rates of all mandatory training in NES.

8.8 The Committee were satisfied that information management and security are adequately managed in NES and approved the annual report.

9. Executive Lead Officer's Report (NES/DI/22/19)

9.1 The Chair invited Christopher Wroath to make any additional comments in relation to his report.

9.2 Christopher Wroath introduced the paper to provide the Committee with an overview of progress on delivery since the last meeting in April 2022. This included an update on the status of commissions from Scottish Government (SG) and highlighted key areas of risk. The report provided a summary of expenditure to date and a current forecast of the end of year anticipated position, identifying significant over or under spends.

9.3 Christopher Wroath informed the Committee that the Strategic Delivery Plan produced for SG Enabling Technology Board (ETB) covers delivery for the first two quarters of 2022/23. Discovery work continues to take place at pace as well as ensuring information governance arrangements are agreed, in order for NES to access key General Practitioner (GP) data.

9.4 Christopher Wroath highlighted that Tracey Ashworth-Davies is leading on a piece of work with the Technology Enabled Learning (TEL) group to identify immediate and long-term internal requirements to meet the NES Strategy.

9.5 The Committee noted that arrangements for NES access to data in the NHS Scotland electronic employee support system (eESS) are almost in place and this will enable key improvements to Turas.

9.6 David Felix left the meeting.

9.7 The Committee noted progress with the NES Technology Service (NTS) Organisational Change.

9.8 A query was raised regarding the timescales of the National Digital Prescribing Programme (NDPD) and the Single Medical Record (SMR). Christopher Wroath informed the Committee that data sets in relation to the NDPD work are expected to be processed by NES in March 2024 and the SMR data is expected in financial year 2023/24. Christopher Wroath added that these programmes of work are dependent on the identity management work being led by National Services Scotland (NSS).

- 9.9 Discussion took place regarding the National Digital Platform and the Committee noted that focus has shifted from building products and then platform architecture to building the platform architecture and products around this.
- 9.10 Discussion took place regarding funding and the budgetary challenges expected across the public sector and the Committee noted that a key focus across the public sector is digitally supported transformational change and digitisation of services.
- 9.11 The Chair thanked Christopher Wroath and his team for their work.
- 9.12 The Chair welcomed Paula Baird to the meeting to provide an update regarding the Digital Skills Programme. Paula Baird offered a brief outline of her paper and the Committee noted that the programme was on track against the workplan.
- 9.13 The Committee noted the diagram, including the appendix, which provided information regarding target audiences.
- 9.14 The Chair thanked Paula Baird for the report and she left the meeting.

10. NES Strategic Deliverables

(NES/DI/22/20)

a) NES Technology Service (NTS) Strategic Delivery Plan

- 10.1 The Chair invited Christopher Wroath to provide an update on this item.
- 10.2 Christopher Wroath noted that this paper was submitted to the 26 May 2022 Board meeting to ensure that Board members have a full understanding of NES Technology Service (NTS) deliverables as part of the Scottish Government (SG) Digital Health and Care Strategy.
- 10.3 The Committee (DIC) noted the 2022/23 Roadmap will be presented and discussed at the Enabling Technology Board (ETB) meeting on 9 June 2022, with formal ratification anticipated at the following ETB meeting on 16 August 2022.
- 10.4 A query was raised regarding the impact of delays to confirmation of requirements from the Winter Planning Group and Christopher Wroath informed the Committee that although it is yet to be formally agreed, there is a general understanding regarding future plans and NTS colleagues are working on preparatory stages for this.
- 10.5 Discussion took place regarding finances and the risks in relation to unconfirmed funding of £4.8m. Christopher Wroath advised the Committee that work in relation to these bids will progress and it is anticipated this funding will be received, particularly given that SG have announced that Digital will underpin transformation across Health and Social Care.
- 10.6 The Committee noted the report and were satisfied with the NTS Strategic Delivery Plan.

b) Data Strategy Consultation

10.7 The Chair invited Christopher Wroath to provide an update regarding the Scottish Government (SG) Data Strategy Consultation.

10.8 Christopher Wroath updated the Committee that the Data Strategy will be part of the overarching Digital Health and Care Strategy and will help to create a standardised approach to data sets across the Health and Care Service. This will support the Digital Health and Care Strategy by making it easier to access and share data.

10.9 The Committee noted the update regarding the SG Data Strategy Consultation.

11. NTS Risks (NES/DI/22/21)

11.1 The Chair invited Christopher Wroath to make any additional remarks in relation to the Strategic and Directorate Risk Register reports.

11.2 Christopher Wroath introduced the NTS Strategic and NTS Operational Risk Registers. The NES Strategic Risk Register presents risks owned by NTS that are deemed to be at strategic level for the organisation and presented in the format currently used by the NES Board for all strategic risks. The Committee noted that no changes have been made to the Strategic Risk Register since it was reviewed by the Committee in April.

11.3 The Committee noted that Directorate risks which were reported on an exception only basis. The Committee noted that the report had been re-ordered to show the scoring and narratives together and to include risk number and that the format of reporting will be reviewed as part of the wider Risk Management improvement programme. The Committee requested that Directorate risks are included for information only due their operational nature.

11.4 The Committee noted the NTS Strategic and Directorate risks.

12. Internal Audit Report Data Privacy and GDPR (NES/ARC/22/15)

12.1 The Chair invited Christopher Wroath to present the Internal Audit report on Data Privacy and GDPR which was submitted to the 28 April 2022 ARC.

12.2 The Committee noted that the overall assessment of the arrangements is one of 'Significant assurance with minor improvements required' (green-amber). The report raised two low rated findings in relation to a review of the information asset management register and the records retention schedule and one medium rated finding in relation to updating the records management plan.

12.3 The Committee were content with the report and the assurances provided.

13. Identification of any new risks emerging from this meeting

13.1 No new risks were identified as a result of discussions during the meeting.

14. Any Other Business

13.1 There was no other business discussed.

15. Review of Effectiveness of Meeting

15.1 The Committee were satisfied with the effectiveness of the meeting.

16. Date and time of next meeting

16.1 The next meeting of the Digital and Information Committee will be held on Monday 31 October 2022 via Microsoft Teams.

NES,
August 2022
JA/DT/CW/DG

AUDIT AND RISK COMMITTEE

NES/AR/22/47

Minutes of the Ninth NES Audit and Risk Committee held on Thursday 16 June 2022 via Microsoft Teams.

Present: Jean Ford, Non-Executive Director and Committee Chair
Anne Currie, Non-Executive Director
Linda Dunion, Non-Executive Director
Sandra Walker, Non-Executive Director

In attendance: Jenn Allison, Committee Secretary
John Boyd, External Audit, Grant Thornton UK (until 10:40)
Jim Boyle, Director of Finance (until 10:40)
David Garbutt, Chair of NES
James Lucas, Internal Audit, KPMG (from 11:15)
Karen Reid, Chief Executive
Janice Sinclair, Head of Finance
Della Thomas, Board Secretary

1. Welcome and introductions

- 1.1 The Chair welcomed everyone to the Audit and Risk Committee (ARC), particularly John Boyd from External Audit Grant Thornton who was in attendance for the annual accounts.
- 1.2 The Chair thanked all colleagues involved in producing and coordinating the papers for the meeting, noting that a huge amount of work goes in every year to produce the annual accounts and annual reports to the June ARC meeting.

2. Apologies for absence

- 2.1 Apologies were received from Jo Brown, Grant Thornton External Auditors. John Boyd would be leaving the meeting early due to his attendance at another Health Boards Audit Committee meeting and James Lucas would be joining the meeting at 11:15 due to attendance at another Health Board Audit Committee.
- 2.2 The Committee agreed that as John Boyd will be leaving the meeting earlier, the External Auditors item, 12a, Draft Annual External Audit Report and Draft Letter of Representation, would be taken at the start of the meeting.

3. Declarations of interest

- 3.1 There were no declarations of interest in relation to the items of business on the agenda of this meeting.
- 3.2 The Committee noted that item 12a would be taken at this point in the meeting.

12a) 2021/22 Draft Annual External Audit Report and Draft Letter of representation (Grant Thornton) (NES/AR/22/43)

- 3.3 The Chair invited John Boyd to introduce the item.
- 3.4 John Boyd introduced the Draft Annual External Audit Report for the financial year ended 31 March 2022 and explained External Audit intend to issue an unmodified audit opinion and that the report will be finalised after the annual accounts have been approved by the Board.
- 3.5 The Committee noted that two adjustments to the draft financial statements were identified, resulting in a £0.522 adjustment to the Boards net expenditure.
- 3.6 John Boyd noted that materiality has been adjusted to reflect NES' 2021/22 draft financial statements to £13.2m, representing 2% of budgeted gross expenditure and explained that this has been updated from the plan value of £12.4m. Performance materiality was set at £9.9m, representing 75% of calculated materiality.
- 3.7 Audit procedures in relation to the significant risks did not identify any exceptions with respect to expenditure recognition or evidence of management override of control. No new significant risks were identified.
- 3.8 Two recommendations were made in relation to obtaining an updated assessment on provisions calculations and aligning medium term financial plans with financial principles and new NES Strategy. The Committee requested that reference is made to the role of the Board in relation to this action, for example reviewing reports and John Boyd (JoB) confirmed that he will work with Jim Boyle (JiB) to amend wording. **Action: JoB/JiB**
- 3.9 The Committee noted that the recommendation from financial year 2021/22 regarding reviewing the approach to year-end pre-payments has been closed and the recommendation to enhance strategic performance reporting to the Board remains open.
- 3.10 John Boyd informed the Committee that this is the final year that Grant Thornton will provide the External Audit service for NES and it has not yet confirmed who has been appointed as External Auditor for next year. The Committee noted that a hand over will take place with Grant Thornton and the new External Auditor in due course.
- 3.11 Discussion took place regarding underspend and the Committee requested that more context is included regarding this and requested that further context

and is also added to the wider scope audit section in relation to financial management on page 16.

Action: JoB

3.12 The Committee noted there was one unadjusted misstatement to the financial statements in relation to £1m payable to other Scottish Health Boards, which was not adjusted by Management on the basis of it not being material to the financial statements. The Committee noted that this is a historical issue and asked why this had not been highlighted in previous years. John Boyd explained that year-end balances change in response to each year's activity and that individual balances with other Boards have been agreed with the NHS Scotland Manual for Accounts thresholds. The Committee requested that further context is added to the report regarding this.

Action: JiB

3.13 The Committee noted the report and the assurance provided and thanked the External Auditors and the NES Finance team for their work. The Committee also noted the External Auditors fees for 2021/22 and noted that the Letter of Representation will be signed at the June Board meeting.

Action: JiB

4. Any Other Business

4.1 There were no other business items identified.

5. Minutes of the Audit and Risk Committee 28 April 2022 (NES/AR/22/32)

5.1 The minutes were approved as a correct record.

6. Action of the Audit and Risk Committee (NES/AR/22/33)

6.1 The Committee noted that 6 of the 8 actions have been marked as complete.

6.2 The Committee noted the action, in relation to development of the Board Scheme of Delegation, which has been marked as closed as this has been added to the Audit and Risk Committee (ARC) Schedule of Business for submission to the ARC in January 2023.

6.3 Karen Reid updated the Committee regarding the in progress action relating to the Policy Framework reviews in NES. Discussions have taken place at the Extended Executive Team and it was agreed that given the various priorities at present a timescale for progressing this could not yet be confirmed.

6.4 Following discussion, the Committee agreed that as this is an operational matter, it should be removed from the ARC action log.

7. Matters arising

7.1 There were no matters arising from the previous minutes.

8. Annual Reports of Governance Committees of the Board

8.1 The Chair invited Della Thomas to present the NES Committee annual reports.

8.2 Della Thomas explained that the annual reports are intended to provide the Audit and Risk Committee with evidence and assurances as to the extent to which each Committee has effectively discharged its remit and responsibilities during the period of 01 April 2021 to 31 March 2022. The reports form part of the evidence which the Audit and Risk Committee considers as part of the whole system of internal control, when reaching a view as to the appropriateness of the Governance Statement contained within the Annual Report and Accounts. She particularly highlighted that this is the first year the Audit and Risk Committee is receiving the NHSS Academy Joint Strategic Programme Board Annual Report and this is also being progressed through the NHS Golden Jubilee Audit and Risk Committee.

a) Staff Governance and Remuneration Committees (NES/AR/22/35)

8.3 The Audit and Risk Committee noted this report and were assured that the Staff Governance Committee and Remuneration Committee have effectively discharged their remits and responsibilities during the financial year 2021/22. The Committee noted the minor error highlighted by Della Thomas on page 6 which will be corrected for the final record.

b) Education and Quality Committee (NES/AR/22/36)

8.4 The Audit and Risk Committee noted and were satisfied with this report and were assured that the Education and Quality Committee have effectively discharged their remit and responsibilities during financial year 2021/22.

c) Digital and Information Committee (NES/AR/22/37)

8.5 The Audit and Risk Committee noted and were satisfied with this report and were assured that the Digital and Information Committee have effectively discharged their remit and responsibilities during financial year 2021/22.

d) NHS Scotland Academy Joint Strategic Programme Board (NES/AR/22/38)

8.6 The Committee noted that the NHS Scotland Academy Joint Strategic Programme Board (NHSSA JSPB) was established in July 2021 and the report has been co-produced by NES, NHS Golden Jubilee and the NHS Scotland Academy.

- 8.7 The Committee queried why the setting of risk appetite had not been progressed. Della Thomas clarified that this was because the NHSSA JSPB had not specifically discussed this item as scheduled, but that risk appetite was managed within the risk appetites set by the parent Boards.
- 8.8 The Committee raised a query regarding the internal audit of the NHSSA and the maintenance of independence and agreement between the respective NHSGJ and NES auditors, as there could be complexities and potential conflicts for different auditors reporting to two ARC in separate Boards. Della Thomas responded to confirm that it had been agreed between the directors of Finance in NES and NHSGJ and their respective auditors that this could be progressed on a turnabout basis. This year the internal audit of the NHSSA governance would be progressed as part of the NES internal audit plan and the scope of this report agreed between NES and NHSGJ. The report would be available for scrutiny at both NHSGJ and NES ARCs. Jim Boyle went on to assure the Committee that discussion with internal auditors will be co-ordinated when new organisations take over the appointment of internal audit.
- 8.9 The Committee were satisfied with this report and were assured that the NHS Scotland Academy Joint Strategic Programme Board have effectively discharged their remit and responsibilities during financial year 2021/22.
- 8.10 The Committee thanked colleagues for their work in producing comprehensive Committee reports and requested that for future development the cover papers include reference to the achievement of the other relevant NES strategic objectives not just the high performing organisation (NES) objective. This will be revised for the cover paper of the ARC Annual Report going to 30 June 2022 Private Board to reflect the assurance the ARC have taken from all the Standing Committee Annual Reports and in the 2022/23 Annual Reports going forward. **Action: DT**
- 8.11 The Committee noted that some other Committees have a standing item on the agenda to review the effectiveness of each meeting and it was agreed that this should be added to all Committee agendas, including the Audit and Risk Committee. **Action: DT**

9. Service Audit Reports Summary (NES/AR/22/39)

- 9.1 The Chair invited Janice Sinclair to introduce the report.
- 9.2 Janice Sinclair introduced the Service Audit Reports which provided the Committee with a summary of the four Service Audit reports received for the 2021/22 financial year. These reports relate either to business activity which NES outsources or to national systems used by NES. As NES is not

responsible for managing these systems, these audits provide assurance that the design, implementation and maintenance of controls relating to these systems are effective.

9.3 Jean Ford declared a connection with NHS Ayrshire and Arran as a non-executive member of that Board. She did not believe this to be a declaration of interest and would therefore remain in the meeting for this item.

9.4 The Committee noted that the Service Audit report for services provided by NHS Ayrshire and Arran for the National Single Instance Financial Ledger Services contained an unqualified opinion, highlighting that the controls related to the control objectives were suitably designed and operated effectively throughout the period from 01 April 2021 to 31 March 2022.

9.5 The Committee noted that the Service Audit reports for the services provided by NSS, contained an unqualified opinion, highlighting that the controls related to the control objectives were suitably designed and operated effectively throughout the period from 01 April 2021 to 31 March 2022:

- Payroll Services for all NES employed staff, including doctors in Training through the Lead employer model;
- Practitioner Services Payments to Primary Care Practitioners in Medicine, Dentistry and Pharmacy; and
- IT Services including ePayroll

9.6 The Committee noted that the Service auditor report for NSS Practitioner Services was qualified in 2020/21 and that improvements were made throughout the year, which has resulted in an unqualified opinion for 2021/22.

9.7 The Committee noted that there was access to the full reports for their scrutiny and were assured that the services provided operate effectively, and that there is no impact on the financial reporting in the NES accounts from these qualifications.

10. ARC Self-Assessment

(NES/AR/22/40)

10.1 The Chair invited Jim Boyle to present the draft ARC Self-Assessment.

10.2 Jim Boyle presented the ARC Self-Assessment response for financial year 2021/22 which had been prepared on behalf of the Committee by Director of Finance and Depute Director of Finance.

10.3 The Committee noted the proposed scoring and narrative. The Chair noted that she had sent some minor corrections and amendments to Jim Boyle. She also highlighted the need for a fuller description of the Audit and Risk

Committee remit to be included in the Governance Statement in order to meet the requirement detailed in the self assessment.

10.4 The Committee also requested the following changes:

- Include information at page 11 regarding Internal Audit's role in establishing the Risk Management Group.
- Add information regarding ARC members induction and training.

10.5 The Committee approved the Self-Assessment following agreed minor amendments.

Action: JIB

11. Internal Audit Reports

a) 2021/22 Annual Report

(NES/AR/22/41)

11.1 The Chair invited James Lucas to introduce the report.

11.2 James Lucas introduced the 2021/22 internal audit annual report, which summarised: findings in relation to the planned internal audit coverage and output; implementation of recommendations; and the Internal Audit Opinion.

11.3 The internal audit plan included 8 reviews (plus quarterly follow up reviews). The Committee noted sufficient audit of key areas was carried out to enable an internal audit opinion to be provided for the 2021/22 financial year.

11.4 At the start of the year there were 17 outstanding recommendations, 24 management actions were raised and 20 were closed during the year and at the end of 2021/22 period there are 21 outstanding management actions.

11.5 The Head of Internal Audit opinion is that 'significant assurances with minor improvements' can be given on the overall adequacy and effectiveness of NES' framework of governance, risk management and control.

11.6 The Committee noted the Internal Audit Annual Report and the assurance provided.

b) Progress Report

(NES/AR/22/42)

11.7 The Chair invited James Lucas to introduce the report.

11.8 James Lucas presented the report which updated the Committee on progress against the outstanding management actions which are due by the end of July.

11.9 The Committee noted that management has requested revisions to the proposed implementation dates of five of these ten actions and that four of

these are short extensions and good progress has been made. The longer extension applies to a specific part of one recommendation which was split in to two parts following the internal audit of Allied Health Professionals (AHP) Careers Fellowship Scheme which was graded as low risk.

11.10 James Lucas informed the Committee that work to progress audit reports in relation to Cyber Security and Disaster Recovery and business support process for Quarter 1 Financial Year 2022/23 has commenced.

11.11 The Audit and Risk Committee noted the report and were satisfied that NES continue to make good progress in implementing outstanding recommendations and changes made to process during 2021/22 are having a positive impact.

12. 2020/21 Board Annual Accounts

b) Draft 2021/22 Annual Report of the Audit and Risk Committee to the Board and Governance Statement (NES/AR/21/44)

12.1 The Chair invited Jim Boyle to present the report.

12.2 Jim Boyle introduced the report, which summarised how the Committee has discharged its remit and the responsibilities delegated to it by the Board during financial year 2021/22.

12.3 Della Thomas advised the Committee that minor changes have been provided by the Chair of the Committee and these will be updated prior to submission to the Board.

12.4 The Committee noted the report and appendices including the best value report and discharge of remit. They thought the report was comprehensive and robust and suggested that further information might be provided at item 9.2 in relation to the support for the NES Risk Management Group (RMG).

Action: JiB/DT

12.5 The Committee approved the submission of the annual report of the Audit and Risk Committee to the Board and recommended the Governance Statement to the Board and the Accountable Officer for inclusion in the Annual Report and Accounts.

Action: JiB

c) Annual Report and Accounts for year-end March 2022 (NES/AR/21/45)

12.6 The Chair invited Jim Boyle to present the Annual Report and Accounts.

12.7 Jim Boyle introduced the paper, which presented the draft annual accounts for the financial year 2021/22. Jim Boyle gave particular thanks to the Finance

team for their work on the Annual Accounts and to Directorate colleagues for their input.

12.8 Jim Boyle thanked members for the feedback they had provided at the annual accounts' workshops in May 2022. The Committee noted that the outturn figure is largely unchanged since the workshops, reflecting an underspend against the total Revenue Resource limits of £1.015m, which represents 0.18% of the total Revenue Resource Limit.

12.9 The Committee noted the minor changes made to the Accounting Policies since they were reviewed at the April Audit and Risk Committee meeting and minor changes to the Governance Statement since the Annual Accounts workshop. The Committee also noted the changes to the performance report to reflect input from the directorates across NES and that the "Overview" and "How we Work" sections are still work in progress and will be finalised before the accounts are presented to the Board.

12.10 The Committee thanked the finance team for their hard work and congratulated them on the standard of the annual accounts. They were pleased to see the impact of NES across the Health and Care Workforce.

12.11 It was requested that further context regarding the impact of the pandemic was provided in relation to the training completion rates for pre-registration dental nurses and post-graduate health-care scientists.

Action: JiB

12.12 The Committee confirmed that they were satisfied with the 2021/22 Annual Report and Accounts and recommend them to the Board for approval.

Action: JiB

d) Notification from Sponsored Body Audit Committees

12.13 The Chair invited Jim Boyle to provide a verbal update.

12.14 Jim Boyle informed the Committee that Scottish Government (SG) informed NES that they do not require a significant issue letter this year, detailing any significant issues of fraud which arose during 2020/21, as the draft Governance Statement has already been submitted.

12.15 The Committee noted that all the Boards were asked to submit their draft accounts by the end of May and that the final cleared and signed version will be reviewed again prior to SG Governance Statement publication in SG annual accounts.

13. Corporate and COVID19 Risk Registers

(NES/AR/21/46)

13.1 The Chair invited Jim Boyle to present the Risk Reports.

13.2 Jim Boyle presented the NES Corporate Risk Register and COVID-19 Risk Annex as at 08 June 2022 and provided the Committee with an update on the progress of the Risk Management Group (RMG).

13.3 The Committee noted that changes highlighted in the report, including updates and re-scoring of strategic risk R2, regarding budget pressures, in light of the publication on 31 May 2022 of the SG Resource Spending Review framework. Jim Boyle informed the Committee that it is likely that budgets across the public sector in Scotland will be tighter in the coming years and that further information from SG regarding this is expected in due course.

13.4 The Committee noted that the RMG continue to focus on consistency and clarity in development of risks and that the role and membership of the RMG is expected to be revisited in the recommendations report following completion of the risk review by Azets consultancy.

13.5 The Committee noted the Corporate and COVID-19 Risk Registers and were content with the recent updates made to the register. The Committee also noted update in relation the Risk Management Group.

14. Audit Scotland Reports

14.1 The Committee noted the Audit Scotland report: Scottish Government Annual Audit 2020/21.

15. Date and time of next meeting

15.1 The next meeting of the Audit and Risk Committee will be held on Thursday 06 October 2022 via Microsoft Teams.

16. Private Meeting between Committee members and Auditors

16.1 A private meeting between the Committee members and External and Internal Auditors was held after the meeting.

NES
June 2022
JA/DT/JB/JF

Draft Minute

NHS Education for Scotland

NES/SGC/22/XX

Minutes of the Seventy-eighth Meeting of the Staff Governance Committee held on Thursday 3rd November 2022 via Microsoft Teams

Present: Anne Currie, Committee Chair, Non-Executive Director, Equality, Diversity, and Human Rights Champion
Jean Ford, Non-Executive Director
Gillian Mawdsley, Non-Executive Director, Whistleblowing Champion and Climate Emergency and Sustainability Champion
James McCann, Ex-Officio member, Staff Side (Unison) joined the meeting at 10.29 during item 7)

In attendance: Tracey Ashworth-Davies, Director of Workforce/Executive Director
Ameet Bellad, Senior Specialist Lead, Workforce (For item 15)
Christina Bichan, Director of Performance and Planning (Observer and for item 11)
Stuart Caulfield, Specialist Lead, Education and Management Development (For item 10)
Nancy El-Faragy, Manager, Planning and Corporate Resources (For item 11)
Ann Gallacher, Senior Admin Officer / Committee Secretary (Minute-Taker)
David Garbutt, Board Chair
Janice Gibson, Associate Director, Organisational Development, Leadership and Learning (ODLL) (For item 14)
Katy Hetherington, Principal Lead, Equality, Diversity and Human Rights (For item 13)
CarolAnne Keogh, Head of HR, Workforce Directorate (Observer)
Patricia Matheson, Associate Director HR/Workforce (Observer)
Karen Reid, Chief Executive
Della Thomas, Board Secretary and Principal Lead (Corporate Governance)

1. Chair's welcome and introduction

- 1.1 Anne Currie welcomed everyone to her first meeting as the new Staff Governance Committee Meeting Chair and announced how pleased she was to take on this role.
- 1.2 Patricia Matheson, Associate Director HR, Workforce, CarolAnne Keogh, Head of Human Resources (HR), Workforce and Christina Bichan, Director of Performance and Planning were welcomed to the meeting as part of their induction.

1.3 The Committee Chair highlighted that all papers would be taken as read.

2. Apologies for absence

2.1 Apologies were received from Lynnette Grieve, Non-Executive Director/Employee Director.

3. Notification of any other business

3.1 There were no notifications of any other business.

4. Declaration of interests

4.1 As per the new Model Code of Conduct, the Committee Chair asked Committee members if there were any declarations of interest in relation to the business of today's meeting and if so, could members clarify which item this was in relation to.

4.2 There were no declarations of interest.

5. Draft Minutes of the Staff Governance Committee meeting held on 11th August 2022 (NES/SGC/22/43)

5.1 The Committee Chair asked members if there were any comments or amendments in relation to the draft minutes of the last meeting. The non-Executive Director, Climate Emergency and Sustainability Champion raised a query on sustainability in relation to Item 7, paragraph 12 of the minutes and suggested that this should be reflected as an action in the minute. This was agreed, the amendment to the minute will be made, and the action would be discussed under Item 6, Action Status Report.

5.2 With this one small amendment, the Committee confirmed the minutes were an accurate record of the meeting and approved the minutes.

6. Action Status Report and other matters arising (NES/SGC/22/44)

6.1 The Committee discussed the action relating to Essential Learning. Tracey Ashworth-Davies reported that Organisational Development, Leadership and Learning (ODLL) had suggested not to change the completion target figure mid-year. Instead, they wish to propose a different target going forward. The Committee agreed to leave this action open and asked Janice Gibson and Stuart Caulfield to bring proposed targets and a further update on Essential Learning to the next Staff Governance Committee meeting.

6.2 The Committee discussed the action relating to item 7, paragraph 12 of the previous minutes and noted that the proposals for Board and Committee governance of Sustainability was already an action in the Board action log.

Further to the Board discussing this at the next meeting of the Board, an update will be brought back to SGC through the SGC action log.

Action: Tracey Ashworth-Davies/Della Thomas

6.3 The Committee approved the action status report.

6.4 There were no matters arising.

Lead Executive Report

7. Director of Workforce Report (NES/SGC/22/45)

7.1 The Committee Chair invited Tracey Ashworth-Davies to introduce the Director of Workforce Report.

7.2 Tracey Ashworth-Davies introduced her report and highlighted a few key issues to the Committee, including the East Lothian Recruitment Service, the Lead Employer work, and the review of the Trainee Services process.

7.3 She reported that the New Ways of Working (WoW) Group are reviewing hybrid working. The NES Workforce Plan has been published and the Workforce Development Fund is now available.

7.4 Tracey Ashworth-Davies highlighted the potential risk that non-recurring funding has on the organisation as approximately 20% of NES staff are employed utilising temporary funded. She reported that Jim Boyle is in discussion with Scottish Government (SG) to look at this.

7.5 The Committee Chair thanked Tracey Ashworth-Davies for the report and opened up the meeting for questions.

7.6 In relation to item 9 of the report, the update relating to the proposed pipeline projects, and a funding bid (under review) for Promise Foundation funds to improve progression routes for young people with experience of the care system, the Board Chair notified the Committee of a declaration of connection. The Board Chair reminded the Committee that he is a member of The Promise, Scotland Board. This does not amount to declaration of interest, as this funding bid is not being reviewed or decided by this Committee, and therefore he would remain in the meeting for this item.

7.7 The Non-Executive Director, Whistleblowing Champion and Climate Emergency and Sustainability Champion welcomed the range of topics and seminars that are planned. She suggested a session on sustainability would be helpful, for example the misuse of medicines and air pollution.

7.8 Karen Reid reported that sustainability sessions were being explored in the context of our education and training role across the Health and Social Care

workforce, in addition to our own staff. She highlighted that expertise in this area will be required to be identified before this can be progressed.

- 7.9 The Committee welcomed the work that is taking place on widening access and asked if more prominence on care experience could be included in the lead Director report. Tracey Ashworth-Davies responded that Janice Gibson will link with Equality and Diversity colleagues to include this in the report going forward.

Action: Janice Gibson

- 7.10 The Committee raised a question in relation to the Lead Employer status and asked why we are seeking guidance from the Human Resources Director (HRD), in NHS Fife. Tracey Ashworth-Davies responded that each NHS Board HRD leads on a programme of work and clarified that the Fife HRD is the lead for Lead Employer. She advised that it was unlikely that a replacement Lead will be in place before 31 March 2023.

- 7.11 The Committee asked if the Lead Employer funding would come to an end in March 2023. Patricia Matheson responded that she has taken an active role to create consistency in the team, looking at the priorities and what would be most impactful until the end of March. The Lead Employer will continue and there will be a report on the project work at the end of March. She advised that she was working actively to ensure a smooth transition to the Team.

- 7.12 The Committee welcomed the breakdown of the 21% figure on staff burnout and asked if staff have discussions about their career and personal development plans during their review meetings. Tracey Ashworth-Davies responded to confirm that Line Managers are responsible for those discussions and how they can help support staff to progress their development plans.

- 7.13 The Committee noted the 60% completion appraisal figure and suggested that this is reviewed with a view to improving this. Tracey Ashworth-Davies assured the Committee that increasing the number of completed appraisals is a key focus.

- 7.14 The Chair thanked Tracey Ashworth-Davies and her team for the comprehensive report and confirmed that it provided assurance for the Committee.

- 7.15 The Committee Chair noted that James McCann had joined the meeting during this item and welcomed him to the meeting.

Governance Items

8. Staff Governance Monitoring Return (NES/SGC/22/46)

- 8.1 The Committee Chair invited Tracey Ashworth-Davies to introduce the Staff Governance Monitoring Return.

- 8.2 Tracey Ashworth-Davies reported that we are currently waiting on quorate Partnership Forum approval for the report.
- 8.3 The Committee Chair thanked Tracey Ashworth-Davies for the update and opened up the meeting for questions.
- 8.4 The Non-Executive Director, Whistleblowing Champion and Climate Emergency and Sustainability Champion suggested that more detail could be added to the Whistleblowing section of the report to reflect the good work that has taken place.
- 8.5 The Committee highlighted some areas of the report where data appeared to be missing and identified some typographical errors. Tracey Ashworth-Davies apologised to members and commented that it appeared the version of the report circulated to members was not the most recent version. She suggested that the correct version would be issued to members post meeting for approval by correspondence.
- 8.6 The Chair asked the Ex-Officio member if he had any comments to raise and he replied he had nothing to add.
- 8.7 The Staff Governance Committee agreed for the updated version of the report, with the corrections made, to be circulated to the PF and Staff Governance Committee members for approval by correspondence.

Action: Tracey Ashworth-Davies/Pamela Renwick/Ann Gallacher

9. SGC Ex-Officio members review (Verbal Update)

- 9.1 The Committee Chair noted that this item was a verbal update from Lynnette Grieve and asked James McCann if he had an update he could provide in her absence. James McCann responded that Della Thomas could provide this update, as this was a governance item and she had been working with Lynnette Grieve.
- 9.2 The Chair reminded members that David Cunningham, a previous ex-officio member, had retired and formerly thanked him for all the work he had done on the Committee.
- 9.3 Della Thomas updated members that, as per the Staff Governance Standard, the Ex-Officio membership of the Staff Governance Committee (SGC) was nominated by the Partnership Forum (PF) and this should be reviewed every two years. This is two-year period is now up. Therefore, the Non-Executive Director/ Employee Director is in the process of taking two nominations to the next PF meeting on 17 November 2022 for approval. Further to PF approval the SGC will be invited to approve this membership.
- 9.4 Della Thomas asked Committee members if they would be willing to approve the new Ex-Officio members by correspondence following the November PF meeting.

She commented that this would allow the new members to be in place and take up their roles by the next SGC meeting in February 2023.

- 9.5 The Chair thanked Della Thomas for the update and asked members if they agreed for this item to be issued for approval by correspondence and the Committee agreed this. **Action: Della Thomas**

- 9.6 The Chair thanked Lynnette Grieve for the work she had done on this process to date.

10. Review of Staff Governance Committee ToRs and Remuneration Committee ToRs (NES/SGC/22/47)

- 10.1 The Committee Chair invited Della Thomas and Tracey Ashworth-Davies to introduce this item.

- 10.2 Della Thomas informed members that each Standing Committee reviews their Terms of Reference (ToRs) annually. These are submitted as part of the corporate governance package to the Audit and Risk Committee and then to the Board for final approval, as part of the Corporate Governance Package.

- 10.3 She reported that the Remuneration Committee ToRs had been reviewed and approved by that Committee by correspondence. She highlighted that the SGC ToRs included a small amendment to strengthen the role of the SGC in relation to the PF, so that PF minutes will be brought through SGC for noting in the future.

- 10.4 Della Thomas moved on to seek approval from the Committee for a further addition to the SGC ToRs. This amendment was at the suggestion of the Audit and Risk Committee (ARC) Chair for the inclusion in SGC, Digital and Information Committee and Education and Quality Committee ToRs. This amendment is to enable an active governance role for Committees in relation to any delegated role from the Board or the ARC for example, internal audit.

- 10.5 The Chair opened the meeting up for questions.

- 10.6 The Committee agreed that the further amendment proposed for inclusion for all the Standing Committees would be helpful to include in the SGC ToRs. The Chair asked that the final form of words for this additional paragraph would be issued to SGC members for approval by correspondence after the meeting.

Action: Della Thomas

- 10.7 The SGC approved the Remuneration Committee ToRs and agreed to provide final approval for the SGC ToRs by correspondence.

- 10.8 The Chair thanked Della Thomas and Tracey Ashworth-Davies for their work on the Remuneration Committee and SGC ToRs.

Performance Items

11. Quarter 2 Whistleblowing Report (NES/SGC/22/48)

- 11.1 The Committee Chair welcomed Christina Bichan to the meeting and asked her to introduce the report.
- 11.2 Christina Bichan reported that there were no new whistleblowing concerns for the quarter two period from 01 July to 30 September 2022. Graham Paxton, Head of Programme has taken up the role as a further Confidential Contact in addition to Karen Wilson, Executive Director of Nursing.
- 11.3 Nancy El-Farargy joined the meeting at 11:06am for this item.
- 11.4 The Chair welcomed Nancy El-Farargy to the meeting and opened the meeting up to members for questions.
- 11.5 The Committee asked what steps could be taken in relation to the mandatory training figure to embed training, as the completion rate has not increased much. Christina Bichan responded that the Whistleblowing Working Group will be looking at this. They plan to use the insight figures to raise the profile and be more proactive to increase this figure.
- 11.6 Tracey Ashworth-Davies added that it would be useful to review who is defined as a Line Manager and should complete the training. This would allow these members of staff to be communicated with, so they know they must complete the training.
- 11.7 The Committee suggested that mandatory training might be included as an objective and linked to staff appraisals. Tracey Ashworth-Davies will consider if this could be progressed.

Action: Tracey Ashworth-Davies

- 11.8 The Committee asked if the length of time the training takes to complete could be reduced.
- 11.9 Karen Reid reported that all Directors have essential learning as an objective. They will continue to push this as compliance figures are reviewed regularly at Executive meetings and will continue to raise awareness.
- 11.10 Tracey Ashworth-Davies added that statutory and mandatory training will be covered under the Once for Scotland approach. She advised the Committee that she will review the number of modules included in the training.

Action: Tracey Ashworth-Davies

- 11.11 The Committee suggested that Line Managers could raise awareness at their individual meetings with their staff, mid-year reviews and end of year review meetings.
- 11.12 The Committee Chair thanked Christina Bichan and Nancy El-Farargy for the report and the Staff Governance Committee approved the report.

12. Non-Executive Whistleblowing Champion Remarks
(Verbal Update)

- 12.1 The Committee Chair invited the Non-Executive Director, Whistleblowing Champion and Climate Emergency and Sustainability Champion to add any remarks.
- 12.2 The Non-Executive Director, Whistleblowing Champion and Climate Emergency and Sustainability Champion thanked Christina Bichan and Nancy El-Farargy for all the work they had progressed.
- 12.3 She particularly commended the good work on 'Speak-up Week', training and the programme of events. She advised the SGC that she has asked that the timescales are improved in future reports and has already discussed this with Christina Bichan.
- 12.4 The Committee Chair thanked the Non-Executive Director, Whistleblowing Champion and Climate Emergency and Sustainability Champion for her comments.
- 12.5 Katy Hetherington, Principal Lead, Equality, Diversity and Human Rights joined the meeting at 11:25am for her forth coming item.
- 12.6 Nancy El-Farargy left the meeting at 11:26am.

13. Equality and Diversity Mid-year Performance Report
(NES/SGC/22/49)

- 13.1 The Chair welcomed Katy Hetherington to the meeting and asked her to introduce her report.
- 13.2 Katy Hetherington introduced the report which provides the Committee with a mid-year report on NES's progress with delivering its statutory equality duties. She highlighted a few key points including mainstreaming equality, gender pay gap and the work underway to establish an infrastructure to support our work on equality, diversity, inclusion, and human rights.
- 13.3 The Chair opened the meeting to members for questions.

- 13.4 The Committee welcomed the report and asked noted that external advertising appeared to have had limited success and asked if anything could be done to improve this. Katy Hetherington reported that this was a challenge for us, just as it was for other organisations, however she was working with Human Resource (HR) colleagues to review our recruitment plan and the equality aspect of the recruitment process.
- 13.5 The Committee welcomed the equality impact assessment being linked to operational planning.
- 13.6 The Committee enquired who was involved in the “Equality and Governance Group” mentioned in the report. Katy Hetherington responded that the group meet quarterly and is jointly chaired by Tracey Ashworth-Davies and Karen Wilson.
- 13.7 The Committee noted that the Equality Governance Group are working on good standards and improvements and that it is an operational group not a group connected to Board and Committee governance.
- 13.8 The Staff Governance Committee approved the mid-year update to inform the Board’s mid-year report at its meeting in November 2022; noted the legislative requirements to publish a report on progress with the Scottish Specific Duties of the Public Sector Equality Duty by April 2023, noted plans to review our Equality Outcomes and to align with our new Strategic Framework and noted recent reports UK-wide highlighting poorer experiences of staff from Black and Minority Ethnic Communities working in health and social care.
- 13.9 The Chair thanked Katy Hetherington for the report.
- 13.10 Stuart Caulfield, Specialist Lead, Education and Management Development joined the meeting at 11:31am for the following agenda item.
- 13.11 Katy Hetherington left the meeting at 11:33am.

14. Leadership and Management Review
(NES/SGC/22/50)

14.1 The Committee Chaired welcomed Janice Gibson and Stuart Caulfield to the meeting and asked them to introduce the report.

14.2 Janice Gibson highlighted three key aspects of the report in relation to the development of the Workforce Development Fund, the publication of the Workforce Plan and NES essential learning position.

14.3 Stuart Caulfield added that essential learning improvement work is progressing in relation to Turas Learn and the Health and Safety content. Improvements also

include the development of automated reminders to direct staff who have not completed their mandatory training.

- 14.4 The Committee welcomed the progress and the improvements and noted the national approach to talent management in succession planning. The Committee asked what the NES access was to the national work and asked what steps were being taken to develop our own succession planning in NES.
- 14.5 Tracey Ashworth-Davies responded to confirm that NES will develop a process for conversations with leader and prospective leaders, based on the national guidance. Karen Reid added that the conversations we have will be taken forward in a sensitive way.
- 14.6 The Committee noted that there was a lot of good work progressing and asked how staff in NES know about what is available to them and asked if there was a pathway for staff to be upskilled. Janice Gibson responded that people approach her directly and she then sign posts them to the most appropriate member of her team. They are mapping out what is available across the organisation and plan to have everything in the one place to make it easier for staff to know what opportunities are available to them.
- 14.7 The Committee noted the work on Peer Thinking Sets and asked if this was something that could be opened up to all health and social care staff. Janice Gibson confirmed that she was working on that process.
- 14.8 The Staff Governance Committee approved the report and also approved the proposal that the formal reporting on leadership and management learning and development will take place on an annual basis. The Committee agreed that this annual report will be broadened to include a review of learning and development compared to commitments within the NES Workforce Plan; an update of the NES essential learning position and deployment of the NES Workforce Development Fund.
- 14.9 The reporting period this report will cover and when the report will come to the Staff Governance Committee will be confirmed.
- Action: Tracey Ashworth Davies/Della Thomas**
- 14.10 The Committee Chair thanked Janice Gibson and Stuart Caulfield for the report.

15. People & Organisational Development Dashboard (NES/SGC/22/51)

- 15.1 The Committee Chair welcomed Ameet Bellad to the meeting and asked him to introduce the report.

- 15.2 Ameet Bellad gave an overview of the report and highlighted the key points including the recruitment figures, the increased number of vacancies and the sickness absence figures.
- 15.3 The Committee Chair thanked Ameet Bellad for the introductory remarks and opened up the meeting for questions.
- 15.4 The Committee noted that the 50-60 age range has the highest sickness absence figure and asked if there is scope to do more to reduce that figure, especially if this was linked to menopausal symptoms.
- 15.5 Karen Reid reported that staff sickness was due to a combination of factors. She added she had shared the Scottish Government menopause survey with staff.
- 15.6 The Committee Chair asked if the Committee were content with the assurance provided within the report and the Committee confirmed that this was satisfactory.
- 15.7 The Committee Chair thanked Ameet Ballad for the report.

16. Identification of any new risks raised at this meeting
(Verbal Update)

- 16.1 The Committee Chair asked if there were any new risks that should be included on the risk register as a consequence of the business considered at this meeting.
- 16.2 Tracey Ashworth-Davies raised the potential risk that non-recurring funding would have on the organisational structure if we did not get funding next year.
- 16.3 The Board Chair added that as we are aware of this and monitoring the situation and suggested that we do not need to add it to the corporate risk register at this time.
- 16.4 The Staff Governance Committee noted the points and agreed not to record it on the corporate risk register.
- 16.5 Ameet Bellad left the meeting at 12:09pm

Items for noting

17. Employment Tribunals
(NES/SGC/22/52)

- 17.1 Tracey Ashworth-Davies reported that Case 2 had been concluded. The learning points from both the cases will be carefully considered.
- 17.2 The Committee noted that the learning points will be shared once they are known.

17.3 There were no further points raised. The Committee noted the updates.

18. Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee
(NES/SGC/22/53)

18.1 The Committee noted the Director Letters (DL) update.

19. Remuneration Committee Business via correspondence
(NES/SGC/22/54)

19.1 The Committee noted the Remuneration Committee business conducted through correspondence.

20. Change Management Programme Board minutes
(NES/SGC/22/55)

20.1 The Committee noted the Change Management Programme Board minutes.

21. Managing Health, Safety and Wellbeing Committee minutes
(NES/SGC/22/56)

21.1 The Committee noted the Managing Health, Safety and Wellbeing Committee minutes.

22. Any other business

22.1 The Committee Chair asked if there were any other point they wished to raise. There were no other points.

22.2 The Committee Chair raised the effectiveness of the meeting and asked if members felt they got the right assurance, quality of papers, standard or papers and preparation that they expected for the meeting.

22.3 The Committee confirmed that the standard of papers was good and mentioned the excellent Leadership and Management cover paper.

22.4 The Committee Chair thanked Linda Dunion for the excellent handover. She also thanked Tracey Ashworth-Davies, Della Thomas and Ann Gallacher for helping to make her transition into the role of Chair smooth. She thanked everyone for taking part in the meeting.

22.5 The meeting closed at 12:17pm.

23. Date and time of next meeting

23.1 The next meeting of the Staff Governance Committee will be held on Thursday 02nd February 2023, 10:15am.

NES
November 2022
AG/DT
v.01

Board Paper

1. Title of Paper

NES Strategic Workforce Plan 2022-2025

2. Author(s) of Paper

Tracey Ashworth-Davies, Director of Workforce

3. Situation/Purpose of paper

- 3.1 This paper provides an update on the progress made with the NES Strategic Workforce Plan and includes the feedback received from Scottish Government (SG). The Board are asked to homologate the final version of the plan.

4. Background

- 4.1 The draft NES Strategic Workforce Plan was discussed by the Staff Governance Committee during their meeting on 5 May 2022. Changes were made and the final version was brought to the NES Private Board Meeting on 30 June 2022. The Board approved this version for submission to the Scottish Government.

5. Assessment/Key Issues

(include identification of any strategic risks)

- 5.1 Scottish Government have provided feedback and confirmed approval of the NES Strategic Workforce Plan (letter appended). Two minor amendments were suggested, and these were made and approved by the Extended Executive Team in order to meet the Scottish Government timeline for publication.
- 5.2 Amendments were made to Appendix 4 to include 5-year age bandings instead of the 10-year age bandings and, in section 4.6, the workforce supply options were expanded to include an accompanying assessment of the likely scale and potential success of the options.
- 5.3 The NES Strategic Workforce Plan 2022-2025 was published on the NES website on 31 October 2022 in line with Scottish Government requirements. It is available [here](#).

6. Recommendations

The Board are asked to homologate the final version of the 2022-2025 NES Strategic Workforce Plan.

Author to complete

a) Have Educational implications been considered?

- Yes
- No

b) Is there a budget allocated for this work?

- Yes
- No

c) Alignment with [NES Strategy 2019-2024](#)

- 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)

d) Have key risks and mitigation measures been identified?

- Yes
- No

e) Have Equality and Diversity and health inequality issues been considered?

- Yes
- No

f) Have you considered a staff and external stakeholder engagement plan?

- Yes
- No

Tracey Ashworth Davies
November 2022
NES

Strategic Workforce Plan

2022-2025

NHS Education for Scotland

October 2022

Version Control	
First Final Draft for Extended Executive Team	28 th February 2022
Updated for Partnership Forum	14 th April 2022
Updated for Staff Governance Committee	26 th April 2022
Updated post Staff Governance Committee	16 th May 2022
Updated for Extended Executive Team	26 October 2022

Executive Summary

We are an ambitious organisation – our reach and outputs continue to grow.

NES is an ambitious organisation, with a growing remit reflected in the current workforce. Health, care and education systems are undergoing unprecedented transformational change, including technology advancements and new ways of working, how and where NES work is delivered are also changing.

The global pandemic has served to highlight the value and contribution of health and social care services, but has tested workforce resilience and wellbeing, highlighting capacity and capability challenges that NES, with others, is well placed to address.

NES is:

- actively contributing to a number of wider policy developments as set out in Programme for Government, the NHS Recovery Plan, and National Workforce Planning Forum, the Workforce Strategy, the 4 Care Programmes and is actively engaging with the development of the National Care Service, forthcoming Covid Recovery Plan, the refreshed Digital Health and Care Strategy and the Data Strategy
- ensuring staff across health and social care are supported, skilled, capable, digitally enabled and motivated to deliver improved outcomes for service users and communities
- preparing a workforce ready for a range of future scenarios and the changes necessary to deliver improved outcomes – e.g., the challenges facing the workforce and the population concerning mental health and wellbeing and provides several key educational programmes and support arrangements

Aligned to the five pillars (Plan, Attract, Train, Employ, Nurture) of the [Scottish Government Health and social care: national workforce strategy](#), NES will deliver an expanding range of clinical education, maximising technology enhanced learning; will deliver education across health and care, including leadership and digital capability; and will provide educational leadership of the NHS Scotland Academy. Developing as a research learning organisation and delivering a range of digital technology solutions, the organisation will also be delivering workforce planning data and actively involved in workforce supply across the system. Therefore, over the next 3 years NES will require a multidisciplinary workforce that can collaborate and influence across health and care.

Currently, NES is reviewing strategic direction and vision. To be able to deliver successfully over the next 3 years, NES requires a responsive, skilled and agile workforce. Effective workforce planning across the organisation will enable NES to move into a more proactive space with projected future workforce numbers and capabilities, using this to inform attraction and skills development activities

NES is **transforming**:

- to have an unremitting focus on Ministerial priorities for the workforce in health and social care, Programme for Government, the National Workforce Strategy and the development of the National Care Service - new directors appointed, refreshed corporate strategy and a new approach to internal performance management and reporting.
- by building on its national reach across the health and social care workforce, in every community in the country, leveraging a wider contribution in areas such as improving population health and reducing inequalities, economic development, innovation and competitiveness while recognising responsibilities in areas such as the climate emergency and net zero, child poverty and human rights-based approaches.
- by being innovative, collaborative and forward-thinking – working with NHS, local government, academia, professional organisations, regulators, social care organisations and a wide range of strategic partners across Scotland, and at UK and international levels – developing new solutions (e.g. via the 4 Care and Wellbeing Portfolios and other national level groups).
- by hosting the Centre for Workforce Supply and being a joint partner with NHS Golden Jubilee in the NHS Scotland Academy and the NHS Scotland Youth Academy and will build on this by developing a centre of excellence approach in workforce development as might be required by Scottish Government.
- stands ready to work collaboratively with and across other organisations, and with those who access and use services to enable a person-centred, human rights-based approach which drives better outcomes for citizens, delivering high quality safe and effective services to required quality standards.
- by progressing a substantive strategic development agenda to become a 'research learning organisation' and qualification awarding body. Educational research should, and will, be central to the mission building on core areas within a coherent corporate-led strategic framework.
- by using the economic drivers of a health and social care workforce combined spend of £10 billion to drive new ways of thinking about community engagement and empowerment, building social capital, developing new types of job and models of training and employment to enhance employability and career options – providing attractive pathways for careers in health and social care.
- upskilling and reskilling the workforce and designing new career pathways for young people linked to service redesign and transformation, technology and innovation – strengthening the focus on a programme of education in AI,

robotics and digital to support Digital Health and Care Strategy and National Workforce Strategy and harnessing the linkages between educational and academic governance, research learning and innovation.

- developing opportunities for young people to be attracted to a range of innovative and flexible training and roles, including foundation and modern apprenticeships, and career options and pathways across health and care. It is evident that new types of role will be necessary at all levels to deliver services in ways which transcend traditional boundaries, structures and approaches in a dynamic, strategically and operationally complex context.
- providing best evidence for decision making to drive progressive, tangible, and sustainable change with skills and employability at the core and with a particular focus on employability and improving opportunities. This can be driven by the development of new types of careers and career pathways, roles, qualifications (including vocational qualifications) and recognition for progression. New and emerging areas such as AI, innovation, digital and data analytics and precision medicine require new types of skills, roles, and career pathways.
- developing corporate infrastructures that enable agility.
- investing in the redesign and refresh of the Turas platform to deliver the very best in technology enabled learning.

Better workforce planning will improve attraction of a diverse workforce in a highly competitive labour market and help us be more agile, reducing duplication

Over the past 3 years, the NES workforce has grown by 20%, the addition of a Social Care Directorate and the expansion of the NHS Scotland Academy faculty will likely increase growth further. Operational planning predicts a growth in workforce, but not to the same level as that observed.

The growth of the workforce is seen across the majority of the Directorates and the predicted growth is anticipated to be predominantly across both 'Administrative' and 'Medical and Dental' job families.

A fifth of the workforce are on short term contracts, linked to non-recurrent funding – this can lead to loss of knowledge and duplication in recruitment activity. Although the most applications are received for entry level roles (i.e. Agenda for Change bands 2-4), the 16-24 age group is underrepresented in NES. NES has an aging workforce, with this more acute in some Directorates.

Hybrid working arrangements are being developed and implemented across the organisation. Supporting the workforce to develop working arrangements that support work life balance, job satisfaction and emotional health and wellbeing is a

key priority, alongside delivering a positive impact on recruitment and retention strategies

We will perform more effectively in recruitment and improve understanding of the skills we require for success

Developing funding models that support the organisational infrastructure to deliver successfully and develop a sustainable workforce will be key. Whilst our projections indicate that we will continue to require new posts and new skillsets, in addition to strong attraction and recruitment strategies, we will also need to continue to ensure we retain and develop our existing talent through upskilling, talent management and succession planning. Developing and embedding employability pathways into the organisation will also be important in achieving sustainable workforce supply.

Through effective workforce planning NES can drive organisational performance; provide a high-quality learning and employment environment; develop a skilled adaptable workforce; embrace process improvement and digital transformation, and improve attraction, recruitment, training and retention.

We will maximise our workforce supply routes through improved workforce planning and delivery of our action plan

As workforce planning capability across the organisation develops across NES over the next 3 years, we will gain insight into the accuracy of the projections for future skillsets and future workforce. In the meantime, over the next 3 years the data on where we anticipate our workforce gaps will enable us to develop and implement joined up attraction and recruitment strategies focussed on our shortage areas, with accurate descriptions of the required skillsets given advances in technology and ways of working, this in turn will support inclusive recruitment practices, employability programmes and career pathways across NES. The workforce plan also identifies actions to develop understanding of priority skills and development activity, especially in relation to digital capability and leadership.

Workforce planning in NES will become embedded in how we measure organisational performance and recognised as a fundamental aspect of our collective success

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NHS Education for Scotland – The Organisation

NES is the national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education and training for the NHS and social care staff. It is a national organisation with a significant regional presence. It is the official provider of workforce statistics for NHS Scotland.

NES is ambitious to drive change: it is innovative, collaborative and forward-thinking – working with NHS, local government, Integrated Joint Boards, academia including schools and colleges, professional organisations, regulators, social care organisations, people who experience care, the health and social care workforce and a wide range of strategic partners across Scotland, and at UK and international levels.

NES is the leader in educational design and delivery and quality assurance. Utilising the very best in technology enabled learning, organisational and leadership development, workforce and learning analytics and digital development, to ensure the entire health and social care workforce, in every community in Scotland, is supported, skilled, capable, digitally enabled and motivated to deliver improved outcomes.

NES will support delivery of Scottish Government commitments for health and social care including [“We are Healthy and Active”](#) and the development of a National Care Service. Through regular engagement with senior officials and Ministers in the Scottish Government NES will deliver education, workforce development and training, workforce analysis and planning to support service design and innovation including new approaches, models and locations of care. NES is focused on ensuring the workforce is ready for a range of post-pandemic scenarios and the changes in health and social care necessary to deliver improved outcomes. This includes building on the positives that have come out of the pandemic, including the resilience and versatility of the workforce; the value and contribution of social care; the ability to act swiftly and effectively across organisational boundaries with reduced bureaucracy; the significant contribution and potential of digital solutions; the growth in community capacity and the potential of volunteering. NES fully recognises the challenges facing the workforce and the population concerning mental health and wellbeing and provides several key educational programmes and support arrangements.

The scale of the health and social care workforce, in every community in the country, leverages a wider contribution in areas such as improving population health and reducing inequalities, economic development, innovation and competitiveness while recognising responsibilities and commitment to environmental sustainability including net zero. The NHS, local government, third and private sectors and social care can provide, at scale, opportunities for employment and training – including attracting a diverse workforce into health and social care careers – and NES has the potential to be an awarding body for qualifications. NES is a joint partner with NHS Golden Jubilee in the development of the NHS Scotland Academy, which provides accelerated training across the health workforce.

As a Board NES supports and actively champions a Once for Scotland Approach and is a leader in digital solutions and cloud-based services. This includes a platform to integrate data, intelligence and applications designed to make access to services and key information easier for users. It will support health and social care staff to work more efficiently with access to the information they need.

NES developed and runs 'Turas', the digital platform which provides access to knowledge and training, allows staff to keep records of their learning and achievements and is the basis for workforce data analysis. In response to the pandemic the 'Turas' platform was extended for use by social care providers for specific purposes. There is the potential to extend this further in support of learning and training. NES also has the capability working with partners to develop a Once for Scotland digital citizen record for health and social care.

NES recognises the role of citizens in their own care, as unpaid carers and as members of their communities. There is also recognition that the emotional wellbeing, capacity and resilience of unpaid carers to continue to provide support will have been impacted by the pandemic and NES can seek to mitigate this through the provision of learning and training. As such all citizens are, and must continue to be, integral in the design and delivery of education and workforce development.

The purpose of this 3-year Workforce Plan for NHS Education for Scotland (NES) is to articulate the skilled and diverse workforce NES will require in order to be a high performing organisation and to be successful in achieving our strategic ambitions for a skilled and sustainable workforce for a healthier Scotland.

Our people are central to our success, the [NES People and OD Strategy](#) sets out our commitment to excellence, inclusion and kindness throughout the employment lifecycle of our employees. Our vision for our people is to recruit outstanding people, inspiring and enabling them to be the best that they can be, working collaboratively and innovatively. We recognise that we need to be a skilled, engaged, diverse, inclusive, and adaptive organisation with a sustainable and skilled workforce through effective workforce planning, recruitment and development, encouraging and supporting individuals' career aspirations.

Developed in partnership and with input from the staff networks the plan is underpinned by our values and our aim is to be an organisation that removes inequalities, delivers fair work, and is diverse and inclusive.

Methodology

Following [the six steps methodology](#) for workforce planning, the plan is informed by NES strategic drivers and has been developed using data on current and future workforce requirements and with input from Directorates. The six steps are:

1. Define the plan
2. Map the service change – in a NES context this is interpreted as 'Map Future NES'
3. Define the required workforce
4. Understand workforce availability
5. Develop an action plan
6. Implement, monitor and refresh.

Prior to the development of an organisation 3-year Workforce Plan, these six steps were worked through at Directorate level to develop Directorate Workforce Planning Action Plans. Directorates identified what they do, their current workforce, considered the strategic direction and then anticipated workforce risks and gaps over the next 3 years, then identified what actions could be taken to minimise risks and be successful. This organisational plan collates, draws and builds on the themes identified from the Directorate Action Plans.

Following on from the Interim Workforce Plan, the 3-year plan is written in the context of a time of unprecedented transformational change across systems. Central to this is the impact of the COVID-19 pandemic on the services we deliver and our central role in championing digital technology, technology enhanced learning, transformational leadership and developing digital capabilities.

We also acknowledge the impact of this fast-paced environment on the health and wellbeing of our staff. Working in partnership we continue to ensure our practices promote Fair Work and provide for the engagement, health and wellbeing of our workforce as they look to have flexibility over their working lives and careers.

STEP 1

Defining the plan: What problem are we trying to solve?

1.1 Purpose

The development of a 3-year workforce plan for NES presents an opportunity to be transformative and creative, moving out of a reactive space where we are better placed to challenge continuing to do things the way they have always been done ('the norm') and to horizon scan the future needs of our workforce.

Enhanced understanding of future workforce requirements will foster greater agility in recruitment, moving from pipelines to flows of talent into and across the organisation. There will be a more joined up workforce cycle from attraction and values-based recruitment, thereby enabling taking this information into employment in order to bring values to life and embed these in everyday work performance.

To ensure NES stays adaptive, future focused, relevant and competitive in the education and training, workforce development and digital market, the NES workforce itself needs to keep up with the pace of digital innovation, with access to modern technology and staff well equipped to lead on this. Through robust future planning we can identify where skills gaps are, develop mechanisms for how we measure now and in 3 years. This activity will underpin more effective deployment of people and skills across NES, reflective of useful learning from deployment of staff to ensure delivery of priority work during the pandemic. Through our workforce planning activity, we can ensure that when we deliver new work, there is greater understanding of how much resource is required to deliver it and what this actually means for the people delivering.

Our workforce plan will enable us to:

- Recruit the right values, attitudes and behaviours, aligned to Our Way¹
- Identify the skills we will require in the future
- Develop a resilient, agile and versatile workforce
- Maximise potential, through diversity and inclusion
- Recognise that our current and future workforce has diverse needs and ambitions.
- Improve upskilling
- Increase digital capability
- Enhance innovation
- Invest in staff development
- Learn from past short-sightedness
- Implement effective talent management and succession planning
- Identify best approaches for the organisation in relation to retention and reskilling, compared with recruitment of new talent
- Be agile

¹ NES Our Way supports everything we do, from values-based recruitment and induction to personal and team development, ensuring NES is the supportive, inclusive, and respectful workplace we all want.

- Develop a modern workforce, equipped with the skills and capabilities to support hybrid working arrangements
- Offer all individuals an effective voice, opportunity, security, fulfilment and respect.
- Review how and where we do work to reduce emissions and make progress with our commitment to environmental sustainability

Whilst our doctors and dentists in training employees are an essential part of the NES workforce, the 3-year workforce plan does not include workforce planning for numbers of training posts. This activity will continue to take place nationally through existing workforce planning mechanisms as is appropriate, however, the implications for the NES workforce on any changes to numbers in training has a direct impact on the educator and support infrastructure across NES.

1.2 The Scope and impact of our workforce plan

The workforce plan will impact on the current and future NES workforce – this includes all workers for NES: employees, agency staff, educators. It will shape how financial resources are maximised to recruit and develop staff appropriately, also leading to a positive impact on the health, wellbeing and financial wellbeing of our current and future workforce. Furthermore, effective workforce planning will enable NES to develop the best resources and positively impact service users across the system.

The system will continue to be impacted by austerity and the pandemic, already we know there is stretched resilience and a stripping out of duplication leading to reduced capacity as people have been doing more with less.

Workforce planning presents an opportunity to aim to deliver investment in a sustainable workforce, to redevelop existing roles to be fit for future purpose, to design effective new structures for knowledge sharing and working together and to develop new ways of working.

1.3 Ownership

The 3-year workforce plan should be of interest to everybody, our current and future workforce, our stakeholders and our partners, so it will be developed with clarity on key messages for communication to different groups to enable meaningful engagement. As highlighted above, the 3-year plan does not undertake any workforce planning for doctors and dentists and in training, even those employed by NES. However, the workforce plan will consider the implications of changes to numbers in training programmes on roles across NES, including educators and support roles. Further detail on roles, responsibilities and accountability can be found in [Appendix 1](#).

Conclusions: STEP 1: What is the problem we are trying to solve?

- We do minimal planning for our workforce at present, we react to requirements.
- Recruitment is mostly done at Directorate level.
- We are not always attracting candidates in the competitive recruitment market.
- We are not always able to be agile in staff deployment.
- We don't know what skills we already have, what skills we need and where the gaps are.
- We need to work differently in the future – e.g. hybrid working, technology enhanced learning.
- To be digital innovators we need to have digital capability.

STEP 2

Map the change: Strategic drivers for workforce planning - What does NHS Education for Scotland look like in 3 years?

NES leads on educational design, delivery, governance, and quality assurance. Utilising the very best in technology enabled learning, organisational and leadership development, workforce and learning analytics and digital development, across the entire health and social care workforce, in every community in Scotland, NES has the capacity and expertise to facilitate staff to be supported, skilled, capable, digitally enabled, and motivated to deliver improved outcomes. NES now hosts the Centre for Workforce Supply and is a joint partner with NHS Golden Jubilee in the NHS Scotland Academy and the NHS Scotland Youth Academy.

2.1 Goal – where we want to be

With there being a clear focus on impacting on Social Justice, in 3 years time, NES will continue to have a key role in making a positive difference and impact across health and care. This includes contribution across a number of wider policy developments as set out in Programme for Government, the NHS Recovery Plan, and National Workforce Planning Forum, the Workforce Strategy, the 4 Care Programmes and actively engaging with the development of the National Care Service, forthcoming Covid Recovery Plan, the refreshed Digital Health and Care Strategy and the Data Strategy. Furthermore, forthcoming Bills (e.g. Human Rights, Gender Reassignment) are likely to impact on the workforce with potential implications for training and education across health and social care. This will require multidisciplinary approaches to a broadening range of deliverables across leadership, education and development, change management, accessible data, workforce supply and training accreditation.

Many initiatives in NES are at this point in time in their infancy – for example, the NHS Scotland Academy, the Centre for Workforce Supply, the National Leadership and Development Programme, the establishment of a Social Care Directorate and the Veterans programme – over the next 3 years these programmes will further evolve and it is reasonable to anticipate there will be other new work on the horizon.

It is anticipated that a 3-year strategic plan will be produced in 2022, dovetailing the workforce plan and presenting an opportunity for NES to review and refresh the strategic narrative. This will require a workforce ready for a range of future scenarios and the changes necessary to deliver improved outcomes.

2.2 Current baseline

The workforce in NES comprises Educators, Training Grades, Executive/ Senior Managers and professional/ support staff. Full analysis of the demographics and baseline of NES can be found below in [Step 4 – Understanding Workforce availability: Demand and analysis of NES workforce requirements](#). Training grade staff data is not included in this workforce plan due to the national workforce planning activity for doctors and dentists in training.

The key themes of the baseline data are:

- NES has a headcount of approximately 1025² (this does not include the Trainee employees who are not in scope for the Workforce plan).
- Most roles are in agenda for change bands 5 to 7.
- There are more women than men at every level of the organisation, particularly in bands 4-5.
- The workforce is mostly aged between 45-54 years old.
- Staff within NES are predominately white.
- There is a small number of staff within the organisation that have declared that they have a disability. The majority of disabled staff work in band 5-7 roles.

2.3 Drivers for Future direction of NES

1. NES Directorates will require to successfully deliver programmes of work across all 5 pillars of the Scottish Government Workforce Strategy for health and social care – plan, attract, train, employ and nurture.
2. A clear and shared understanding of our future organisation includes recognition that "excellence" in the context of NHS delivery where scale and scope are so large, is defined as "outcomes that are good enough to improve the outcomes for citizens".
3. In addition to contributing to policy development, NES is frequently directed by Scottish Government to deliver new asks. Often the funding attached to delivery is short term, which can present challenges in securing and then retaining the people resource to deliver.
4. Scottish Government has commissioned NES to host a Centre for Workforce Supply, driving collaboration across the system on international recruitment, refugee recruitment and national recruitment campaigns across professional groups.
5. Over the lifetime of the plan, delivery of education and training will continue to be enhanced through maximising the use of digital technology. This will impact on the roles and skillsets required of those in NES involved in organising and delivery of learning.
6. The NHS Academy is a joint venture with NES and NHS Golden Jubilee. NES is leading the educational delivery of the Academy through development of programmes of education, resources and a faculty. A range of posts are identified for recruitment and new work streams will be delivered - these posts are included in NES workforce planning where appropriate. NES is the employer for educational and digital posts, with Golden Jubilee hosting service posts. The future programmes and areas of focus for the Academy will evolve over the lifetime of this workforce plan.

² At June 2021

7. The Digital and NDS Directorates are in the process of merging to a unified National Data and Technology Directorate and are currently responsible for the delivery of a range of digital products that support clinical care aligned to the Digital Health and Social Care Strategy. In addition, National Data and Technology teams will continue to deliver workforce solutions across health and social care aligned to NES strategy. Through the Turas Data Intelligence platform, NES supports national workforce planning and analysis and produces official workforce statistics. NES Workforce planning activity must factor in the growth of these teams to support priorities across health and care.
8. NES, in collaboration with partner organisations across the Health and Care sector, will work to support the successful delivery of the Building Digital Skills and Leadership programme funded by Scottish Government to address key priorities to improve workforce digital capability over 2 years. (April 2021-June 23). The priorities within the programme are aligned to the Digital Skills and Leadership commitments within priority four of the refreshed Digital Health and Care Strategy where, "digital skills are seen as core skills for the workforce across the health and care sector". The commitments include:
 - a. Work to support senior leaders to gain and further develop skills to embed digital technology and literacy across organisations;
 - b. Further development and expansion of our specialist digital, data, design and technology professional workforce including those working in clinical and care informatics and information governance and cyber security professionals
 - c. Equipping staff with the ability to understand and interrogate data-driven recommendations and decision support tools including those provided by Artificial Intelligence.

The programme is not intended to fund wholesale improvement in workforce digital skills and knowledge across the sector, that remains the responsibility of individual organisations. The key aims of the programme is NES working in partnership with stakeholders to increase the digital capacity of the health and care workforce in digital literacy and participation, upskilling and reskilling the workforce and attracting future talent for a digitally led service, the future direction of this work will become clearer over the 3-year period.

9. There is an emerging role for NES in social care, this direction will have implications across the organisation that will require further thinking and a Social Care Directorate is being established in NES. The Directorate will support the training, learning and development needs of the social care workforce; improve the attractiveness of social care to prospective employees; work with partners to develop career pathways; anticipate and respond to the opportunities and needs arising from the proposed National Care Service.

10. NES has a reputation for doing things well, being collaborative and curious with an innovative and can-do approach. NES has a wide reach across the health and social care system through collaborative working and the training we provide to trainees, learners and via our educator networks. By modelling cross Directorate, multidisciplinary approaches, with a shared purpose and a nurturing, compassionate and kind culture across NES, we can positively influence and be a catalyst for change elsewhere.
11. NES continues to work with the Scottish Government to co-design a national leadership development programme (NLDP). Working with multiple stakeholders to scope leadership development offers with broad appeal to the Health and Care workforce has helped shape the overall programme, the vision and identify the individual offers which will then be designed and developed by NES as delivery partner. Significant funding of just under £1million has been secured to enable the recruitment of 15 additional posts to support and deliver the programme. Project Lift offers will be subsumed into the new programme and a new branding established to launch the NLDP.
12. NES will support, nurture and grow talent through inclusive recruitment practices, employability strategies (Young Person's Guarantee, Apprenticeships), career development and succession planning activity. Our workforce in 3 years' time will include people earlier in their career to support NES ambitions in relation to youth employment and to recruit for potential. Inclusive recruitment practices will be embedded so that NES becomes more successful in achieving diversity across our workforce. Creative succession planning that includes redesign of roles and looking further afield for successors, and open badges (i.e. digital certificates that recognise learning and development) to support movements across environments will also be essential to enable agility across the organisation.
13. NES is progressing a substantive strategic development agenda to become a 'research learning organisation' and qualification awarding body. Educational research should, and will, be central to the NES mission building on core areas within a coherent corporate-led strategic framework. This provides strategic opportunities for NES to drive pedagogical development and innovation in learning design and delivery and be the leader for health and social care in these areas and in research, evaluation and educational governance.
14. By investing in the development of our workforce as a key principle of this workforce plan, in 3 years' time NES should be better placed to develop the NES workforce as leaders who can deliver the innovation and excellence across the system that is required to deliver the future health and care workforce. This includes Career Development and Succession Planning for senior roles where the aspiration to develop a robust, sustainable approach to ensuring that NES enables career progression of staff to Senior & Director level leadership roles and facilitate the development of a career progression pipeline of staff who have the ambition, capability, and development support

to work effectively at Senior / Executive level in NES, ensuring the structural resilience of Senior Directorate and Executive Level Teams.

15. As the system evolves and changes, there may be opportunity to review what NES does, and potentially stops doing.
16. Digital technology will present opportunities to automate some activities currently being delivered by staff, this should be fully embraced and explored, with roles being reviewed and redesigned in light of any released capacity.
17. During the lifetime of this plan, NES is committed to being a modern employer that promotes [Fair Work](#) practices and develops sustainable working arrangements that enable our workforce to have a positive work life balance.
18. The key to achieving NES's vision are our people and our culture. They are the foundation of our success. Our culture will be defined by the NES leadership behaviours and values, known as 'Our Way', and delivered in partnership, focussing on: staff engagement, equality, diversity and inclusion, health and wellbeing, and staff development. We must be values-led because we work in a complex system, needing to think, not just act. We must also work with multiple partners and stakeholders to meet different needs. Our values will guide our work, the decisions we make, and how we treat each other.
19. During 2022-2023 NES will pilot hybrid working arrangements to support employees to work flexibly across sites and from home, this will build on learning and insights during the pandemic as to where work is best delivered – for the organisation, the customer, and the individual employee. Our workforce will require to develop skills and capabilities that support new ways of working, especially in relation to maximising the use of technology. Usage of NES offices and sites will evolve as a consequence, providing opportunity to review our property and facilities strategy, taking into account our commitment to the environment.

2.4 Potential constraints

The external environment could challenge and potentially impact the key drivers of the workforce plan. From a political perspective, the impact of Brexit on staffing levels is not yet fully understood. Currently EEA/EU citizens make up c.3.41%³ of the NES demographic, this incoming pipeline may be reduced going forward. During the lifetime of this plan there is to be a UK General Election (May 2024) this could lead to a change in Government, which could impact various factors for NHS Scotland in relation to funding, structure, and agendas.

This Workforce Plan is being developed during a global pandemic (COVID 19), which has and will continue to impact NES in many ways such as training capacity, health and wellbeing, absence rates, staff burnout, policy development,

³ As at June 2021, this excludes agency and secondments

implementation etc. As we progress through the stages of the pandemic the organisation needs to continue to respond and adapt as required.

In addition to this, the Scottish Government confirmed in January 2020 that Scotland's population is projected to rise, that it is an aging population and that the age group of 75 years and over is projected to be the fastest growing age group. An aging population will put greater demand on health and social care services and with inequalities in health continuing to be a major public health issue for Scotland, NES will have a key role in skilling the health and social care workforce to address this. There will be additional pressure for NES to continue to train and provide other relevant services at pace to ensure that there are enough trained clinicians to support NHS Scotland.

Technology has assisted in providing health care in different ways during the COVID-19 pandemic, continuing this momentum with the right platforms, systems and processes across health and social care will be essential.

2.5 Option appraisal and working models

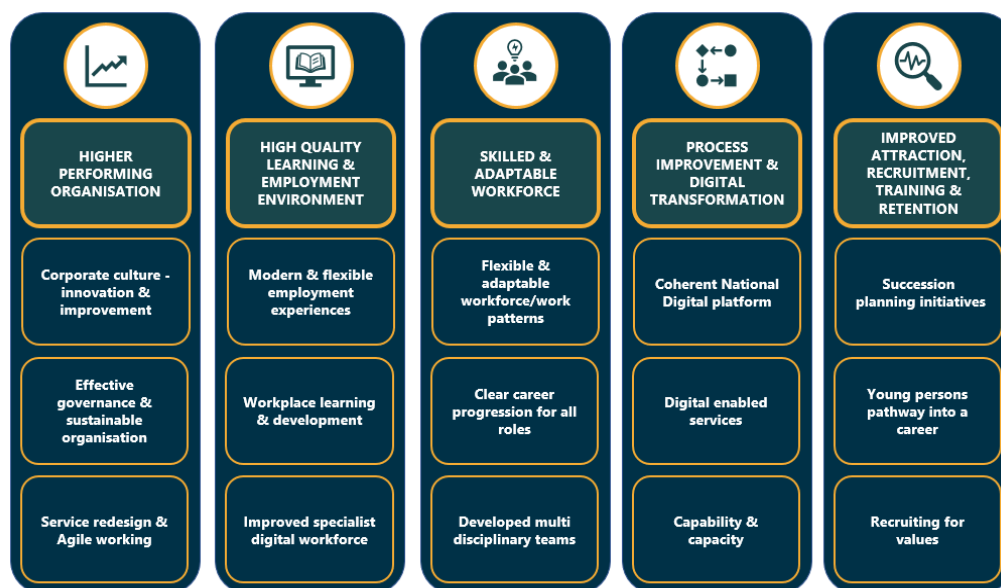
For the organisation to be successful over the 3 years of this plan, we need to ensure we have the right people in the right place, with the right skills at the right time.

The strategic drivers summarised above were identified by the [Extended Executive Team \(EET\)](#)⁴ and then informed development of the strategic workforce planning pillars in Figure 1. These workforce planning pillars formed the basis of Directorate discussions and were developed for the purpose of identifying and then defining Directorate needs and actions in relation to planning for the required workforce to be successful in achieving our strategic ambitions.

⁴ The Extended Executive team consists of NES Executive membership. The role of this group is to provide collective leadership and governance, along with advising and supporting the Chief Executive and the Board to deliver on strategic direction and priorities of the organisation, ensuring that the Board has appropriate information. Bi-weekly meetings are held which are chaired by the NES Chief Executive.

Figure 1 NES Strategic Workforce Planning pillars

To be successful in achieving our strategic ambitions, we need to think about workforce planning across these themes:



Based on Directorate discussions and the strategic drivers, the preferred working model for NES is to develop an agile workforce that can be deployed flexibly to respond to emerging strategic priorities and commissions from Scottish Government.

The NES operating model will require the workforce to be developed as digital leaders through development and delivery of a NES Digital Skills and Leadership strategy that is linked to modern working arrangements (e.g., hybrid working) and to support delivery of technology enhanced learning. Furthermore, a NES Leadership Strategy is required to ensure there is leadership at every level within the organisation and to support succession planning for critical roles.

As an inclusive employer, our attraction, recruitment and retention of staff should enable our workforce to reflect the diversity of the Scottish population.

Conclusions – Step 2: What does NES look like in 3 years?

- Delivering successfully across the 5 pillars of the Scottish Workforce Strategy for health and social care.
- Multidisciplinary change agents across the system, influencing positive culture change across health and social care.
- Operating effectively across health and social care.
- Delivering a broader range of education and training, in addition to clinical education, further expanding delivery of education to support leadership and digital capability.
- A workforce of digital champions and educators delivering education and training that maximises technology enhanced learning.

- A modern employer, embracing flexible ways of working.
- An inclusive workforce that reflects the diversity of the Scottish population.
- Leading and collaborating on, as yet unknown, workstreams.
- A research learning organisation.
- Delivering the NHS Scotland Academy through a first-class faculty of multidisciplinary educators.
- Maximising and developing technology solutions across the system.
- Responsive to new, and as yet unknown, commissions.

STEP 3

Defining the required workforce

3.1 Activity Analysis over the next 3 years – What will we be doing?

1. Given the growing educational delivery agenda in NES and our ambitions to be a research learning organisation, we will need to retain and also recruit more multidisciplinary educators to deliver to multidisciplinary teams across health and social care. This will include delivery in new areas including leadership and digital capability and also as we continue to deliver educational programmes that include support to National Treatment Centres and through the expansion of the NHSS Academy faculty. The Scottish Government Workforce Strategy sets out clear commitments that include NES deliverables in relation to Pharmacy First, increased capacity and capability for Psychology therapies and interventions, additional Mental Health roles, and expansion of Medical training. We will require the workforce and skills to deliver across all these workstreams.
2. The corporate support infrastructures – e.g., Finance, Workforce (HR, OD), Business Management, Programme management, Facilities, Planning, Administration, Digital, Communications, Information Governance - across the organisation will also need to expand in support of a growing organisation and the widening remit NES has across the five pillars of the Scottish Government Workforce strategy.
3. Over the 3 years of this plan and on the assumption that current funding models continue, work NES is commissioned to deliver will have non recurrent funding attached. This will result in continuation of the recruitment and retention challenges that arise when there is not permanent funding for staffing resulting in non-recurrent monies funding key posts. These challenges are further explored in Step 4.
4. NES workforce has had to adapt at pace to changing work environments - how and where work is done, and how and where work is delivered. The Technology Enhanced Learning (TEL) workstream will continue to be central to NES remaining competitive and relevant in educational delivery over the 3-year period and beyond. TEL has delivered rapid tests for change across educational delivery and has been successful at cutting across the organisation and so these opportunities and the workforce to deliver them must be further developed to inform understanding of short-, medium- and longer-term educational delivery needs and skills.
5. Developing clear sight of single points of failure, skills and capabilities gaps, and supporting protected time for staff development will help ensure modernisation across the organisation both in how we work (digital capability) and where we work (hybrid working).

6. NES has an ongoing commitment to Fair Work practices and to being an exemplar employer of choice – this means we will continue to develop employee voice, embed fair working practices, promote flexible working, have inclusive policies and maintain strong partnership working.
7. The pace of change across the system is requiring the organisation to respond in an agile way that then often leads to organisational change. It is likely we will require to review how we structure teams and work across the organisation to support agile delivery and to underpin multidisciplinary working practices.
8. To support health and wellbeing we need to have adequate resources across teams – this requires development of workforce planning capability across the organisation to deliver proactive resource planning.

3.2 Numbers

Figure 2: Future Workforce by Directorate

Directorate	Current Workforce (headcount)	Future Workforce over 3 years	Rationale
Dental	152	185	22% projected growth
Finance	42	51	22% projected growth
Medical	310	382	22% projected growth, plus projected Academy roles*
NMAHP	98	132	22% projected growth, plus projected Academy roles*
Planning and CR	32	39	22% projected growth
Psychology	57	70	22% projected growth
Social Care	0	112	New Directorate, projected as similar size to NMAHP
Technology Services	163	199	22% projected growth
Workforce	89	109	22% projected growth
TOTAL	942	1,279	Based on projected growth trends, new Directorate and NHS Academy projections*

*Does not include NHS Scotland Academy Faculty covered by Service Level Agreements

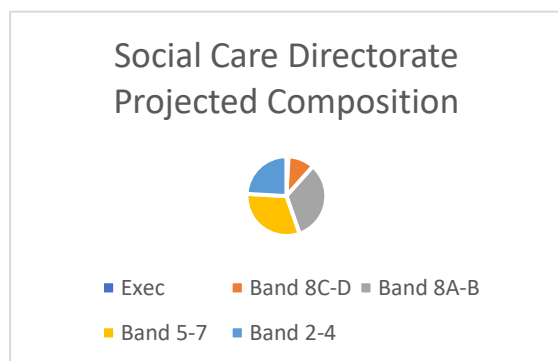
Projected workforce informed by growth trends

Over a 27-month reference period (April 2019 to June 2021), workforce supply data ([Step 4](#) below) suggests an increasing average headcount of 5 per month. If this trend continues, with a similar continued increase in staff numbers over the 3-year period this would give a projected workforce of 1,250 headcount. This is an increase of 225 headcount since June 2021, suggesting a projected organisational headcount growth of 22%.

Impact of new Social Care Directorate on workforce

In addition to this growth trend, the Social Care Directorate is estimated to grow to a similar size as the NMAHP Directorate (headcount: 112), Projected roles for the Social Care Directorate will include social care leads (Executive, Bands 8C-8D), educators (Bands 8A-8B, Bands 5-7), business managers (Bands 8A-B) and support staff (Bands 2-5, Bands 5-7).

Figure 3: Projected Social Care Workforce



This additional projected workforce would give a projected headcount of 1,362, an increase of more than 30% since June 2021.

The Social Care Directorate budget is under negotiation with Scottish Government.

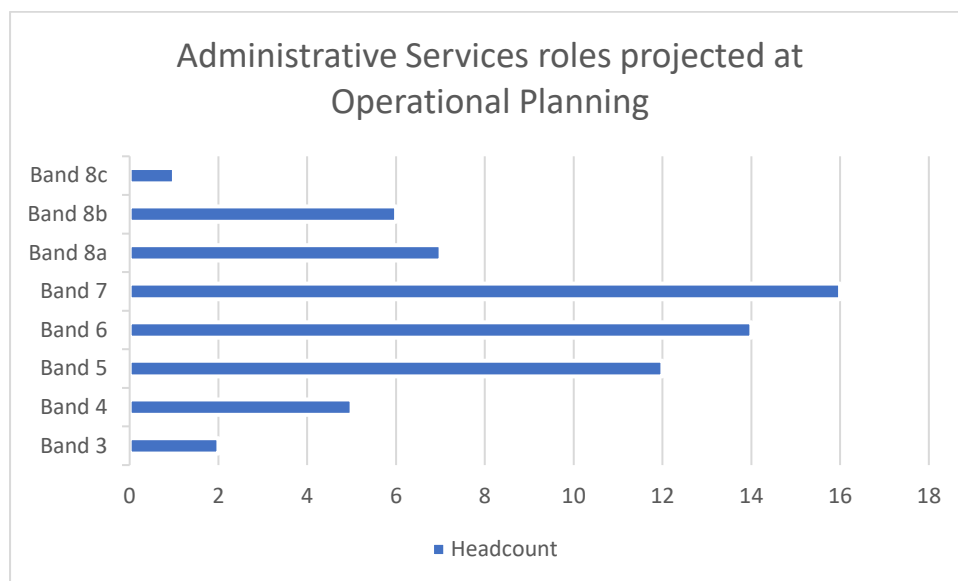
Projected workforce informed by operational planning activity

The 3-year NES Operational Plan 2022-2025 projects additional workforce supply for the 3-year period at 148 headcount, 89.95 WTE. The projected workforce at operational planning predicts growth particularly at bands 6 and 7, bands 8A and B and in the Medical and Dental cohort. The Medical and Dental roles will largely be sessional work, hence the disparity between the headcount and whole time equivalent.

Figure 4: Projected Workforce during Operational Planning

Job family & Grade	Whole time equivalent (WTE)	Headcount
Administrative Services	64	64
Medical & Dental	6.85	60
Nursing/Midwifery	1.2	2
Other Therapeutic	15	16
Healthcare Science	2.8	6
Grand Total	89.85	148

Figure 5: Administrative Services Roles



Operational planning projects an increase of 148 headcount (14% increase) over the next 3 years, whereas the growth trend suggests this could be higher (225 headcount, 22% increase), perhaps indicating that the operational planning projected workforce may be an underestimation, or that the growth the organisation has seen over the past 3 years may slow down. This under or over estimation could be as a consequence of as yet unknown/ unpredicted Scottish Government Commissions over the 3-year period.

Projected NHS Scotland Academy Faculty hosted by NES

NES will provide educational leadership to the development of the NHS Scotland Academy Faculty. This will involve employing and contracting with educators involved in delivery of Academy programmes. Key individuals have already been employed by NES to provide continued educational leadership or bring digital expertise to the programme. These individuals are line managed through existing NES Directorate structures in NMAHP, Medical and National Data and Technology.

Emerging experience from the programmes delivered so far (e.g. Endoscopy, Pharmacy) indicates that different Faculty arrangements will be required to support different programmes. For example, in some instances worker arrangements will be required to enable NES to engage individuals to deliver services on our behalf to learners on a more casual/ ad hoc basis. Service Level Arrangements between NES and other Boards are also being developed for Academy Faculty, replicating existing arrangements for other educators across the organisation (e.g. Training Programme Directors).

Work is currently being progressed to further develop a range of options to deliver the required faculty. What is clear, in workforce planning terms, is that NES will need

to recruit a range of multidisciplinary educators as employees and workers to deliver the educator workforce to support the Academy.

Projected programmes of education and the associated Faculty being delivered through the Academy are set out in detail in [Appendix 2](#).

Whilst some of the support for the NHS Academy will be delivered by NES via SLA arrangements described in [Appendix 2](#), NES will require to recruit and employ educators across the following projects:

Project	Workforce requirements in addition to core-funded team already in place
National Endoscopy Training Programme (NETP)	Consultant Grade, 0.1WTE, Chair NES Consultant Grade, 0.6WTE, Clinical Lead NES Consultant Grade, 0.1WTE *4, Regional Training Lead NES Band 6, 0.25WTE, technical support NES or NHSGJ Band 6, 0.5WTE, Quality/Research role NES or NHS GJ 50 x 1PA annualised of Consultant grade (Medicine) or 8A (Nursing). 50 JAG-accredited Faculty. SLAs via NES.
Assistant Practitioner Programme (NETP)	Band 8A, 0.4WTE, Senior Educator NES
National Treatment Centres' Accelerated Workforce Programme: Anaesthetic Assistants	Band 8A, 0.8WTE, Senior Educator NES Band 8B, 0.2WTE, Principal Lead NES Band 8A, sessional payments for development support to be arranged via NES Faculty development will be required
National Treatment Centres' Accelerated Workforce Programme: Surgical First Assistants	Band 8A, 0.8WTE, Senior Educator NES Band 8B, 0.2WTE, Principal Lead NES Faculty development will be required
National Clinical Skills for Pharmacists Programme	Actors on a sessional basis from a pool of 11 Expenses/casual payment via NES
Widening Access Routes: NHS Scotland Youth Academy (Golden Jubilee Huddle, Grampian Huddle, Tayside Huddle, Highland Huddle, D&G Huddle)	Band 8B, 0.7WTE, Programme Lead NES Band 7, 1.0WTE, Local Project Manager
Widening Access Routes: Armed Forces Service Leavers and Veterans	Band 8B, 0.7WTE, Programme Lead NES
National Ultrasound Training Programme	Band 8A, 1.0WTE, Senior Educator Sonographer NES Band 7, 0.5WTE * 3 Specialist Lead Sonographer NES

This indicates the range of expertise and educators required. Innovative approaches will be required to attract these specialist skillsets, particularly given challenges

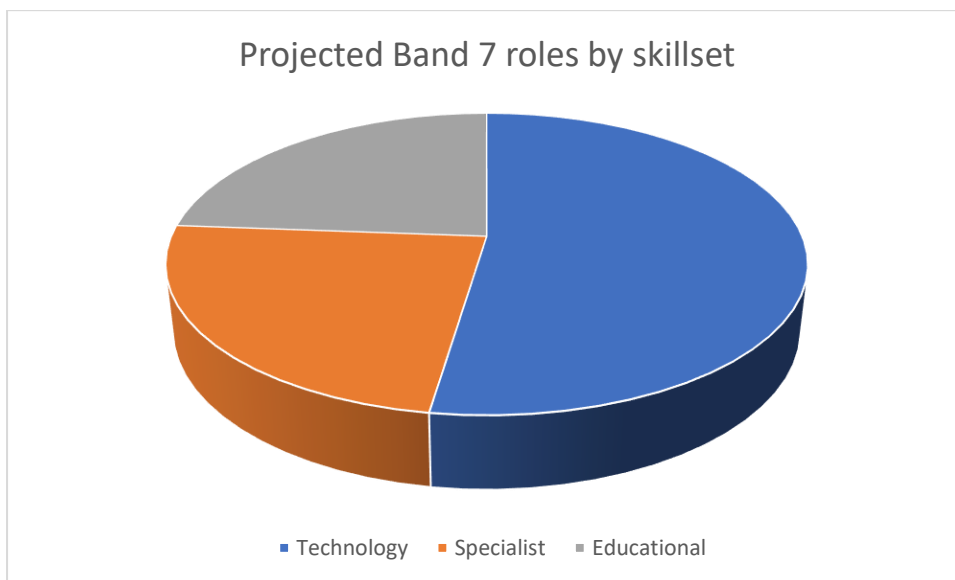
across Boards in maintaining clinical services potentially leading to a reluctance to release staff to deliver education.

3.4 Types

Projected roles and skillsets: Agenda for Change roles.

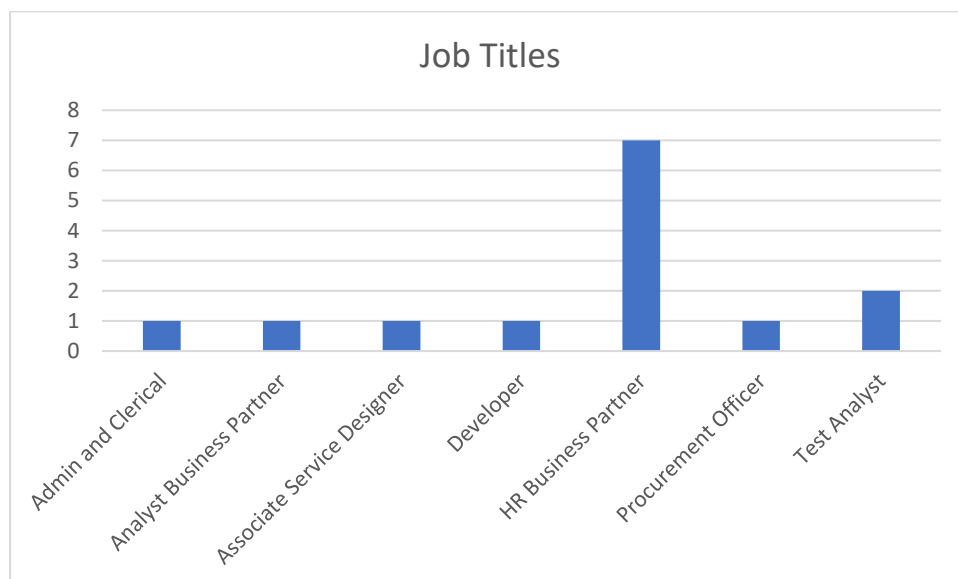
The majority of the 21 projected additional roles (this includes those in the Nursing and Midwifery and the Other Therapeutic Job Families also) required at Band 7 are mostly in the Administrative Services family (16) and will sit in the Technology Services Directorate. However, there are additional roles required in specialist areas including Finance and HR, and projected Educational roles.

Figure 6: Projected additional Band 7 roles



The 14 projected roles required at Band 6 in the Administrative Services job family are across a range of Directorates, the majority of roles at this level are for HR Business Partners.

Figure 7: Projected additional Band 6 roles

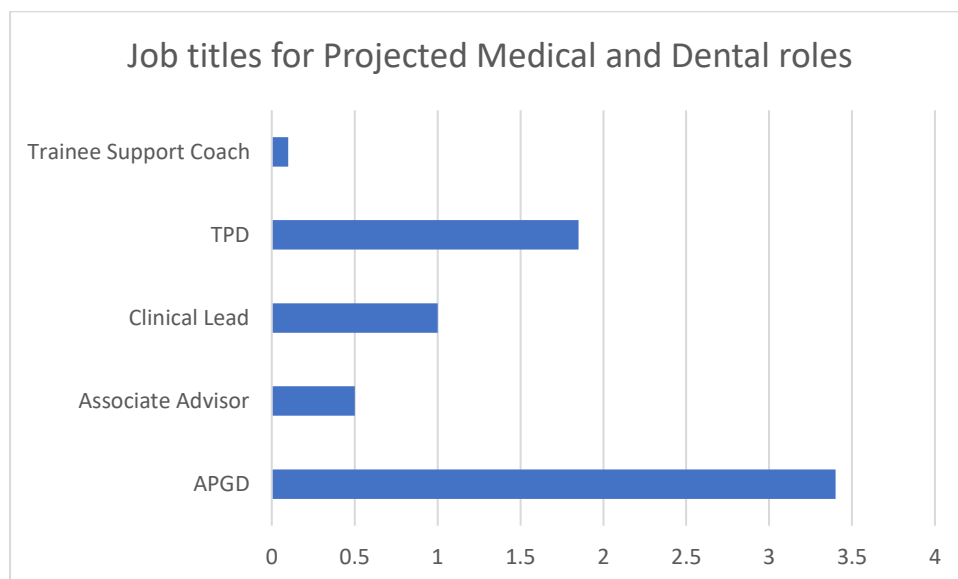


The projected additional roles required at bands 8A and 8B are mostly in the Administrative Services job family (13) with the majority of roles in the Technology Services Directorate (e.g. Engineers and Product Managers) across a range of digital products. The other roles are part time/ sessional and are for Educators across the Healthcare Science (1.4 WTE), Nursing and Midwifery (0.2 WTE) and Other Therapeutic (8 WTE) job families.

Projected roles and skillsets: Medical and Dental roles

The projected additional roles required in the Medical and Dental cohort will require recruitment from Medical and Dental staff most likely already employed by NHS Boards and the requirement may be for temporary contracts that supplement substantive clinical roles. Whilst the whole-time equivalence of our educator staff may be relatively small, the headcount is likely to be significantly higher as individuals deliver their NES work on a sessional/ part time basis, it is significant however because a high headcount means there are individuals who will require support from the organisation in the course of performing their role e.g., administrative, facilities, digital, finance, payroll, HR, development.

Figure 8: Projected additional Medical and Dental Cohort roles



3.4 New ways of working

Each Directorate has an action plan that outlines the specific requirements such as demographic trends, risks, actions plan for the next 3 years, and projected workforce required for this. All Directorate actions plans are available on request from hrsupport@nes.scot.nhs.uk

Key themes from the Directorate action plans are:

- Technology Enhanced learning (TEL) and redesign of Turas will continue to transform the delivery of education across the system. Educator skillsets and expertise in technology enhanced learning are multidisciplinary, cross Directorate workstreams that will continue to progress across the organisation.
- New ways of working, including hybrid working, automation and new technology will require digital capability strategies across the organisation to develop skills and leadership.
- New ways of working will also require development of support to managers and for staff to work differently across teams and to maintain positive health and wellbeing, underpinning staff retention.
- Attraction and recruitment strategies will support Directorates to deliver effectively across workstreams, this includes interest from Directorates in developing capability for employability programmes.
- There is an interest in developing career pathways across the organisation to support retention and progression.
- Some Directorates have challenges with fixed term funding of posts and are reliant on agency/ fixed term staff, leading to training and retaining cycles when individuals leave or contracts conclude.

CONCLUSIONS: STEP 3 – Defining the required Workforce

- Delivery requirements across NES will continue to increase across a broadening range of services.
- Rising workforce demand, so we need more people – educators and other specialists/ expertise, plus business support staff.
- Funding models impact on our ability to retain talent
- Need to develop skills and capabilities to ensure success with new ways of working
- Positive work life balance is required to support health and wellbeing, underpinning retention and attraction
- Projections based on recent growth trends and the addition of a new Social Care Directorate suggest growth over the next three years could lead to a 30% increase in headcount.
- Operational planning projections for additional roles are not to the same levels as the growth trend.
- The majority of projected additional roles in NES are technology related.
- There will also be recruitment to a range of educator roles across the job families. These roles may be part time/ sessional and so although WTE may be small, recruitment activity such as individual pre-employment checks etc could be much higher given the actual headcount.

STEP 4

Understanding workforce availability: Demand Analysis of NES Workforce Requirements

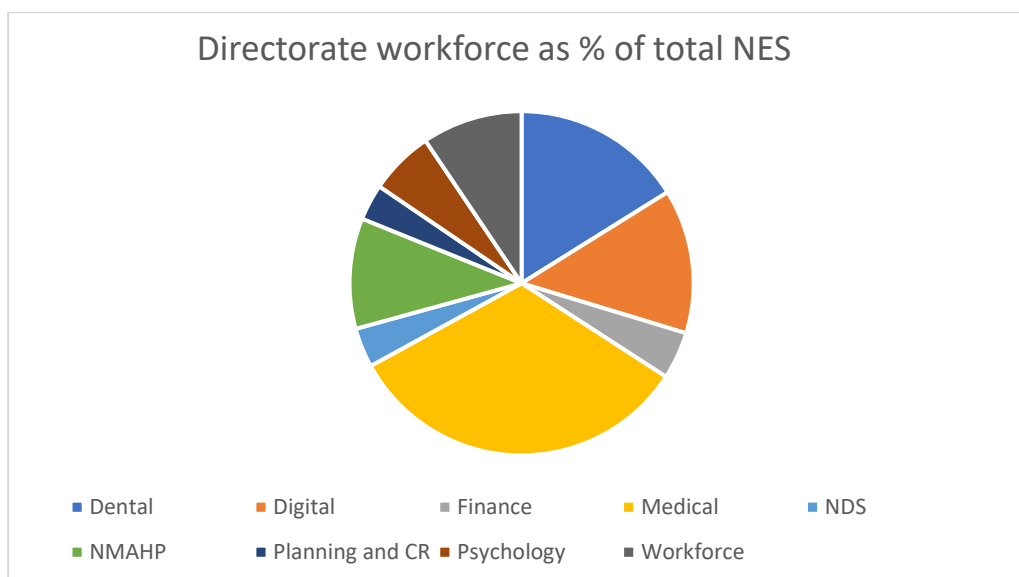
4.1 Understanding the current workforce

The NES workforce supply data covers the reference period April 2019 to June 2021, [Appendix 3](#) has a more detailed breakdown of the current workforce and Directorate action plans also provide more specific detail. Training grade staff employed by NES (e.g., junior doctors and dentists in training) are not included in the following data, training grade workforce planning is conducted at a national level.

4.2 Summary

1. Excluding trainee employees, at June 2021 NES had a workforce of 1,025 headcount, 847.6 Whole Time Equivalent (WTE).
2. The NES workforce is currently split across 9 Directorates.⁵

Figure 8: Directorate workforce



3. The majority of NES staff are contracted on Agenda for Change terms and conditions. An average headcount of 126.81 staff over the reference period are contracted on Medical and Dental terms and conditions and an average headcount of 9.59 are Executive Grade.

⁵ It should be noted that following organisational change processes, the NDS and Digital Directorates are transitioning into a unified Technology Services Directorate.

4. Whilst NES roles can be split between job families, the non-clinical nature of the work being delivered across NES is such that to really understand the different roles, further analysis at the level of harmonised job title provides additional clarity on the type of work being delivered across a range of functional areas.
5. The majority of staff in NES are Bands 5 -7. A review of harmonised job titles across these Bands shows that the most common roles in NES are Senior Officer / Team Leader (16% of band 5-7). The next biggest group of staff are in bands 2 -4, the majority being at Band 4 (56.78%) and working as Administrators. There is an average headcount of 169.19 Band 8A-B roles in NES, mostly as Principal Lead or Manager/Principal Educator (44.81%). Band 8C roles are Head of Programme/ Head of Service roles, with a small number of 8D Associate Director roles (average headcount of 13.07).
6. The Executive Cohort includes Directors and the Chief Executive. Four of the Executive Cohort are Executive Directors on the NES Board. Executive roles are evaluated via the National Evaluation Committee.
7. The Medical and Dental Cohort are mostly in the Medical and Dental job family in educator roles, the majority are Associate Advisers (45.91%).
8. Appraisal, objective setting and developmental learning needs are recorded on an annual basis on Turas Appraisal, with 80% completion across the organisation. However, there is not currently the functionality to extract at organisation level thematic learning needs or extrapolate baseline data on existing skills and capabilities.
9. Recruitment in NES is split between internal and external recruitment c. 15% of recruitment is internal.
10. NES has a growing workforce - this trajectory has been broadly similar across the majority of NES Directorates and is most notable in an increasing headcount at Bands 5-7 and Bands 8A-B. Band 8C-D headcount is also showing an upward trend. Data on applications by grade shows that most applications are received for Band 3 and Band 4 posts.
11. Recruitment activity over the reference period has included new and replacement recruitment of NES employees (75%), agency workers (18%) and secondees (6%). Use of agency workers is highest at Bands 5-7 and largely concentrated in National Data and Technology Services (formerly NDS and Digital) and Workforce Directorates. Secondments are mostly used for Bands 8A-8B.
12. Recruitment of new and replacement staff in NES shows peaks for new starts in April in each year and a potential trend of new starts every 3 to 4 months. Some Directorates have had higher recruitment relative to the Directorate

size, e.g., NDS (now known as Technology Services as Digital and NDS have transitioned into a unified Directorate) and Workforce.

13. Over the reference period, the NES workforce is predominantly permanent (80% in 2021). There is variation however across Directorates in relation to the temporary workforce – this may be related to funding arrangements, peaks for activity or other factors. The Psychology, Workforce and Technology Services Directorates have been most reliant on a temporary workforce.
14. The average time to fill across NES vacancies during the reference period is 95.14 days. Outliers to the average tend to be due to longer notice periods in senior roles, hard to fill recruitment and delayed pre-employment checks.
15. The data shows fluctuations of leavers with peaks every 3-5 months and variation in turnover across Directorates. Leavers were mostly in band 5-7 (99), then band 2-4 (77) and then Medical and Dental (71). The majority of leavers are due to the end of a fixed term contract (26.3%).
16. Absence rates across NES are low, currently 1.8%, this compares to 6% across NHS Scotland, the national target is 4%.
17. In addition to the employed workforce, other contracting arrangements are in place to support NES business, for example, Service Level Agreements and use of workers. This resource is not included in this workforce plan, however over the next 3 years mechanisms will be developed to better capture and report on the contribution of these arrangements to NES delivery, to inform future planning activity and understanding of supply/ demand issues.

4.3 Forecasting

1. It is anticipated that recruitment of Educators could be impacted due to pressures across the NHS, meaning that NES may find it difficult to recruit due to lack of capacity within the clinical role/job plan of these individuals i.e., Boards maybe unable to release.
2. We are competing in a range of different markets for other staff – e.g., Administrative, Finance, Project Management, HR, Technology Services.
3. NES currently has a very small workforce in the 16-24 age range, we know that we receive the largest number of applications from this age group for entry level roles, but that NES policy is generally for internal recruitment first for roles band 5 and below. The organisation is not actively utilising employability programmes, e.g. the Modern Apprentice talent pool. All of these factors suggest there is an opportunity to improve attraction of this age

group into the organisation and to develop the career pathways that will support longer term retention.

4. Whilst there is a robust establishment control process in place across NES, this can slow down agility, recruitment is mostly reactive.
5. A clear strategy for attraction of staff into NES that covers the roles and skillsets we require to recruit into, joined up campaigns across the organisation, strategies for recruitment to specialist roles/ remote geographies and ensuring resource is in place at the right time may help NES be more proactive in attracting a diverse workforce.
6. Formal talent management and progression points may be useful in supporting retention of staff.
7. Currently a fifth of NES staff are on temporary contracts – either fixed term or via agency, reflecting the non-recurrent funding attached to many projects/ workstreams or the use of corporate underspend to bring in additional workforce. Continuation of this approach will see continuation of a fluctuating workforce and adds to ongoing turnover and associated repeated recruitment activity.
8. Agency workers are likely to continue to be utilised given the predicted non-recurrent funding for posts over the 3-year period. The restrictive supplier framework already presents challenges in a highly competitive market in securing the calibre of candidates, especially in specialist areas such as Technology Services and Finance. Additional challenges that already arise from short term funding and contracts include the time to train impacting on collective productivity and the subsequent loss of expertise when the agency worker leaves, or the contract concludes. This will be further compounded by the recruitment landscape, which is currently a candidate driven market, meaning that short term contracts may be less attractive, and it could be more likely for those on short term contracts to leave for external permanent positions prior to an end date. When specialist knowledge and expertise is developed over the next 3 years, it could be there are missed opportunities to redeploy this in a more flexible way that could reduce the challenges associated with developing specialist expertise and capacity via short term contracts.
9. The digital capability of all NES staff will be another priority skillset given their role as digital champions across NHS Scotland and also to maximise effectiveness in delivery.
10. Tackling the resource stretch reported through workforce planning discussions across many teams in the organisation – e.g., due to a lack of funding, increased workload, new areas of work, capacity/ demand challenges – will help address the lack of time to anticipate and react to wide scale

change and to determine the impact on specific teams. This can also have a negative impact on staff health and wellbeing, leading to a high risk of staff burnout.

4.5 Demographics

Further detail on NES demographics is provided in [Appendix 4](#), in summary:

1. NES has a predominately female workforce (72%), with a majority of females across the Agenda for Change (especially Bands 4 - 5) and Executive cohorts and a more even split in Medical and Dental roles. The majority of the less than full time workforce are women.
2. Over 50% of the workforce aged over 45. NES has a very small workforce, 2%, aged 16-24. Some Directorates have a varying distribution across age ranges, although all have very low levels of employment in the 16-24 age group.
3. Small numbers of staff disclose a disability, 3%. The majority of disabled staff are working in Band 5 - 7 roles in NES.
4. The NES workforce is predominately White – 93.54%. The most diversity is seen in Medical & Dental Cohort roles, followed by Band 2 – 4 roles.

4.6 Supply Options

Indications are that the NES workforce will continue to grow; future NES workforce supply options are listed below along with further clarity on the scale of these options.

Red – no formal NES resource in place for this and would require additional resource to support. It is anticipated that it would take 12-18 months to fully roll out and embed in the organisation.

Amber – some formal resource in place to support this. However not an existing business as usual activity. It is anticipated that it will take 6-12months to fully roll out and would impact existing workloads.

Green – existing resource and process in place. Continuous improvements are ongoing and can readily be absorbed within existing resource.

Supply options:

- External Recruitment – various markets dependant on role – Green
- Employability programmes – Amber
- Recruitment/ contracting with clinicians active in other parts of the system for educator sessions – Amber

- Service level agreements with other Boards and clinicians for educator sessions - Amber
- Retraining/ development of existing staff to have digital capabilities that support use of technologies in delivery – Green
- Career progression for NES staff - Red
- Succession planning - Red
- Temporary staffing via agency – Amber
- Secondments from other employers - Green
- Outreach activities to support our attraction strategy whilst contributing to SG policy – Red

Conclusions: Step 4 – Understanding the current workforce

- NES has a growing workforce, this is reflected in a trend for sustained high levels of recruitment for new and replacement posts.
- The majority of NES staff are working at bands 5-7, with the most recruitment across these Bands in largely administrative/ business support roles.
- A fifth of the employed NES workforce are on fixed term contracts/ agency.
- We have an aging workforce and do not generally reflect the diversity of the Scottish population.
- Most applications are for roles at band 3-4.
- Recruitment of new resource takes on average 3 months to conclude.
- Turnover is cyclical.
- Absence is low.
- We will face recruitment challenges given the supply options.
- The skillsets and skill gaps across the organisation are not fully understood, but we know skillsets and role requirements are changing given new technologies and ways of working.

STEP 5

Developing an Action Plan: What are we going to do to address our Workforce gap?

5.1 NES Workforce Gap analysis

1. Given the predicted additional workforce based on organisational growth trend and also the projected workforce from operational planning, combined with the additional workforce identified for a Social Care Directorate and for the NHSS Academy, it is clear that increased recruitment activity will be a key component in delivering the required supply of NES workforce. The projected workforce data collated through operational planning is likely to have underestimated workforce demand, this is potential planning gap should continue to be addressed through development of workforce planning capability across the organisation. A clear recruitment and attraction strategy will be required to deliver successful recruitment outcomes.
2. The data suggests that whilst we may continue to have high recruitment at band 6,7,8 and across Medical and Dental Educator roles, the skillsets for these posts are likely to have a different focus – e.g., Technology Enhanced Learning, Technology Services roles or specialist roles. This is likely to require different articulation of the roles and careful thought as to how to develop existing staff and where to source future candidates from.
3. As an education organisation, our future educator talent pools need development across Boards and into other sectors to develop Digital Workforce Education Specialists and pathways required to navigate the interplay between learners, educators and digital technology. It is also essential that we continue to develop the skillsets of our current educator workforce – this will require multidisciplinary working across the organisation.
4. With a growing organisation and anticipated new, albeit as yet unknown, commissions from Scottish Government, the demand increases on existing corporate functions, such as Technology Services, Workforce, Facilities and Finance. The projected workforce and estimated organisation growth data have not usually been shared proactively with corporate functions to inform the resource planning of these other Directorates nor included in bids for Scottish Government funding.
5. Communications with Directorates as part of the workforce planning process, identified upskilling of staff across the following priority areas will be required to support NES workforce to have the right skills to support delivery of NES strategic ambitions, underpinned by investment in staff development:

- Communication skills particularly across a complex framework of stakeholders
 - IT
 - Leadership
 - Digital skills
 - Train-the-trainer (online)
 - Education development
 - Access to formal training to upskill staff in new digital products
 - Virtual training delivery skills
 - Networking/communication/creative engagement process
 - “People” skills, working as part of a team
 - Opportunity for informal learning within teams, from colleagues and through direct experience
6. As part of NES’s aim to attract and retain a diverse workforce, upskilling across NES on the range of employability initiatives available, along with developing guidance and understanding of the supervisory and management support required will enable future identification of opportunities to develop routes into the organisation.
7. Career pathways across NES and succession planning for business-critical roles will be key to retention of staff and development of skillsets that support multi-disciplinary approaches, agility, and mobility across the organisation. Development of change management expertise, transformational leadership and agile processes will also be key.
8. To maintain effective delivery, retain staff and be competitive in the labour market, NES must continue to provide Fair Work, be a leader on equality and diversity in the health and social care sector, and develop innovative ways of working that fulfil the needs of staff and that promote positive health and wellbeing.

5.2 Priority and Action planning

[Appendix 5](#) sets out the timeline for actions, the key themes identified through the workforce supply and demand analysis are as follows with the link to the 5 pillars in the Health and social care: national workforce strategy noted in brackets:

- Attraction and Retention (Attract, employ and nurture)
- Projected staffing (Plan)
- Upskilling and Digital capability (Train)
- Youth Employment (Attract)
- Succession Planning (Nurture)
- Funding models (plan)
- Technology Enhanced Learning (Train)
- Career pathways (Nurture)

5.5 Managing Change

A responsive organisation

To support the expansion of the organisation – both in relation to what we deliver and the workforce to do so – we will require platforms, systems and processes to be fit for purpose and efficient, cutting out unnecessary duplication or administration wherever possible. Adopting a quality improvement approach, we will continuously look for ways to achieve this efficiency and management of risk.

Attraction and Retention: Attract, employ and nurture

By June 2022, we will develop a clear approach to attraction informed by the projected recruitment data from operational planning and interviewing recent recruits to NES for their feedback. We will use this to develop refreshed recruitment materials for use across social media.

Given the range of specialist roles across the organisation and the different sources of talent for vacancies, throughout 2022 we will begin work with Directorates and stakeholders to better understand how we can best develop specific strategies. These strategies will enable us to more successfully recruit into the relevant roles by developing an understanding of our competitors, by supporting successful attraction of a diverse workforce and through linkages to NHS Scotland Careers.

Underpinning equal pay and job evaluation, NES utilises harmonised job descriptions. Agreed in partnership in 2015, these job descriptions will be reviewed in 2022 to improve information at recruitment stages and to ensure that the terminology reflects current working practices and reflects the skill sets the organisation now requires, particularly in relation to technology enhanced learning and digital capability.

Organisational infrastructures such as establishment control and organisational change processes should be refreshed to ensure they remain fit for purpose and the organisation continues to grow its business and the workforce.

Across the organisation and embedded in the Recovery work, new ways of working that support attraction, retention, staff health and wellbeing support will continue to be developed over the next 3 years.

During the 3-year plan, insights from exit feedback will be further developed to inform staff retention and attraction into NES.

Projected Staffing: Plan

Combining the anticipated social care roles, projected staffing data from operational planning (highlighting high levels of recruitment for Technology, Specialist and Educator roles) along with predictive data on replacement recruitment (informed by

replacement recruitment activity over 2021), a recruitment plan will be developed in Q4 of 2021/22 for 2022/23 that will join up recruitment for key roles throughout the year, identifying roles to target as part of the attraction strategy and also enable use of talent pools for unplanned vacancies as a result of attrition. This approach will be monitored for impact on recruitment outcomes and also for any reduction in duplication of recruitment activity. Ongoing upskilling on workforce planning will also be progressed to further develop organisational capability.

Upskilling and Digital Capability: Train

Developing a baseline metric for staff skills, and in particular digital capability, will be progressed during 2022 and corporate budget will be identified for investment in staff development. Alongside this and to reflect new work and working practices, core induction for staff will be refreshed with new differentiated line managers induction. As part of the wider refresh and improvement of NES internal learning and development provision, a range of development opportunities will be made available via the [Learning at Work Catalogue](#) (originally developed and made live in 2021).

Employability: Attract, Train and Employ

During 2022, work will be progressed to upskill teams on the different employability schemes available informed by Developing the Young Workforce & No One Left Behind strategies and embedding processes that will support implementation across NES. This will then enable managers to identify suitable opportunities across their teams in the next round of operational planning in 2022 and will also provide clarity to managers and teams of the support the organisation will provide to individuals through supervision, experience-based learning and, where required, research/study topics. Some Directorates have already identified potential to undertake tests for change in 2022 and learning from these will be shared, for example through the Senior Operational Leadership Group.

Succession Planning: Nurture

During 2022, the succession planning approach agreed by the Executive Team in 2021/22 will be progressed in each Directorate to ensure adequate succession planning particularly where retirement of senior postholders is anticipated.

Funding models: Plan

In addition to ensuring that any costs for corporate functions that are impacted by Scottish Government Commissions are included in bids for funding, in 2022 a pilot will be developed to appoint permanently into recurrent roles in NES that typically have non recurrent funding, for example Programme Managers and Administrators.

Individuals will be recruited on permanent contracts but will be moved round internal attachments.

Career Pathways: Nurture

To support retention, career development and organisational mobility career pathways for key posts in the organisation will be developed during year 2 (2023/24) of the plan. In addition, in year 2 Directorates will explore rotation of staff across teams to develop agility and transferable skills, with opportunities for tests for change and learning discussed at the Senior Operational Leadership Group.

Conclusions: Step 5 – Developing an action plan

- Gaps identified that will impact on availability of workforce include:
 - Lack of consistency between organisational growth and projected workforce at operational planning – workforce planning capability/ maturity
 - Lack of an attraction and recruitment strategy
 - Baseline data and skills matrixes
 - Outdated articulation of the skill and experience requirements for roles
 - Educator talent pools, pathways and skillsets
 - Organisational infrastructure and support services to match the pace of workforce growth
 - Lack of developed skills across priority areas
 - Clear career pathways and succession planning
 - Diversity across the workforce
- An organisation action plan, informed by common themes emerging from Directorates, has been developed to address these gaps, with clear timelines and responsibilities.
- The organisation will manage the changes that arise as an expanding organisation through the action plan and through a quality improvement approach to existing platforms, systems and processes.

STEP 6

Implementation, Monitoring and refresh

Whilst NES has a track record in supporting workforce planning for professional groups at a national level, this is the first 3-year workforce plan for our NES workforce. Therefore, over this 3-year period we will strive to further develop and embed the pillars that will support future workforce planning activity across the organisation, this includes upskilling teams on a workforce planning approach, developing skillset data for our own workforce and utilising data on growth and projected workforce more proactively. Where during the lifetime of this plan it emerges that an identified action is no longer valid, we will review and refresh our approach.

This 3-year plan pulls together organisation wide workforce planning themes informed by Directorate action plans. Each Directorate has workforce planning included on the performance management system that will require quarterly updates on progress and as such workforce planning will be a discussion at Directorate senior team meetings with the HR Business Partner. The organisation level actions have also been included in Workforce Operational Planning activity so that progress will be tracked on a quarterly basis and reported as required.

Recognising the pace of change and supporting an agile approach, Directorates are encouraged to undertake tests for change with workforce planning activities, sharing learning and outcomes through the Senior Operational Leadership Group.

Measuring progress

Across the organisation there should be collective ownership of the 3-year plan:

- The Staff Governance Committee will hold the Executive Team to account for delivery of the plan.
- Directorates have a responsibility to participate in the development and shaping of the workforce plan to ensure that it underpins delivery of organisational objectives and is used to inform operational and financial planning.
- All staff should be encouraged by their line manager to engage with the workforce plan and have visibility of the actions that will be put in place to ensure NES has the required workforce of the future through careers development, talent management and succession planning. Developed in partnership and with input from the staff networks the plan will be underpinned by our values and our aim is to be an organisation that removes inequalities, delivers fair work, and is diverse and inclusive.

Revisiting the six steps

The overall plan will be reviewed on an annual basis to ensure that all workforce planning actions are still appropriate and are being progressed.

Appendix 1 – Roles and Responsibilities

Roles within Workforce planning (WFP)	Responsibilities	Lead/Accountable Officer	Frequency
Staff Governance Committee	To hold the Executive team to account for delivery of the Workforce Plan	The Committee	Throughout planning stages and the lifetime of the plan
Extended Executive Team (EET)	To ensure delivery of the Workforce Plan, to input, review, challenge and sign off on proposed Workforce Planning documentation	The Extended Executive Team	Throughout planning stages and the lifetime of the plan
Senior Operational Leadership Group (SOLG)	To assist in determining Workforce planning priorities for the 3-year period	SOLG membership	Throughout planning stages and the lifetime of the plan
Directorate Lead	Nominated lead for each Directorate (named on Directorate summary documents) to link in with HRBP's on a regular basis to discuss their action plan and staffing requirements. This is to be signed off with HRBP on a quarterly basis via MiTracker.	Nominated Directorate lead specified in the Directorate summary documents	Throughout the lifetime of the plan
HR	<p>Head of Service – HR: To progress Workforce Plan within the organisation, this includes but is not limited to, providing updates of workforce plan progress at relevant committees, input and supervision of the progress of the plan, write up and review of documentation for the plan, stakeholder engagement</p> <p>Lead HR Business Partner for WFP: Create and facilitate training for HR Business Partners, Directorate, Liaise with Directorates regarding WFP, Document various meetings, Stakeholder engagement Update relevant Stakeholders and Head of Service-HR on progress Develop Directorate action plans Input into the write up of the organisation WFP Ensure adhering to any timelines Ensure that quarterly updates and reviews are taking place in a timely manner</p> <p>HR Business Partners (HRBP's): To support the Lead HR Business Partner in liaising with Directorates. To support the actions specified but the Directorates and ensure that these are progressed as per the timeline To discuss and identify possible recruitment activities that could be joined up To ensure that the performance management system is updated on a</p>	<p>Head of Service – HR</p> <p>Lead HR Business Partner for WFP</p> <p>HR Business Partners</p>	Throughout planning stages and the lifetime of the plan

Roles within Workforce planning (WFP)	Responsibilities	Lead/Accountable Officer	Frequency
	quarterly basis with the required information.		
Finance Manager	To provide details of costings with regards Workforce planning	Finance Manager	Throughout planning stages and the lifetime of the plan
Specialist Lead Education and Management Development	To review Directorate action plans and assess needs of training and upskilling across the organisation	Specialist lead of Education and Management Development	Throughout planning stages and the lifetime of the plan

Appendix 2: NHS Scotland Academy Projected Workforce



NHS Scotland Academy programmes of education and required faculty for 2022/23, as known at 22 April 2022.

ID	Project	Status	Elevator Pitch	Workforce requirements in addition to core-funded team already in place (and whether NHSGJ or NES are contractor/employer) Status at 22 April 2022 with plans for 2022/23
1	Skills and Simulation Centre	Delivery	Creation of a skills and simulation centre to provide a home to the NHSSA within NHS GJ, adding additional high-quality space to that already available within NHS GJ.	Time from an experienced Sim Tech will need to be bought in for training purposes and unlikely to recruit full skill-set locally to GJ - support likely to be bought via SLA with another simulation centre NES. Band 8B, 1.0WTE, Centre Manager NHS GJ Band 4, 1.0WTE, Skills Administrator NHS GJ Band 4, 1.0WTE, Clinical Simulation Technician NHS GJ Band 4, 1.0WTE, Clinical Simulation Technician NHS GJ Band 4, 1.0WTE, AV Technical Support NHS GJ Technician development will be required

2	National Endoscopy Training Programme (NETP)	Delivery	To develop a faculty of 50 endoscopists who deliver high-quality training to national (JAG) standards in colonoscopy and upper GI, at JAG accredited units throughout Scotland, enabling services to be developed, using a whole-team approach and significantly reducing waiting lists and wait times for endoscopy services.	<p>Consultant Grade, 0.1WTE, Chair NES Consultant Grade, 0.6WTE, Clinical Lead NES Band 8B, 1.0WTE Programme Lead NHSGJ Band 5, 1.0WTE, Administrative support NHSGJ Consultant Grade, 0.1WTE, Regional Training Lead NES Consultant Grade, 0.1WTE, Regional Training Lead NES Consultant Grade, 0.1WTE, Regional Training Lead NES Consultant Grade, 0.1WTE, Regional Training Lead NES Consultant Grade, 0.1WTE, Regional Training Lead NES 0.1WTE, Regional Training Lead NES Band 6, 0.25WTE, technical support NES or NHSGJ Band 6, 0.5WTE, Quality/Research role NES or NHS GJ 50 x 1PA annualised of Consultant grade (Medicine) or 8A (Nursing). Currently (April 22) in round 1 of recruitment for the first 8-12 of the circa. 50 JAG-accredited Faculty. SLAs via NES.</p>
3	Assistant Practitioner Programme (NETP)	Delivery	To deliver accelerated training for 80 HCSWs, currently working at career level 2 or 3, equipping them to function at career level 4.	<p>Band 7, 0.2WTE, Clinical Educator for SVQ internal verification NHSGJ Band 6, 1.0WTE, SVQ Assessor NHS GJ Band 6, on sessional basis for 12 days, Clinical Educator Likely SLA via NHS GJ Band 7, on sessional basis for 12 days, Clinical Educator Likely SLA via NHS GJ Band 8A, 0.4WTE, Senior Educator NES</p>
4	National Treatment Centres' Accelerated Workforce Programme: Foundations in Perioperative Practice	Delivery	To develop the workforce for National Treatment Centres by delivering an accelerated training programme, over 31 weeks, to enable band 5 nurses to work in perioperative settings.	<p>Band 7, 0.8WTE Clinical Educator NHSGJ Band 6, 0.5WTE Clinical Educator NHSGJ (currently vacant) Band 7, 0.2WTE Clinical Educator Lead GJUNH (Temporary - Faculty support) Band 7, 0.2WTE Faculty Bank NHSGJ Currently (April 22) recruiting for additional 0.5WTE of both band 6 and band 7 clinical educator NHSGJ for one year Dispersed model will require additional faculty for each site of band 5 technician support and 2 x band 6/7 clinical educator faculty. From Oct 2022 onwards. Likely to be managed by SLA via NES.</p>

5	National Treatment Centres' Accelerated Workforce Programme: Anaesthetic Assistants	Delivery	To develop the workforce for National Treatment Centres by equipping staff from a range of professional backgrounds to support surgical services.	<p>Band 8A, 0.8WTE, Senior Educator NES Band 8B, 0.2WTE, Principal Lead NES Band 8A, sessional payments for development support to be arranged via NES</p> <p>Pop up Faculty for 8 workshop days per cohort: Consultant plus 2x Senior Educators/ODPs. Likely SLA via NES Band 5, Technical support for delivery days Likely SLA via NES Faculty development will be required</p>
6	National Treatment Centres' Accelerated Workforce Programme: Surgical First Assistants	Development	To develop the workforce for National Treatment Centres by equipping staff from a range of professional backgrounds to support surgical services.	<p>Band 8A, 0.8WTE, Senior Educator NES Band 8B, 0.2WTE, Principal Lead NES</p> <p>Pop up Faculty likely to be similar to Anaesthetic Assistant for delivery days: Consultant or Relevant Senior role x 3 Likely SLA via NES Band 5, Technical support for delivery days Likely SLA via NES Faculty development will be required</p>
7	National Clinical Skills for Pharmacists Programme	Delivery	Equipping pharmacists who have completed their Independent Prescribing qualification with the skills and confidence to begin prescribing, reducing pressure on GP services.	<p>Consultant, 0.2WTE, Medical Advisor NHSGJ Band 8A, 0.4WTE, RMP4 Pharmacy support role for one year from June 2022 NHSGJ Actors on a sessional basis from a pool of 11 Expenses/casual payment via NES Faculty on a sessional basis (3 per day) from a pool of 20 medics and 16 ANPs Expenses/casual lecturer payment via NES</p>
8	NMC OSCE Prep Centre	Delivery	Supporting Boards who have recruited nurses from outside the UK, by helping with preparation for NMC OSCEs. This will help the nurses to gain registration so they can practice independently as quickly as possible.	Band 8A, 1.0 WTE, Senior Educators

9	Preparation for work in health and social care in Scotland	Delivery	Supporting Boards and Social Care providers in winter 2021, by providing a digital resource that enables people new to roles in health and social care to be well-prepared. The resource is suitable to be used after interview but before starting work, whilst HR processes are underway, and it is a stop-gap resource whilst the national commission on induction for HSCWs is ongoing	Covered by core team
10	Widening Access Routes: NHS Scotland Youth Academy (Golden Jubilee Huddle, Grampian Huddle, Tayside Huddle, Highland Huddle, D&G Huddle)	Development	Co-creation of a school apprenticeship pathway as a proof of concept. Twenty young people from each huddle area will join a pilot, which will start in 2023 enabling the first cohort of potential new NHS workers to be available from the summer of 2024.	Band 8B, 0.7WTE, Programme Lead NES Band 7, 1.0WTE, Local Project Manager

11	Widening Access Routes: Armed Forces Service Leavers and Veterans	Delivery	Engaging with a wide range of stakeholders to explore opportunities to raise awareness of the potential of working in health and care services amongst service leavers and veterans, and seeking to offer seamless or supported pathways into careers in the NHS, SAS, or social care.	Band 8B, 0.7WTE, Programme Lead NES Band 7, 1.0WTE, Local Project Manager
12	Endoscopic Vessel Harvesting	Development	To provide a training programme for people who will harvest long veins endoscopically.	Covered by core team
13	National Ultrasound Training Programme	Development	Increase Ultrasound capacity in NHS Scotland by supporting Boards to train ultrasonographers through a hub and spoke approach and use of dedicated practice educators, in partnership with Glasgow Caledonian University.	Band 8A, 1.0WTE, Senior Educator Sonographer NES Band 7, 0.5WTE Specialist Lead Sonographer NES, Band 7, 0.5WTE Specialist Lead Sonographer NES Band 7, 0.5WTE Specialist Lead Sonographer NES
14	Ophthalmology: Cataract Training	Development		Too early in development to plan
15	Bronchoscopy Training	Development		Too early in development to plan

16	Clinical Engineering	Exploration		Too early in development to plan
17	National Pathology Training School	Exploration		Too early in development to plan
18	Decontamination Roles	Development	Explore opportunity and confirm an enhanced pathway to recruit, retain and train decontamination staff for NTCs, including opportunities to promote careers, alongside meeting service needs.	Too early in development to plan
19	AR – VR – MR	Exploration		Too early in development to plan
20	Robotics	Exploration	Explore appetite for a once-for Scotland approach to inter-professional training to support the roll-out of robotic assisted surgery training in Scotland.	Too early in development to plan
21	Faculty Development	Delivery	SCSCHF will provide leadership for faculty development for people delivering NHS Scotland Academy programmes, increasing national capacity and capability for using simulation in health and social care education and training in Scotland.	Project led by SCSCHF - 3 faculty have been appointed, 2 x Consultant Grade and 1 x Resus Officer grade. Managed by SLA via NES.

25	Widening Access Routes: Mobile Testing Units' staff	Exploration	Engaging with stakeholders to explore opportunities to raise awareness of the potential of working in health and care services amongst colleagues working in Mobile Testing Units, and seeking to offer seamless or supported career pathways in health and social care.	Too early in development to plan
26	University of Strathclyde/NHS GJ Partnership	Exploration		Band 8A, 0.6WTE, RMP4 Pharmacy support role for one year from June 2022 NHSGJ

Appendix 3: Current Workforce Supply

The following NES workforce supply data covers the reference period April 2019 to June 2021. Training grade staff employed by NES (e.g., junior doctors and dentists in training) are not included in the following data, training grade workforce planning is conducted at a national level.

The workforce data for the reference period is analysed below by:

- A. Directorate
- B. Grades and Roles
- C. Capabilities and skill sets
- D. Growth and recruitment activity
- E. Turnover
- F. Agency usage
- G. Sickness Absence
- H. Employment arrangements
- I. Composition

A. NES Directorates

1. Excluding our trainee employees, at June 2021 NES has a workforce of 1,025 headcount, 847.6 Whole Time Equivalent (WTE). This gap between headcount and WTE is not surprising given that many of the educators across NES have substantive clinical roles elsewhere in the system.
2. The NES workforce is split across 9 Directorates; however, it should be noted that following organisational change processes, the NDS and Digital Directorates are transitioning into a unified Technology Services Directorate – data during the reporting period is split due to the former structure.

Figure 1: Split of workforce across Directorates

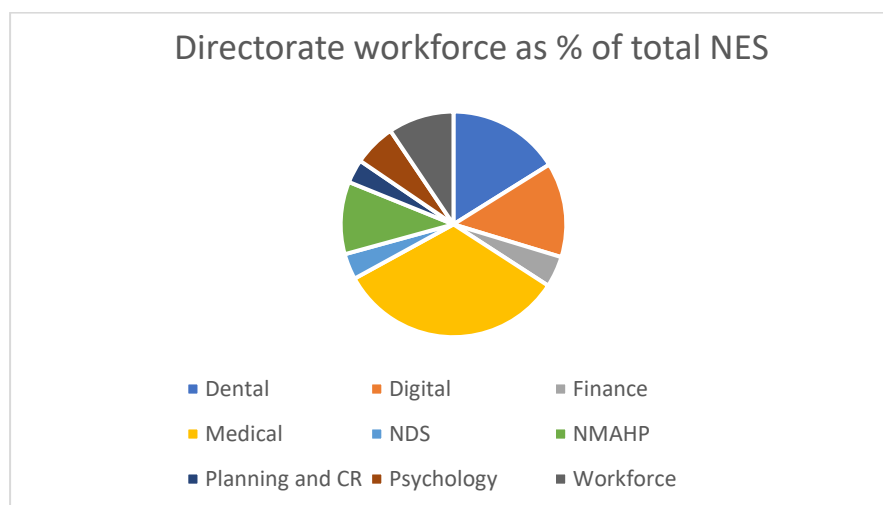


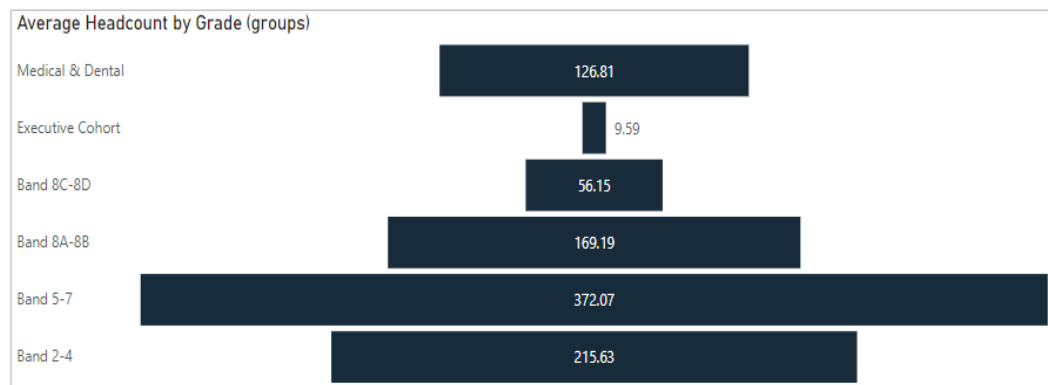
Figure 2: Average NES workforce over the reference period by Directorate

Directorate	Headcount	WTE
Dental	152	105.83
Digital	128	125.27
Finance	42	40.16
Medical	310	231.43
NDS	35	31.91
NMAHP	98	87.60
Planning and CR	32	28.63
Psychology	57	40.96
Workforce	89	83.82
TOTAL	942	775.61

B. NES Grades and Roles

- The majority of NES staff are contracted on Agenda for Change terms and conditions. An average headcount of 126.81 staff over the reference period are contracted on Medical and Dental terms and conditions and an average headcount of 9.59 are Executive Grade.

Figure 3: Average Headcount by Grade



- Of the Agenda for Change staff the biggest group of staff are at Agenda for Change band 5-7 (with an average headcount of 372.07 for the period). The split across these grades is as follows:

Figure 4: Average Headcount by Grade Band 5 – 7



5. Whilst NES roles can be split between job families, the non-clinical nature of the work being delivered across NES is such that to really understand the different roles, further analysis at the level of harmonised job title provides additional clarity on the type of work being delivered across a range of functional areas.
6. The most common roles in NES are in Band 5 -7. A review of harmonised job titles across these Bands shows that the most common roles in NES are Senior Officer / Team Leader (16% of band 5-7), Manager / Lead Business Partner (13% of band 5-7) and Resource / Programme / Project Officer or Business Partner (9% of band 5-7).

Figure 5: Harmonised Job Titles Bands 5-7

Job Family	Harmonised Job Title	Average Headcount	% of Band 5-7 cohort
Administrative Services	Manager/ Lead Business Partner	50.15	13.48%
Administrative Services	Specialist Analysts	31.81	8.55%
Administrative Services	Specialist Data and Information Analyst	2.3	0.62%
Administrative Services or Dental Support or Nursing/Midwifery or Other Therapeutic	Specialist Lead/ Educator	30.93	8.31%
Administrative Services or Other Therapeutic	Specialist Research Lead	7.11	1.91%
Administrative Services or Nursing/Midwifery or Other Therapeutic	Educational Lead/ Practice Educator	25.74	6.92%
Administrative Services or Other Therapeutic	Lead Tutor	7.26	1.95%
Other Therapeutic	Joint Clinical Leadership Fellow	1	0.27%
Administrative Services	Information Analyst Business Partner	5.56	1.49%
Administrative Services	Analyst Business Partner	33.1	8.89%
Administrative Services	Research officer	0	0
Administrative Services	Management Trainee	8.85	2.38%
Administrative Services	Associate/ Deputy Manager	12.67	3.40%
Administrative Services or Nursing/Midwifery	Resource/ Programme/ Project Officer or Business Partner	34.85	9.37%
Administrative Services	Senior Officer/ Team Leader	60.74	16.32%
Dental Support	Dental Tutor	34.96	9.40%
Administrative Services	Senior information Analyst	3.33	0.90%

Administrative Services	Senior Analyst	21.74	5.84%
Administrative Services	Executive Officer	8.7	2.34%

7. The next biggest group of staff are in bands 2 -4, the majority being at Band 4 (56.78%) and working as Administrators.

Figure 6: Harmonised Job Titles Bands 2-4

Agenda for Change Band	Job Family	Harmonised Job Title	Average Headcount	% of Band 2-4 cohort
4	Administrative Services	Analyst Technician	9.11	4.23%
4	Administrative Services	Clinical Trainee	-	-
4	Administrative Services	Admin Officer/ Administrator	113.33	52.56%
3	Administrative Services	Admin Assistant	79.11	36.69%
3	Administrative Services	Technician	4.44	2.06%
2	Administrative Services	Admin Support/ Modern Apprentice	10.04	2.06%

8. There is an average headcount of 169.19 Band 8A-B roles in NES, these roles are typically in the following roles: Senior Educator/Senior Specialist Lead or Manager (20.42%) and Principal Lead or Manager/Principal Educator (44.81%) with the majority of Band 8a/8b roles being found in the Medical and NMAHP Directorates.
9. Band 8C roles are Head of Programme/ Head of Service roles, with a small number of 8D Associate Director roles (average headcount of 13.07).
10. The Executive Cohort include Directors and the Chief Executive. Four of the Executive Cohort are Executive Directors on the NES Board. Executive roles are evaluated via the National Evaluation Committee.
11. The Medical and Dental Cohort are mostly in the Medical and Dental job family in educator roles including Associate Advisers (45.91%), Assistant/ Associate Directors (8.64%), Clinical Leads (2.66%), Deans (13.35%), Educational Leads (14.95%), Fellows (13.81%).

C. NES Workforce capabilities and skill sets

12. Across the Directorates staff skillsets comprise of educators, subject matter experts and support services. Appraisal, objective setting and developmental learning needs are recorded on an annual basis on Turas Appraisal, with 80% completion across the organisation. However, there is not currently the

functionality to extract at organisation level thematic learning needs or extrapolate baseline data on existing skills and capabilities.

13. The qualification, skillsets and experience for Agenda for Change staff have included variations on:



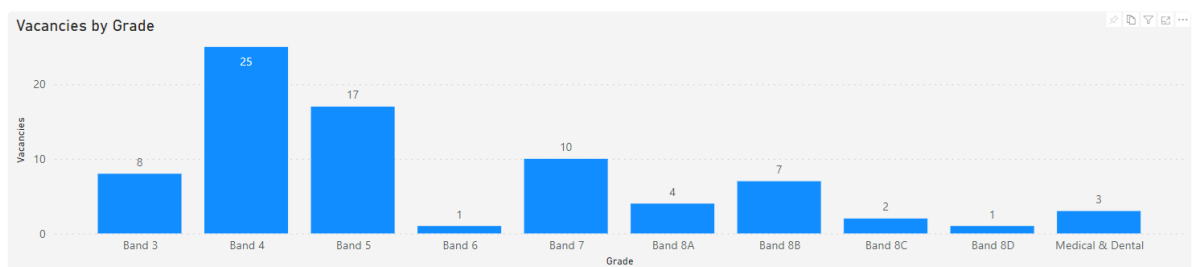
14. Based on the Medical and Dental Educator role in NES, the skillsets and experience include the following:



D. NES Growth, Recruitment Activity and Supply options

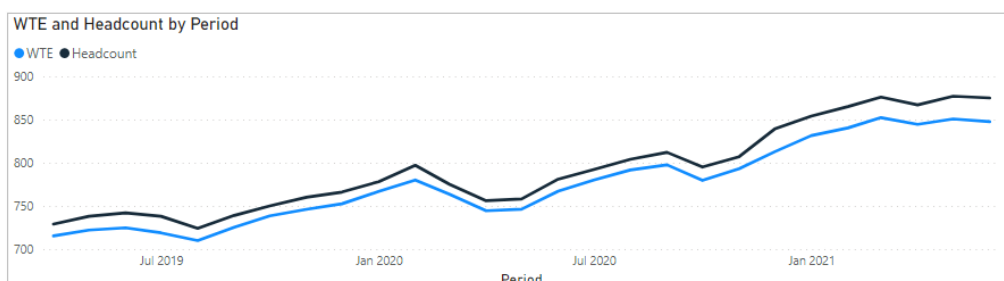
15. Recruitment in NES is split between internal and external recruitment from January 2020 to June 2021, 15% of recruitment was internal allowing individuals within the organisation to seek promotion, experience and or permanency. When advertised externally, employees still can apply.
16. The benefits of internal recruitment to the organisation are that it tends to be less expensive with shorter recruitment timelines, individuals are familiar with the organisation and it provides development opportunities.
17. Most of the internal recruitment was found to take place in Band 4 at 32%, closely followed by Band 5 at 22%. Figure 7 below provides further breakdown of the internal vacancies by grade. The Medical Directorate had the majority of internal vacancies (42%), followed by NMAHP (13%).

Figure 7: NES Internal vacancies by grade



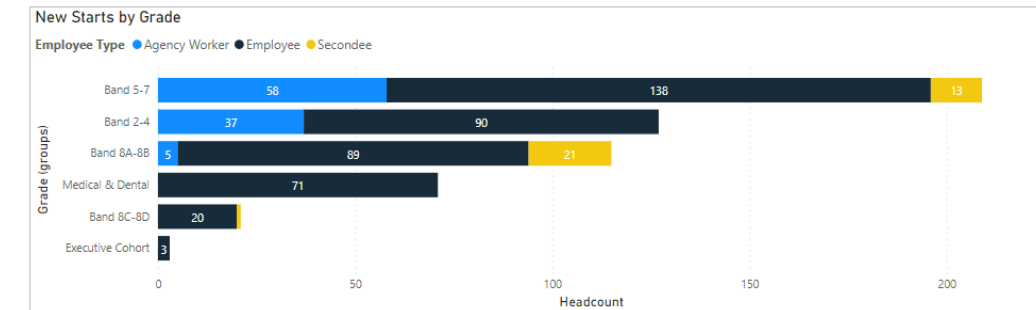
18. As highlighted previously, NES has an increasing workforce. The data shows that this trajectory has been broadly similar across the majority of NES Directorates, albeit with varying peaks and troughs along the way, the Planning and Corporate Resourcing Directorate is the only outlier where there has been no overall change in staff headcount since 2019.

Figure 8: NES Headcount and WTE



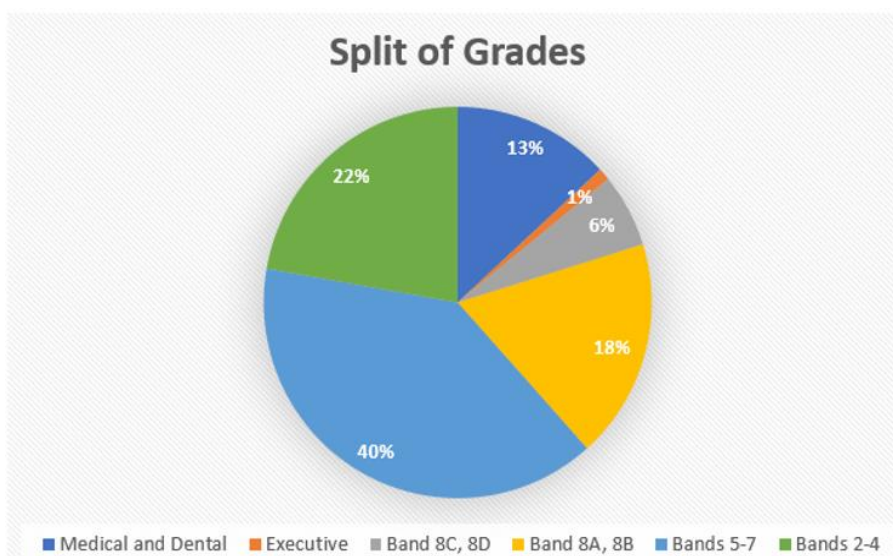
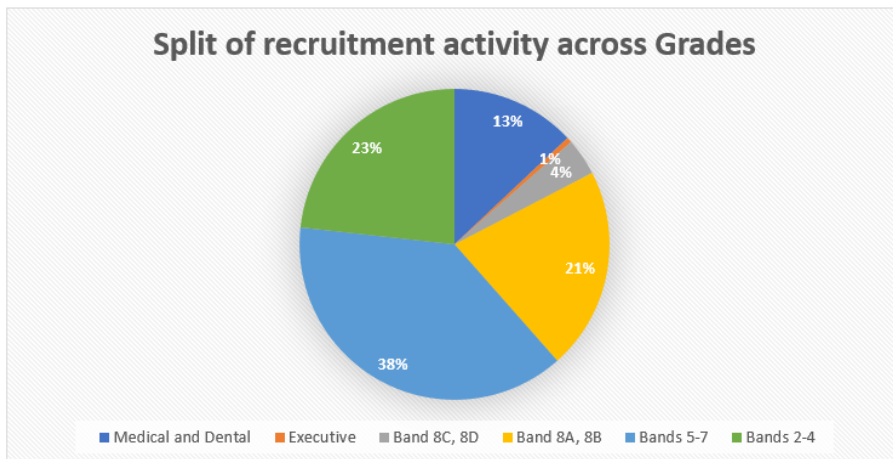
19. Recruitment activity over the reference period has included new and replacement recruitment of NES employees (75%), agency workers (18%) and secondees (6%).

Figure 9: Recruitment activity by Grade



20. Of the total recruitment undertaken, vacancies are highest across Bands 5-7 (38%), use of agency workers is also highest in these Bands. Secondments are mostly used for Bands 8A-8B. The split of recruitment across grades maps to the split of roles across NES.

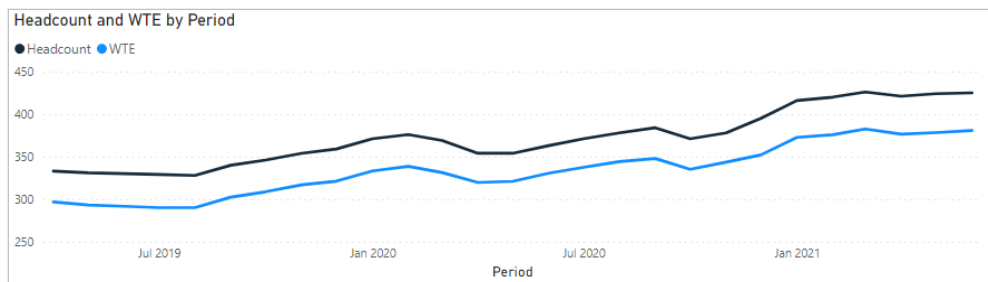
Figure 10: Comparison of recruitment activity against grades across NES



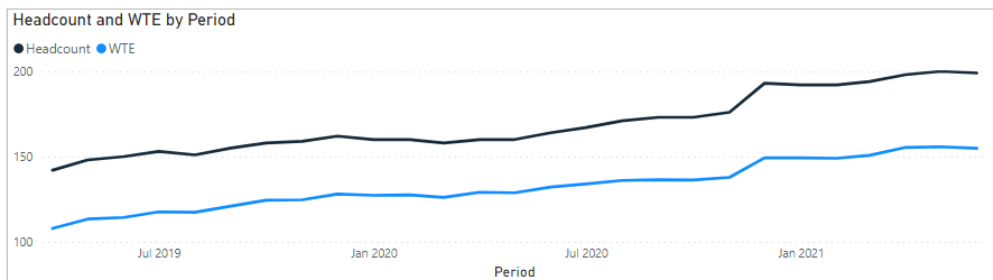
21. There is an increasing trajectory in the headcount of Bands 5-7 and Bands 8A-B during the reference period, Bands 8C - D are also starting to show an upward trend in numbers (Figure 11). Other grades show a more level trajectory over the reference period.

Figure 11: Trajectory over Reference period by Bands

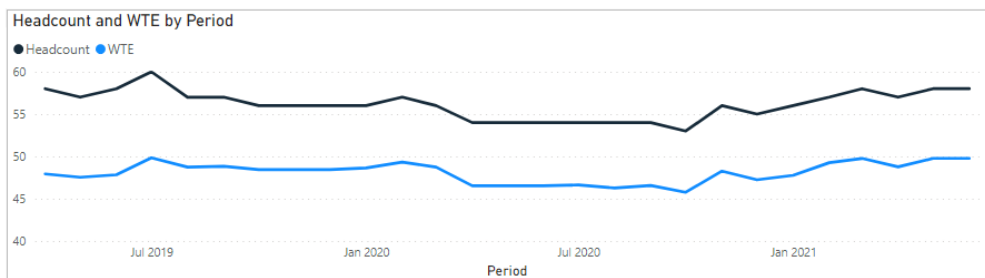
- Agenda for Change Bands 5-7 Headcount and WTE



- Agenda for Change Bands 8A-B Headcount and WTE

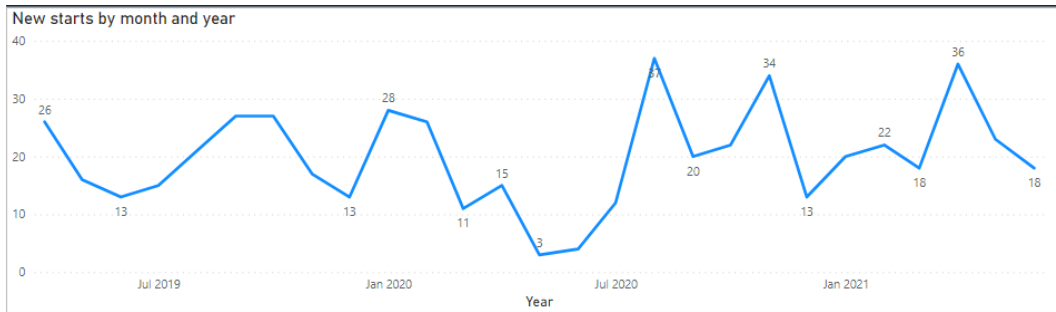


- Agenda for Change Bands 8C-D headcount and WTE



22. Recruitment of new and replacement staff in NES shows peaks for new starts in April in each year and a potential trend of new starts every 3 to 4 months.

Figure 12: New starts across NES



23. The majority of new starts have been in Medical, this is expected given that the Medical Directorate is the largest in NES. However, some Directorates have had higher recruitment relative to the Directorate size. Technology Services (more specifically in NDS) has had 10% of the new starts but is 4% of the organisation headcount – this reflects the start-up programme for this Directorate during the reference period. Workforce has had 14% of the new starts but is 9% of the total NES headcount, this relates to the turnover in Workforce, see section E below.

Figure 13: New starts by Directorate



24. The average time to fill across NES vacancies during the reference period is 95.14 days. Outliers to the average tend to be due to longer notice periods in senior roles, hard to fill recruitment and delayed pre-employment checks.

25. Data on applications by grade shows that whilst most vacancies arise at Bands 5-7, the most applications are received for band 3 and band 4 posts.

E. NES Turnover

26. During the reference period, NES had 320 leavers, over the 27-month reference period that is an average of 12 leavers per month, additional data shows that in the period July 21- December 21 this has increased to an average of 15 leavers per month. The data shows fluctuations of leavers with peaks every 3-5 months and variation in turnover across Directorates. Workforce has the most leavers during the reference period (62). Leavers were mostly in band 5-7 (99), then band 2-4 (77) and then Medical and Dental (71). The majority of leavers are due to the end of a fixed term contract (26.3%), however 18% leave due to end of an agency contract and 12.5% due to retirement. Of those who left in band 8C-9, it was mostly due to retirement (33%). For a quarter of NES leavers over the reference period, the reason for leaving was recorded as 'other'.

F. NES Agency Usage

27. The data on use of agency workers across NES shows a rise in demand hitting a peak of 47 Agency staff in March 2021. Agency staff are largely concentrated in the Technology Services (NDS and Digital) and Workforce Directorates.

Figure 14: NES Agency usage

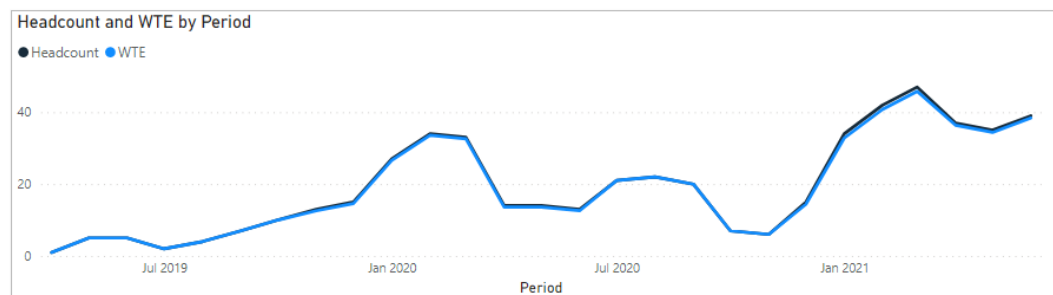


Figure 15: Agency Staff in NES Technology

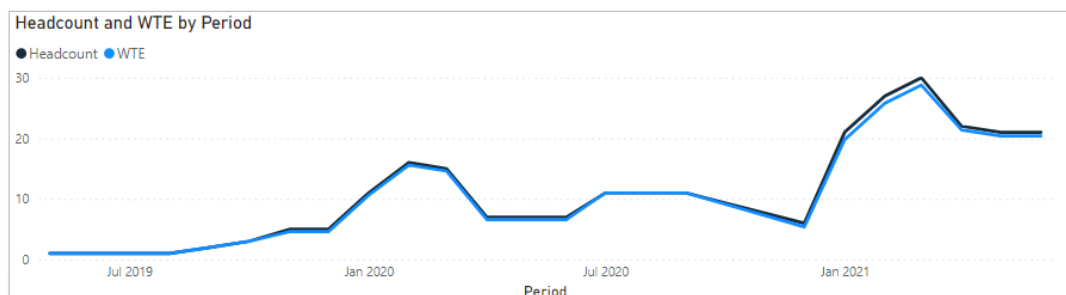


Figure 16: Agency Staff in NES Workforce



G. NES Sickness Absence

28. Absence rates across NES currently sits at 1.8%, this compares to 6% across NHS Scotland, the national target is 4%. Figure 17 provides detail on the absence rate across the last 3 years. Please note that the absence data does not include Covid related absences.

Figure 17 – Absence rate April 2019 to December 2021

Year	Qtr1	Qtr2	Qtr3	Qtr4	Avg for Period
2019 / 20	2.27%	2.41%	2.45%	2.07%	2.3%
2020 / 21	0.91%	0.93%	1.32%	1.17%	1.1%
2021/22	1.76%	1.82%	1.71%	-	1.8%

29. It is noted that the highest average absence levels were in year April 2019 to 2020 (2.3%). In April 2019 to March 2020 NMAHP had the highest absence rate at 4.17%, this was closely followed by Psychology at 3.32%. The lowest absence rate that year was in Workforce at 0.92%. During this period 31% of absences were due to anxiety, depression, stress, and other psychiatric illnesses.

30. From April 2020 to March 2021, Psychology had an absence rate of 2.04%, followed by Technology Services (statistics taken from the previously named Digital Directorate – this figure does not include NDS) at 1.21%. Finance and Procurement had the lowest absence rate at 0.12%. Although the overall absence rate was lower than the previous year at 1.1%, there was increase in the number of absences related to anxiety, depression, stress and other psychiatric illness at 53.61%. This increase in absence is not unexpected given the global pandemic.

31. From April 2021 to June 2021, NMAHP had an absence rate of 4.16% followed by Psychology at 2.45%. Technology Services (statistics taken from the previously named Digital Directorate – this figure does not include NDS) had the lowest absence rate in these months. The main cause of absence

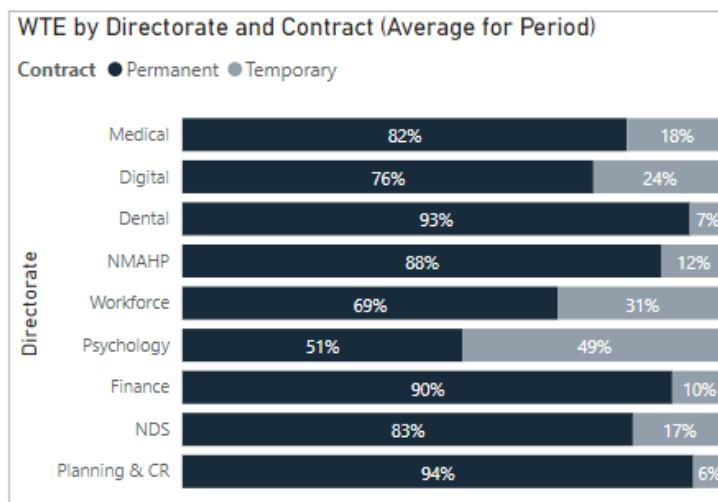
was again due to anxiety, depression, stress and other psychiatric illness at 47.14%.

H. NES employment arrangements

32. Over the reference period, the NES workforce is predominantly permanent (80% in 2021). Of the Medical and Dental cohort of employees, 31% are on temporary contractual arrangements. With the exception of the Executive Cohort (13%) and the Band 2-4 group (16%), other staff groups reflect the 20% split for temporary staff.

33. There is variation however across Directorates in relation to the temporary workforce – this may be related to funding arrangements, peaks for activity or other factors. The Psychology Directorate is most reliant on a temporary workforce (on average 49% of staff are on temporary arrangements). Workforce is also an outlier with an average of 31% temporary staff for the reference period. The Technology Services Directorate has also been more reliant on a temporary workforce (24%).

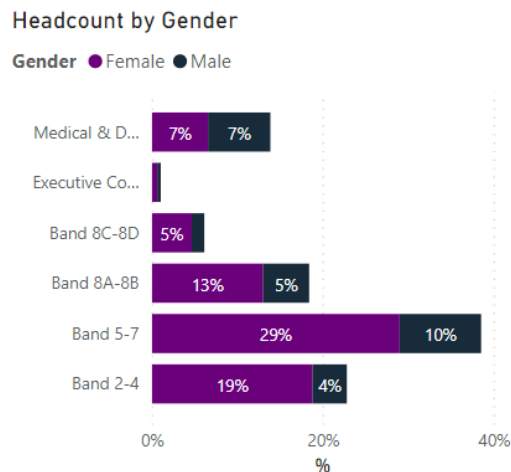
Figure 18: Contract Type by Directorate



Appendix 4: NES Demographic

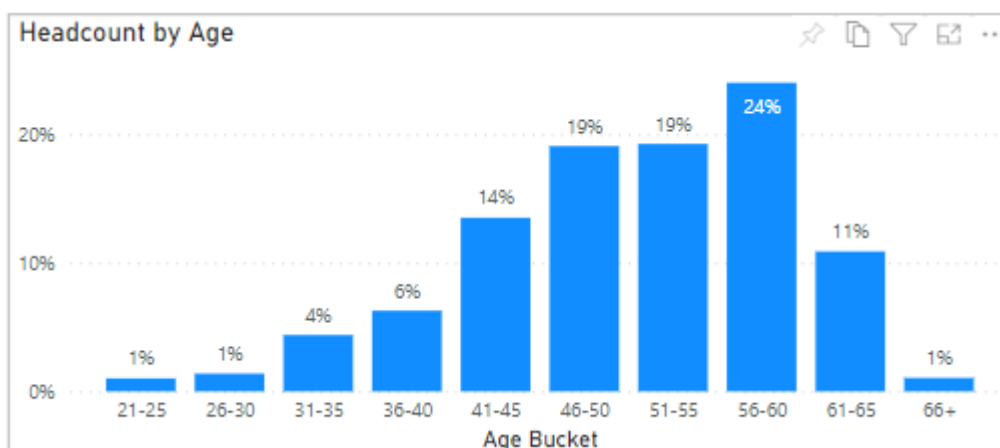
1. NES has a predominately female workforce (72%), with a majority of females across the Agenda for Change and Executive cohorts and a more even split in Medical and Dental roles.

Figure 19: Average Headcount by Gender/Grade



2. With 48% of the workforce aged over 45, our workforce is mostly aged 46- 50 at 14.3%, closely followed by those aged 41 to 45 at 14.1%. Staff aged 36-40 are 12.3% of the workforce. NES has a very small workforce, 0.4%, aged 16-20 and 2.7% of the workforce are aged 21-25. Numbers increase slightly, 7.2% are aged 26-30 and 11.5% are aged 31-35. The majority of NES staff aged between 16-20 (21.37%) and 21-25 (53.57%) are in Band 2-4 roles, NES staff aged 26-30 (54.67%) and 31-35 (46.22%) are mostly in Band 5-7 roles. The majority of staff aged 46-50 (41.10%) and 51-55 (36.76%) are in Band 5-7 roles. Some Directorates have a varying distribution across age ranges, although all have very low levels of employment in the 16-20 and 21-25 age groups. Technology Services (specifically in NDS) have more people aged 26-30 (9%) and 31-35 (16%), as do Psychology (26-30 (9%) and 31-35 (11%)). NMAHP show an older workforce, with 74% over the age 45. Further workforce planning discussions will take place in October 2022, these will focus any short-, medium- and or long-term replacement needs.

Figure 20: NMAHP Directorate Headcount by Age



3. Staff across NES who have disclosed a disability is 3%, although 2% prefer not to answer. The majority of disabled staff are working in Band 5 - 7 roles in NES.
4. The NES workforce is predominately White – 93.54%. The most diversity is seen in Medical & Dental Cohort roles followed by Band 2 – 4 roles.
5. Recruitment activity data for the period January 2020 to June 2021⁶ shows that 7296 applications were received for 456 hires (including secondments, this data excludes agency appointments) Of the applications received 24% were shortlisted and 86% of those shortlisted were interviewed (21% of applicants). Applicants mostly identified their gender as female (67%), 7% disclosed a disability, 72% were White and 87% identified as a heterosexual sexual orientation. The Workforce Diversity Data Analysis in Appendix 1 of the [NES Equality Outcomes and Mainstreaming Report 2021-25](#) highlighted the following about the composition of our workforce:
 - a. In the core staff, there are more women than men at every level, but there is a particularly high concentration of women at bands 4-5.
 - b. The majority of the less than full time workforce are women.
 - c. We continue to be an older workforce.
 - d. The core staff are mostly white.
 - e. Black, Asian and other minority ethnic staff work in roles across the organisation and in focus groups have reported a sense of isolation as a result of this.

⁶ Reference period for recruitment activity is different due to reporting structures. The recruitment reference period spans January 2020 to June 2021.

- f. Very few staff identify themselves as disabled, but this may be an undercount and in focus groups reported a sense of isolation and lack of support.

Appendix 5: Timeline for Actions

Priority	Action	Owners & Accountable Directorates/Teams	Health and social care: national workforce strategy Pillar
Now	Develop a clear NES attraction strategy with refreshed recruitment materials for use across social media	HR & ODLL	Attract
Now	Look across the organisation and plan joined up recruitment for common roles throughout the year	HR	Plan
Now	Identify priority roles to target as part of the attraction strategy	HR	Plan
Now	Upskilling – baseline data and identification of themes to inform development of organisational learning activities	ODLL	Train
Now	Assess/measure Digital Skills – online and remote working	Technology Services	Train

Year 1	Refresh job descriptions to ensure that they reflect current role requirements and readability	HR & Directorates	Employ
Year 1	Continue refresh and expansion of internal L&D provision across NES based on wider organisational needs including core development. This may include new and refreshed courses, additional learning opportunities, self-directed learning and funding towards individualised/team learning and more	ODLL	Train
Year 1	Young Persons Guarantee – pilot across NES using roles identified through WF planning	ODLL	Attract
Year 1	Employability schemes/Apprenticeships – pilot across NES using roles identified through WF planning	ODLL	Attract
Year 1	Develop a succession planning approach in each Directorate	HR & ODLL	Nurture
Year 1	Developing a pilot to appoint permanently into recurrent roles across NES that have non recurrent funding	HR	Plan
Year 1	Develop capability for current/future digital technologies	Technology Services	Train
Year 1	Placements for undergraduates – pilot across NES using roles identified through WF Planning	ODLL	Attract

Year 2	Work with Directorates to develop recruitment strategies for specialist roles	HR	Attract
Year 2	Develop career pathways for key posts	HR & ODLL	Nurture
Year 2	Rotation across teams to develop agility and transferable skills	ODLL	Train

Year 3	Improve insights from exit interviews to support staff retention and attraction into NES	HR	Nurture
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