‘Governance Light’ principles applied to the formulation of this agenda

NHS Education for Scotland NES/22/01

AGENDA FOR THE ONE HUNDRED AND SIXTY-SIXTH BOARD MEETING

Date: Thursday 10 February 2022
Time: 10:15 – 12:15
Venue: In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

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 Sixty-Fifth Board Meeting** NES/22/02
   25 November 2021 for approval
5. **10.20 Matters arising from the Minutes and notification of Any Other Business**
6. **10.21 Actions from previous Board Meetings** NES/22/03
   For review
7. **Chair and Chief Executive reports**
   a. **10.25** Chair’s Report (verbal report)
   b. **10.40** Chief Executive’s Report NES/22/04
8. **Strategic Items**
   a. **11.05** Development of the NES new Strategic Vision: Proposal NES/22/05
   For Discussion and Approval (D. Cameron)
9. **Annual Items**
   a. **11.15** Remobilisation Plan 4 (RMP4) NES/22/06
   For Approval (D. Cameron)

10. Performance Items

a. **11:18** Risk Register Report — NES/22/07
For Review and Approval (J. Boyle / J. Sinclair)

b. **11.25** Quarter 3 Financial Report — NES/22/08
For Review and Approval (J. Boyle / J. Sinclair)

c. **11.45** Quarter 3 Performance Report — NES/22/09
For Review and Approval (D. Cameron)

11. Governance Items

a. **11.55** Significant issues to report from Standing Committees:

- **11.55** Education & Quality Committee held 9 December 2021 (D. Hutchens, verbal update)
- **11.58** Digital & Information Committee held 13 December 2021 (D. Garbutt, verbal update)
- **12.01** Audit & Risk Committee held 28 January 2022 (J. Ford, verbal update)
- **12.04** Staff Governance Committee held 4 February 2022 (L. Dunion, verbal update)

b. **12.07** Corporate Governance Package (Board Standing Orders, Board Code of Conduct, Board Scheme of Delegation, Standing Financial Instructions & Committee Terms of Reference) — NES/22/10
For Approval (D. Thomas)

12. Items for Homologation or Noting

a. **12.12** NHS Scotland Academy Joint Strategic Programme Board Minutes 8 July 2021 Meeting — NES/22/11
For Homologation

b. **12.12** NES Standing Committee Minutes
i. Education & Quality Committee 19 August 2021 — NES/22/12
ii. Digital & Information Committee 13 September 2021 — NES/22/13
iii. Audit & Risk Committee 7 October 2021 — NES/22/14
iv. Staff Governance Committee 4 November 2021 — NES/22/15
For Homologation

13. 12.15 Any Other Business

14. 12.15 Date and Time of Next Meeting

25 March 2022 at 10.15 a.m.

NHS Education for Scotland (NES)
e-mail: Chair & Chief Executive's Office - ceo.nes@nes.scot.nhs.uk

Draft for Board approval

NES/22/02

NHS Education for Scotland

DRAFT MINUTES OF THE ONE HUNDRED AND SIXTY-FIFTH BOARD MEETING HELD ON 25 NOVEMBER 2021

This meeting was held via Microsoft Teams due to the Covid-19 pandemic.

Present:
Mr David Garbutt (DG) (Chair)
Ms Anne Currie (AC), Non-Executive Director
Mrs Linda Dunion (LD), Non-Executive Director
Mrs Jean Ford (JF), Non-Executive Director
Ms Lynnette Grieve (LG), Non-Executive Director/Employee Director
Ms Annie Gunner Logan (AGL), Non-Executive Director
Mr Douglas Hutchens (DH), Non-Executive Director (Vice Chair)
Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
Prof Stewart Irvine (DSI), Director of Medicine & Deputy Chief Executive
Ms Karen Reid (KR), Chief Executive
Ms Janice Sinclair (JS), Interim Director of Finance
Ms Victoria Nairn (VN), Non-Executive Director
Ms Sandra Walker (SW), Non-Executive Director
Mrs Karen Wilson (KW), Director of NMAHP

In attendance:
Ms Tracey Ashworth-Davies, Director of Workforce
Mr Colin Brown (CB), Head of Strategic Development, Chief Executive's Office
Mr Donald Cameron (DC), Director of Planning & Corporate Resources (left the meeting after item 9a)
Dr David Felix (DF), Postgraduate Dental Dean
Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance
Mr Christopher Wroath (CW), Director of NES Technology (joined the meeting at 10.30 and left the meeting at 11.31 during the introductory remarks made during item 8b)
Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)

1. Chair's Introductory Remarks

1.1. The Chair welcomed everyone to the meeting. He extended a particular welcome to Annie Gunner Logan who was attending her first public Board meeting since her appointment to the NES Board on 1 November 2021.

1.2. The Chair also noted that this meeting marked Janice Sinclair's final Board meeting as interim Director of Finance as Jim Boyle, NES's new Director of Finance, will take up post from 1 February 2022. He thanked Janice for her work and contribution as an Executive Board Member.

2. Apologies for absence

2.1. Apologies for absence were received from Judy Thomson (JT), Director of Training for Psychology Services and Anne Watson (AW), Postgraduate Pharmacy Dean.

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-Fourth Board Meeting (NES/21/95)

4.1. The minutes of the Board meeting held on 23 September 2021 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 no notifications of any other business requiring consideration by the Board.

6. Actions from previous Board Meetings (NES/21/96)

6.1. The Board received the rolling Board action list for review and agreement and noted that all actions have been completed.

6.2. In relation to the action concerning future NES media activity (Minute 7.6e), the Chair noted that further updates will be provided via the Chief Executive's Report. Karen Reid confirmed that a new communications strategy for NES will be submitted to the Board for approval.

6.3 The action list was approved.

7. Chair & Chief Executive Updates

7.1 The Chair invited Karen Reid to take her Chief Executive's Report first under this agenda heading.

b. Chief Executive's Report (NES/21/97)

7.2. Karen Reid introduced this report and began by thanking Board Members and colleagues for their attendance and contributions at the strategic visioning event held on 15 November 2021. Donald Cameron will submit a paper to the next Board meeting on 11 February 2022 outlining next steps in relation to NES's new strategic vision, including reference to stakeholder and staff engagement plans and stakeholder mapping and marketing. The paper will also set out the timelines for Scottish Government (SG) three-year delivery, workforce and financial plans. SG are due to issue guidance to Health Boards in mid-December 2021.

7.3. Karen Reid then highlighted the following items within the report:

a. The Cabinet Secretary for Health and Social Care formally launched the NHS Scotland Academy (NHSSA) on 20 October 2021. Karen Reid thanked Karen Wilson for her leadership and Kevin Kelman (Director, NHSSA) and Fiona Fraser (Head of Programme, NMAHP) for their work in progressing NHSSA workstreams at pace.
b. Dr Emma Watson and Jim Boyle will join NES in 2022 as the new Executive Directors of Medicine and Finance respectively. An announcement regarding the new Director of Social Care will be made shortly.
c. Christopher Wroath gave evidence at a virtual session of the Health, Social Care and Sport Committee on 23 November 2021. The session focused on data and technology in health and social care and the National Digital Health and Social Care Platform in particular. NES's written submission had been attached to this report as an appendix.

7.4. Karen Reid commended the work across all NES directorates and noted the significant amount of national and UK-wide collaboration referenced in the report.

7.5 The Chair left the meeting at 10.30 very briefly and handed over to Douglas Hutchens in his short absence. During discussion, the following points were raised:

a. The Board welcomed the NES Amendment Order 2021 that was laid before Scottish Parliament on 23 September 2021 and discussed NES's new strategic vision and developing remit, particularly in relation to digital provision and education and training for the social care workforce. Colin Brown summarised the steps that had been taken since the establishment of the NES Digital Service (NDS) in 2018, in terms of engagement with the Central Legal Office (CLO) and SG Legal Directorate (SGLD). The Board received assurance from SG in 2018 that NES's current establishment order included scope for NDS to deliver the National Digital Platform, however there was a recognition that NES's establishment order may require future amendment to ensure any additional commissions could be reflected. Colin Brown highlighted that the outcomes of the National Care Service consultation may lead to further changes for NES and conversations with the SG/NES sponsor team are ongoing.
b. The Board welcomed the review of career pathways for Health & Social Care Support Workers at bands 2-4 and commended the work of the NMAHP directorate in taking this forward.
c. The Board discussed a number of areas relating to the NHSSA:
    i. In response to a query regarding the establishment of a national short-life working group to develop a programme of learning materials for staff new to health and social care, Karen Wilson agreed it would be helpful to provide assurance and progress updates via the Education and Quality Committee.
    Action: KW
    ii. The Board noted that development work to support the widening of access routes for young people is being progressed via the NHSSA. Karen Reid confirmed that NES and NHS Golden Jubilee (GJ) are working with Skills Development Scotland and plans are in place to recruit a member of staff to oversee this programme of work.
    iii. In response to a query regarding joint governance arrangements, core values and decision-making, Karen Reid confirmed that NES has primacy in the area of education and training. The NHSSA Joint Strategic Programme Board (JSPB) is co-chaired by the NHS/NHS GJ Chairs and provides joint leadership and oversight. The Board noted that the JSPB Terms of Reference would be considered item 10b of this Board agenda. Karen Reid also highlighted that an NHSSA commissioning progress is currently in development to the support the provision of accelerated training and steps will be taken to ensure there is no duplication with NES programmes. Karen Wilson recognised the importance of developing core values as part of the overall NHSSA ethos.
d. In response to a query regarding the pausing of the 'Once for Scotland' Workforce Policies programme, Karen Reid highlighted the significant pressures currently facing Territorial Boards and the associated challenges in progressing 'Once for Scotland' priorities. There is a commitment to progressing the Workforce Policies programme once sufficient resources and capacity are available. Tracey Ashworth-Davies advised that the Homeworking policy had not been stood down as there is a recognition that a national policy is required, given the ongoing COVID-19 pandemic and related SG guidance.
e. The Board welcomed NES's presence at the virtual session of the Health, Social Care and Sport Committee. Christopher Wroath advised that all panel witnesses were supportive of the aims of SG's Digital Health & Care Strategy. Committee questions included a focus on the development and delivery of the National Digital Health and Social Care Platform. Christopher Wroath was able to highlight the

digital products developed by NES as a consequence of the pandemic and how these in turn will influence the future development of the national digital platform. Other areas discussed during the session included Scotland-wide connectivity, supporting the NHSS workforce and diversity in technology teams.

f. In relation to recent pandemic developments and the decision to offer the COVID-19 booster vaccination to all adults over 40, Karen Reid advised the Board that SG contacted the national Boards on 17 November 2021 to request mutual aid support for the vaccination programme during December. An all-staff email has been issued asking registered clinical staff to volunteer where possible. The Board recognised the need to support this increased vaccination drive and the potential impact this may have on NES business. Further information will be provided to the Board in due course.

7.6. The Chair thanked Karen Reid for her report and moved on to give his Chair's report.

a. Chair's Report

7.7 The Chair gave a verbal update on recent meetings and activity since the September Board in his roles as Chair of the NES Board and a member of the NHSS Board Chairs Group (BCG). The following meetings were highlighted:

a. The Chair highlighted the launch of the NHSSA on 20 October and that part of the Cabinet Secretary's visit involved learning about the NHSSA's work in the clinical upskilling of pharmacists to deliver increased services within the community. The Chair praised this significant achievement and how the NHSSA was able to develop and deliver this training at pace.
b. The Chair echoed Karen Reid's comments regarding the strategic visioning event and thanked those involved in organising and facilitating the event. The Board will look forward to receiving a progress update and the outputs from the event.
c. As a member of the Corporate Governance Steering Group, the Chair advised that recent meetings have focused on future outputs in relation to the Blueprint for Good Governance and SG involvement. Going forward, the steering group will divide into two smaller working groups and focus on board self-assessment and general Governance issues. The Chair had raised a point about educational governance and is due to meet with Professor Alastair McLellan (NES Postgraduate Dean – West Region) to begin to take this forward.
d. The Chair advised that SG has commissioned NES to develop an employability proposal for the veteran's community and an Executive Fellowship programme. This work is being led at pace by Janice Gibson (Associate Director – Organisational Development, Leadership & Learning). The Chair passed his thanks to Janice Gibson and her colleague David Taylor (Principal Lead) for their work in this important area.
e. The Chair has continued to deliver virtual Remuneration Committee 'roadshows' to NHSS Boards. These had been well received and included comment on ways to improve the appraisal process.
f. As a member of the BCG, the Chair attends a weekly System Pressures meeting with the Cabinet Secretary for Health and Social Care, which is also attended by NHSS Board Chief Executives. Recent meetings have focused on the importance of the COVID-19 vaccination booster programme.
g. The national Board Chairs have been meeting weekly to discuss a range of issues including increased collaboration across both the national and territorial boards
h. The Chair has attended a number of meetings relating to NHSS executive-level grading and is working with David Miller (Chief People Officer, SG), Martin Cheyne (Chair, NHS24 and the National Evaluation Committee). Discussions have also been held with colleagues from the Korn Ferry management consultancy to review potential changes to executive level gradings and methodology.

7.8. The Chair invited questions and as there were no questions posed, he thanked Board members for their attention and moved onto the next item on the agenda.

8. Performance Items

a. Risk Register Report (NES/21/98)

8.1 Janice Sinclair presented the NES Risk Register and associated COVID-19 Risk Annex as of 5 November 2021 to the Board for discussion approval. Janice highlighted the Risk Management Group (RMG) update and noted that member engagement in the two November workshop sessions had been positive. The first formal RMG meeting will take place in January 2022. RMG members have been asked to review their directorate risk registers and consider whether any risks should be reported at corporate level. The NES Corporate Risk Register will be reviewed alongside the development of NES Key Performance Indicators (KPIs) and updates will be provided to the Board and Audit & Risk Committee.

8.2 The following points were made during discussion:

a. In response to a query, it was agreed that Risk 10 should be reframed to clarify what the financial risk is. It was also requested that the paper was amended to reflect a recent change in one of the names of the Directorates. **Action: JS**
b. Janice Sinclair and Annie Gunner Logan will meet outwith the Board meeting to discuss risk management, particularly in relation to the mitigation feedback loop. **Action: JS/AGL**
c. The Board discussed Risk 13 and the reference to the Independent Review of Adult Social Care. It was agreed that the risk mitigation should be updated as the current text relating to the Manifesto commitment has now moved on. **Action: JS**
d. Karen Reid emphasised the importance of reviewing and updating the Corporate Risk Register via the RMG and in conjunction with the development of NES Key Performance Indicators (KPIs). External contractors will also be involved in supporting NES risk and KPI development to ensure that organisational reporting is strengthened going forward.
e. The Board agreed that the RMG should follow an active mitigation model to ensure that mitigations are constantly reviewed and updated. Once the new risk/KPI approach is implemented, it will be important to regularly test risk controls and mitigations and identify any gaps.
f. Karen Reid highlighted the importance of staff wellbeing being captured within risk reporting going forward, including reference to iMatter results and individual team action plans. An all-staff wellbeing survey will be issued in early 2022 as a follow-up to the survey that was completed in June 2020. Tracey Ashworth-Davies confirmed that staff wellbeing is a standing item at Joint Local Negotiating Committee meetings, which includes representatives from the trainee workforce.

8.3 The Chair thanked Janice Sinclair for the paper and the Board approved the updates to the NES Corporate Risk Register and COVID-19 Risk Annex, whilst noting that current risk reporting arrangements continue to be reviewed and were under development.

b. Month 7 Finance Report (NES/21/99)

8.4 Janice Sinclair presented the financial results for the first seven months of the 2021-22 year to the Board for discussion and approval.

8.5 Janice Sinclair made some introductory remarks outlining that NES has now received confirmation from SG that our underspend will be returned. She advised that part of this funding will be used to progress stakeholder engagement in relation to NES's new strategic vision. The following points were highlighted during discussion:

a. The Board discussed the importance of utilising all the 2021-22 underspend before the end of the financial year. The Board acknowledged the impact of the pandemic within directorates, particularly in relation to current winter pressures and associated challenges with arranging short-term secondments to utilise NES underspend. Janice Sinclair confirmed that Finance are liaising with SG regarding the ongoing impact of the pandemic and future financial planning.
b. The Board noted that the NDS underspend set out in Appendix 2 of the report was mainly due to vacant posts and staffing changes and queried what steps were being taken to reduce the underspend and asked why the posts could not be filled. As Christopher Wroath had left the Board meeting for another meeting, it was agreed that Christopher Wroath would provide a response to these questions and this would be circulated to the Board by correspondence. **Action: CW**
c. The Board discussed the strategic approach to utilising the NES budget and the ability for NES to offer grants or funding to the third sector was raised. It was agreed that the original NES Scottish Statutory Instrument/NES Order would be reviewed to determine if this would be possible. **Action: KR**

8.6 There were no further questions and the Board approved the financial report.

c. Quarter 2 Performance Report (NES/21/100)

8.7 Donald Cameron presented the Quarter 2 2021-22 performance report to the Board for discussion approval. The paper reported performance against the NES Phase 3 Re-mobilisation Plan (RMP3). NES's draft Phase 4 Remobilisation Plan was submitted to SG on 30 September 2021 and Donald Cameron advised that feedback from SG is expected by the end of the year.

8.8 The Board noted the importance of demonstrating NES's impact and the organisation's contribution to the National Performance Framework. There were no further questions and the Board approved the Quarter 2 2021-22 performance report.

9. Annual Items

a. Progress against Strategic Outcomes 2020-21 (NES/21/101)

9.1 Donald Cameron presented a report on progress against NES's five strategic themes to the Board for review and approval. The report supports the NES Annual Review process alongside the 2020-21 Self-Assessment Document which the Board approved at its September meeting.

9.2 The paper was taken as read and the following points were highlighted during discussion:

a. The Board recognised that future iterations of this report will be developed in line with NES's new strategic vision. Donald Cameron advised that he is now chairing an internal KPI Advisory Group and the group recently held its first meeting. The group considered NES's current metrics and how these could be used to support the development of KPIs for NES.
b. Donald Cameron will include reference to the National Performance Framework and the development of NES KPIs in the strategic vision paper that will submitted to the February 2022 Board meeting. **Action: DC**
c. The Board welcomed the progress update on NES's current strategy and agreed it contained extensive examples of quality and service improvement and clearly demonstrated the organisation's contribution during the ongoing pandemic. It was suggested that references to the impact of Technology Enhanced Learning (TEL) and the work of the TEL Governance Group should be strengthened in future reports, and if appropriate in the 2020-21 report before it is published on the NES corporate website. **Action: DC**

9.3 The Chair thanked Donald Cameron and his team for their work and the Board approved the Progress against Strategic Outcomes paper subject to the potential amend noted in minute 9.2c.

10. Governance Items

10.1 For the public record the Chair noted that the Board held an informal Board Development meeting on 28 October 2021. Senior representatives from Public Health Scotland (PHS) and COSLA joined the first session to discuss strategic opportunities for collaborative work between NES, COSLA and PHS. The second session afforded an opportunity to review the draft NES response to the National Care Service consultation and offer comments to strengthen the final version.

10.2 The Board also held a Board Visioning session on 15 November 2021. The Board met informally to discuss the current policy context and operating environment and consider new horizons and implications for changes to the NES strategic vision.

a. Significant issues to report from Standing Committees

Audit & Risk Committee held 7 October 2021

10.3 Jean Ford gave a brief overview of the key issues discussed at the most recent meeting of the Audit and Risk Committee:

a. The Committee received significant assurance from internal audit reports on an AHP Fellowship Programme and Whistleblowing respectively. Members discussed the status of outstanding internal audit actions and how these could be progressed. The Committee also received updates on Procurement and Counter-Fraud and approved the Internal Audit Charter.

Staff Governance Committee held 4 November 2021

10.4 Linda Dunion gave a brief overview of the key issues discussed at the most recent meeting of the Staff Governance Committee:

a. The Committee welcomed an update on staff investment and the establishment of a staff development budget. The Committee discussed current recruitment challenges within NES and also reviewed the draft NES Workforce Plan and People and OD (Organisational Development) strategy.

b. NHSS Academy Joint Strategic Programme Board ToRs (NES/21/102)

10.5 Della Thomas presented the NHSSA Joint Strategic Programme Board Terms of Reference (ToRs) to the Board for approval. As part of her introductory remarks, Della Thomas highlighted the comments received from NES Audit and Risk Committee members in relation to the approach to Freedom of Information (FOI) requests and also Whistleblowing. She advised that these are being progressed with NHS GJ along with some other governance areas such as the NHSSA Data Protection Impact Assessment; ethical sponsorship and the Business Conduct policy. As the NHSSA remains a new endeavour, the Board recognised that the development of NHSSA governance arrangements is an iterative process.

10.6 The following point was made during discussion:

a. The Board discussed NES/NHS GJ arrangements for NHSSA Whistleblowing. It was agreed that Karen Reid, Donald Cameron, Tracey Ashworth-Davies and Della Thomas

would discuss NHSSA whistleblowing arrangements in more detail outwith the Board meeting. **Action: KR/DC/TAD/DT**

10.7 The Chair thanked Della Thomas for her work and the Board approved the NHSSA Joint Strategic Programme Board ToRs.

c. NES Board and Committee 2022-23 Schedule of Meeting Dates (NES/21/103)

10.8 Della Thomas presented the 2022-23 Board and Committee schedule of meeting dates to the Board for approval. As an update to the information provided in the cover paper, Della Thomas confirmed that the Board Chair and Chair of the Audit and Risk Committee (ARC) had met to discuss the reporting arrangements for future Board Finance Reports. It has been agreed that quarterly financial reports will be submitted directly to Board meetings, to enable full Board scrutiny. This means that any re-scheduling of ARC, and the need for a fifth meeting, is not required.

10.9 The Board approved the 2022-23 schedule of Board and Committee meeting dates as set out in the paper. These will now be issued from the NES Chair & Chief Executive's (CE) Office calendar. **Action: NES Chair & CE Office**

11. Items for Noting or Homologation

Standing Committee Minutes

a. Audit and Risk Committee 3 August 2021 (NES/21/104)

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

b. Staff Governance Committee 5 August 2021 (NES/21/105)

11.2 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 10 February 2022 at 10.15 a.m.

13.2 The Chair thanked everyone for their attendance and closed the meeting at 12.18pm.

NES
December 2021
AS/DT/KR/DG
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NES **NES/22/03**
Item 6
10 February 2022

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 25 November 2021					
7.5ci	Chief Executive's Report	Provide assurance and progress updates on the work of the Short-Life Working Group that is looking to develop a programme of learning materials for staff new to health and social care via the Education & Quality Committee (EQC).	Karen Wilson	December 2021	**Complete** Assurance/progress updates will be provided via the EQC Lead Officer's Report. The first update will be included in the report submitted to the 3 March 2022 EQC meeting.
8.2a	Risk Register Reports	Update Risk 10 description to clarify the financial risk and ensure Directorate names (in relation to NES Technology) are correct.	Janice Sinclair	December 2021	**Complete**
8.2b		Arrange meeting to discuss risk management, including the mitigation feedback loop	Janice Sinclair / Annie Gunner Logan	February 2022	**Complete** Meeting arranged for 3 February 2022
8.2c		Update Risk 13 mitigation to ensure the text relating to the status of the manifesto commitment is uptodate.	Janice Sinclair	December 2021	**Complete**
8.5b	Month 7 Finance Report	Provide a summary to the Board via correspondence explaining the reasons for the NDS underspend.	Christopher Wroath	December 2021	**Complete** The response to the questions raised by the Board was circulated via email on 7 December 2021

Minute	Title	Action	Responsibility	Date required	Status and date of completion
8.5c		Review the NES Scottish Statutory Instrument/NES Order to determine if NES can offer grants or funding to third sector organisations.	Karen Reid	February 2022	**Complete** A short briefing note response with the conclusion that NES could enact this power was circulated to the Board on 23 December 2021.
9.2b	Progress against Strategic Outcomes	Include reference to the National Performance Framework and the development of NES Key Performance Indicators (KPIs) in the strategic vision paper for the February 2022 Board	Donald Cameron	February 2022	**Complete**
9.2c		Strengthen reference to Technology Enhanced Learning (TEL) and the impact of the work of the TEL Governance Group in future reports, and if appropriate in the 2020-21 report before it is published on the NES corporate website.	Donald Cameron	December 2021	**Action Closed** The 2020-21 Progress against Strategic Outcomes report covers the period until 31 March 2021, when TEL was not fully established in NES. It was therefore not possible to update the 2020-21 report. All future reports will include reference to TEL and the impact of the TEL Governance Group.
10.6a	NHSS Academy Joint Strategic Programme Board ToRs	Discuss NHS Scotland (NHSS) Academy whistleblowing arrangements and progress with NHS Golden Jubilee.	Karen Reid / Donald Cameron / Tracey Ashworth-Davies / Della Thomas	February 2022	**Complete** The NHSS Academy whistleblowing arrangements were discussed at the joint NHSS Academy Executive Group meeting on 19 January 2022. Work is underway in relation to a number of NHSS Academy governance areas, including

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					whistleblowing, and a paper will be brought to the 22 February 2022 NHSS Academy Joint Strategic Programme Board Meeting for comment and approval.
10.9	2022-23 Board & Committee meeting dates	Issue 2022-23 NES Board and Committee meeting dates to Board Members	NES Chair & CE Office	December 2021	**Complete**

CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

February 2022

1. INTRODUCTION

1.1. I am very pleased to welcome Jim Boyle and Dr Emma Watson to their first NES Board meetings as our new Director of Finance and incoming Director of Medicine respectively. Emma has joined us part-time to begin the handover from Prof Stewart Irvine before she formally takes up the Executive Director of Medicine post from 1 April 2022. I am looking forward to working with both Jim and Emma as we develop our new strategy. They will both play an integral role in supporting our ambitions to deliver education, training and workforce development across all of health and social care. The directorate updates provided in this Chief Executive's report highlight both ongoing and new areas of work that will support the health and social care workforce.

1.2. A paper setting out our proposed approach and governance for developing NES's new Strategic Vision for the period 2022 – 25 will be considered under item 8 of this Board agenda. The paper highlights Scottish Government policy that will guide our strategic development, including the National Care Service, NHS Scotland Recovery Plan (2021-26), the refreshed Digital Health and Care Strategy, Programme for Government and the National Workforce Strategy. Our new strategy will be supported by outcomes and impact focused strategic key performance indicators which demonstrate the contribution NES makes to Scotland's National Performance Framework.

1.3. The agenda for our February Board meeting also contains a number of governance and performance items for assurance and approval, including the 2021-22 Quarter 3 Performance Report and the annual Corporate Governance Package, which comprises the Board Standing Orders, Board Code of Conduct, Board Scheme of Delegation, Standing Financial Instructions and Committee Terms of Reference.

2. ANNOUNCEMENTS

2.1 **NES Executive Recruitment Update**

Following on from the announcements in the November 2021 Chief Executive's Report regarding our new Director of Finance (Jim Boyle) and incoming Medical Director (Dr Emma Watson), I am now pleased to formally announce the successful recruitment of our first ever Director of Social Care for NES. As Board Members are aware, this is a completely new post and provides an exciting opportunity to take forward and further develop an already established and highly successful social care work programme delivered by NMAHP that will ensure that those who work in social care are skilled, knowledgeable, digitally enabled and motivated to deliver improved outcomes for citizens.

2.2 **Gordon Paterson**

Gordon Paterson will join NES as our new Director of Social Care from 7 March 2022. Gordon has 35 years' experience in social care at local and national level, is a qualified social worker, and has senior experience in the Care Inspectorate. He is currently the Chief Officer of a Health and Social Care Partnership. In addition to his operational responsibilities for delivering a broad range of health and social care services, he has led the delivery of a transformation programme to design

new service models to support early intervention, person-centred care and best value, with the aim of addressing health and social care inequalities.

3. STRATEGIC UPDATES

3.1. The emergence and subsequent outbreak of the Omicron COVID-19 variant placed further significant pressure on health and social care services and the NHS and social care workforce. NES provided mutual aid to Territorial Boards to support the rollout of the winter vaccinations programme. NHS Scotland continues to operate on an emergency footing and Board Chairs and Chief Executives continue to meet weekly with the Cabinet Secretary for Health and Social Care to discuss and co-ordinate the NHS COVID-19 response.

3.2. Further to recent announcements from the First Minister in relation to the further easing of restrictions, the Workforce update provides information on how NES plans to transition to a 'hybrid working' model from 1 March 2022 and details the support that will be provided to staff as they consider their future working arrangements alongside organisational and team priorities. All aspects of our hybrid approach have been agreed in partnership and I am looking forward to the opportunity to hopefully meet with staff and stakeholders face-to-face in the coming months.

3.3. **A National Care Service (NCS) for Scotland consultation**
The responses to the NCS consultation were published on the Scottish Government website on 1 February 2022. Independent analysis of the responses is currently underway and a report on the findings will be published shortly.

3.4. **NES Remobilisation Plan (RMP4) 2021/22**
I received a letter from Gillian Russell (Director of Health Workforce, Scottish Government) on 25 January 2022 confirming the formal sign-off of NES's updated RMP4 for 2021-22. Board Members will receive a mid-year progress update on RMP4 under item 9 of this Board agenda. The paper also sets out the process for the development of a three-year Operational Delivery Plan which will cover the period 1 April 2022 – 31 March 2025. I would like to acknowledge the work of Donald Cameron (Director of Planning & Resources) in the work of the RMP4 to date.

3.5. **Sponsorship**
NES's ongoing engagement with Scottish Government's Sponsor Team continues to progress with the main Sponsor meeting now taking place every six weeks. Recent discussions have encompassed strategic issues such as the National Care Service, workforce planning and digital developments following NES's recent Amendment Order in 2021.

3.6 A draft workplan between NES and the Scottish Government (SG) has been shared and will be used to set out the working arrangement between NES and SG, providing an overview of various work, including main contacts, roles and responsibilities and an action work tracker. A Commissioning Guide is also in development and will be used to provide a consistent approach to the commissioning process.

3.7 The team is also working on a programme of strategic engagement between myself and Scottish Government Director Generals and Directors to be established in Quarter 4.

3.8 **NHS Scotland Academy**
The National Treatment Centres' Foundations in Perioperative Practice Programme Cohort 2 began on 1 February 2022, with the dates for the next two cohorts currently being finalised. To date, participants from the following Boards: NHS Ayrshire & Arran; NHS Forth Valley; NHS Golden Jubilee; and NHS Highland have participated in the programme.

3.9 The development of the National Treatment Centres' Anaesthetic Assistant Programme is on-going, with governance review panels being worked out and an anticipated live date of late May / early June.

3.10 Work is ongoing to deliver an Nursing & Midwifery Council objective structured clinical examination (OSCE) Preparation Centre, with a Senior Educator in NES now in post and seeking to have the Centre established by April.

3.11 NHS Scotland Youth Academy work continues with Skills Development Scotland. Huddles have been organised with the five pilot Boards and engagement has been extremely positive. The Boards involved include: NHS Dumfries & Galloway: NHS Golden Jubilee; NHS Grampian, NHS Highland and NHS Tayside. Skills Development Scotland is in the process of coordinating Technical Expert Groups that will be hosted in a workshop format with key individuals invited to attend. It has been agreed that an achievable delivery date is May 2023. This has been communicated with the relevant Boards, who are supportive of this proposal.

3.12 Work continues to support widening access routes for military service leavers and veterans. During December, a workshop was arranged for interested stakeholders. This event was well attended and generated positive engagement. The Principal Lead for Project Lift, NES was in attendance and outlined the proposed armed forces workplan that NES is leading. NHS Scotland Academy is going to coordinate three pilot huddles for this workstream: NHS Highland; NHS Golden Jubilee and the Scottish Ambulance Service.

3.13 The digital 'Preparation for Work in Health and Social Care in Scotland' resources created by NHS Scotland Academy have been accessed by over 100 learners in 14 NHS Boards as well as learners associated with Third Sector organisations, Universities and Health and Social Care Partnerships across Scotland.

3.14 Over 300 learners have attended at least one of the National Clinical Skills for Pharmacists' days from twelve NHS Boards, as well as a host of independent pharmacies.

3.15 The National Endoscopy Training Programme delivered two train the trainer programmes for experienced endoscopists at Stobhill Hospital. The first, in November, looked at upskilling and lower endoscopy, with the second visit in January focusing on complex colonoscopy and polypectomy.

4. DIRECTORATE UPDATES

4.1 Dental (including Healthcare Science and Optometry)

a. **Healthcare Science**
Since the last Chief Executive's Report we have run our expression for interest process from the service for the 2022 intake for postgraduate clinical scientist training posts. 29 bids were received; we expect to support at least 20 posts with the possibility of more should an additional NES funding bid be successful. We are also in dialogue with Scottish Government over additional training posts specifically for cardiac physiology as part of its workforce policy commitment. Ordinarily, these posts should have been NHS undergraduate training grades, but the loss of the Glasgow Caledonian programme for this 2022 intake means that we are likely to be asked to manage postgraduate clinical scientist training in lieu.

b. We have had early conversations with colleagues from the NHSS Academy regarding learning infrastructure support for staff in decontamination facilities, medical physics clinical engineering, cardiac physiology and the national pathology school. We have offered incorporation of these groups into our training quality regime and also by lending support to assist in development of relevant training material for inclusion on TURAS Learn.

c. **Optometry**
NES Optometry have commenced two new workstreams. One will design and deliver education to support a new service that supports community low vision care. The second workstream is to support Scottish Government by developing proposals for a Scotland specific trainee year for optometry, which will be delivered by NES. Both workstreams are in infancy however expectation is for significant growth to support trainee delivery more in line with that offered by NES to other professional groups.

d. **Dental Care Professionals (DCP) Pre-Registration Dental Nurse Training**
92 trainee dental nurses from across Scotland commenced the NES dental nurse pre-registration training programme in November 2020, of which 88 were eligible to undertake the Modern Apprenticeship in Dental Nursing.

e. To date a total of 75 have now successfully completed which includes 71 achieving the Modern Apprenticeship in Dental Nursing. Successful candidates have now proceeded to register with the General Dental Council (GDC). 11 trainees withdrew in the early stages of the programme and a further 6 have extended their training period.

f. This was the first cohort to complete the new blended learning approach. All study days were delivered online by the DCP workstream, with one 'in person' session to conduct Basic Life Support training and simulation assessment within the NES dental education centres. The workstream has utilised a range of technologies available to create a range of robust and innovative methods to conduct assessments. Examples include the implementation of the City and Guilds Learning Assistant online portfolio, remote invigilation for online

summative assessments and live video stream observation for workplace assessments.

g. Sustaining this blended learning approach, during November 2021, a further 77 new trainees commenced their pre-registration training and of those eligible, a total of 76 will work towards completing the Modern Apprenticeship in Dental Nursing. All trainees are employed, working within a dental environment.

4.2 NES Technology Service

a. Phase 1 of organisational change has concluded with the successful appointment David McColl as Deputy Director. The conclusion of Phase 1 also means that the previous NES Digital and NES Digital Service directorates are now officially joined as one digital directorate: 'NES Technology Service'

b. Scottish Government have commissioned NES to develop a solution that supports the Health and Care (Staffing) (Scotland) Act 2019. This will be an interim solution until the Allocate rostering software is rolled out across Scotland, which has a SafeCare module within it that will eventually support the Act.

c. The interim solution developed by NES will focus on Critical Care across Scotland to support these wards during winter pressures by capturing the patient numbers, acuity, available staff along with skill mix in order to assess and mitigate or escalate any staffing risks. The first iteration of the solution 'Turas Real Time Staffing' was released to production on 15 December 2021. Work continues with users across Critical Care to refine requirements around reporting and escalation. Usage data is currently being monitored and reported as appropriate.

d. NES, in collaboration with NHS Greater Glasgow and Clyde (GG&C) and Public Health Scotland (PHS), have developed a solution that supports the structured data capture of patients presenting at Emergency Departments with suspected SARI (Severe and Acute Respiratory Infection) that will enable enhanced surveillance of SARI. The solution was deployed to production on 23 November 2021. The PHS report is live and in use, with the reporting for researcher use currently in development and should be released within the next two weeks. Usage data is currently being monitored and reported as appropriate

e. Study Leave and MyTuras - Development work is underway to provide an improved user experience and BACS payment. This will form the first stages of introducing MyTuras for Medical and Dental trainees, a personalised experience based on the user attributes I.e., training programme and grade.

f. Turas Learn – discovery work is underway with stakeholders to identify issues/improvements alongside comparing Turas Learn against the market with a view to having the outcomes for the next financial year identified.

g. Turas Pathways – A focus for NHS Tayside throughout the remobilisation and recovery phase and running through all core programmes of work will be the

desire to develop clinically led whole system pathways. This will involve the Board working collaboratively with Health and Social Care Partnership partners to optimise performance, reduce costs and improve patient care. Many factors impact on the delivery of care to patients and will require a whole system approach of continuous improvement, digital innovation and sustainable delivery to ensure that: safe, equitable, person-centred, efficient, effective, and timely care is provided. To support this objective NHS Tayside and NES Technology are developing an automated clinical pathway tool to capture the impacts changes to pathways may have, both from a service perspective as well as a capturing resource requirement changes. After a procurement exercise in December, a supplier has been engaged to provide the technical delivery using NES Technology platform technology components and hosting.

h. National Digital Platform (NDP) Launchpad – NES Technology have developed several applications over the last two years that fulfil a tactical need in "gaps" around time to market, workflow and structured data capture that NHS Scotland (NHSS) cornerstone systems cannot often provide. Further to this, in a National Digital Platform context, there needs to be a way of moving between NHSS cornerstone systems and emerging systems developed on an NDP as seamlessly as possible. As such, NHS Technology is collaborating with NHS GG&C to deliver "launchpad" functionality that will allow NDP applications to be launched "in patient context" from TrakCare or any other patient administration system (PAS). This will negate the need to deliver many costly point-to-point launch integrations from PAS systems to NDP products and services by abstracting the functionality out to a platform and "once per PAS" model.

i. Enabling Technology Board (ETB) Engagement – at the last Scottish Government ETB "National Digital Platform Delivery Roadmap Group", NES Technology presented a target NDP architecture that proposed to serve anticipated needs across the Education and Training, Workforce, Health and Care domains. This was well received, and next steps are to working in collaboration with technical architects from NHSS, Scottish Government, Care and Local Government to expand the architectural components while wider work is underway with ETB on ways of working and prioritisation of NDP deliverables.

4.3 Medicine

a. **GMC Credential in Rural and Remote Health (Urgent and Unscheduled Care)** In December 2021, the Medical Director of the General Medical Council formally endorsed the curricular content of the credential, praising NES for "*embracing the principles of the credentialing framework with a well-realised and designed curriculum*". This is a significant milestone, which has not (to date) been achieved by any of the other "early adopter" credentials. It paves the way for a formal launch later in 2022, subject to the GMC confirming some operational framework details. More details on credentialing are available at Credentialing - GMC (gmc-uk.org).

b. Our preparations for launch include working with RRHEAL to develop a flexible multiprofessional online learning hub that will support both the credential learners and rural advanced practitioners.

c. **Expansion of Simulation**
The value of simulation is already embedded in surgical and medical (physicianly) postgraduate training. In partnership with the NES Clinical Skills Managed Education Network (CSMEN), we are investing in new strategic and operational simulation activities in other specialties, prioritising those where educational progression has been particularly affected by the pandemic. New Associate Postgraduate Dean posts (Simulation) will provide strategic oversight and coordination across the Deanery in Radiology, Pathology, Infectious Diseases, Obstetrics & Gynaecology and Paediatrics.

d. **Trainee Wellbeing, Development and Support Service**
A refreshed, expanded and holistic service for postgraduate medical trainees launches formally later this year. It brings together Careers, Less than Full Time Training, and Professional Support under a single governance structure. Trainees have been at the heart of the redesign, which will include an expanded suite of support offerings, a complete website redesign, enhanced training for those supporting trainees, and expanded administrative and digital resources.

e. **Sudden Death involving Doctors in Training**
The NES Supporting Scottish Grief and Bereavement Care workstream are acknowledged experts in providing resources to support health and social care staff who are working with people before, at, and after death (Support Around Death Scotland | Support Around Death). The team have accepted a request from the UK Conference of Postgraduate Medical Deans (COPMeD) to lead a 4-nation initiative to develop, create, disseminate educational and training resources about sudden death involving doctors in training. The resources will be used by deanery teams of e.g. educators, training programme directors, clinical supervisors, and administrators across the UK.

f. **A Multidisciplinary Rural Advanced Practice Education Pathway**
In collaboration with multi-agency partners the Remote and Rural Healthcare Education Alliance (RRHEAL), NES have designed an accessible and affordable multidisciplinary rural advanced practice (RAP) education pathway for rural practitioners. RRHEAL and the Scottish Rural Medicine Collaborative (SRMC) have worked jointly to establish the educational capabilities and associated competencies for this pathway in response to remote, rural and island health and social care workforce and community needs.

g. The additional skills that advanced practitioners need to have and maintain are identified within the **Multidisciplinary Rural Advanced Practice Capability Framework for Primary & Community Care**. RRHEAL are now looking to appoint an education provider to design and deliver the educational components that address the educational gaps between advanced practice in the UK and the requirements of the multidisciplinary rural advanced practice role

h. **Technology Enhanced Learning (TEL) Webinars for Remote, Rural & Island Practitioners**
RRHEAL delivered eighteen TEL Webinars throughout 2021 to multidisciplinary staff groups, participant attendance ranged from 15 to 150 people. The Webinars are recorded and uploaded onto the RRHEAL TURAS site to enable staff to have ongoing access and to look at them at a time that suits them best. Examples of TEL Webinar topics for staff included: Covid-19, Psychiatry, Palliative care, Wound care and Near Me. The plan for 2022 is to deliver two TEL webinars per month, ranging over different topics based on feedback from multidisciplinary staff and practice educators. Since the outbreak of the pandemic RRHEAL have been heavily involved in helping NES colleagues learn how to make best use of technology to continue to be able to train and support staff but at distance where possible.

i. **Neonatal Animated Education Resource: Joint NES Medical Work with RRHEAL / NES Bereavement team and NES NMAHP**
Cross directorate NES teams within the Medical directorate and NMAHP are currently working with experts from The Scottish Governments "Cooling Babies Group" and the parent charity PEEPs (peeps-hie.org) to design and produce three unique short, animated videos. These will be the first of their kind in the UK and will support the implementation of the **Neuroprotection Care Pathway for Infants with Hypoxic-Ischaemic Encephalopathy**. These teaching resources will be used to help train doctors, neonatologists, paediatricians, neonatal nurses, midwives and advanced neonatal nurse practitioners and neonatal transport staff to refer and treat infants with Hypoxic-Ischaemic Encephalopathy (HIE) for crucial "cooling treatment "at the right time. It will also support the training of good communication skills for practitioners in working with parents and carers at the time of diagnosis, providing prognosis and planning for follow up care for babies with HIE.

4.4 Nursing Midwifery & Allied Health Professions (NMAHP)

a. **Social Care Induction**
As part of Scottish Government's commitment to establishing a new National Care Service for Scotland, the Scottish Social Services Council (SSSC) and NES are working in collaboration with Scottish Government and key partners to develop a national induction framework for new entrants to Adult Social Care that will also support workers moving between employers or undertaking different roles. The full programme will be delivered by the end of spring 2022.

b. Within the current situation of staffing pressures being experienced across social care, we are aware that workers are being redeployed to assist frontline care services and may be asked to take on roles which they are unfamiliar with. We are also aware that temporary workers and volunteers are being called upon to support services.

c. The Scottish Government has commissioned NES and the SSSC to take forward the development of an initial version of the framework that will be updated and adapted over the coming months. Staff can use the learning assessment in the resource, for discussion with their employers, to identify what

knowledge and guidance they need to be equipped and confident to safely provide person centred and compassionate support to people in their new role.

d. This version of the induction framework is a starting point and is based on the minimum framework which was agreed with the stakeholder group and is intended to complement individual organisations' induction programmes and relevant policies and procedures. Feedback on this resource will inform the further development of the national induction framework.

e. **Volunteering**
The mounting workforce pressures within the NHS and the health and social care sectors has resulted in an unmet demand for sufficient available staffing to cover all our population needs. Supporting our citizens with care at home, encouraging self-care and access to resources that can be tailored to individual need require ongoing development to ensure resilient services and provision.

f. Some patients who are ready to be discharged from hospital can end up spending extra time in hospital. Sometimes this may be because they live alone, and staff are worried about them accessing the support they need. These are patients who do not need a full social care assessment but would benefit from a bit of extra support to make the process of getting home from hospital a bit easier. With a bit of extra support in the days following discharge from hospital, it may be possible to spot problems early, and in some cases to prevent readmission to hospital.

g. There are numerous strands of work at national and local level which may in part meet the needs of citizens being discharged home for further assessment, waiting on packages of care or needing support as they continue to convalesce; and be supported with their ongoing treatment, recovery, and rehabilitation.

h. A national solution to support citizens to adjust to their return home from hospital or prevent admission and access interim support requires further exploration to determine if there are untapped resources from community networks, private and third sector organisations or if there is consensus that a new solution or future role, voluntary or employed is required. The aspiration is to bridge the gap between when individuals no longer need hospital care but need time to convalesce with minimal support while waiting on a package of care. NES is supporting the Scottish Government and stakeholders to consider solutions which may exist in existing voluntary models and Third Sector provision who provide community engaged, pastoral and social support while citizens return to their 'normal' health or adjust and gain confidence to manage at home with or without additional health and/or social care input. It may then be possible for NES to support the education provision for these local models if the can be developed at scale.

i. Initial work with Scottish Government, Local Authority and Third Sector organisations will focus on the potential to develop a model using volunteers prior to and following discharge, using telephone follow-up for individuals who need minimal support e.g. encouragement to move about, checking individuals are eating, getting shopping or doing small errands and prompting to take

medicine, building on established links with community support networks (Family, Friends, Neighbours, volunteers).

j. **AHP Occupational Descriptors Dataset Workstream**
In June 2021, the Allied Health Professions Workforce Planning: Identifying the Role and Value of NES report was published (allied-health-professional-workforce-planning.pdf (scot.nhs.uk)). Central to the recommendations within the report was the need for improved AHP workforce data, and a nationally co-ordinated approach to AHP workforce planning.

k. From December 2021, NES has been leading on a piece of national work to improve and expand the AHP Occupational Descriptor dataset to describe AHP roles more accurately across NHS Scotland, with a view to enabling more accurate workforce and educational planning. The first phase of this project will be completed by March 2022. This work will inform the wider piece of work in this area being undertaken in NES for the wider workforce and will also contribute constructively to the Scottish Government's AHP Education and Workforce Policy Review.

4.5 Pharmacy

a. **Pharmacy technician workforce for Scotland**
NES has received confirmation from Scottish Government of £3.4 million funding to support a National Pre-registration Trainee Pharmacy Technician (PTPT) scheme, across all pharmacy sectors in Scotland. The first phase will involve 150 trainees to be recruited by NHS Boards in two cohorts during 2022/23, with an expectation of increased numbers in the next few years. This additional workforce pipeline will particularly support the expansion of the role of pharmacy technicians within GP practice, over recent years and in the future.

b. All trainees will undertake the Technical Apprenticeship for Pharmacy Technicians at SCQF Level 8, which will ensure the development of a highly skilled pharmacy technician workforce, to further enhance patient-centred care. NES Pharmacy will access Technical Apprenticeship funding via the current NES Dental contract with Skills Development Scotland and work closely with the Boards and key stakeholders in the implementation of the scheme.

4.6 Psychology

a. The NES Psychology Trauma Team are delighted to update that at the last meeting of the National Steering Group on Trauma Informed Practice (15 December 2021) the Deputy First Minister stated that the Scottish Government intends to develop a national strategy on **Psychological Trauma** and **Adverse Childhood Experiences (ACEs)**, over the course of 2022/2023.

b. The scope and content of the strategy will be developed in consultation with a wide range of stakeholders, including the **Trauma Champions Network**, experts by experience and many others, and the trauma team at NES who support this work will be central in terms of the education and training element. As part of this development, we are also providing the educational and training

support to two trauma informed substance use service pathfinders and in partnership with our NMAHP colleagues two trauma informed maternity service pathfinders.

c. We are also looking forward to welcoming the NES leaders who completed the **Scottish Trauma Informed Leaders Training (STILT)** webinar to the follow up workshop on 16th March at 10am-12pm.

4.7 Workforce

a. **Hybrid Working**
Further to recent Scottish Government announcements, NES is now preparing for formal transition into 'hybrid working', as agreed in partnership, and approved by the Extended Executive Team, from 1 March 2022. This builds on positive feedback from staff on experience of working arrangements during the pandemic. Line Managers are refreshing the discussions held with staff in 2021 to ensure that individuals' preferences for their working style can be taken into account in planning what will work most effectively for customers, teams and NES. Experience will be reviewed after 12 months, with check-ins during the period, to ensure that arrangements remain effective for all stakeholders. There will be no changes to employee terms and conditions whilst related 'Once for Scotland' policies awaited. This position is being taken by some other national boards transitioning to hybrid working arrangements.

b. **iMatter**
NES had excellent results in the most recent NHSS iMatter survey with a response rate of 92% and an overall employee experience score of 84 for non-training grade staff. The ratings from Doctors and Dentists in Training were similarly positive with NES achieving high scores across dimensions surveyed, and the highest across NHSS Boards.

c. **Lead Employer**
With Lead Employer arrangements now extended to Core and Speciality Dentists in Training, plans are advancing for Dental Vocational Trainees to also be included from September 2022, subject to required regulatory changes, the aim being to smooth trainees' employment experience

d. **Recruitment**
Recruitment activity remains high across NES with Digital, Psychology and Workforce Directorates being a focus, reflecting, in particular, additional roles. Activity is also high in supporting national campaigns aimed at skill shortages e.g nursing. NES Psychology and Workforce Directorates are working together to support a national recruitment campaign with coordination and support of advertising and selection on behalf of several NHSS Boards. In addition, the Centre for Workforce Supply (CfWS), recently commissioned by Scottish Government, is making good progress in identifying and responding to the needs of Boards for centralised support in supplementing domestic recruitment with international appointees. The immediate priority for Boards is nurses with other disciplines under consideration as part of workforce planning. NES is also working with Scottish Government and partners to explore how the CfWS can

support the recruitment of refugees and other groups of staff in shortage occupations such as social care.

e. **NES Workforce Plan**
Work progresses on the NES 3-year Workforce Plan which is now due for submission to Scottish Government in July 2022.

f. **Strategic Delivery Partnerships – Leadership and Digital Capability**
The Workforce Directorate acts as the strategic delivery partner for Scottish Government on key areas of capability including leadership and digital capability. Work is underway in detailed documentation of the elements of the National Leadership Development Programme that Scottish Government is commissioning NES to deliver. Funding for an additional 15 NES posts has been committed. In addition, work is advancing on the design of mechanisms intended to support the transition of veterans into the sector, providing an additional pipeline of talent.

g. NES is currently building a further funding bid to target priorities across the health and care sector in the area of digital workforce capability. Current funding is in place until June 2023. The team delivering the current programme of priorities is making excellent progress with, for example, significant scaling of digital leadership training opportunities, doubling the previous number of participants and broadening participation to all disciplines; doubling the number of Professional Development Awards in Technology Enabled Care offered to the sector; partnering with HEIs to offer education and training in digital learning design; centralising and promoting digital training resources (including Microsoft Office365); building a virtual community of those in specialist knowledge, information, data and digital technology roles; and mapping and supporting digital champions across the sector, through which to promote and support digital capability improvement across the sector. Within NES, there is close working between the Digitally Enabled Workforce Team and the NES Technology Enhanced Learning Team with a specific focus on NES Workforce digital capability in delivering education and training.

CALENDAR from 18 November 2021 – 2 February 2022

This section of the report provides an overview of the meetings I have attended since 18 November 2021. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES [Extended] Executive Team (EET)
As a result of EET feedback, the format of EET meetings has changed. Since December 2021 the EET meet twice monthly – the first meeting of each month is an EET Business Meeting where the EET discuss any priority issues and consider monthly financial, performance, workforce and risk reports. The second meeting is an opportunity to share information and discuss a particular strategic theme that has been suggested by a directorate.

NHS National Board Chief Executives
BCEs of the national Boards and Public Health Scotland meet fortnightly via Microsoft Teams.

NHS Board Chief Executives (BCEs) Weekly System Pressures meeting with the Cabinet Secretary for Health and Social Care
Since September 2021, NHS BCEs have been meeting weekly at the request of the Cabinet Secretary for Health and Social Care to discuss current system pressures in relation to the COVID-19 pandemic and winter pressures.

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).

4 Nations (NES, Health Education England, Health Education & Improvement Wales and Northern Ireland Medical & Dental Training Agency)
The Chief Executives of the 4 Nation statutory Education and Training organisations meet fortnightly to discuss and co-ordinate our ongoing response to COVID-19, with a focus on our shared responsibilities for education and training in the UK.

Meetings between 18 November 2021 – 2 February 2022

NES meetings
Since the last Board meeting I have enjoyed meeting with a range of NES staff across the directorates. I had the opportunity to meet with Dental colleagues at the Dundee Dental Education Centre and I also travelled to Stirling to give a presentation at the Medical Associate Postgraduate Deans Away Day. I met with one with the NES Graduate Management Trainees and with colleagues from the SAS (Specialist and Associate Specialist Doctors and Dentists) Programme to hear and learn more about this important area of work. I have also held meetings with Workforce colleagues about leadership provision and initiated and participated in a cross-directorate working group to discuss the potential for NES to develop as a research learning organisation and awarding body.

At the end of January the EET attended a KPI workshop that was led by Paul Frith from the Rubica change consultancy. This was a helpful opportunity for the EET to develop their understanding of the PuMP (Performance Measurement Process) KPI methodology that is being rolled out across NES. I also met with a group of senior colleagues to discuss the establishment of a Programme Management Office in NES.

NHS Scotland

I have met with a wide range of colleagues across NHS Scotland since the last Board meeting including the Chief Executives of NHS Ayrshire and Arran, NHS Golden Jubilee, NHS Western Isles, Public Health Scotland and National Services Scotland (NSS). I attended the initial
Healthcare Built Environment webinar which is a partnership between NES and NSS via colleagues from NHS Scotland Assure and will support the development and enhancement of education and training for NHSS Executive and Non-Executive Board Members on their duties and responsibilities in the construction and ongoing management of the healthcare infrastructure.

I also had introductory meetings with two new members of the NHS Scotland Academy senior team and participated in the interviews for a new national Director of the NHSS Centre for Sustainable Delivery, which is hosted within NHS Golden Jubilee and will link in with the work of the NHSS Academy.

External Stakeholders

I have met with a very wide range of key stakeholders across the health and social care sector since the last Board meeting, including Chief Executives and senior representatives from the Mental Welfare Commission, General Pharmaceutical Council, National Association of Link Workers, Scottish Social Services Council, University of Glasgow, Digital Health & Care Innovation Centre (DHI), British Medical Association, Prince's Trust, Convention of Scottish Local Authorities (COSLA), Care Inspectorate, General Medical Council, University of Highlands and Islands, Dumfries and Galloway College, Institute for Research and Innovation in Social Services (IRISS), TSI (Third Sector Interfaces) Scotland Network and the Health and Social Care Alliance Scotland (the ALLIANCE).

Scottish Government

I have met with a number of SG colleagues since the last Board meeting including Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland), Jason Leitch (National Clinical Director), Gregor Smith (Chief Medical Officer), John Burns (NHS Scotland Chief Operating Officer), Gillian Russell (Director of Health Workforce), Donna Bell (Director of Mental Health and Social Care), Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing), Linda Pollock (Interim Director, Healthcare Quality and Improvement), Joanna MacDonald (Deputy Chief Social Work Adviser) and Hugh McAloon (Deputy Director, Adult Mental Health).

On 13 December 2021, the Board Chair and I met with Kevin Stewart (Minister for Wellbeing and Social Care) and had a wide-ranging conversation regarding NES's work and how we could further support the health and social care workforce.

In terms of wider SG meetings, I have chaired a meeting of the National Leadership Development Programme (NLDP) Steering Group and attended meetings of the Scottish Leaders Forum (SLF) Leadership Development Group, the Chief Executive Officer (CEO) Leadership Development Group and the National Response Group. I have also attended a number of meetings involving SG and other key stakeholders including a session on Social Care Resilience led by the Deputy First Minister and meetings regarding Digital Roles, Responsibilities and Commissioning and NHSS Volunteering.

NHS Education for Scotland **NES/22/05**
Item 8a
10 February 2022

Board Paper

1. Title of Paper

Development of the NES new Strategic Vision: Proposal

2. Author(s) of Paper

Donald Cameron, Director of Planning and Corporate Resources

3. Situation/Purpose of paper

This paper sets out the approach to setting NHS Education for Scotland's (NES) Strategic Vision for the period 2022-25.

4. Background

This paper outlines the work being undertaken to develop a new Strategic Vision for NES supported by outcomes and impact focused strategic key performance indicators (KPIs) which demonstrate the contribution NES makes to Scotland's National Performance Framework.

5. Assessment/Key Issues

Scottish Government policy will guide NES's new Strategic Vision, particularly the new National Care Service due to be implemented during the term of this parliament. In addition, NES will play a key role in supporting the workforce and digital elements of the NHS Scotland Recovery Plan 2021-26, the refreshed Digital Health and Care Strategy, the Programme for Government, and the National Workforce Strategy.

6. Recommendations

The Board is asked to discuss and approve this proposal.

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

Author name D Cameron
Date 18/01/2022
NES

Developing a new Strategic Vision for NES

1. Purpose of this Paper

This paper sets out the approach to setting the NHS Education for Scotland's (NES) Strategic Vision for the period 2022-25. Our new strategy will:

- reflect national policy, COVID-19 recovery and service priorities
- clearly state our Strategic Vision and desired outcomes for the future
- incorporate reviewed and updated values and ways of working
- provide a framework for NES Operational Delivery Plans (ODPs)
- introduce a performance framework based on outcomes and impact focused strategic key performance indicators

2. Background

The current NES Strategy 2019-24 has been impacted by COVID-19, resulting in disruption to education and training and a transformation in how we deliver our statutory functions for providing, co-ordinating, developing, funding and advising on education and training for NHS and social care staff. In addition, the policy environment is shifting, acknowledging the ongoing pressure on health and care services and the continuing uncertainty and disruption because of COVID-19. Over the next three years NES will play a key role in supporting the workforce and digital elements of the NHS Scotland Recovery Plan 2021-26, the refreshed Digital Health and Care Strategy, the Programme for Government, the development of a National Care Service for Scotland and the National Workforce Strategy.

These publications outline the key Scottish Government policy ambitions that will help guide NES's strategic direction and they set the scene for a review of our Strategic Vision in the run up to launching the new National Care Service during the term of this parliament. In addition to the policy ambitions, we also require our new strategy to be flexible to respond to the implications for NES from several parliamentary bills over the coming years.

This paper outlines the work we are doing to develop a new Strategic Vision for NES supported by outcomes and impact focused strategic key performance indicators (KPIs) which demonstrate the contribution NES makes to Scotland's National Performance Framework. In addition, the new Strategic Vision will support the development of a new target operating model (TOM) for NES and provide a framework for the NES three-year Operational Delivery Plan (ODP) to be submitted to Scottish Government at the end of July 2022. The ODP will reference and align with the three-year Workforce and Financial Plans for NES which are also due for submission to the Scottish Government in July 2022. The

new Strategic Vision, TOM, KPI performance framework, Workforce Plan and ODP (including Financial Plan) will support recovery from COVID -19 and the Scottish Government's ambitions to deliver better integrated new models of primary, community and social care which help to ensure people experience services closer to home and experience outcomes that meet their rights, needs and choices.

Critically important to the strategic visioning process will be the outcome of the consultation on the creation of a National Care Service first outlined within the Scottish Government's Independent Review of Adult Social Care. In addition, we will work with the new Centre for Sustainable Delivery (CfSD) to develop our role in workforce planning and management and workforce development to ensure that service redesign and transformation is supported by a workforce with the right skills in the right place at the right time. We will continue to develop the remit of the NHS Scotland Academy where opportunities emerge for accelerated training of the workforce. There will also be opportunities for NES to become a leader in the development of digital technology and more broadly to function as a facilitator and enabler for organisations in the voluntary and third sectors.

Our work will be firmly grounded in collaboration with partner organisations across the NHS, local government, third and independent sectors, academia, research institutes, professional and service regulators, the health and social care workforce and most importantly people in our communities who experience care.

3. Governance

The key governance principles as per the NHS Corporate Governance Blueprint DL (2019) 02 are summarised as follows:

- the Board sets the direction and determines the organisation's purpose and ambition
- the Board approves the strategies and plans to deliver the policies and priorities of the Cabinet Secretary for Health and Sport and the Scottish Government.
- the Board ensures that stakeholders and partners are effectively engaged and involved in the development of policies and the setting of priorities.
- the Board influences the organisation's culture to promote shared values that underpin policy and behaviours throughout the organisation.
- the Board approves budgets required to deliver strategic and operational plans and ensures responsibility is allocated, and authority delegated

The timetable for completing the new Strategic Vision is outlined in Appendix 1 in which Board and other groups are identified and their role and remit defined. We have established a small project team to co-ordinate and manage the review with existing committees and groups providing the oversight, governance and input as outlined below and in appendix 2.

- **NES Board** – The Board will have a lead oversight responsibility to review and approve the Strategic Vision drafts for consultation and the final document for launch.
- **Extended Executive Team (EET)** – The EET will have a participative and sponsorship responsibility to ensure every part of NES participates in developing the Strategic Vision through input to drafts and the final document.
- **Steering Group** – The Steering Group will have a co-ordinating responsibility to develop drafts and final versions of the Strategic Vision based on workshop outputs and oversee internal/external stakeholder engagement. The Steering Group is made up of the following.
    - Chief Executive
    - Director of Workforce
    - Director of Planning and Corporate Resources (until end May 2022)
    - Head of Strategic Development
    - Board Secretary and Principal Lead: Corporate Governance
    - Associate Director: Quality Improvement
- **Communications Team** – The Communications Team will have the lead communication and stakeholder engagement responsibility to support consultation with our staff and key stakeholders.

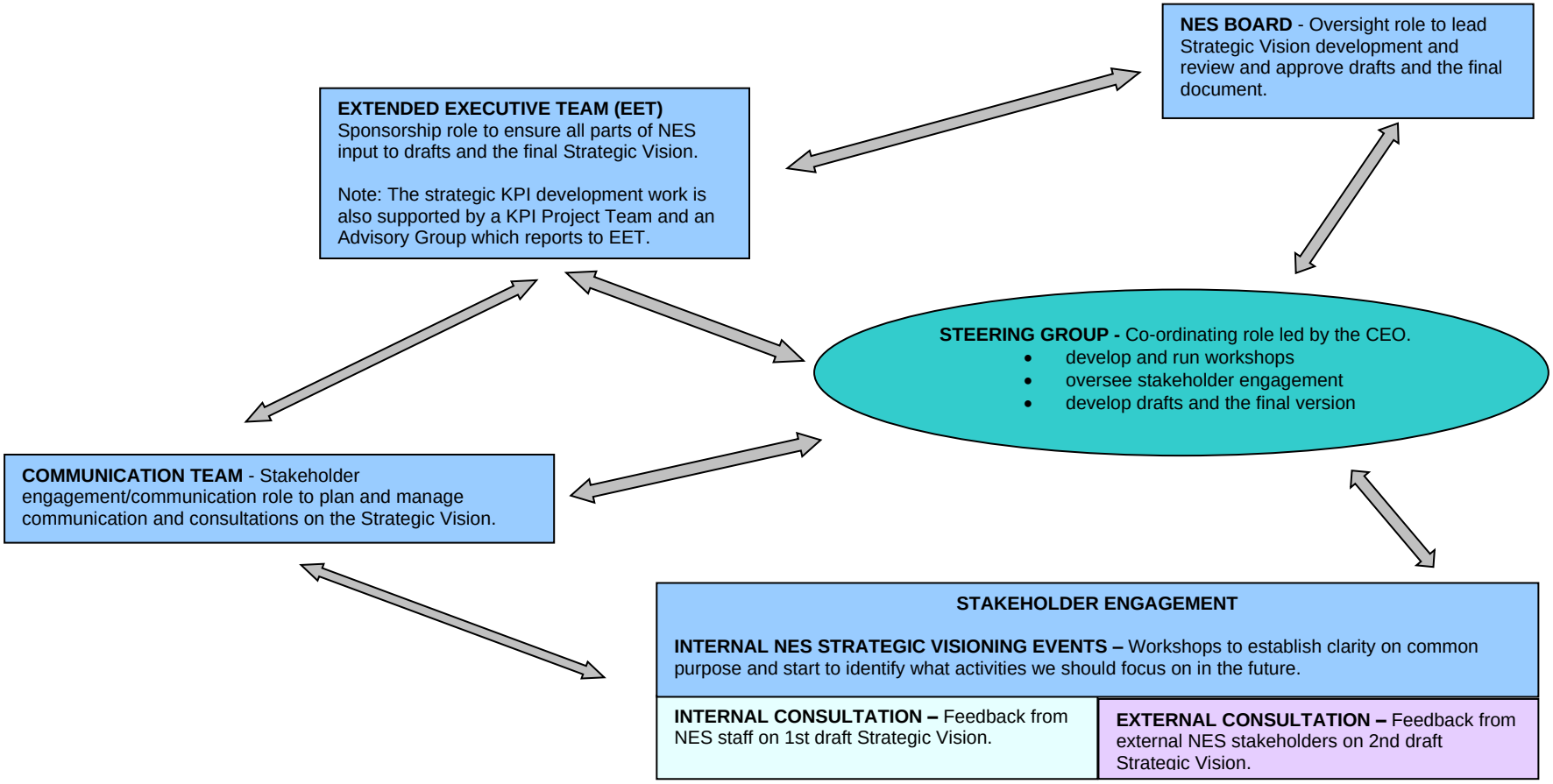
Development of the 1st draft Strategic Vision is being informed by workshops with the EET and the Board. Consultation on the 1st draft will then be run with our staff to feedback and input to the 2nd draft. The 2nd draft Strategic Vision will be subject to a structured consultation (most likely digital) with our external stakeholders to seek feedback for the final version. In addition, the Board will be invited to review and comment at the 1st and 2nd draft stages. Stakeholder engagement will follow improvement principles as outlined below.

- review the strategic vision and operating model
- what's working well, what needs continued and where the weaknesses lie
- identify the improvement and development priorities for the future
- include the changes within a new outcome-based Strategic Vision

Appendix 1 – Strategic Vision Timetable

	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Introductory strategic visioning workshops with the EET and the NES Board completed.														
Strategic KPI 'PuMP' methodology training and pilot completed.														
1st draft Strategic Vision and Communications Plan developed.														
Internal NES consultation on 1st draft Strategic Vision (ref: Comms Plan) completed.														
Board updated following internal NES consultation on 1st draft Strategic Vision.														
Three-year ODP (2022-25) drafted (aligning to draft Strategic Vision) and submitted to SG.														
2nd draft Strategic Vision developed based on internal NES feedback.														
First version strategic KPI measures/data and dashboard developed (for Q2 reporting pilot).														
External stakeholder consultation on 2nd draft Strategic Vision (ref: Comms Plan) completed.														
ODP finalised based on SG feedback and approved by the Board for publication.														
Board updated following stakeholder consultation on 2nd draft Strategic Vision.														
Final version Strategic Vision developed based on external stakeholder feedback.														
Strategic KPI dashboard further developed based on Q2 pilot (for Q3 reporting).														
Strategic Vision finalised and approved by the Board for publication/launch.														

Appendix 2 – Strategic Vision Governance



NHS Education for Scotland **NES/22/06**
Item 9a
10 February 2022

Board Paper

1. Title of Paper

Phase 4 Re-mobilisation Plan (RMP4) Mid-year Update
1st October 2021 to 31st March 2022

2. Author(s) of Paper

Donald Cameron – Director of Planning and Corporate Resources

3. Situation/Purpose of paper

To present RMP4 for Board approval

4. Background

This RMP4 covers our 2021-22 priority activities while we continue to recover our core business and maintain contingency plans for further COVID-19 disruption. RMP4 does not cover all NES activities and programmes, these are described in the detailed operational and financial plan which underpins RMP3 and RMP4. This document's purpose is to provide an update on the priority areas of RMP3 using a template supplied by Scottish Government, reporting on progress to the end of September 2021 and highlighting strategic developments and any new proposals over the second part of the financial year to the end of March 2022. On 25 January 2022 we received a letter from the Scottish Government signing off our RMP4 and requesting that we approve it through our governance processes and to make it available on our website. This letter is also attached for your information as an appendix.

5. Assessment/Key Issues

In the past, at this time of year the Board would normally consider a draft Annual Operational Plan (AOP) for the forthcoming year. This year the Scottish Government (SG) are requesting a three-year Operational Delivery Plan (ODP) based on three-year outcomes with annual targets reviewed each year. This will cover the period 1st April 2022 to 31st March 2025 with the SG guidance due out at the end of March 2022 for draft submissions at the end of July 2022. For NES our ODP will be based on the detailed operational and financial planning for 1st April 2022 onwards which was completed across the organisation in the last three months of 2021. The detailed operational and financial plan also describes three-year outcomes and associated targets in line with the NES Strategy 2019-24 which is currently being reviewed and will be replaced with a new Strategic Vision this year. This detailed operational and financial plan will enable us to cover the gap from 1st April 2022 to 31st July 2022 while the three-year ODP and new Strategic Vision are being drafted. This will include clarity and confirmation on any additional requests from SG to support the development of social care and the National Care Service which would require allocation of additional resources.

6. Recommendations

The Board is asked to approve the NES RMP4.

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

Author name Donald Cameron
Date 18/01/2022
NES

Phase 4 Re-mobilisation Plan (RMP4)
Mid-year Update
1st October 2021 to 31st March 2022

September 2021

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1. Introduction

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. We are a national organisation with a significant regional presence and the official provider of workforce statistics for NHS Scotland. In addition to providing national workforce and digital services which play a key role in supporting frontline health and care, NES directly funds and manages learners who comprise a significant element of the workforce supporting the winter planning response.

Over the next six months, we will remain prepared for continued disruption to education and training, acknowledging the ongoing pressure on frontline services and the uncertainty surrounding COVID-19. Looking to the longer term we will play a pivotal role in supporting the workforce and digital elements of the NHS Scotland Recovery Plan 2021-26, the refreshed Digital Health and Care Strategy, the 2022 Programme for Government, the development of a National Care Service for Scotland and the forthcoming National Workforce Strategy. These publications outline the key Scottish Government ambitions that will guide NES's future direction and while this phase four Re-mobilisation Plan (RMP4) is short-term in timescale, it helps to set the scene for a number of important developments over the longer-term.

In line with the Scottish Government request for a brief document focused on key areas, this RMP4 covers our 2021-22 priority activities while we continue to recover our core business and maintain contingency plans for further disruption. RMP4 does not therefore cover all NES activities and programmes, these are described in the operational and financial plan which underpins RMP3 and RMP4 and can be provided on request. This document's purpose is to provide an update on the priority areas of RMP3 using the template supplied by Scottish Government, reporting on progress to the end of September 2021 and highlighting strategic developments and any new proposals over the second part of the financial year.

2. National Boards Collaborative

NES is part of a collaborative of eight national NHS Boards providing services where improved quality, value and efficiency is best achieved through a national approach. The national NHS Boards have a key role in resetting the design and delivery of health and care services in response to COVID-19. This RMP4 contributes to the national Boards collaborative in response to the unprecedented changes brought about by COVID-19, many of which will need to be sustained and will require education and training support.

Each of the national NHS Boards has specific contributions to make to COVID-19 recovery and the national NHS Boards have identified common themes around enabling digital access to primary care and addressing public health inequalities through shared data and improved intelligence. In addition, COVID-19 provides an opportunity to improve the application of 'Smarter' working practices and policies across the national Boards to achieve financial efficiency by sharing and redesigning facilities, collaborative working and better communication, greater use of flexible working policies and more carbon efficient and sustainable workplaces/working practices.

3. Strategic Context

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. While our re-mobilisation plans will help guide us through COVID-19 recovery and renewal with a focus on maintaining and developing our core workforce and digital services, over the next six months we will also start to explore any further contribution we can make to the social care sector given the responsibilities outlined in the Programme for Government. Over the next six months NES will commence a review and update of our strategic vision and start to develop a new target operating model (TOM) supported by a new performance framework more focused on strategic key performance indicators (KPIs). This new strategy, operating model and performance framework will support the Scottish Government's ambitions to deliver new models of primary, community and social care which will help to ensure people experience services closer to home.

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 future policy change or sectoral reform such as 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. 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 also a joint partner with NHS Golden Jubilee in the development of the NHS Scotland Academy (NHSSA - see appendix 1), which provides accelerated training across the health workforce.

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. 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. NES 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. As such they are, and must continue to be, integral in the design and delivery of education and workforce development. Our plans will be delivered in partnership with NHS Boards, key social care and third sector organisations and UK regulatory bodies with a focus on developing the workforce, driving forward digital innovation and improving the use of data and intelligence. The NHS Scotland Recovery Plan 2021-26 highlights workforce capacity and capability as a priority including recruiting to national treatment centres, providing additional general practitioners and staff in primary care mental health, increasing the number of medical undergraduate places, investing in new national and international recruitment and establishing a national Centre for Workforce Supply. In addition, there is a strong focus on creating youth employment opportunities in health and social care and providing new training in priority areas such as pre and perioperative care and endoscopy through the NHS Scotland Academy.

Critically important for NES in developing our strategy and plans beyond this RMP4 will be the outcome of the consultation on the creation of a National Care Service first outlined within the Scottish Government's Independent Review of Adult Social Care. In addition, we will work with the new Centre for Sustainable Delivery (CfSD) to develop our role in workforce planning and management and workforce development to ensure that service redesign and transformation is supported by a workforce with the right skills in the right place at the right time. There will also be opportunities for NES to support the development of digital technology and to function as a facilitator and enabler for organisations in the voluntary and third sectors.

Over the coming six months NES will continue to work with the NHS Golden Jubilee to fully establish the NHS Scotland Academy (appendix 1) informed by the forthcoming National Workforce Strategy which supports the workforce elements of the NHS Scotland Recovery Plan 2021-26. The National Workforce Strategy will guide how the NHSSA provides clinical training to support new routes into the NHS, improved opportunities for young people and for those seeking career change and progression. NHSSA will also offer enhanced practice clinical training to staff in critical services, such as pre and perioperative care and endoscopy, to allow them to build their skills and take on new and challenging roles as we build more sustainable future services.

4. Risk Management

The corporate risks identified within the NES RMP3 remain relevant and over the next six months we will remain focused on the recovering the workforce supply pipelines which are crucial to mitigating the risk of future workforce shortfalls. As we continue to live with COVID-19, we will maintain our COVID-19 Contingency Plan to provide a framework for responding to circumstances which may result in emergency governance arrangements and to deal with any ongoing disruption to our core business.

Throughout the remainder of 2021-22 our risks will continue to be dominated by reduced capacity and delayed progression within the clinical learning environment. While our focus remains on COVID-19 recovery, we are mindful of the many pressures that the service continues to face and there remains a strategic risk to workforce supply if education and training activity and recruitment into training programmes are disrupted. Over the next six months it will be important to maintain these activities and our quality assurance systems, many of which have patient safety implications. In order to mitigate delays to training, we will continue to use measures such as training extensions, support for alternative examinations, early engagement with stakeholders, new online resources, alternatives to study, adjusted individual training plans and reviewed start

dates. We will ensure that key Scottish Government stakeholders are kept informed of any risks about to be realised along with proposed mitigations and potential financial implications.

In terms of ongoing risk NES also remains affected by our reliance on non-recurrent funding allied to funding for new activities and the various cost and system pressures associated with these initiatives. In addition, our support for national digital programmes for COVID-19 recovery has impacted our core digital business and internal digital developments. To mitigate these risk we will work closely with the Scottish Government to ensure that additional resources are made available for any new work to support COVID-19 recovery as well as potential double-running costs across professional groups, the impact of paused training programmes and exam deferrals.

If these corporate and COVID-19 specific risks are not managed, service capacity and capability could be further impacted by high vacancy rates and skills deficits within the health and care workforce. Potentially, this may also lead to difficulties in delivering national digital initiatives, impacting the service's ability to create more time for frontline care and develop greater resilience. In future, increasing the supply routes into health and social care and improving retention will be essential to minimising workforce gaps as will action to build capacity through workforce development and digital innovation. NES will mitigate these risks through strong stakeholder engagement and partnership working to confirm resourcing and be clear on expectations and deliverables for key areas of work. These actions, allied to the recovery of workplace learning and national initiatives to increase workforce supply and introduce new technology, will help ensure that the financial planning which underpin RMP3 and RMP4 enables us to achieve the outcome of a skilled and sustainable workforce.

5. Service Area: Medicine

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (Mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Amber	**Postgraduate Training Grades:** Medical trainee recruitment and progression.	Recruiting, training and supporting doctors in training including expansion of GP workforce (GP100) and supply to remote and rural locations.	Ensure approx 6000 doctors in training are allocated to programmes and supported to enable assessment and review at ARCP.	Although a large number of trainees have progressed as expected, there are trainees in certain specialties who have struggled to gain appropriate competence. These trainees have been identified at ARCP and plans are being put in place to ensure they get additional training time in which to undertake the competencies required to complete. There are currently 320 doctors who will require an extension to training time, and 470 doctors who will require additional support to maintain satisfactory progression. This will have significant resource implications, and will require that service activity and capacity can support these needs.	NES	Lack of trainee progression leading to reduced output of trainees. Additional cost to training due to trainees needing additional training time.	Monitoring ARCP outcomes and ensuring additional training opportunities for trainees to progress including simulation where appropriate.	Meet NHS Scotland current and future service and medical workforce demands.	NHS Recovery Plan 2021-2026: National Workforce Planning Strategy.
Green	**Postgraduate Training Grades:** Provide training management infrastructure for medical trainees.	Additional and bespoke support to maintain patient safety and training delivery, to produce highly skilled and proficient practitioners for NHS Scotland.	Provision of trainee support services including careers advice, inter and intra deanery transfers and Out of Programme (OOP) applications.	On track	NES	The volume of OOP applications is reduced and pressure to release more than normal numbers to ensure CCT and medical education requirements.	Monitoring and management of delayed approvals and new applications and agree prioritisation criteria. The risk can be further mitigated by the introduction of an automated OOP application process.	Highly skilled practitioners for NHS Scotland.	National Workforce Planning Strategy.
Amber	**Postgraduate Training Grades:** Provide medical training and assessment systems supported by study leave funding.	Delivery of study leave funding and support to meet curricular requirements.	Provide a study leave budget according to policy and within budget, ensuring online payment is delivered when available according to SFIs and reporting quarterly.	An additional £1m funding has been agreed to support the study leave budget. Further work is required to progress an online application process.	NES	Delayed applications which need to be funded and increased costs due to redesign for virtual delivery.	Management of approval and budget. Ensure underspend managed and available retrospectively. Use of travel and subsistence funding to meet additional demand for online study.	Highly skilled practitioners for NHS Scotland.	National Workforce Planning Strategy.
Amber	**Postgraduate Training Grades:** Confirmation of funding required and	Developing strategies, to provide sustainable infrastructure for expansion of training numbers and alternative routes to	Monitor the training establishment and ensure appropriate payments are made to education providers. Work with NHS Boards and SG to ensure	Medical training grade expansion funding still to be confirmed and new payment mechanisms still to be reviewed and put in place. We are working with NHS Boards and Scottish Government to develop reporting, payment processes and a long term funding model.	NES	Expansion funding review delayed and there is little capacity in	Development of reports to support NHS Boards in decision making and budget setting. Disseminate clear payment rules to NHS	Increased capacity through more highly skilled and proficient practitioners for NHS Scotland.	National Workforce Planning Strategy.

Sept 21 Status	Key Deliverable Description	Summary of activities	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
	development of mechanisms to support trainee expansion.	train with reference to redesign and provision of service during and subsequent to COVID-19 pandemic.	payment mechanisms are reviewed and updated to ensure transparency and equity in managing the expansion in numbers.			NHS Boards and SG to review the payment mechanisms.	Boards. Seek options for the management of expansion on a longer term funding basis.		
Green	**Quality Management and Educational Governance:** Delivery of the quality management (QM), quality improvement (QI) framework for medical education in Scotland.	Quality review site visits, action plans and reports.	Complete priority (triggered) QRP (Quality Review Panel) visits and follow-up action plans, by end of the training year. Publication of up to 70 visit reports and an Annual Quality Report in Q3. Fulfil GMC obligations by 1) completing the quarterly GMC Deans Report 2) completing the annual GMC self-assessment questionnaire and 3) facilitating GMC attendance at QM visits. Present annual summary to the NES Board EQC, highlighting risk areas and mitigations.	All activities are now returning as per normal quality cycle. QRPs for all specialty areas took place although fewer visits happened in 2020/21 training year and consequently fewer reports were issued. This was done to relieve pressure on the service. Risk was managed and addressed via alternative approaches. For 2020/21 the GMC concluded that NES is meeting the standards set out in 'promoting excellence'. The report concluded that the quality assurance activities the GMC undertook, as part of the annual exercise, provided good opportunities to observe how NES met the standards, particularly in relation to educational governance and how educators are supported. The GMC concluded that NES' Quality Review Processes are an example of a system working well, specifically in the areas of the quality data inputs, and consistency in decision making across specialties and health boards. No recommendations were required.	NES	Further COVID outbreaks could mean further constraints on the programme if training sites experience acute service pressures.	Prioritisation and risk management measures implemented if needed. Virtual visiting, an agreed visit postponement process and action plan follow-up visits will maintain activities should another COVID wave affect service. Activity continues to be monitored by the Quality Workstream and the Quality Leads, reporting to the Medical Directorate Executive Team (MDET) and the NES Education Quality Committee (EQC).	A high quality and improving clinical learning environment for postgraduate medical education.	GMC – Promoting Excellence.

6. Service Area: Nursing, Midwifery and Allied Health Professionals (NMAHP)

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (Mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Educational Support Roles and Networks:** Practice placement support.	The Rapid Action Placement Oversight Group (RAPOG) - now part of Future Nurse and Midwife Programme Board and the AHP stakeholder and recovery groups. These groups will continue to monitor challenges around NMAHP practice placements. There has	By March 2022, we will facilitate a minimum of x20 stakeholder and strategic group meetings with practice placement providers and University partners and develop a minimum of x10 resources. This is to enable the NMAHP health and social care workforce to comply with regulatory bodies' (Nursing and	Meetings have included: Rapid Action Oversight Group (RAPOG), National Strategic Group for Practice Learning (NSGPL), Maternity Education Group (MEGS), Scottish Collaboration for the Enhancement of Pre-registration Nursing Group (SCEPRN), AHP stakeholder group, AHP Recovery group, workshops to explore quality management systems to support AHP practice based learning (PrBL) and to support paramedic education and Peer Assisted Learning (PAL) models. Expression of interest posts in place to support PAL work - 6 case studies and 1 workshop for 20 staff tested with an implementation plan being developed.Funded four	NES	Increasing student numbers and pressure on placements due to staffing pressures, reduced bed capacity and in maternity effects of non-vaccinated	Practice education network supporting placement providers and HEIs to maximise placement capacity supported by QMPLE. Regular intelligence gathering via SEND, SDNDF, ADSG, FNMPB and other relevant groups. Pre-registration nursing, midwifery and paramedic performance	Sustainable and enhanced NMAHP learning environments supported by a practice education infrastructure where the NMAHP workforce encounter positive learning experiences and all learners are supported,	Pre-registration Nursing, Midwifery and Allied Health Professions. National Workforce Planning Strategy.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
		also been a capacity and capability nursing and midwifery working group established.	Midwifery Council and Health and Care Professions Council) requirements for practice education, and increase and diversify practice learning experiences.	Peer Enhanced E-placement (PEEP) packages foruniversities to enable them to deliver a new PEEP placements model. Further funding provided to support six programmes in three universities to design and deliver PEEP. New - Preceptorship resource (N & M) and clinical supervision resources developed and launched. New - Increase in practice education facilitators/ care home facilitators by 50% i.e. 57 WTE. New - Increase in AHP PEL structure by 7.2WTE. New - 5.8 WTE PEL and 0.6 senior educator to support AHP practice education including the paramedic workstream. New - Work underway to develop a Peer Digital Placement (PDP) – involves service user input. Expression of interest has been funded.		population on workload.	monitoring over summer to identify problems early- includes review of excellence in care response.	supervised and assessed aligned with the HCPC and NMC regulatory standards.	
Amber	**Post-registration Education:** Developing digital capability.	Develop a digital capability self-assessment tool. Contribute to recommendations from trainer/facilitators short-life working group.	We will develop a digital capability self-assessment tool by March 2022. We will also support the NMAHP' contribution of the implementation of the Technology Enhanced Learning (TEL) by March 2022.	Discussions with Health Education England (HEE) regarding the use of the Digital Literacy Self-Assessment Diagnostic Tool. Following testing it was agreed that this tool will not meet the needs of educators in NES. Engagement with JISC has been progressed and testing of a potential tool for educators is in progress. A 2-year funding proposal to embed TEL in NES has been agreed. This will support the development of our educators to deliver TEL.	NES	Delay in recruitment to 2 posts to support the trainer's subgroup is impacting on delivery of target.	TEL Governance group fully aware of need to progress recruitment.	NMAHP workforce with access to career long learning and development, to provide safe and excellent care support transformational service change, improvement and innovation.	Digital Health and Care Strategy.
Green	**Role Development and Frameworks for Practice:** AHP transforming roles.	Developing advanced practice roles in reporting radiography, MSK primary care and unscheduled care.	Subject to funding, by March 2022, we will develop a minimum of two career and educational pathways and resources for consultant, advanced and senior practitioners in a minimum of two priority areas identified by the CAHPO and AHP Directors Scotland Group.	Preparing final draft position paper and 5-year plan for the embedding of AHP transforming roles in practice. The plan will support skills maximisation across all levels of AHP practice. Supported by a NES expression of interest work based learning units have been produced which will develop the knowledge and understanding required by assistant practitioners to authorise general radiography requests against local guidelines and in keeping with IRR 2017 and IRMER2017. The learning units are aimed at those currently working under supervision of HCPC registered radiographers as assistant practitioners within a diagnostic service e.g. clinical imaging departments. providing clinical imaging services. It is hoped that the learning units can be piloted in NHS Lanarkshire. Assistants undertaking this role will improve patient experience by enhancing patient throughput. An expression of interest is about to start which will identify routes into radiography and will explore the potential of developing an apprenticeship model. 4 consultation hosted with key strategic stakeholders ADSG, AHPSFS, AHP Academic Heads and AHP Consultants. Networks. Several meetings have taken place with HEE, HCPC and professional bodies such as CSP.	NES	Due to COVID NHS Boards may not be in a position to support the workplan. There is a need for the College of Radiography to update the scope of assistant practitioners - the update is being delayed due to capacity issues resulting from COVID. COVID work pressures are limiting capacity for pilot of work based learning modules.	NES AHP team giving additional support to clinicians to help them engage with the project. We do need clinical experts to help the work progress in practice. Rather than waiting for the College of Radiographers to update national scope of practice for assistant practitioners individual NHS Boards can progress amendments to local scope of practice - this route is currently being explored.	NMAHP workforce with access to career long learning and development, to provide safe and excellent care support transformational service change, improvement and innovation.	AHP transforming roles relates to the wider SG transforming roles workstream which involves nursing, midwifery, healthcare science and pharmacy. AHP transforming roles links to similar role development work being progressed by HEE, HCPC and the majority of AHP professional bodies. AHP transforming roles links particularly to the work of the Scottish Radiology Transformation Programme (SRTP), SCIN (Scottish Clinical Imaging Network) and to the Radiology Target Operating Model. AHP transforming roles links to wider AHP workforce planning work – SG workforce leads and to HIS.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Role Development and Frameworks for Practice:** Resources for district nurses, general practice nurses, care home and prison nurses.	An online learning resource for the integrated community nursing teams.	Subject to funding, we will develop online content for prison healthcare and care home nursing and redesign current general practice nursing and district nursing resources to form a single resource with core and specific areas for district nurses, general practice nurses, care home and prison health care nurses by March 2022.	Preliminary work is being undertaken through engagement with stakeholders to ensure existing resources are contemporary and relevant ahead of content mapping and redesign to the single.	NES	Available of subject experts to engage with work and advise on prison and home care nursing content.	Working with our networks to identify subject matter experts.	NMAHP workforce with access to career long learning and development, to provide safe and excellent care and maximise the NMAHP contribution to transformational service change, improvement and innovation.	Pathway for integrated community nursing team as part of the national transforming roles programme.
Green	**Patient Safety, Clinical Skills and Public Health (including Health Protection, HAI etc):** Public health education provision for health and care workforce.	A range of quality assured workforce education resources and webinars for staff supporting the COVID-19 vaccination programme and for contact tracers. All resources are available on TURAS Learn and these are continually reviewed to help ensure currency of content and signposting to authoritative documents.	Engage with stakeholders to review and revise education through engagement with key stakeholders including NHS Boards, social care, universities and local authorities to inform, review and prioritise education provision by March 2022. Reports of annual activity to be submitted to NES, Antimicrobial Resistant Healthcare Associated Infection Programme Board and Scottish Health Protection Network respectively.	**COVID-19 Vaccination.** Resources have been developed to support: New immunisers (registered and healthcare support workers). Returning staff (or redeployed staff). Current and experienced vaccination staff. Given the rapidly evolving nature of the programme and the need to outreach to practitioners as quickly as possible a number of national webinars were also facilitated with presentations and an expert panel format April 2021. An update for practitioners focussing on the thrombotic syndrome associated with AZ vaccine had over 1890 participants. **COVID-19 Contact Tracing.** Resources include slide sets, podcasts and illustrative scenario podcasts, a self-assessment resources for returning contact tracers and a national contact tracing proficiency document. Additionally, CPD session on enhanced communication skills was developed in collaboration with NES Health Psychology colleagues. These resources are also available within the secure contact tracing operational system.	NES	Rapidly changing nature of the programme is challenging in ensuring currency of resources. Volume of requests. Vaccination team post have short term funding.	Work with stakeholders to prioritise and plan for changes where possible. Seek permanent funding for vaccination team posts.	A skilled and knowledgeable public health workforce, including specialist practitioners and the wider health and care workforce, who will effectively contribute to the delivery of key public health priorities, with a focus on health protection and infection prevention and control.	Scottish Government COVID response. Scottish Government FVCV programme. Scottish Immunisation Programme. PHS/NES Strategic Partnership.
Amber	**Patient Safety, Clinical Skills and Public Health:** Public health education for the health and care workforce.	Quality assured workforce education resources and webinar opportunities.	Review and revise education provision by March 2022. Reports of annual activity to be submitted to NES, Antimicrobial Resistant Healthcare Associated Infection Programme Board and Scottish Health Protection Network respectively.	The antimicrobial resistance and healthcare associated infection (ARHA) team are progressing a number of workstreams. **Reducing infection and risk in the healthcare built environment.** Collating feedback from stakeholders on Knowledge and Skills Framework. **Support for care home and care at home staff.** 6 webinars supporting the new Infection Prevention and Control Manual for Older People and Adult Care Homes. 6 webinars supporting the launch of the new National Cleaning Specification for Older People and Adult Care Homes delivered. **Scottish Infection Prevention and Control Education Pathway.** Review resources from foundation and intermediate layer.	NES	Lack of stakeholder engagement and response to due to workforce capacity. Complex landscape of stakeholder groups resulting in possible delays in delivery.	Simplify stakeholder engagement requirements. Work with various stakeholders through the NES health and social care collaborative forum.	A skilled and knowledgeable public health workforce, including specialist practitioners and the wider health and care workforce.	Healthcare Built Environment: NHS Scotland Assure Healthcare Built Environment- Workstream 5 – Workforce Development. Care Home and Care at Home: Coronavirus (COVID-19): care home outbreaks - root cause analysis. Coronavirus (COVID-19): care home outbreaks - root cause analysis. Scottish Infection Prevention and Control Education pathway.
Green	**Patient Safety, Clinical Skills and Public Health (including Health**	Quality assured workforce education resources and webinar opportunities.	Review and revise education through engagement with key stakeholders to inform, review and prioritise	**Nurses' Health & Wellbeing** Stakeholder engagement with range of government directorates, and wider health, care and education partners to ensure linkage with existing work on health and well-being and identify areas of priority. National Programme Oversight Group – established. Evidence	NES	Risk of duplication of activity with other national work. Capacity within the	Ensure engagement and agreement with key stakeholders in this area to develop and prioritise workplan.	A skilled and knowledgeable public health workforce, including specialist practitioners and the	Nurse' Health and Wellbeing: Chief Nursing Officer Nursing 2030 Vision. NHS Scotland Remobilisation, Recover and Re-design. National Wellbeing Programme.

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	Protection, HAI etc): Public health education for the health and care workforce.		education provision by March 2022.	review of literature on health and wellbeing completed. Theming of initial stakeholder conversation content		workforce to engage.		wider health and care workforce.	

7. Service Area: Dentistry

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status **(mandatory)**	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Amber	**Postgraduate Training Grades:** Delivery of dental core and specialty training.	Up to 92 dental core and up to 45 specialty and post certificate of completion of specialist training (CCST) trainees achieving the learning outcomes to the GDC (General Dental Council) standards.	Core: Recruit up to 90 posts by 1 September. Specialty: Recruit 10 NHS and one academic post by 1 October 2021.	Core: 8 Posts unfilled through national recruitment and are being filled via a variety of different methods e.g. Local recruitment, conversion to different grade and some may be left vacant. Specialty: 9 out of 11 posts filled. One unfilled, one in recruitment. Core: Minimal impact on progression, 88 CT with 84 on outcome 1, one on outcome 2, one has a COVID outcome with no impact on progression. 2 on mat leave so no outcome.Specialty: Impact of COVID is likely to be minimal, with 1 or 2 potentially requiring extension due to COVID impact on clinical activity.	NES for recruitment, and NHS Boards for progression.	Core: did not fill all posts. Late withdrawal of appointees. Specialty – no risk. Trainee progression – main risk is reduced clinical activity.	Using a variety of alternative methods to recruit to vacancies. Regular Core Training Adviser meetings where clinical activity is discussed and monitored. Many trainees have had an increased frequency of RCP to monitor.	Meet NHS Scotland current and future service and dental workforce demands.	NHS Recovery Plan 2021-2026. Oral Health Improvement Plan.
Green	**Undergraduate and Pre-registration Education:** Pre-registration education for dental nurses.	Dental nurse education and training programmes.	Provide up to 200 places for trainee dental nurses on an induction blended learning programme prior to commencing a pre-registration dental nurse training course. Provide up to 130 places for trainee dental nurses on a blended learning pre-registration programme to achieve the SVQ and PDA in dental nursing.	Provision of 80 places for the NES dental nurse induction blended learning programme. 48 trainee dental nurses completed to date with achievement rate of 100%. 81 trainees currently undertaking pre-registration training due to complete by December 2021. A further 88 trainee dental nurses due to commence 21-22 pre registration programme in September 2021.	NES	Workforce recruitment leads to demand for training provision which cannot be met.	Monitoring sufficient provision and uptake through course bookings. Successful completion of programme and qualification criteria defined by awarding body.	Improved education and training opportunities for careers in dental nursing.	Oral Health Improvement Plan.
Amber	**Post-registration Education:** Post-registration education for dental nurses.	Dental care professional (DCP) education and training programmes.	Provide up to 120 places on blended learning programmes for DCPs to undertake the PDA and HN (Higher National) units.	Provision of 52 new post registration training places available from April – September over a range of SQA PDA and HN units programmes. Further capacity of a further 40 places planned during 21-22. Options and capacity to fully meet target of 120 places under review.	NES	Capacity to design and deliver blended learning.	Planning provision and monitoring staff capacity and workload. Supporting learners towards successful completion.	Improved post-registration education and training opportunities for DCPs.	Oral Health Improvement Plan.

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Red	**Postgraduate Training Grades:** Delivery of dental vocational training (DVT) in Scotland.	Education for vocational dental practitioners (VDPs) for academic year 2021-22, equivalent to 25 study days for each of the 16 schemes. Up to 163 training posts for dental vocational training (DVT) to match the output of the Scottish dental schools by July 2021. 100% of VDPs considered for completion in June/July 2021, (date flexible due to COVID-19).	Develop 25 study days across the training year for each scheme. Additional training year offered to 147 recruited DVTs with 144 currently remaining in post. 147 recruited VDPs were offered an extension to the training period, to July 2022.	Due to COVID an additional training period will be required with between 10 and 12 additional study days to achieve satisfactory completion. This target will not be met as Scottish dental schools did not produce graduate outputs in summer 2021. As no new trainees have been added, and because levels of clinical experience were significantly restricted for those in post, current VDPs have been offered a training extension to July 2022. 144 VDPs in post in September 2022 and will be considered for satisfactory completion of training the National Review Panel in June 2022, or through pre-screening processes. Additionally, National Review Panels will be set up if required in November 2021 and February 2022, if trainers indicate that a VDP may be ready for assessment.	NES	Delivery will be challenged by COVID restrictions.	Online alternative delivery is available if required to replace face-to-face delivery. All trainees offered appropriate training post until July 2022. National Review Panels arranged at regular intervals throughout the extended training period to allow earlier satisfactory completion.	Meet NHS Scotland current and future service and dental workforce demands.	Oral Health Improvement Plan.
Red	**Postgraduate Training Grades:** Delivery of dental therapist vocational training (TVT) in Scotland.	Provide up to 20 posts for herapist Vocational training (TVT) by July 2021. Education equivalent to 12 days training for all new therapy graduates in 2021/2022. 100% of TVTs considered for training completion.	Therapy training will not be offered to 2021 graduates; as a result no trainers were recruited and no formal study day programme will be created. TVT trainees have experienced a restriction of clinical opportunities, an offer of extension to training has been given, until 30/11/21 with 11 of the 13 taking this up.	Those trainers currently delivering TVT training have been approached with a view to including them in any other training/supervision roles which may become available prior to August 2022. A tailored programme of CPD will be produced for therapy students graduating in 2021, and details will be circulated through herapy schools. All therapy trainees in post will be considered for satisfactory completion of training at a National Review Panel in October 2021.	NES	Delivery will be challenged by COVID restrictions.	All TVTs offered appropriate training post until November 2021. CPD programme offered to new therapy graduates. National Review Panel to be arranged for October 2021.	Meet NHS Scotland current and future service and dental workforce demands.	
Amber	**Person-centred Care Education and Training:** Dental support for priority groups.	Provision of sustainable education and collaborative working with key partners from healthcare providers, social care, local authority, education and third sector organisations.	Create an educational framework for those involved in the oral care of priority groups. Key aspects are development of Open Badges, and an RPL (Recognition of Prior Learning) policy to support qualifications.	Progress towards targets has been slower than anticipated because of a variety of factors including partnership working. However good progress has been made and several of the milestones and targets will be met but possibly not fully by Q4.	NES	Reliance on joint working.	Regular monitoring of progress. Setting workplans and agreeing timelines.	Reduced health inequalities and improve oral health and access to oral care for priority groups.	Oral Health Improvement Plan.

8. Service Area: Healthcare Science (HCS)

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status **(mandatory)**	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Quality Management and Educational Governance:** Quality monitoring of HCS training centres.	Self assessment and follow-up audit of active HCS training centres.	All centres to provide self assessment by March '22.	Good response to this assurance programme. No concerns: Response from 55 of an estimated 60 centres with trainees. No COVID-related concerns.	NES	Centre fails to provide satisfactory evidence to support training.	NES intervention if concerns flagged at self assessment.	A high quality clinical learning environment for HCS trainees.	Postgraduate scientist training. Assuring training centres is a key deliverable in our engagement with trainees and supervisors.
Green	**Postgraduate Training Grades:** HCS recruitment.	Recruitment of 2021 intake during summer and expressions of interest being gathered for 2022.	22 clinical scientist trainees for intake 2021 confirmed (target 18-25). 8 in progress (existing cohort) there was no planned 2021 intake.	Full uptake 2021 intake; 2022 expressions of interest from service ongoing - closes late Sept 2021. No concerns. Established single cohort commenced 2019. Expected completion for most by end 2021. No concerns.	NES	None	None	Ongoing supply of postgraduate HCS staff via our training-grade pathway.	National Workforce Planning Strategy.
Green	**Role Development and Frameworks for Practice:** Higher specialist (consultant) scientist training.	Consultant scientist training plans, fees and assurance monitoring.	21 in progress commenced early 2021: original target 10 raised to 20.	All in post and commence individual training plans. Good dialogue with trainees. Good engagement with UK partners who are interested in our approach to this type of training.	NES	Training plans may change and costs may overshoot 5-year funding window.	Regular review of training plansd with cohort; Finance involved to monitor future spend.	New group of consultant scientists capable of senior leadership in service.	National Workforce Planning Strategy.

9. Service Area: Optometry

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Continuing Professional Development (CPD):** Optometry 'Teach and Treat' centres for medical retina training.	Deliver CPD for the optometry profession including delivery of 'Teach and Treat' at 3 centres (Lothian, Greater Glasgow, Grampian).	To have 100 Optometrists per annum attend at least one 'Teach and Treat' session at one of the three centres by end of Q4. Sessions support independent prescribing (IP) placement (24 session requirement).	Framework in development and on schedule.	NHS Lothian, NHS Greater Glasgow and Clyde and NHS Grampian.	Capacity of NHS Boards to support in terms of staff levels and space. Optometrists engaging with the service.	Regular contact between NES and NHS Boards, and assurances provided to return to normal capacity at the earliest opportunity. Ensure all clinics can contribute to IP placements.	An optometry workforce with new skills e.g. independent prescribing.	
Green	**Continuing Professional Development (CPD):** Glaucoma accreditation training.	Provide community optometrists with education in glaucoma management to extend their remit to patients with suspect glaucoma, treated and untreated ocular hypertension, and	Subject to SG funding. By March 2022, accredit a minimum of 75% (40 places) of optometrists enrolled in the second cohort of NES accredited training, SQA level 11 course, to manage ocular hypertension and	Out of 45 registered, 40 still engaged in course, and online to finish.	NES	Funding beyond 31 March 22 not confirmed.	Open dialogues with SG continues and engagement opportunities met with other external stakeholders. Robust evaluation in place to maximise delivery of current programme.	Improved and developed roles for optometrists.	NHS Recovery Plan 2021-2026.

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		treated stable glaucoma.	glaucoma in the community.						
Red	**Role Development and Frameworks for Practice:** Independent prescribing (IP).	Education for optometrists to increase their scope of practice in the community. Training for optical assistants.	Support a minimum of 45 optometrists through the GCU ocular therapeutics course. Measured by enrolment in Sept 2021 module 1 and continuing support to complete modules 2 and 3 by Q4.	COVID-19 we have a backlog of placement requests. To prevent any further bottleneck of placements 30 places have been agreed to be funded.	GCU and NES	Challenges within secondary care to support placements.	NES maintaining engagement with the College of Optometrists and the GOC over adjustments to placement requirements.	Optometrist workforce with new skills for practice in the community.	
Green	**Continuing Professional Development (CPD):** Mandatory training.	Delivery of mandatory training for the optometrists and ophthalmic medical practitioners (OMPs) practising under General Ophthalmic Services (GOS) (Approximate numbers 1400-1800).	90% of all General Ophthalmic Services (GOS) optometrists/ophthalmic medical practitioners (OMPs) completing the 2021 mandatory training activity by 31/12/2021. Provide feedback of completion within 28 days of practitioners completing their digital learning resource for minimum of 95% of cases. Develop and host a digital learning resource for 2022 mandatory training by end Q3 on risk in the practice.	925 have completed out of 1540. Business support are meeting the feedback requirement timeframes. Digital resource to external reviewers. On target for publication.	NES	Reliance on technology and digital expertise for hosting. Optometrists engaging with the service. Workforce shortage within the team would majorly impact.	Upskilling business support staff as opportunities arise. Highlight the requirement and strong relationship with NHS Boards. Business support staff closely involved to allow continuity in the event of staff absence. Regular communication with NES Digital around requirements.	A safe and skilled optometry workforce.	

10. Service Area: Pharmacy

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Postgraduate Training Grades:** Post-registration foundation training for newly qualified pharmacists.	The new post-2021 programme, includes prescribing, induction, evidence framework, quality management, support resources and peer review. In parallel deliver the current (outgoing) programme including trainee support, peer	By end September 2021 we will launch the post-registration foundation training progamme. By March 2022 we will deliver a training and quality management programme for up to 200 trainees and their supervisors. In 2021/22 there will also be two diets of assessment for	On track for new programme launch Sept 2021, the overarching review group and associated subgroups meet on a regular basis. The evidence framework is in a final consultation phase and will be finalised 6th Sept 2021. The TURAS Learn resources with guidance for each domain of the framework are agreed and will be published by 1st Oct RPS online Phase 1 of the RPS online portfolio is expected for early October. Formal Registration open 15th September. Expressions of Interest process started. Original programme has (171 pharmacist) actively in	NES	Concurrent delivery of programme. Impact on pharmacists who were affected by COVID-19 and registration delayed who have missed	Work with key stakeholders including SG to establish needs and resources to enable qualification as independent prescribers as soon as possible.	A training and quality management programme for the vocational training (VT) foundation programme across all sectors for pharmacists and pharmacy technicians.	NES Pharmacy Post-Registration Career Framework. RPS Post-Registration Foundation Curriculum. GPhC Initial Education and Training for Pharmacists. Achieving Excellence in Pharmaceutical Care.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
		review, tutor training, quality management and an assessment process.	the original programme and 80 trainees are expected to complete the programme.	training (113 hospital, 4 community, 29 cross sector and 25 primary care). Webinars and communication strategy to raise awareness commenced in July 2021.		out on this programme.			
Green	**Postgraduate Training Grades:** Post-registration foundation training for newly qualified pharmacy technicians.	A training and quality management programme for newly qualified pharmacy technician trainees built on the pilot which concluded in March 2021.	Projected numbers are up to 100 new, 40 current ongoing and support to completion of up to 25 across all sectors. This 2 year programme includes training days, induction for tutors and trainees, peer reviews, management of assessment process.	Progress ongoing with induction, peer review sessions and evidence workshops. Assessment strategy and all relevant documentation now signed off. Programme officer secondments (1.5 wte) commence in post September 2021 to support delivery of programme in conjunction with programme officer lead.	NES	Managing demand for the programme against current agreed levels of output.	Increased staffing (SG funded) to support delivery.	A training and quality management programme for the vocational training (VT) foundation programme across all sectors for pharmacists and pharmacy technicians.	Achieving Excellence in Pharmaceutical Care.
Green	**Undergraduate and Pre-registration Education:** Recruitment of pre-registration pharmacy trainees.	To market, promote and recruit the Scottish PRPS training opportunities across the UK to increase candidate numbers to Scotland and respond to the growing requirement for trainee numbers to meet workforce needs.	To recruit to a target of up to 235 trainees to the pre-registration pharmacist scheme (PRPS)/foundation programme (by March 2022) to commence training for the 2022/23 cohort.	449 applications to 2021 recruitment cycle for trainee pharmacists undertaking FTY in 22/23 received (an increase of 99 applications from 2020 recruitment cycle). This followed NES staff attendance at virtual careers fairs across the UK promoting the foundation training year (formerly PRPS) in Scotland. National recruitment processes continue with the assessment stage commencing in October '21. Offers are due to distribute from 10th November 2021. This target remains on target and is expected to deliver a cohort of 235 trainees.	NES	Continued attraction to ensure enough candidates.	Focus on attraction to the programme.	A recruitment, training and quality management programme for PRPS in Scotland over the next 3 years, to ensure a pharmacy workforce for NHS and community practice in Scotland.	GPhC Pre Registration Pharmacy Training (within Initial Education and Training)
Green	**Undergraduate and Pre-registration Education:** Progress and completion of pre-registration pharmacy training.	The 21/22 pre-registration pharmacist foundation training year (previously known as the PRPS scheme). Ensure trainees are meeting requirements to register in the UK as a pharmacist. Training and quality management.	Delivery of the virtual pre-registration pharmacist foundation training year (FTY) national programme in 4 online blocks of study. Collation and review of trainee feedback after each block and at the conclusion of training to assess impact on changes to practice and/or preparation for practice.	210 trainees have either completed 52 weeks of Pre-registration training or are progressing through the final period of 20-21 FTY programme with support from the pharmacy FTY team and quality management processes. Two of the five 20-21 cohort paused trainees have now returned to full time training. 242 applications received to sit the summer registration assessment, from the 20-21 cohort, previous trainees and 19-20 pro-regs, with outcomes due 9th September 2021. Online 21-22 training programme has commenced with the first set of trainee and facilitator feedback due in September.	NES	The main risk has been the delay to the GPhC assessments with NES supporting delayed trainee (known as pro-registrants).	NES, with approval of SG, funded extensions to pro-registrants to the stage of assessment and entry to the register.	A recruitment, training and quality management programme for the pre-registration pharmacist scheme in Scotland over the next 3 years, to ensure a required pharmacy workforce for NHS and community practice in Scotland.	GPhC Pre Registration Pharmacy Training (within Initial Education and Training).
Green	**Undergraduate and Pre-registration Education:** Quality management of pharmacy undergraduate experiential learning sites.	Quality management systems to approve suitable pharmacy experiential learning (EL) sites via site visits/virtual approval visits.	Carry out up to 50 engagement QM virtual meetings and feedback mechanisms. Face to face priority QM visits may be reintroduced dependent on COVID restrictions. This activity is carried out in conjunction with the two schools of pharmacy, Robert Gordon University and University of Strathclyde, and other key stakeholders.	The QM approval process re-commenced in July/August. All EL providers have been reviewed by GPhC as first step in this process. 87% of the 304 community pharmacies due to be used for EL in 2021/2022 have been triaged utilising the TQM app. Of those triaged. 171 require approval discussions for new practice or routine approval. 4% (7) of these have been completed or are booked. 14 require triggered visits. 50% (7) of triggered visits have been completed or book in the coming weeks. 79 of these have been virtually approved based on feedback data. All triggered visits will be completed prior to EL starting on the 13th September.	NES	Due to COVID imact the redesign of site visits to virtual mechanisms.	Use of RAG triage approaches to risk and the use of joint virtual approval visits (with the FTY programme).	A high quality undergraduate learning environment for pharmacy education.	GPhC Initial Education and Training for Pharmacists.

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Green	**Role Development and Frameworks for Practice:** Advanced practice pharmacists.	Deliver and support a learning pathway for up to 100 new advanced practice pharmacists working in GP practices, through supported e-learning,virtual group training and assessment against the NES GP clinical pharmacist competency and capability framework.	Develop, commission, deliver and report on the number of advanced practice pharmacists undertaking the learning pathway in Scotland. Distribute SG funding to NHS Boards for educational supervision by senior pharmacists and clinical supervision by GPs for advanced practice pharmacists accessing the NES learning pathway.	438 GPCPs now registered and going through the advanced practice framework. 4 further GPCPs passed at advanced Level 1 up to September. SLA due to be distributed during Q3. (Training had been paused Q1 by HBs due to impact of COVID-19 and has now recommenced – this factor was already considered during initial planning for this year).	NES	Pause to training due to COVID impact.	Continuity and recovery of training levels considered in operational planning however need is again being met.	Education and training to support the primary care pharmacy workforce across Scotland to meet the SG agenda for primary care transformation.	Achieving Excellence in Pharmaceutical Care. Primary Care Improvement Programme. It also supports the delivery of the pharmacy commitments in the Memorandum of Understanding of the new GP contract. Pharmacy Postgraduate Career Framework.

11. Service Area: Psychology

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status **(mandatory)**	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Postgraduate Training Grades:** Workforce development to increase capacity in psychological therapies.	Provide/monitor funding to support improved performance of NHS Boards on the psychological therapies waiting times access standard.	Support NHS Boards to maintain: 30 masters level posts, and 19 clinical psychology posts in older adults services to enable local training supervision and coaching and the delivery of psychological therapies. Support NHS Boards to maintain 15 clinical psychology posts to enable local training and supervision and the delivery of psychological therapies to health and social care staff/workforce.	Masters level posts: 27.1 WTE recruited. 2.0 WTE to be recruited. Older Adults: 16.5 WTE recruited with 3.1 WTE to be recruited. Staff support: 13.9 WTE recruited. 2.25 WTE to be recruited.	NES	Staff turnover/ vacant posts.	Work with Boards to agree longer term SLAs in light of recent extended SG funding.	Increased capacity and improved access tp psychological therapies.	Mental Health Strategy 2017- 2027.
Green	**Postgraduate Training Grades**: Psychology postgraduate training.	Ensure the NHS is provided with suitably trained and fit for purpose professionals, and in fulfilment of the required numbers guided by workforce planning.	68 clinical psychology trainees to complete pre registration training by the end of March 2022. 70 applied psychology and psychotherapy trainees by the end of March 2022. 40 trainees for psychological therapies in primary care	On track – 68 clinical psychology trainees on track to complete training by March 2022. Exceeded target – 80 applied psychology and psychotherapy clinical trainees have been commissioned and recruited due to commence training in Sept 2021. On track – 40 PTPC trainees and 30 APCYP trainees due to complete training by Jan/Feb 2022. On track – recruitment is underway for 46 PTPC trainees and 36 APCYP trainees to commence in Jan/Feb 2022. On	NES	Insufficient availability of supervised placements in the boards. COVID 19 guidance on social distancing and	Regular discussion with Heads Of Psychology Services in the HBs. Provision of supervision training to increase capacity of supervisors. Exploration and implementation of alternative remote	Meet NHS Scotland current and future service and psychology workforce demands.	Mental Health Strategy 2017-2027.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
			(PTPC) and 30 MSc trainees in applied psychology for children and young people (APCYP) to complete training by January/February 2022. 40 MSc PTPC trainees and 30 MSc APCYP trainees for commencement in January/February 2022. 2 trainee health psychologists to complete training by May 2022 and 4 by February 2023. 4 new trainees to commence in February 2022. 5 child and adolescent psychotherapy trainees due to complete in September 2021. 4 new trainees to commence in September 2021. Provide trained neuropsychologists (in the region of 20-30) and upskill other disciplines.	track – 2 trainee health psychologists are due to complete training in March 2022, a further 3 in February 2023, and 1 in May 2023. Recruitment is underway for a new cohort of 4 trainees to commence in Feb 2022. 4 trainee chlid and adolescent psychotherapists are due to complete training in Sept 2021, with 1 further trainee likely to require an extension. On track - 4 child and adolescent psychotherapy trainees recruited to commence in September 2021. On track - Neuropsychology programme and upskilling delivered as anticipated, including a renewed 2 year contract with University of Glasgow to ensure continuation of this resource within NHS Scotland.		increased pressure on NHS Board staff.	methods of training delivery.		
Green	**Mental Health:** Workforce development for staff providing services to people living with dementia**.**	Use the 'Altered Reality' animation to support understanding and key concepts outlined in essentials in psychological care training.	Deliver training to 310 delegates. Develop training materials to suit various audiences.	Development of training plans and materials is progressing as planned. Training events planned for the second half of 2021/22 for up to 415 delegates.	NES	Psychology of dementia team is at half capacity leaving one 0.5WTE member of staff.	External facilitators sourced and agreement in place. Provider organisation used previously and delivered training to a high standard. NES will oversee quality.	Improved dementia care.	National Dementia Strategy 2017-2020. Promoting Excellence Framework 2021. Coronavirus (COVID-19) - Dementia and COVID: action plan.
Green	**Mental Health:** Developing the CAMHS workforce.	Develop a workforce development plan to increase capacity in CAMHS. Training in CBT, IPT, family therapy, behavioural activation, LIAM, eating sisorders, essential CAMHS, forensic CAMHS and trauma for CAMHS clinicians. Create networks and funding to release staff for learning.	Maintain and further develop networks currently in place to support Boards. Provide Backfill funding to Boards to enable them to release staff. Deliver training to circa 200 CAMHS clinicians on a wide range of topics at various levels. Use digital methods where possible to enhance remote learning.	Meetings of CLCs are ongoing and they have allowed us to scope out training needs in the workforce. Backfill funding is ongoing and being drawn down by NHS Boards. Training has been delivered to 82 CAMHS clinicians to date, with 36 ongoing in longer courses, 145 expected to attend events and 61 due to start longer courses in the latter half of the year. A forensic CAMHS eLearning module has been developed and is available on Turas Learn. Nes will conitinue to promote and monitor its use with camhs, forensic services, secure care and other agencies.	NES	Service demands and turn over of staff within CAMHS services leading learning co-ordinator roles being vacant, or with limited time dedicated to them.	Service and professional leads engaged in instances of vacancy. Close liasison with services via the CAMHS learning co-ordinator, to plan for these eventualities. Negotiation with NHS Boards to release staff, including spreading clinicians across cohorts.	Improved CAHMS workforce capacity in in conjunction with NHS Boards.	Mental Health Strategy 2017-2027. The Matrix- A Guide for Delivering Evidence based Psychological Therapies in Scotland. Children and Young People's Mental Health Taskforce Recommendation 12.
Green	**Mental Health:** Psychological interventions to children and young people who may not otherwise be able to access support.	Training and resources for a network of trainers in psychological interventions and therapies providing supervision, training and coaching. Staff to deliver	Maintain network of trainers in Children's Services for delivery of Psychological Interventions and Therapies, supervision, and training and coaching. Maintain levels of training and coaching to staff across children's services,	A network of 11.6 WTE clinical psychologists and clinical associate psychologists deliver TIPS-EIC training and coaching. 9 NHS Boards have established delivery, the remaining 5 are in the process of recruitment. TIPS-EIC trainers have delivered training to 1342 staff (school nurses, pupil support officers, pastoral care staff, third sector staff, social workers, and educational psychologists). 1824 training places have been delivered in total.	NES	Changes within partner agencies such as role changes for trained staff. Digital capacity to complete	The oversight from NES staff helps to raise the profile of this service delivery and ensure it remains a priority. We have developed content and will pilot it at T4T events at the end of Aug	Improved access to support for vulnerable children and young people.	Mental Health Strategy 2017-2027.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
		training/coaching to staff in child agencies. Training and coaching to deliver early interventions via NES funded staff in NHS Boards. Develop an e-learning module that works across the child workstreams.	with 300 training places across 10 HB areas to be delivered (either F2F or online) by end March 2022. Develop a Turas Learn e-learning programme for Lets Introduce Anxiety Management (LIAM), Behavioural ativation and a module in coaching skills by March 2022.	Since April 2021, 114 staff in children's services have been trained in LIAM and 70 in BA. NES has also directly trained 24 BA trainers / coaches and 42 LIAM trainers / coaches. We have 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. Clinica data has been 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 the Coaching Skills module.		given competing pressures. Times required for procurement and length of time to develop and agree content across the child workstreams.	21. The procurement phase is about to begin.		
Green	**Mental Health:** Education and training to improve responses to survivors of trauma underpinned by transforming psychological trauma' knowledge and skills framework and the national trauma training programme (NTTP).	Raise awareness of national trauma training and its resources, workforce training at trauma informed, skilled, enhanced and specialist levels and Scottish truama informed leaders training (STILT). Build and strengthen the TPTIC network and develop the new local authority trauma champion network. Support the development of a trauma informed workforce in justice services.	Deliver training to over 520 delegates, over 1000 downloads of online resources, 5000 completions of eModules and 200 view of video resources. Build the TPTIC network nationally and develop the new local authority trauma champion network. Deliver 200 training places, 40 consultation sessions and support the set-up of 10 supervision/reflective practice systems. Deliver 5 sessions for new local authority trauma champions offering 30 spaces by March 2022.	To date, we have delivered training to 65 participants, had over 4600 downloads of online resources, videos have been viewed over 3000 times and 1941 people have completed the emodule. There are more training events planned for the later part of 2021/22. To date, the NES team continue to contribute to the network of trauma champions including regular inputs to their development days. The TPTIC have deliver 115 training places and 7 consultations.	NES	Sufficient NES capacity to deliver training and sufficient NHS Board capacity released to deliver training. The TPTIC network is key to this deliverable and report demand exceeding capacity.	Focus on both internal staffing and using external expertise where necessary and clear comms with TPTIC network re this being a priority. Continuing to offer ongoing support and national resources to enable TPTIC network to work as efficiently as possible.	A trauma informed workforce.	This is contributing to the commitment to a trauma informed workforce as per Programme for Government (PfG). Scottish Government Mental Health Transition and Recovery Plan.

12. Service Area: Digital

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status **(mandatory)**	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Amber	**The National Digital Platform:** National care platform (NCP) for health and care data for every citizen in Scotland.	Ensure clarity on the technology to support the 'Care Data Repository', how it is being built and integrations with existing, NHS Board systems. This will also support the documentation to ensure NHSS / the care sector have transparency of the CDR data model and field level dictionary. Work is underway on exemplar conditions cancer, eye care and diabetes.	To agree (through the SG Enabling Technology Board) the 'delivery plan' for the NCP that reflects the priorities of e enterprise of health and care and delivers maximum benefit to the system fastest. To get every exemplar service to at least 'pilot' stage while acknowledging team capacity.	AWS (Amazon Web Services) environments have been created during 2020/21, with componentry in place to support further service developments during 2021/22. Version 2 of the Clinical Data Repository (eHRBase) which was deployed in November 2020, will be utilised for key data sets. Evaluation of the openEHR standard will continue with current programmes of work migrating to appropriate data solutions as this matures. Further work on robustness and resilience, as well as tracking costs and utilisation will be taken forward. Re-structuring of teams and against new priorities (platform delivery focus) is complete.	NES	A roadmap for NCP cannot be produced until the Platform Delivery Group has agreed the SG and NHS Scotland priorities. Ensuring team structure and resource availability for delivery, specifically availability of data engineer capacity.	Full engagement with SG H&C Directorate and ETB. Seeking advice to better support our delivery; investigating alternative team structures to aid focus and delivery.	To make available core components of the National Digital Platform to support a range of clinical services and service redesign. A reduction in the time between committing a change to a system and the change being placed into normal production, while ensuring high quality.	Digital Health and Care Strategy.
Amber	**The National Digital Platform:** Eyecare: a National Electronic Patient Record.	NES has been commissioned to deploy OpenEyes (open source Electronic Patient Record) on the National Care Platform for use by all Boards.	Ophthalmology Electronic Patient Record (oEPR) using OpenEyes oEPR to integrate with the EMPI and local patient management system (Trak) in NHS Grampian.	Product is live in NHS Grampian supporting cataract pathways. This supplies citizen ophthalmology data to the CDR (OpenEyes has its own database but will link to CDR at platform level). Trak integration is now with NHSG eHealth. Initial completion date for their work is end October 2021. Version 4.1 of OpenEyes is in testing to allow RBAC functionality through integration with NHSS Azure Active Directory delivered by NSS through the NHSS Microsoft Cloud Computing Programme. Delivery expected by end December 2021. NES have addressed the NHSG IG requirements (internet facing questions and break glass for multiple records). SWAN facing now in place, break glass testing is underway, live in September 2021.	NES	Without 'break glass' further roll out to other NHS Boards will not be possible.	Additional engineering resource has been brought in to the team ensure the a September completion date. Situation reports to the Programme Governance Group. It has been agreed that NHS GG&C will be next to implement the product but engagement with NHS FV and NHS Fife will also run concurrently.	In a quadruple aims model of outcomes: patient outcomes, patient experience and clinical collaboration will be improved and pressure on secondary care will be reduced. High quality eye care through effective data integration and availability.	Digital Health and Care Strategy.
Amber	**The National Digital Platform:** Provide ReSPECT - a standardised, effective and person-centred approach to Anticipatory Care Planning (ACP).	Redeveloped in collaboration with NHS Forth Valley clinicians, the AWS based ReSPECT/ACP is live and in stage one rollout in NHS Forth Valley.	Roll out the product across all of NHS FV and agree rollout plan with NHS Borders. Commence work with social care / care home bodies and SG around business process and technical integration of the product as part of a wider Anticipatory Care Planning (ACP) process.	The redeveloped, AWS based ReSPECT/ACP is live and in stage one rollout in NHS Forth Valley. This will supply citizen ACP data to the CDR. Discussions continue with NHS Borders as the second Board to take up the product. Work has commenced in scoping the pathway for the product, in particular the relationship/drivers from social care (in particular Care Homes) to join up care planning and reporting across the sectors.	NES	Outcome of preparatory work around the pathways. Recalibration of NDS to deliver the CDR introduces uncertainty about resources and expectations.	Meetings with SG in September to workshop the "care home data requirements" that will feed into the planning for this product for October 2021, both in terms of product functionality and how it will extend the CDR.	Digital capability to support ReSPECT in Scotland to support timely and focused conversations with people, their families and carers by skilled individuals to plan for their future care and support.	Digital Health and Care Strategy.
Amber	**The National Digital Platform:** TURAS Vaccination Management Tool (VMT).	Enhancement of the app and supporting National Clinical Data Store (NCDS), the single point of truth for Covid-19 and flu vaccinations. NES will continue to manage the technical	NES to maintain delivery of required VMT and NCDS technology and interfaces (scanning and verification apps) to the SG Covid-19 emergence all population Covid-19 and flu vaccination programme, to agreed timetables.	Focus of operational delivery for this programme has been on Vaccination Certification and associated apps. The fluid policy environment has led to challenging delivery expectations from SG. NES Digital Director is managing those expectations.	NES	Knock-on effects to all other deliverables as resources are moved at short notice onto the vaccination	Daily communication with SG Digital Health and Care Director.	Support for national activity to provide flu and COVID vaccinations through a real-time patient vaccination record. The tool facilitates the digitisation and streamlining of real-	This work was commissioned directly from SG Digital Health and Care Directorate in support of the wider SG Covid-19 response plan.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
		environment, IG, security and other services required.				programme to meet target dates.		time data sharing with downstream systems.	
Green	**The National Digital Platform:** Protect Scotland App.	App live in Apple and Google stores since September 2020. Manage the technical environment, IG, security and other services.	Full GB MHRA. Type 2 Medical Device accreditation. NES will support the live running of the app, supporting a user base of over 1.3m users.	Work has been ongoing with external supplier Compliance Path (funded by SG) to attain full MHRA type 2 medical device accreditation. NES are deemed the manufacturer under the regulations and are accountable to MHRA for regulatory compliance.	NES	NES do not complete the documentary evidence of the to attain accreditation.	Agreed programme of assurance with Compliance Path and NSS (clinical safety) team to monitor progress against agreed compliance date (25th September 2021).	Deployment of the COVID proximity app warnings citizens when they have had "close contact" with a confirmed Covid-19 positive individual.	This work was commissioned directly from SG Digital Health and Care Directorate in support of the wider SG Covid-19 response plan.
Amber	**Data Analyis Intelligence and Modelling:** Workforce planning.	Provide data and analysis to inform SG workforce planning processes e.g. quarterly official statistics, analytical support for nursing and midwifery intake reference group.	Delivery of 4 quarterly publications for NHS Psychology, CAMHS and core workforce. Agreed new commissioning and evidence cycle with SG workforce directorate.	NES Data Group continue to deliver on time and budget the specific commissions from SG directorates. Discussions and negotiation have progressed with regard to agreements on the formal re-structure of commissioning and evidence cycles for workforce planning. Formal commencement of new processes is expected by the close of the calendar year.	NES	Discussions about the new formal processes do not reach completion and uncertainty remains.	Paper to set out the resources required to develop the evidence base for health and social care workforce planning . NES in active discussions with SG workforce directorate.	A national centre for workforce data and intelligence providing a new, effective health and care workforce planning service.	Digital Health and Care Strategy.
Amber	**Data Analyis Intelligence and Modelling:** Workforce data acquisition, storage, analytics and reporting.	Version 2.0 of the Turas Data Intelligence (TDI) platform is live, and work continues to determine functionalities for version 3.0.	Version 3.0 "go Live" in April 2022.	Specification and prioritisation currently suspended while discussions continue around new, formal policies and procedures for workforce planning.	NES	Negotiations do not compete in time to allow a version 3.0 to go live in April 2022.	Paper being prepared on the resources required to develop the evidence base for health and social care workforce planning. NES in active discussions with SG.	Improved access to workforce planning information for stakeholders enabling data scientists to support fworkforce planning.	Digital Health and Care Strategy.

13. Service Area: Workforce

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible –*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Proposal	**Recruitment, Careers Promotion and Youth Employment:** A national centre for workforce supply (CfWS) to support new national and	CfWS will facilitate partnerships and develop agreements to support routes into NHS Scotland for international staff. It will seek to develop consistent routes for staff who want to return to the NHS.	CfWS recruitment to commence in September. Short Life Working Group established and meeting in September. One immediate priority is to support the increase in nursing and midwifery capacity working with established recruitment	New – The Scottish Government has confirmed that the Centre will be hosted by NES and recruitment is currently underway to build the team. The immediate need is to gain an understanding of the priorities for international workforce recruitment and, through a Short Life Working Group including representatives of NHSS Boards, Scottish Government and NES, identify how to best to meet them. Boards will retain ownership for their own recruitment with the Centre for Workforce Supply	NES	Resource in NES and capacity across NHS Boards to support international recruitment.	SG funding.	Improved recruitment and retention in NHS Scotland.	NHS Recovery Plan 2021-2026.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
	international recruitment.		partners such as that of the Yeovil Trust. Onboarding guidance and support to relocating families is an example of the practical activity required. Housing is likely to be a particular challenge and the centre will need to develop collaborative relationships to support NHS Boards.	providing centralised services and resources to support them and international candidates.					
Green	**Organisational, Leadership and Management Development:** Talent management, leadership development and a community of leaders.	System-wide engagement, training, creation of online communities of practice, resource development and evaluation.	Provide up to 50 career conversations for aspiring directors and 30 career conversation reviews. Support the design of an enhanced talent management and succession planning approach for executive directors. Provide an aspiring director leadership programme. Provide the TURAS Leadership and Management Zone. Provide discovery workshops and events to develop a community of leaders.	Soft launch of Career Conversation Lite and Project Lift 360 on 23rd August 2021. Leadership development on track. Leadership Cubed Cohort 2 and 3 – Completed. Cohort 4 – completed 3rd and 4th Learning events and check in sessions. The scope of the new aspiring director programme has been confirmed as health and social work participants with SG sponsors. The aim is to launch the in early 2022 with a cohort of c20 participants. Leadership and management programmes are currently offered online but kept under review and adapted to fit the emerging environment. These will migrate to blended learning retaining the benefits of remote learning but bringing back the value add of face to face connection. The TURAS Leadership and Management Zone has been reviewed, refreshed and aligned with three levels of knowledge and experience and covering leading in health and social care, managing people and resources and leading quality improvement. Community of leaders on track - 3 events have been planned for the period between September and October 2021 - launched and open for booking on 27th August 2021.	NES	COVID 19 recovery might affect the uptake.	New governing groups in place at the Scottish Government and the formation of the National Leadership Development Programme.	Improved talent management that allows for identification of high potential individuals and their subsequent development. Extend range and reach of leadership development across Health and Social Care and targeted development for specific high priority groups.	National Leadership Development Programme.
Green	**Recruitment, Careers Promotion and Youth Employment:** Marketing, recruitment and retention to support a national Youth Academy and the Young Person's Guarantee.	Support for Kickstart, Foundation Apprenticeships and Young Person's Guarantee. NES and NHSS Academy working on key strategies aligned to national priorities on youth recruitment involving new career pathways.	Enhanced careers website launched November 2021. Skills Scotland careers event in November 21. DYW-Live will also be utilised from January 2022. Launch of FA care summer 2022. Health and care YPG opportunities plan.	New	NES	Resource availability.	Planning Updates on a weekly basis.	Improved recruitment and retention and career opportunities for young people in health and social care.	Young Person's Guarantee.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	**Digital Skills Development:** Improving workforce digital capability.	Developing a remote health pathways and Near Me learning resources. Widening the scale and reach of the Digital Health and Care Leadership programme across the health and social care sector with the aim to double the number of participants (currently c. 30) and extend beyond NMAHP. Delivery of Professional Development Award (PDA) in Technology Enabled Care.	Creation of remote health pathways online learning resource website and a Near Me online learning resource website. Digital leadership provision and a PDA in Technology Enabled Care. Identifying existing groups across health and care to map where they are set up and where there are gaps in coverage. Identify priorities for action. Identification of digital skills resources for asynchronous learning across the sector. Documented Learning Pathway in partnership with relevant bodies e.g. Public Health, DHI, etc. To establish a networked Virtual Learning Academy, including learning portal.	Learning resources websites for both Remote Health Pathways and Near Me created. New - Other Remote Health Pathways in development: IBS,Oral, Nutrition Supplements and Scale up Blood Pressure. New - Continual enhancements in tandem with user requirements and developments of future features and functions within the technology for both Remote Health Pathways and Near Me. Digital Health and Care Leadership programme. Cohort 15 started May 2021 with 31 participants. Cohort 16 widened to 55-60 participants including Psychology, Pharmacy and Social Care, scheduled to start Oct 2021. New - Cohort 17 widened planning phase starting Sep 2021 with scheduled date for next Cohort March 2022. PDA in Technology Enabled Care - Cohort of 20 learners from Health , Housing and Social Care completing the Award in 21/22. New - to oversee the delivery of the priorities a Programme Board has been established with wide representation from across health and care organisations - first meeting 17th Sept 2021. New - Digital champions across health and care sector to be mapped and communication processes developed to optimise effectiveness of resources aimed at increasing workforce digital capability. New - Resources to improve workforce digital skills being mapped across the health and care sector and options being developed on how to collaboratively curate, host and signpost workforce across the sector with the aim of widening access and reducing the need for further duplication. New- Establish and share resources to support staff in KIND (Knowledge, Information and Data) roles across health and care. identify priorities including the potential for a virtual KIND community.	NES	Not delivered on time within budget. Resources meeting user needs. Enough organisations SQA accredited to support learners. Participation and sharing of knowledge. Not actively sharing experience, insight and knowledge. Duplication and gaps in the provision of resources. Resources meeting organisations and user needs.	User engagement, feedback and user testing. Agile and continuous improvement approach to the development of the resources aligned to obtaining regular user feedback. Application guidance and selection criteria. Identifying and working with organisations and colleges to become SQA accredited delivery centres. Documented terms of reference with members reviewed annually. Utilisation of programme board members. User engagement from existing groups. Stakeholder and user engagement. Agreed priorities for the creation of resources with clear timescales Stakeholder and user engagement. Agreed priorities for the creation of resources with clear timescales.	A digitally skilled workforce supported by learning resources, a national network of shared learning and digital leadership throughour the system.	Digital Health and Care Strategy.

14. Conclusion

In line with the Scottish Government request for a brief document focused on key areas, this RMP4 does not cover the full range of NES activites and programmes, these are described in the detailed operational and financial plan which underpins RMP3 and RMP4 and further detail can be provided on request. We will continue to report quarterly performance to the NES Board in respect of our detailed operational and financial plan throughout 2021-22.

This NES phase four Re-mobilisation Plan (RMP4) focuses on reporting progress against the key areas of RMP3. While RMP4 is focused on recovery, and the resumption of our educational core business, we remain mindful of the many challenges that the service (and the workplace learning environment) continue to face over the next six months. While recovering our services we will retain the successfully established new ways of working we have implemented, these include a new balance of remote and site-based working and a step-change in the use of Technology Enabled Learning (TEL). In doing this, we will continue to support our staff and learners to the maximum extent possible, working to secure continuing education and progression for learners, and undertaking recruitment to guarantee continuity of workforce supply.

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Appendix 1

NES/NHS Golden Jubilee - Joint Service Area: The NHS Scotland Academy (NHSSA)

Key for status:

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Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*				**Lead Delivery Body**	**Risks (Mandatory)** *list key risks to delivery and the required controls/mitigating actions*		**Outcomes (optional)** *include outcomes if possible*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*
Sept 21 Status	Key Deliverable Description	Summary of activities	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Complete	Establish governance of NHS Scotland Academy.	Key governance groups within both parent Boards have been established and meet on a regular basis.Sponsorship arrangements have been established with Scottish Government.	Governance of NHS Scotland Academy is approved by NHS Education for Scotland Board and NHS Golden Jubilee Board.Regular meeting with Scottish Government sponsorship team in place.	Complete – governance agreed and functioning across both parent Boards. Clear sponsorship arrangements have been established with Scottish Government.	NES and NHS Golden Jubilee	n/a	n/a	NHS Scotland Academy is a core feature of both parent Boards strategy.	NHS Recovery Plan 2021-2026. National Workforce Planning Strategy.
Complete	Secure core funding for establishment of NHS Scotland Academy.	Business case presented to Health and Social Care Management Board to seek core funding.	Core funding for NHS Scotland Academy agreed by Scottish Government.	Complete – Core recurring funding for NHS Scotland Academy was approved by the Scottish Government Health and Social Care Management Board in May 2021.	NES and NHS Golden Jubilee	n/a	n/a	NHS Scotland Academy formally established including recurring funding and resources.	NHS Recovery Plan 2021-2026. National Workforce Planning Strategy.
Amber	Establish the NHSSA learning environment to meet needs of mixed model educational delivery for inclusive technology enabled learning (TEL) both in situ and at distance. Includes an environment supporting simulation based education for mixed discipline staff with varied levels of development need.	Consolidate intelligence, collaborate with national centres and apply best evidence to inform environment considerations, including cost effective approaches to equipping learning space.	Approval for phased development of a Simulation Centre at the Golden Jubilee to be embedded within wider infrastructure developments	Extensive needs analysis (including digital) undertaken consolidating intelligence gleaned through collaboration with national centres. SBAR with initial recommendations submitted Consultants engaged (part of wider estates review) Discussions progressing with options to be considered and decision on future direction by end 2021/2022	NES NHS Golden Jubilee	Failure to develop the estate will negatively impact on the ability to deliver NHSSA programmes. Reputation negatively impacted. Potential for delays in supply chain (equipment procurement/ new purchase delivery). Staff capacity/ delayed stakeholder engagement due to service	Proactively working to identify short/medium/long term options for learning estate. Engage and raise awareness at executive level.	A planned phased release (opening) of learning space to support educational programme delivery and related faculty development. NHS Scotland Academy programmes are delivered as planned. The learning environment meets recognised simulation standards and requirements.	NHS Recovery Plan 2021-2026. National Workforce Planning Strategy. Digital.

Sept 21 Status	Key Deliverable Description	Summary of activities	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
						pressures/which impacts consolidating planning.			
Green	Establish National Endoscopy Training Programme.	Develop JAG accredited training programme for medical endoscopists, non-medical endoscopists and health care support workers. Business case presented to Health and Social Care Management Board to seek funding to deliver programme.	Commissioned Simulator Training has commenced. Train the Trainer programme will be delivered between November 2021 and February 2022. This will increase resilience and capacity to deliver the Endoscopy Programme on a national scale. Establish national stakeholder group for Assistant Practitioner Programme for HCSW working in Endoscopy by end 2021/2022.	On track – Chair of National Endoscopy Programme has been recruited. Two medical colleagues will share the National Clinical Lead role. Programme Board has been established for National Endoscopy Training Programme. National Endoscopy Training Programme Board will meet in September – this will provide the governance structure required to ensure quality assurance and oversight of both delivery and expansion of Endoscopy training in Scotland.	NES and NHS Golden Jubilee	Inability to secure staffing resource to run clinical training programme. Inability to release faculty for training due to service demands and growing waiting lists.	Recruitment is on track for all key positions. The Programme Lead is expected to be appointed by end of October subject to notice period. In addition administrative and technical post interviews are in progress.	Deliver accelerated workforce training to increase the number of endoscopists in Scotland, providing much needed clinical capacity to address endoscopy and cancer waiting times.	NHS Recovery Plan 2021-2026. National Workforce Planning Strategy.
Green	Deliver National Clinical Skills Programme for Pharmacists.	Develop partnership with Dundee Institute for Healthcare Simulation to support delivery of programme.	Ensure course materials and resources for National Clinical Skills Programme for Pharmacists are available. Recruit faculty to deliver programme within NHS Scotland Academy at NHS Golden Jubilee site. Deliver initial course in September, followed by further 12 days between October and December. Subsequent programme delivery, including course dates beyond the end of 2021, are to be confirmed.	On track - first NHS Scotland Academy cohort will participate in National Clinical Skills Programme for Pharmacists in September 2021.	NES and NHS Golden Jubilee	Pressure on GPs, Pharmacists unable to fulfil potential to independently prescribe and diagnose / treat minor ailments. Unavailability of faculty. Unavailability of training rooms. Pharmacists do not engage in programme (self-referral).	Provision of Clinical Skills Training Programme addresses this risk. Developed pool of faculty from NHS GJ and NHS GGC. Accommodation booked within NHS GJ (Conference Hotel). Promotion undertaken by Dundee Institute of Healthcare Simulation. Promotion within professional networks and fora.	450 – 500 community pharmacists will receive clinical skills education to allow them to participate in the diagnosis and treatment of minor ailments. Provides additional capacity, relieving pressure on GPs.	NHS Recovery Plan 2021-2026. National Workforce Planning Strategy. Links to Independent prescribing qualification (critical linkage).
Green	Establish National Treatment Centre Workforce Programme.	Business case presented to Health and Social Care Management Board to seek funding to deliver perioperative element of the programme. Develop access routes in to National Treatment Centre roles for young people, refugees and military service leavers	Programme content and assessment strategy agreed by first week October. Readiness for educational governance review 1st week in October. Confirm planning for and initiate establishment of core stakeholder group for accelerated anaesthetic assistant programme, initiating / Q3. Develop programme plan, curricular content and timeline for meeting educational governance review needs / Q4.	On track - first NHS Scotland Academy cohort will participate in accelerated perioperative training programme in autumn 2021. A cohort of 10 learners agreed/ selected by NTC Workforce group will commence in late October 2021 prepared to study with access to content on Turas learn in readiness to start. Not yet commenced anaesthetic assistant work stream. Anticipate commencement in week 4 of October/ Q3	NES and NHS Golden Jubilee	Staff capacity leading to Non completion of programme document and assessment strategy in readiness for governance panel. Staff capacity to develop and inform accompanying build of digital / Turas page.	Focused programme activity and added educational support to document modified programme. Collaborate with specialty staff (including CSMEN & NES Digital) to consolidate QA approaches. High level engagement with NTC workforce group regarding place allocation, funding flow and ongoing agile review of workforce model and recruitment pipeline.	Development and delivery of an accelerated workforce development programme to meet the workforce requirements of the National Treatment Centres programme.	NHS Recovery Plan 2021-2026. National Workforce Planning Strategy. National Treatment Centres Programme.

Sept 21 Status	Key Deliverable Description	Summary of activities	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
						Any delay in accelerated recruitment to key posts.			

Director of Health Workforce

25 January 2021

By email

Dear Karen,

RMP4 – Updated Remobilisation Plan for 2021/22

Thank you for submitting the latest iteration of your Remobilisation Plan. As we head into the second winter of the Covid-19 pandemic, I would like to take this opportunity to thank you and your teams for your dedication and hard work in delivering healthcare for our communities, in the face of considerable challenges.

I would also like to acknowledge the work that has gone into the development of this latest Plan, and in particular the input and support in developing and using the new format we trialled for RMP4. I would be grateful if you could pass on my thanks to all involved. I am very conscious of the extremely difficult, and rapidly changing, context in which your Plan was developed. I recognise that these plans will evolve over time in response to changing circumstances, and we are keen to continue to work with you in the coming months to understand the implications and to provide support accordingly.

Indeed, the process of planning for delivery becomes more, not less, important during a time of high pressure, uncertainty and changeability. These plans provide not only a foundation for us to agree what we aim to deliver over this next period, but also a basis for discussion about the risks which could impact on our ability to deliver, and how we can work together to mitigate these. The new format used this time round also allows us to build a more comprehensive picture of both aspiration and risk across all Health Boards, and will hopefully support collaboration between Boards in developing their plans.

The updated plans will continue to inform the regular engagement which already takes place between SG Sponsor Team and relevant service leads within your teams, providing a direct feedback route to pick up any ongoing queries regarding your proposals. While we do not expect plans to be resubmitted, this feedback should be fed into future progress updates.

Finance

Following our Quarter One review, we wrote to confirm to NHS Boards on 26 October that funding will be provided for full Covid-19 and remobilisation costs on a non-repayable basis. This includes anticipated underachievement of savings in year,

with an expectation however that Boards continue to take appropriate measures to reduce this funding requirement. This letter also set out expected actions for the remainder of the year and in advance of the 2022-23 financial year.

We have received your Quarter Two financial return and are working through the detail included. Where further clarification is required we will follow up with your Director of Finance.

Costs in relation to remobilisation should continue to be reported through quarterly finance returns. You must ensure that any recurring impact from these actions is clearly reported, as this is a key focus of our review.

Next Steps

Bearing the above comments in mind, I am content that you now take your updated Plan for the second half of 2021/22 through your own governance processes and would ask that you then make it available on your website.

In order to monitor progress on the delivery of your RMP4 going forward, we are putting in place arrangements to request quarterly progress updates against the key deliverables that you have identified. Updates should be submitted by 9 February 2022, covering Quarter Three, and the end of April 2022, for Quarter Four. These updates will offer the opportunity to highlight areas of progress, to identify where work has had to be paused or rescheduled as well as notify us of any changes to your plans for the following quarters, should you wish to do so. Details on the specific requirements for these updates will be issued separately.

Three Year Operational Recovery Plans 2022-25

As you know, we are proposing to move to a slightly longer-term period of three years, for future Operational Plans. This will enable a more strategic approach to planning and support programmes of service transformation, aligned with the NHS Recovery Plan and the Care and Wellbeing Portfolio.

These three-year plans will take the form of a Recovery Plan for the period of 2022-25 for your Board. They will encompass a relatively high level narrative setting out your key priorities for recovery and transformation within this period, and how these contribute to our national priorities, underpinned by a spreadsheet-based Annual Delivery Plan (ADP). This latter element, which will build on the format and content of the delivery planning template used for RMP4, will continue to form the basis for ongoing engagement as well as regular quarterly progress reports to Scottish Government, recognising the continuing fluidity in our operating context and supporting responsive changes to plans in-year.

In recognition of the pressures that you are currently working under, and the high level of uncertainty and volatility that remains in the system, these three year plans will be scheduled for submission at the end of July 2022. We intend that that this will allow sufficient time for you to take stock of your position as we move out of Winter,

to consider your priorities, engage meaningfully with your staff, partners, communities and stakeholders on their desired outcomes, and to develop greater integration between your service, finance and workforce plans. In order to ensure that there is no gap in oversight during this period, it is important that you ensure that your Delivery Plans are kept updated as set out above.

We are also moving back to three year financial planning, and whilst we anticipate requiring some detail of plans in advance of the start of the financial year, we will use the Quarter One review in 2022-23 as an opportunity for Boards to refresh their financial plans to align with the three-year operational plans. Further detail will provided on this process in due course.

In the meantime, we have established a Short Life Working Group with a small group of Planning Leads from across the NHS Territorial and National Boards and SG officials. This team will be working closely together to produce guidance for the 2022-25 Recovery Plans and will remain in close contact with the wider Planning Collaborative Group.

Thank you again to you and your teams for all the hard work they have put in to developing this plan, and I look forward to working in partnership with you as we develop our vision for delivery in the NHS over the next three years.

Yours sincerely

Gillian Russell
Director of Health Workforce

NHS Education for Scotland **NES/22/07**
Item 10a
10 February 2022

Board Paper

1. Title of Paper

Risk Update including Corporate & COVID-19 Risk Registers

2. Author(s) of Paper

Janice Sinclair – Deputy Director of Finance
Lorraine Turner – Manager, Planning and Corporate Resources

3. Situation/Purpose of paper

The purpose of this paper is to present the NES Risk Register and COVID-19 Risk Annex as at 3 February 2022.

4. Background

4.1 The paper presents the NES Corporate Risk Register as at 3 February 2022 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks.

4.2 An annex detailing the *additional* key risks identified for the organisation as a result of the impact of, and the NES response to, the COVID-19 pandemic is included.

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

5.1 Corporate Risk Register and COVID-19 Risk Register

5.1 In conjunction with Executive Team members, a review of the risk mitigation measures within the Corporate risk register and COVID-19 risk register was recently completed. The updates and enhancements to the risk descriptions and mitigations are denoted in blue. Key points are noted in 5.1.1 and 5.1.2.

5.1.1 In terms of materiality of the Directorate updates, the impact on trainee progression of the continuing pressures in the system is highlighted in the Medical and Dental mitigation updates within Risk 1, as noted below. Further details are contained in the risk register.

Risk 1: Interruption/delay/adverse impact to training programme delivery including Scottish Government mandated training

Medical Directorate Control 1:
The speed of clinical service recovery will impact on the availability of training opportunities. There remains concern that the current service pressures identified by our senior medical educators throughout Scotland, are continuing to have an adverse effect on trainees gaining certain competences. Specialty Training Boards will consider if there is a need for enhanced training approaches to mitigate training gaps (e.g. simulation-based education).

Dental Directorate Control 1: Current restrictions continue to impact on delivery of Dental Care. Student progression is currently being monitored.

5.1.2 The residual scoring of risk 9 has been amended from Contingency priority to Housekeeping to reflect the effectiveness of controls in place.

5.2 New Risks: COVID-19 Risk Annex

5.2.1 It was agreed at the EET meeting on 10 November 2021 that a new risk should be added to the register in relation to the potential impact on NES core work of the Scottish Government requirement for volunteer healthcare professionals to support the vaccination programme in NHS Scotland. This is shown as risk no.19. The mitigation measures in place support an agreed residual priority of Contingency against an inherent priority of Primary 2.

5.2.2 At the EET meeting on 8 December 2021 it was agreed that a new risk should be added to the register in relation to the wider impact on NES core work of a surge in pandemic cases from the new variant combined with the winter healthcare pressures already in the system. This is shown as risk no. 20. Although this has been categorised as a Primary 1 risk, the range of mitigation measures result in mitigation to an agreed residual priority of Contingency.

5.3 Closed Risks: COVID-19 Risk Annex

At the EET Business Meeting on 12 January 2022 It was agreed to close part (i) of risk no. 12 which relates to the COVID-19 Accelerated Recruitment Portal (CARP) since this service has ceased operation.

5.4 **Risk Management Group (RMG) update**

Training for RMG members was completed in November 2021. Supporting materials have been made available to members through a dedicated Teams channel.

A schedule of meetings has been developed with meetings due to take place monthly during the first six months of 2022.

The first meeting was held on 28 January 2022.

6. Recommendations

The NES Board is asked to approve the NES Corporate Risk Register and COVID-19 risks 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

JS/LT
NES
February 2022

NES Corporate Risk Register - February 2022

				Current Scores						Previous Residual Score	
Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk		Mitigating measures	NES Risk Appetite	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 approves 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. 7. The NES budget is now managed and reported in two separate elements which highlights the underlying recurrent deficit on Medical training grade salaries which is underwritten by SG.	**OPEN (Score Range 10-12)**	**4 x 4**	**Primary 1**
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), 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 Chief Executive 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)**	**3 x 3**	**Contingency**
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Chief Executive Karen Reid	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**

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 Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 4**	**Primary 2**		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 Chief Executive Karen Reid	4 X 5	**Primary 1**	**3 x 4**	**Primary 2**		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 1**
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 2**	**4 X 3**	**Primary 2**		1. New 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 will be included in the remit of the reconstituted Digital and Information Board Committee. 4. New 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**
	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 Chief Executive Karen Reid	5 x 5	**Primary 1**	**3 x 4**	**Primary 2**		1. As part of operational planning all activities are linked to a NES strategic objective. 2. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. 3. At a Strategic Level argument to be made about requirement to invest in workforce organisation. 4. Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. 5. Executive-led digital structure enables prioritisation of NES digital activity, 6. Strong focus on continuing to build on innovations in delivery in response to COVID. 7. Workforce planning approach approved by Executive Team to develop and implement NES whole system workforce planning covering 2022 -2025. Action Plan to be published by July 2022, linking workforce planning to operational planning, and incorporating prioritised actions informed by Directorate-level discussions. The Action Plan to include specific actions covering: recruitment, attraction and branding, succession planning, identification of skills gaps, and diversity.	**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**		1. 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. 2. 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 are aimed to be in place by February 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 Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 3**	**Contingency**		1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. 2. Communication plan to be a key focus on all organisational change projects. 3. Strong focus on communication and visibility, both at a corporate and directorate level through, for example, weekly executive led corporate videos. 4. Use of employee voice tools, for example Trickle to monitor the pulse on organisational sentiment. Further focus needed on the implementation of Trickle if license is to be extended.	**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**		1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. • 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. • Update of BCP will be considered post-Covid recovery since currently still in full deployment of the Plan.	**OPEN (Score Range 10-12)**		**2 x 4**	**Housekeeping**
	FINANCE RISKS											
R10	The complexity of the NES budget results in 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 3**	**Contingency**		1. Monthly management accounts show actual performance against budget projections ahead of year-end are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend. 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. 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.	**AVERSE (Score Range 1 - 3)**		**3 x 3**	**Contingency**
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**		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**
	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 Chief Executive Karen Reid	4 x 5	**Primary 1**	**3 x 4**	**Primary 2**		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	**CAUTIOUS (Score Range 4 - 9)**		**3 x 4**	**Primary 2**

								improvements to business model in longer-term. 6. Annual Operational Plan, incorporating desire 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.				
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders. Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs. Future implications of the Independent Review of Adult Social Care in Scotland.	NES Chief Executive Karen Reid	4 x 5	**Primary 1**	**3 x 3**	**Contingency**	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. In consultation with statutory bodies across the four nations, recruitment procedures have been put into place to enable recruitment to operate effectively under current restrictions and support workforce supply chain. 4. Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments. 5. Review of Operational Plan targets to identify and plan priorities in the recovery phase. 6. Ensure targets set are SMART and also have resources allocated to them to support delivery 7. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting. 8.Development of focused communications to support management of stakeholder expectation in relation to NES capacity to deliver and support new systems development. 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. 10. NES Director of Social Care appointed to lead the social care work programme in NES. 11. 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.	**CAUTIOUS (Score Range 4 - 9)**		**3 x 3**	**Contingency**
	ACCOUNTABILITY/GOVERNANCE RISKS											
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	**Primary 1**	**2 x 2**	**Housekeeping**	1.Standing committees responsible for each governance domain 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**		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.	**AVERSE (Score Range 1 - 3)**		**4 x 2**	**Contingency**
R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Chief Executive Karen Reid	5 x 5	**Primary 1**	**4 x 5**	**Primary 1**		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. 2. NES Resilience Co-ordinating Team in place. 3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home 4. Reporting protocols agreed and implemented. 5. Dissemination and cascade of organisation-wide communications across key platforms. 6. Fortnightly 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. 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.	**AVERSE (Score Range 1 - 3)**		**4 x 5**	**Primary 1**

Operational/Service Delivery Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
1.	**NES Clinical Directorates:** • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training. **Risk Owner**: Karen Reid	• Cancellation of required courses or programmes • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness • Cancellation of study leave due to COVID pressures	• Disruption to training leading to delays in training progression • Slippage to recruitment and training plans • Financial implications as a result of extensions to training and support • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding • Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. • Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). • Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. **Cont'd over/**	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Possibility of redeployment of trainees** Due to current service pressures requests for redeployment are again a possibility. **Control (1)** In discussion with Directors of Medical Education (DMEs), trainees have previously received communication to confirm that redeployment was likely to be limited and related to local and regional service pressures. Increasing service pressures are now being highlighted and redeployment will need to be closely considered to ensure that trainees do not lose further time in training wherever possible. Any requests for redeployment will be carefully considered and managed under former guidance. All redeployment will be recorded and reported to the Deanery as per our consensus document. **Delays to progression** **Control (1)** The vast majority of trainees achieved training competencies and progress as expected in 2021 so despite the challenges of the pandemic progression has been maintained in the majority of specialties. Some specialties have seen a greater impact on progression (e.g. obstetrics & gynaecology, some surgical and diagnostic programmes) due to reduction in training opportunities following on from the cancellation of elective work and the challenges in restarting this. The speed of clinical service recovery will impact on the availability of training opportunities. There remains concern that the current service pressures identified by our senior medical educators throughout Scotland, are continuing to have an adverse effect on trainees gaining certain competences. Although curricula requirements have been derogated to support progression, the criteria for the award of the Certificate of Completion of Training (CCT) have not. This could result in a significant accrual of unmet competencies and delays to CCT in the coming years. There are differences between specialities and variation across regions. Specialty Training Boards will review this data and consider if there is a need for enhanced training approaches to mitigate training gaps (e.g. simulation-based education). **Control (2)** Simulation will be a significant vehicle to provide educational resilience. Support is in place to deliver simulation for trainees in Core Psychiatry, IMT, IST and Higher surgical training with further support being put in place for Diagnostics, O&G and Paediatrics with the appointment of additional APGD's for simulation and appointment of administrative staff within the CSMEN team to deliver and commission training. All STB Chairs have been asked to consider their requirements over the next 2 years. Additional funding to support Simulation training will be required to roll out new training **Control (3)** Work with DME colleagues to ensure trainees can attend essential/ mandatory training and professional examinations. **NMAHP**: **Delay to pre and post registration commissioned programmes (by NES or Scottish Government).** **Control (1)**: NMAHP working closely with HEIs, Colleges and Boards to pre-empt problems and assist in ensuring that educational programmes can continue as smoothly as possible. Rapid Action Group (RAPOG) set up with all stakeholders to ensure practice learning continues as much as possible. Data on magnitude of delays collected from HEIs. Some limited face to face NES education continuing following a rigorous risk assessment. RAPOG now stood down but any continued problems with students' placements will be dealt with by the relevant nursing & midwifery or AHP group. Student placements progressing despite continued pressure on NHS as at December 2021. **Dental**: **Interruption to supply of workforce (major negative impact on undergraduate dental student progression and Dental Vocational Training and to a lesser extent Dental Core and Specialty Trainees as well as pre-registration Dental Nurse Training)**. **Control (1)** In response to the concerns over undergraduate dental student progression, it was agreed that there would be no output from the Universities of Dundee and	**OPEN** **(Score Range 10 – 12)**

1. / **Cont'd**	**NES Clinical Directorates:** • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training. **Risk Owner**: Karen Reid	• Cancellation of required courses or programmes • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness	• Disruption to training leading to delays in training progression. • Slippage to recruitment and training plans. • Financial implications as a result of extensions to training and support. • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding • Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. • Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). • Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. • Negative impact on Dental Training across the undergraduate postgraduate continuum. • Potential impact on Dental workforce pipeline. **Cont'd over/**	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	Glasgow and the course for all cohorts of students would be extended by one year. Current restrictions continue to impact on delivery of Dental Care. Student progression is currently being monitored. A total of 19 students in the BDS programme at the University of Aberdeen graduated in December 2021. This cohort of students will graduate out of sequence with the normal recruitment cycle for dental vocational training. We identified career opportunities for this group of graduates and 12 have taken up assistant posts until they are able to commence VT in August 2022. **Control (2)** Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion. **Control (3)** Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs. **Action (1)** Adjust existing students' training plans. (On-going) **Action (2)** Review the teaching and assessment schedules. (On-going) **Action (3)** Delay commencement of new Dental Care Professionals (DCP) programmes (On-going) **Action (3)** Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. (On-going) **Action: (4)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. (On-going) **Control (1)** Current Dental Vocational Trainees have been offered a contract extension to July 2022. **Control (2)** Regular discussions at a UK level with all stakeholders including the other Statutory Education Bodies to develop recruitment plans for Core and Specialty Training. There will also be increased flexibility for Specialty training start dates. **Control: (3)** Trainee progression is monitored through existing processes **Control (4)** Mandatory training for new entrants to NHS Scotland dental workforce has been moved to online delivery. **Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees** **Control (1)** Continuing to support the 2019/20 Prov-Registrant Trainee group until the registration assessment re-arranged GPhC examination with one resit option (currently the June 2022 assessment, with results known in July 2022). This group (known as Prov-registrant or provisionally registered pharmacist) were offered a range of supports to be ready for assessment. At February 2022, a remaining 3 provisionally registered pharmacists are being educationally supported to the June 2022 sitting. **Control (2)** There was a financial impact 2020/21 with additional SG funding. NES Covid Funding secured for this group for budget year 2021/2022. At February 2022, a remaining 2 provisionally registered pharmacists are being educationally supported to the June 2022 sitting. **Optometry: Service delivery impact due to reduction in training and support** **Control (1)** Sourcing/using as many online and/or simulation skills training resources as possible. **Control (2)** Regular touching base with the team, with a focus on staff well-being and team support. **Healthcare Science: Slippage to recruitment** **Action (1):** Measures being put in place to facilitate virtual recruitment selection for September 2021 Clinical Science trainee intake **Completed.** **Healthcare Science: Slippage to Training Plans** **Action (1):** Discussions with training leads to be progressed. **Completed** **Action (1):** Financial implication for employment/SLA (Service Level Agreement) extensions **-** worst case scenario modelled and submitted to Finance. **Completed** **Control (2)** Ongoing monitoring of training plans as routine (business as usual).	**OPEN** **(Score Range 10 – 12)**

				• Pharmacy PRPS 2019/20 cohort re-arranged GPhC Assessment (currently the June 2022 option, with results due in July 2022). This overall delay has an ongoing impact on workforce pipeline.			**Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists** **Control (1)** NES Psychology, Higher Education Institutes (HEIs) and Health Boards to continue to meet regularly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements. **Control (2)** Adjustment made to training plans to take account of COVID-19.	

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	**NES Clinical Directorates**: • Medical • Dental • Optometry • Psychology • NMAHP	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established **Risk Owner**: Karen Reid	• Significant backlog of clinical work • Service delivery may not resume in line with previous mode of delivery • Pressure to regain lost ground • Surge in clinical demand **Cont'd over/**	• Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care • Methods of workplace education and training may need to be revised • Potential implications from adapting to online delivery • Training environment is compromised • Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT) • Impact on availability of clinical placements for undergraduate teaching across disciplines.	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Ability to deliver education and training due to backlog of clinical work** **Control (1)** Medical Directorate Executive Team (MDET) continues to review the position regularly with Health Board Directors of Medical Education (DMEs). **Control** (**2)** Regular discussions at UK level with all stakeholders including other Statutory Education Bodies, the GMC (General Medical Council), Royal Colleges and others, to address this risk. **Control (3)** Additional Simulation training is being implemented for a number of specialties to ensure trainees can get relevant experience to meet clinical competencies **Control (4)** Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects, including the availability of clinical placements for undergraduate teaching. **Dental**: **Reduced Capacity to Deliver Upskilling of Existing Dental Workforce** **Action (1)** Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. (On-going). **Action (2)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. (On-going). **Control (1)** Delivery of most CPD is currently online, which has enabled greater access to key CPD topics by a large proportion of the dental team. **Control (2)** Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors. **Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce** **Control (1):** The risk around failure to deliver NES Glaucoma Award Training (NESGAT) in 2021/22 is mitigated by increased use of remote supervision and recovery related community work. **Control (2):** Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan. **Psychology: Training and education delivery compromised** **Control** (**1)** Continue to adjust method of delivery to Digital webinars and virtual training environments where practical. **Control (2)** Work closely with Board colleagues and offer flexible support to mitigate effect.	**OPEN** **(Score Range 10 – 12)**

							Control (3) Through regular contact with stakeholders, ensure that our work is aligned with their priorities. **NMAHP: Training and education delivery compromised** **Control (1)** Adapt delivery methods as far as possible towards technology enabled learning. **Control (2)** Ongoing contact with key stakeholders to ensure training & education meeting needs. **Control (3)** continue face to face teaching methods where absolutely necessary (e.g. SMMDP) to meet service demands. **Action (1)** Establish the Rapid Action Placement Oversight Group to ensure progression of recommendations from the NES report "Provision of Nursing, Midwifery and Allied Health Professions (NMAHP) placements in the 2020-21 Academic Session". **Now stood down September 2021.** **Control (4)** Recognising that COVID has, by necessity, impacted the way training will be delivered in the future. NES has a Technology Enhanced Learning Programme underway which aims to create a strategy for the future technology education and learning delivery for all Directorates.	

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
3.	**NES Technology Service**	Impact on BAU (Business As Usual) delivery which has had to be de-prioritised and the workforce realigned to the immediate requirements to support COVID-19. **Risk Owner (Lead Director):** Christopher Wroath	• Scottish Government in combination with NHS Scotland determine new, amended or existing services which need to be developed and deployed in support of the wider COVID-19 response. These services require a significant proportion of the available resources within NES Technology Service effectively suspending or cancelling BAU services or delivery against agreed deadlines	• NHSS services are not deployed in a timely fashion causing detrimental effects to services and service users • Training programmes and outcomes are not delivered on time to the detriment of the individual learner or the service expecting their completed outcome • Financial loss due to disrupted services and the need for remedial action • Reputational risk	**Primary 1 4 x 4**	**Contingency 4 x 2**	**Action (1)** Stakeholders of the agreed BAU outcomes communicated with to indicate the NES Digital resource reallocation and expected timeframes for the resumption of BAU developments and delivery**.** **Action Owners: Product Owners** – All Stakeholders engaged and sighted**.** **Action (2)** Assessment and interweaving of BAU functionality/service requirements into COVID-19 responses to reduce the time to delivery of BAU outcomes on resumption of services **(Ongoing)** **Action Owners: Product Managers/** NES Technology Service Senior Team **Action (3)** Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources**.** **Action Owners: Principal Leads Development/ Delivery**	**OPEN** **(Score Range 10 – 12)**
4	**NES Technology Service**	Impact of new change programmes **Risk Owner (Lead Director):** Christopher Wroath **Cont'd over/**	• SG appetite for further delivery of change underpinned by NES technology has been increased by the NES COVID-19 response. This is particularly important as the Care Home support work has drawn Social Care sector demands, in addition to NHSS and the ongoing support to	• NES strategic objectives are compromised by too much demand on NES Technology Service. • The new services are not adequately resourced on a recurrent basis.	**Primary 2 3 x 4**	**Contingency 2 x 3**	**Control (1):** Management of the expectations of possible outcomes and the associated resourcing (funding) requirement from SG. **Control (2):** Regular communications with SG and ET/Board sighted	**OPEN** **(Score Range 10 – 12)**

			the new services already delivered.					

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
5.	**NES Technology Service**	Delivery and development of COVID-19 related work primarily now related to the COVID-19 vaccination programme. **Risk Owner (Lead Director):** Christopher Wroath	• Rapid and fast changing requirements from the Scottish Government Workforce initiative to develop/redevelop Turas based applications and related data support services in support of the COVID-19 mass vaccination programme. • Associated outcomes (Management reporting data to SG).	• COVID-19 vaccination programme not able to deliver to 'expectation' through misunderstanding of what the current systems landscape can deliver, poor communication of timetables and changing Scottish Government priorities • Data breaches • Reputational risk	**Primary 2 4 x 3**	**Contingency 4 x 2**	**Control (1)** Daily communications with Scottish Government to manage expectations and check and cross check requirements, expected deliverables and timeframes. **Owner: Director** NES Technology Service **Control (2)** Daily meetings with key NES and external stakeholders to identify, discuss and co-author responses to Scottish Government, Board and COVID-19 Vaccination Programme members' expectation. **Owner: Director** NES Technology Service **Action (1)** Co-ordinate NES staff across all Directorates to bring to bear increased, appropriate and targeted resources to increase available resource to assist timely delivery at expected quality, mainly but not exclusively supporting Vaccinations. **Action Owner: Director** NES Technology Service **Action (2)** Introduce as much technology support as practicable in an iterative manner, to reduce/remove manual processes as understanding of them matures and time is allowed to develop and implement. **Action Owner: Associate Director,** NES Technology Service **–** this work is ongoing .	**OPEN** **(Score Range 10 – 12**
6.	**NES Technology Service**	National clinical data landscape is further fragmented by short-term COVID-19 digital solutions **Risk Owner (Lead Director):** Christopher Wroath	• Responsiveness to a complex and ever-changing health and social care landscape; serial development of short-term Minimum Viable Product digital solutions that are adopted to address the pandemic.	• Short term digital solutions further exacerbate the fragmentation of clinical data and make the objective of delivering national infrastructure more challenging, compromising ability of NES Technology Service to deliver agreed outputs. • Overall reduction in project impact.	**Primary 2 3 x 4**	**House-keeping 2 x 3**	**Control (1)** Through meetings with the Scottish Government and eHealth leads and by feeding into national policy work, continue to make the case for data integration and availability, with a view to the longer term, while understanding that there are some short-term requirements. **Control (2)** Continual delivery monitoring to ensure emergency digital solutions are robust, with product lifespan agreed at initiation of project. e.g. will this be used post COVID-19?	**OPEN** **(Score Range 10 – 12)**
7.	**NES Technology Service**	Digital product demand exceeds what the available resources can support **Risk Owner (Lead Director):** Christopher Wroath	• Expectations and demands from external bodies in respect of new digital products exceed what the available NES Technology Service resources can support.	• NES Technology Service medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out. • Weakened external credibility **Cont'd over/**	**Contingency 3 x 3**	**House-keeping 2 x 2**	**Action (1)** Revisit short-term objectives for 2020/21 with clarity on required commitments to temporary COVID-19 projects and how this impacts longer-term work. **Action Due Date:** 31 March 2021 **Complete** **Action Owners:** Christopher Wroath **Action (2)** Increase available resource, subject to agreement with Scottish Government. Recruitment of software engineers and product team continues, using a remote recruitment model developed by NES HR and NDS Principal Lead for Recruitment. This will increase capacity within the directorate on a long-term basis. **Action Due Date:** 31 March 2021 **Complete** **Action Owners:** Christopher Wroath **Control (1)** NES Technology Service attend regular scheduled meetings with internal and external stakeholders (SG Vaccination Programme meetings, NES Technology Service Senior Management Team, existing programme steering groups, Standing Committee) to ensure continuous evaluation and reflection on short-term COVID-19 objectives.	**OPEN** **(Score Range 10 – 12)**

Operational/ Service Delivery Risks (cont'd)								
8.	**Workforce**	Failure to recruit NES staff and trainees. **Risk Owner (Lead Director):** Tracey-Ashworth-Davies	Due to a lack of resource and/or systems support leading to a failure to recruit: • Trainees across NHSS through usual vocational training recruitment activity, and NES staff through usual recruitment processes.	• For the trainees any failure to recruit will affect frontline service provision, impacting of patient care. • A failure to recruit vocational trainees will result in workforce supply issues. • The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan.	**Primary 1** **5 x 4**	**Primary 2** **3 x 4**	**Control (1)** Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and work with HR in progressing vocational training recruitment for trainee groups in Scotland. **Control (2)** Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff. **Control (3)** Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes. **Action (1)** HR and Finance work together to anticipate and mitigate issues relating to financial year end, working with directorates to identify posts needed beyond year end and to extend contracts where appropriate.	**OPEN** **(Score Range 10 – 12**
17.	**NMAPH**	Lack of NMAHP capacity and resource to meet all the fast-moving requests of the NHS Scotland Academy and associated winter pressure work within the context of the on-going pandemic. **Risk Owner (Lead Director)**: Karen Wilson	• National Treatment Centre (NTC) planning was paused in Spring 2020, which has subsequently delayed activity for staff development and education. There are now confirmed training needs in level 4 and 5 perioperative roles, recently agreed at March Elective Care Board. • NHS Scotland Academy, governance routes and accompanying budget for priority role development is still to be finalised and effective collaboration developed with NTCs and Scottish Access Collaborative • The Academy is being suggested by Scottish Government, Centre for Sustainable Delivery, territorial Boards to support new workforce developments – at	• Incomplete/low volume delivery of required priority educational programmes as the Academy gets underway. • Inability to suitably engage with core stakeholders (NHS Boards) due to COVID-19 related staff absence and surge capacity. • Altered priorities and requirements to change track, at short notice as a result of COVID and winter pressures, could impact volume of output. • The extended loan period of the NMAHP Head of Programme role supporting educational leadership within the NHS Academy will have impact on progression of core NMAHP objectives without access to	**Primary 1** **4 x 4**	**Primary 1** **4 x 4**	**Control (1)** Mutually agreed prioritisation of required education. **Control (2)** Strategic engagement with key partners regarding potential educational options to maximise flexibility for these urgent workforce needs **Action (1)** Confirmation from Workforce Directorate regarding priority allocation and funding. **Action Owner:** Karen Wilson **Action Due Date:** August 2021. **Complete** **Action (2)** Recruitment of Senior Educator to support NES NMAHP post registration acute workstream objectives. **Action Owner:** Fiona Fraser **Action Due Date:** July 2021. **Complete** **Action (3)** Funding from NHS Scotland Academy in lieu of ongoing work carried out by NES Head of Programme who will be in post until at least 31 December 2021 – this will aid flexibility of approach and support additional capacity for the programme. **Action Owner:** Karen Wilson **Action Due Date:** October 2021. **Complete** **Action (4**) On-going involvement with National Treatment Centres Programme, Unscheduled Care Programme, Centre for Sustainable Delivery and Winter Pressures System Response Group to increase awareness of priorities that will or may come to the Academy as requests/commissions. **Action Owner**: Karen Wilson **Action Due Date**: on going until March 2022. **Cont'd over/**	**OPEN** **(Score Range 10 – 12**

			pace and from different partners - to support winter planning	supplementary resource.				
19. (NEW)	**NES Clinical Directorates**	Reduced capacity to deliver NES core work due to Scottish Government vaccination programme support requirements **Risk Owner**: Karen Reid	Scottish Government urgent requirement for volunteer registered healthcare staff to support vaccination programme from 29/11/21 for three weeks	• Disruption/delay to core work programmes • Impaired ability to meet statutory obligations • Adverse impact on service delivery • Negative stakeholder perceptions	**Primary 2 4 x 3**	**Contingency 3 x 2**	**Control (1):** Liaison with Scottish Government sponsor team to manage expectations in relation to the potential impact across a broad programme of work, and to agree work programmes that can be suspended and who can be trained and released if required. **Control (2):** Non-essential work programmes from which staff can be released identified by Clinical Directorates.	
20. (NEW)	**ALL**	NES capacity to meet timescales for planned deliverables and programmes of work is compromised by the impact of the COVID pandemic **Risk Owner:** Karen Reid	• Revised priorities and requirements as a result of a surge in pandemic cases and winter pressures • Resource capacity constrained due to staff illness or requirement to support vaccination programme • Inability to maintain timely engagement with NHS Board stakeholders due to COVID related staff absence and surge capacity	• Reduced capacity to deliver • Delayed deliverables • Backlog of work • Operational plan targets missed/delayed • Potential negative effect on forward planning • Pressure to regain lost ground • Negative reputational impact	**Primary 1 4 x 4**	**Contingency 3 x 3**	• CEO representation on NHSS Chief Executives' Healthcare Planning Group enables day-to-day awareness of changing requirements • Strong links maintained with SG to minimise uncertainty and maintain awareness of current and emerging priorities • Management of stakeholder expectations in relation to capacity to deliver • Fortnightly EET meeting enables joint review of resource demands and decision-making on prioritisation of activities • Directorates contingency planning and arrangements for paused work	

Finance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
9.	**Finance**	Payment of NES staff and suppliers is delayed or incorrect **Risk Owner (Lead Director):** Jim Boyle	• Staff absence. • Requirement to work from home. **Cont'd over/**	• Data not available in time to meet payroll deadlines • Staff not available to approve business as usual processes for suppliers (Purchase orders/Goods received notes/ Invoice matching) resulting in payments issued incorrectly or not issued on a timely basis.	**Primary 2 4 x 3**	**House keeping 2 x 2**	**Control (1.1)** Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account. **Control (2.1)** All directorate staff have been provided with SWAN VPN access to support working from home and social distancing. **Control (2.2)** Suppliers have been requested to email invoices. **Control (2.4)** A member of staff is going into the office every two weeks to collect post and scan invoices. **Control (2.5)** Currently there are three members of staff able to complete each part of the payment process, so can provide reduced capacity with one staff member for a short period of time in each of these areas. **Control (2.6)** Procedure notes have been adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function.	**AVERSE** **(Score Range 1 -3)**

			• Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic	• Expenses not paid as the system needs to be accessed via the SWAN network • Loss of funds due to fraudulent payments not being recovered			**Control (2.7)** System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved. **Control (3):** A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible. **Control (4.1)** Fraud alerts are being circulated to relevant staff. **Control (4.2)** The same level of rigour to the controls is being applied before any supplier bank details are accepted and amended. **Control (4.3)** NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source **Control (5**) Payroll services across Scotland have developed system reports to identify leavers/additional hours worked to be used as a tool by individual payroll teams. We are working closely with NSS to ensure payments are correctly processed.	
10.	**Finance**	Unable to maintain financial governance / internal control mechanisms. **Risk Owner (Lead Director):** Jim Boyle	• Any interim governance arrangements in place do not enable appropriate oversight of the Financial position • Business as usual control mechanisms are ineffective. • Staff absence due to illness or redeployment	• Effective scrutiny and assurance will be compromised • Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements. • It is not possible to produce a set of annual accounts within agreed timescales which is a statutory requirement.	**Primary 2** **4 x 3**	**Contingency** **3 x 2**	**Control (1.1)** Any COVID specific contingency arrangements required to be put in place will ensure that financial reports are routed through the Audit & Risk Committee, or presented directly to the Board depending on the dates of the meetings. **Control (1.2)** Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement. **Control (1.3)** The regular Extended Executive Team meetings enable a focus on key operational issues including financial decision-making and review of the current financial position. **Control (1.4)** Standing Financial Instructions (SFIs) and desktop procedures have been reviewed and amended, where appropriate, to enable robust control measures in the current home working environment. Changes to the SFI's have been endorsed by the Audit & Risk Committee and approved by the Board. **Control (2.1)** We have robust reporting processes in place to capture the additional costs and savings resulting from the impact of COVID-19 on our operations. These arrangements have been reviewed by Internal Audit who reported that these controls reflect a strong governance structure. **Control (2.2)** NES staff attend all Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of monthly reporting and Annual Accounts. **Control (3.1)** We have established a revised approach to the field work required for the audit of the annual accounts with External Auditors which worked well for both the 2019-20 and 2020-21 audit and will be repeated for 2021-22 Accounts. **Control (3.2)** We have an agreed Annual Accounts process timetable which is based on completion of the accounts by the end of June. Progress against the timetable is monitored for early signs of potentials to delay the completion and audit of the accounts. **Control (3.3)** working with the External Auditors, we will take advantage of any SG-provided extension should it not be possible to complete the audit by the end of June.	**AVERSE** **(Score Range 1 -3)**

Reputational/Credibility Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
11.	**NES Clinical Directorates:** NMAHP	Unable to respond to demands and needs of the service	Uncertainty in health and social care during the recovery phase from COVID-19.	• Potential negative effect on forward planning and ability to respond to, as yet, unknown demands/workload and potential broader impact on the health and wellbeing of staff due to the uncertainty for staff over a prolonged period of time. • Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work.	**Contingency 3 x 3**	**Contingency 3 x 3**	**NMAHP: Ability to respond to service demands and needs** **Control (1)** Strong links with Scottish Government to minimise uncertainty. **Control (2)** Reviewing remobilisation plans from Boards/Regions to understand plans and priorities. **Control (3):** Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc. **Control (4)** Good communication internally and externally. **Control (5)** NMAHP have carried out a COVID-19 debrief process which will ensure learning is captured and informs flexibility, effectiveness and agility of response. **Control (6)** NES Health and Wellbeing work for staff to reduce effect of uncertainty. **Control (7)** Listening Service from Spiritual Care Service in NMAHP for staff. **Control (8)** Commissioning template developed to record details of new work from Scottish Government including priorities, outcomes, timescales, and associated funding.	**CAUTIOUS** **(Score Range 4 - 9)**
		Unable to respond to the needs of students to catch-up on placements missed due to COVID as the responsibility for placements rests with the Education provider. **Risk Owner (Lead Director)**: Karen Wilson	Unable to respond to the needs of students to catch-up on placements missed due to COVID as the responsibility for placements rests with the Education provider.	• SG have asked NES to take a leadership role working with education providers and placement providers to minimise the backlog of placements but this can only be a facilitation role as the Education providers, not NES, are directly responsible for the placements.			**Action (1)** On the 22 June 2020, Chief Nursing Officer Directorate commissioned NES to develop a detailed report setting out comprehensively the range of issues affecting placement provision for NMAHP students currently and future issues that will emerge in the new academic term 21/22. The report, entitled Provision of NMAHP Placements in the 2020-21 Academic Session, was submitted to Chief Nursing Officer Directorate on 17 July 2020. **Completed** **Action (2)** The Scottish Government requested NHS Education for Scotland's leadership, through a Rapid Action Placement Oversight Group (RAPOG), to facilitate discussions, support the building of relationships locally, regionally and nationally across Scotland, and co-ordinate a range of measures to manage placement issues from now and throughout the coming academic session at a minimum. RAPOG met monthly, pressure is significant on placements particularly AHP placements but actions are being progressed to maximise placements with placement providers and Council of Deans for Health Scotland. RAPOG was stood down in September 2021. **Action (3)** NMAHP are supporting alternative ways to provide practice learning experience, either through technology supported placements eg NearMe or through additional simulation in the HEI programmes to replace practice hours.	

12. .	**NES Technology**	(ii)Vaccination Programmes **Risk Owner (Lead Director):** Christopher Wroath	• The current Vaccination programmes require multiple stakeholders to agree and implement a solution. NES Technology Service involved in developing different aspects of the enabling technology to support this programme.	• Wider challenges in respect of this high-profile vaccination programmes may adversely impact the reputation of NES, given NES's role in supporting the technology.	**Primary 1 4 x 4**	**Primary 1 4 x 4**	**Action (1)** Ensure clear communication about the contribution which NES is making and the elements which are completely within our control. **Control (1)** NES engagement of SG Vaccination programme at Silver Command and via multiple operational level forums to lead understanding of programme outcomes and delivery roles. **Control (2)** Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme. **Control (3)** Delivery by NES digital group on time and to spec of first-cut architecture to meet go live in early December 2020 - **Achieved**.	**CAUTIOUS** **(Score Range 4 - 9)**
18.	**NES Clinical Directorates**	Failure to meet health and safety obligations for trainees in NES employment **Risk Owner**: Karen Reid	• Pressures in the healthcare system, as boards continue to respond to the pandemic, impact on the workload of trainees, the time available to study, training and progression.	• Excessive and sustained workload demands and career development anxieties adversely impact trainees physical and mental health and well-being • Stakeholders' perception of NES duty of care responsibility negatively impacted • Legal and reputational risk.	**Primary 2 3 x 4**	**Contingency 3 x 2**	**Control (1)** Directorates' ongoing monitoring of trainee health and well-being **Control (2)** Careful monitoring of trainee sickness with concerns followed up and documented timeously **Control (3)** Workload concerns raised with directorates followed up and documented timeously **Control (4)** Professional support and guidance provided to trainees through existing BAU channels	**CAUTIOUS** **(Score Range 4 - 9)**

Accountability/Governance Risks over/

Accountability/Governance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
13.	**Planning and Corporate Resources**	Ability and Capacity to meet Board Governance Standards **Risk Owner (Lead Director)**: Donald Cameron	• The governance arrangements in place to respond to the different phases of the COVID-19 pandemic may fail to provide sufficient oversight of the emerging priorities and the on-going business of the Board and strategic decision making, effective scrutiny and assurance will be compromised. • The Chief Executive and the Executive Team come under increasing pressure to meet reporting requirements when they are required to manage the NES response to the public health emergency. • Meetings held without key stakeholders and public involvement.	• NES as an organisation fails to meet some governance standards **Cont'd over/**	**Contingency 4 x 2**	**House-keeping 2 x 2**	**Control (1)**. The Board remain prepared to implement 'Governance Light' arrangements if and when required in accordance with interim governance arrangements, agreed with the Board, which were previously implemented in three phases: • Phase one: 'Gold Command' and 'Core Board Governance' 26 March 2020 – 27 August 2020 • Phase two: 'Development of Board Governance: COVID-19 lessons Learnt and Remobilisation' 27 August 2020 – 5 January 2021 • Phase three: 'Governance Light' 5 January – 31 March 2021. **Control (2)** The NES Executive Team met formally every two weeks during COVID-phase one governance and subsequently reverted to meeting every four weeks. This arrangement has now been further developed to focus on regular meetings of the Extended Executive Team (EET) for decision making enacted through the **COVID-19: NES Contingency Plan** which includes the EET meeting regularly (depending on the stage of the pandemic) and NES Internal Coordinating Group: COVID–19 (always on-call and incorporating 2 weekly meetings of People and Facilities Recovery groups and a Steering Group) using MS Teams for communication, incident management. Strategic decision making - all recorded and reported. **Control (3)** Over the COVID-19 Governance period we have prepared NES Re-Mobilisation plans for the approval of the Board. The 2020-21 AOP went through the 23 March 2020 Board and was subsequently paused as per SG direction, the 30 July 2020 Board approved RMP2 and 11 February 2021 Board approved the RMP3 for submission to Scottish Government for their comment and approval. We reported all phases of COVID-19 governance arrangements to Scottish Government. In January 2021 we defined and agreed our approach to 'Governance Light' with the Board and remain prepared to implement this approach if and when required. RMP4 was submitted to the Scottish Government at the end of September 2021 and preparation of the 2022-25 Delivery Plan is underway. **Action (1)** Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate. Action Owners: Della Thomas and Donald Cameron **10/12/21 Update**: New arrangements for NES Board standing committees and management groups based on best practice from wave 1 of COVID-19 are now well established and being kept under review for further improvement. In addition, and in response to the appearance of the Omicron variant in December 2021, we remain prepared to implement a 'Governance Light' approach if required.	**AVERSE** **Score Range (1 – 3)**

14.	**Planning and Corporate Resources**	Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space **Risk Owner (Lead Director):** Donald Cameron	• NES will be unable to provide training, mee ting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world.	• Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised.	**Primary 1** **4 x 5**	**House-keeping** **2 x 3**	**Control (1)** The ability to work remotely using cloud-based systems and communications technology is already in place. **Control (2)** The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely. **Control (3)** The development of 'remote friendly' workstyles supported by a new 'cloud based' facilities management system to manage site capacity safely in line with ever changing national guidance for 'non-clinical' NHS sites. **Action (1)** Maintain all NES property transactions 'on hold' and put in place a short-term extension to the Phase 1 lease at CfHS to coincide with the Phase 2 lease expiry. This is to give us time to consider post-COVID property requirements and ensure our total property needs in Inverness are considered together when it becomes clearer (post COVID-19**).** Action Owner: Nicola Todd **10/12/21 Update**: The Phase 1 lease has now been extended (with full NES Board and SG approval) until the Phase 2 lease expiry in 2023. Property use during COVID is being monitored through the new 'Booker' facilities management system. Current data shows no space pressure and data will be collected once SG guidance changes from WfH (if you can) and remote friendly working has been fully implemented and in operation for 100 days. This will help indicate what changes are required to NES sites e.g. if more training space and less desk space is required when existing leases start to expire in 2023. **Action (2)** Compile common standards for all NES sites in line with post COVID-19 national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical so that NES sites are prepared and signed off as COVID-19 secure in line with a Facilities Recovery Plan. **Action Owner**: various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side. **10/12/21 Update**: National NES 'Safe Office Working' guidance has been developed based on SG guidance along with local site guidance for those currently working in NES sites. This will be more formally rolled out when our new 'Remote Friendly' workstyles are launched (when SG WfH message changes). All NES sites are being maintained as COVID-19 secure in line with available national guidance.	**AVERSE** **(Score Range 1 – 3)**

Accountability/Governance Risks cont'd over/

Accountability/Governance Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
15.	**Workforce Directorate**	The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing **Risk Owner (Lead Director):** Tracey Ashworth-Davies	• Sustained home working as result of COVID-19 pandemic mitigation measures	• Staff feel disconnected and/or isolated from organisation and workplace. • Health and safety issues as a result of lack of suitable equipment/space or ergonomic workstation set-up.	**Primary 2 4 x 3**	**Contingency 3 x 2**	**Control (1.1)** Regular communications from the Chief Executive are posted on the intranet. Regular corporate communications issued to all NES staff and a series of FAQs developed. **Control (1.2)** Guidance issued to managers on the importance of keeping touch and regular virtual team and individual check-ins. Strong partnership links have been maintained to inform these communications. **Control (1.3**) Management matters e-newsletters issued regularly to support managers to mitigate staff health and well-being challenges. **Control (1.4)** Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn. **Control (1.5)** The NES Healthy Working Lives Strategy Group promotes a focus on health and wellbeing in the current context. **Control (1.6)** People Recovery Group in place to manage people risk and have implemented various staff engagement and wellbeing measures e.g. parent and carer groups, diversity networks, line manager webinars and Spaces for Listening. **Control (1.7)** Trickle App launched to encourage communication, ideas, and a means of dynamically monitoring staff concerns. **Control (2.1)** The Executive Team, through the Internal Coordinating Group, are supportive of staff health and wellbeing, and implementing reasonable adjustments in the home working environment, by taking steps to provide staff with the required or appropriate computing equipment, other elements of digital infrastructure (phones, access, etc) and also making available for their home workstations, customised chairs or other equipment previously purchased for them. Update of homeworking policy underway to take account of the current context. **Control (2.2)** Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support. **Control (2.3)** Agile Working Health and Safety module available as part of staff essential learning. **Control (2.4)** The majority of NES staff are working from home. All NES sites remain accessible for essential staff and those with extenuating circumstances who have the option to work in the office as their key workplace subject to completed risk assessments and return to the workplace approvals from their line manager and HR.	**AVERSE** **Score Range (1 – 3)**
16.	**Workforce Directorate**	Failure to comply with legislative and statutory requirements **Risk Owner (Lead Director):** Tracey Ashworth-Davies	• Failure to comply with legislative and statutory requirements these include employment legislation, Equality & Diversity legislation and Health & Safety reporting.	• NES staff placed in danger due to NES failure to comply with and fulfil health and safety obligations. • Employment Tribunal claims where NES has failed to fulfil employment obligations or is found to have discriminated against an employee. **Cont'd over/**	**Primary 2 4 x 3**	**Contingency 3 x 3**	**Control (1)** Ensuring robust health and safety arrangements are in place for all NES employees, including those who work in placement organisations. **Control (2)** Continued access to sufficient HR expertise to support Directorates in any employee relations cases. **Control (3)** Maintenance of data across systems including eESS, SSTS and Turas to inform reporting and performance dashboard. **Control (4**) Ensuring compliance with Staff Governance Standard for NES employees across all settings: Well Informed: via regular Corporate, Directorate and line manager led communications, including Hub and intranet sites. Appropriately trained and developed: ensuring induction, essential learning and development activity continues to be managed through usual processes including PDP&R activity. Updating materials to reflect new working arrangements.	**AVERSE** **Score Range (1 – 3)**

16. **Cont 'd)**	**Workforce Directorate**	Failure to comply with legislative and statutory requirements. **Risk Owner (Lead Director):** Tracey Ashworth-Davies		• Inadequate staff governance and reporting. • Failure to deliver the Directorate's operational plan.	**Primary 2 4 x 3**	**Contingency 3 x 3**	Involved in decisions which affect them: continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Mechanisms to gather feedback from staff on impact of Covid19 on work life. Dignity and respect: promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues. Health, safety and wellbeing: updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Group Campaigns. **Control (5**) Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2025 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year. **Control (6**) Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.	**AVERSE** **(Score Range 1 - 3)**

Closed Risks - Summary

Risk No.	Directorate	Risk Title	Inherent Priority I x L	Residual Priority I x L	Risk Category	Closure Details	Date Closed
16	NMAHP/ Workforce	Students employed by NES, deployed to non-NHS placement such as care homes, where the rate of COVID-19 is higher than the general population. **Risk Owner (Lead Director):** Karen Wilson/Tracey Ashworth-Davies	**Primary 1 5 x 4**	**Primary 2 3 x 4**	**Accountability/ Governance**	4/02/21 Update (Audrey McColl) - All outstanding additional hours payments have now been made. It was recommended that this risk is now closed.	12/2/21
7	Workforce	Failure to Recruit NES Staff and Trainees: • Failure to Recruit Staff through the COVID-19 Accelerated Recruitment Portal (CARP) **Risk Owner (Lead Director):** Tracey Ashworth-Davies	**Primary 1 5 x 4**	**Primary 2 3 x 4**	**Operational/ Service Delivery**	Following discussion at the Audit and Risk Committee on 28 January 2021 it was agreed appropriate to close the COVID-19 Accelerated Recruitment Portal element of risk 7.	12/2/21
2	NES Clinical Directorates: Pharmacy	Interruption/delay/adverse impact to training programme delivery including Scottish Government mandated training: • Pharmacy: Potential workforce issues due to alternative recruitment arrangements required for 2021/22 PRPS (Pre-registration Pharmacist Scheme) Owner: Anne Watson	**Primary 1 4 x 4**	**Contingency 3 x 3**	**Operational/ Service Delivery**	24/2/21 Update (Anne Watson) - This element of risk 2 now closed - alternative recruitment model has been successfully implemented.	24/2/21
12	Workforce/ Digital/Finance	(i) COVID-19 Accelerated Recruitment Portal • The development of the Portal was at the request of Scottish Government and required to be available in a week. The residual risk relates to NES role and contribution via CARP, incorrectly represented in Scottish Government communications to NHS Boards **Risk Owner (Lead Directors):** Tracey Ashworth- Davies/Christopher Wroath/ Janice Sinclair/Karen Wilson			**Reputational/ Credibility**	It was agreed at EET Business Meeting on 12/1/22 that this element of risk 12 should be closed since the CARP service is no longer in operation.	

NHS Education for Scotland **NES/22/08**
Item 10b
10 February 2022

Board Paper

1. Title of Paper

Quarter 3 Financial Report.

2. Author(s) of Paper

Jim Boyle, Director of Finance
Paula Tovey, Head of Finance
Janice Sinclair, Deputy Director of Finance

3. Purpose of Paper

The purpose of this paper is to:

a) present the financial results for the first nine months of the year to 31st December and to report the current forecast outturn as at 31st March 2022 which reflects a projected core (excl. COVID-19) underspend of £781k (split £341k Medical Training Grades and £440k Rest of NES);

b) present a summary of the measures being considered to utilise the underspend; and

c) provide a summary of the current funding position.

4. Background

Funding

4.1 The NES annual budget was approved by the Board in March 2021. At that time the NES recurring baseline was expected to be £482m. The plan included the carry-forward of £0.5m to 2022/23 (0.1% of the baseline), approved by Scottish Government, in respect of the investment anticipated for TEL.

4.2 In 2018/19 NES agreed to contribute £2.5m to the National Boards Savings target of £15m. However, the overall target was not met, and SG removed a further £1.5m from the NES Baseline. Scottish Government (SG) have since confirmed that the £1.5m will be available to NES on a recurring basis from 2022/23.

4.3 In the December allocation letter, it was confirmed that NES would receive the £844k underspend from 2020-21 and this is now included within the budget reported. The return of the underspend to NES this financial year had not been anticipated when developing the 2021-22 plans.

4.4 After the Financial Plan was agreed, the business case for the NHS Scotland Academy (NHSSA) was approved by SG. The Academy is jointly governed by

NHS Education for Scotland and NHS Golden Jubilee. To date NES has built in an anticipated allocation of £233k based on current expenditure forecasts. Work is ongoing to establish a forward work plan so that we can build a budget within the operational plan for 2022-23.

As shown in Table 1 below, we are now reflecting recurring allocations of £482.8m and £91.2m in Non-recurring and Earmarked allocations giving a total budget of £574m.

Table 1: Total Anticipated Revenue Funding as at 31st December

Area	Recurrent £000's	Earmarked £000's	Non Recurrent £000's	Total £000's	Total split by: Received £000's	Outstanding £000's
Original budget	**481,814**	**0**	**0**	**481,814**	**480,314**	**1,500**
National Boards	0	0	(1,500)	(1,500)	0	(1,500)
TEL Carried Forward	0	0	(500)	(500)	0	(500)
COVID-19 - main allocation	0	0	1,765	1,765	1,765	0
COVID-19 - Specific Allocations	0	0	3,291	3,291	322	2,969
Sci Diabetes	(854)	0	803	(51)	0	(51)
Other	1,861	21,645	65,688	89,194	52,494	36,697
Total in-Year allocations	**1,007**	**21,645**	**69,547**	**92,199**	**54,581**	**37,615**
Total Revenue Allocation	**482,821**	**21,645**	**69,547**	**574,013**	**534,895**	**39,115**
		91,192				

4.5 As at the end of December, we have received £535m, leaving a balance of £39m outstanding. These allocations are built into the NES budget as reported within Table 3 and further details can be found in Appendix 1, Table A1.

4.6 As part of the month-end reporting process, we analyse the Revenue Resource Limit (RRL) allocation against different headings, these include the revenue to capital transfer and specific covid related spend:

Table 2: Budget Analysis

Funding Table reconciliation	£000s
RRL per funding summary (Table 1)	574,013
Specific covid allocation (Table A7)	(3,291)
Revenue to Capital Transfer	(40)
RRL for Outturn tables (Table 2)	**570,682**

4.7 Following discussions with SG over the last 2 months, we have agreed to remove £5m from our anticipated allocations to reflect that the associated outcomes are no longer required this year. The significant funding streams affected are:

- Psychology £1,936k – the timing of SG confirmation of funding led to requirements to adjust plans and reduce activity and so it was agreed with SG that less funding would be drawn down for programmes such as the

Enhanced Practice Programme and Educational Infrastructure workstreams.

- NDS £758k - It has been agreed with SG that less funding will be drawn down, as recruitment has continued to pose a challenge, with the pandemic increasing demand for digital solutions across all service sectors.

- NDS Specific covid funding £478k – There were delays in the work undertaken to support the care sector as discussions were ongoing with SG regarding direction of work and what was required.

4.8 During July we were notified by SG that the allocation for SCI Diabetes of £0.8m was to be non-recurring. This was originally agreed as recurring and after discussions with SG, we have agreement that this will be recurring next year.

4.9 Work continues with SG colleagues on non-recurring allocations circa £300k, including £233k for the NHSSA. Once outcomes and funding are agreed they will be incorporated into the budget. NES has incurred a small additional £35k expenditure against the remaining allocations, which is impacting on the outturn position reported.

4.10 In recent years there has been a recurrent funding gap on the Medical Training Grades budget and agreement has been secured for this to be underwritten by SG. For this financial year the same funding assurance has been given

COVID-19 funding

4.11 The COVID-19 funding allocations notified to date total £5m, but we expect the actual requirement to change as we move closer to the year end. Since August we have recognised further costs of £0.3m in relation to the additional shadowing week introduced to support the Induction of Medical Foundation Year Trainees. The anticipated COVID costs are now £6.5m, with anticipated savings of £3.4m, giving a net requirement of £3.1m.

4.12 We will continue to work with colleagues in SG to ensure that the appropriate level of funding for net COVID-19 costs is received. Further detail of the COVID implications can be found in Appendix 3.

5. Assessment/Key Issues or Strategic Risks

Forecast Outturn

5.1 As shown in Table 3 below, the Year to Date (YTD) financial position for all of NES as at the end of December reflects an overall underspend of £2.4m being: £0.7m in respect of Medical Training Grades Salary costs (MTGS); and £1.7m underspend across the rest of NES.

Table 3: Corporate Summary Financial Position – Core (inc general covid)

Period 9	Core (excluding specific COVID)					
	Year to Date			Full Year		
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG Salaries	216,097	215,396	**701**	288,445	288,104	**341**
NES	194,800	193,111	**1,689**	282,237	281,808	**429**
TOTAL NES	**410,897**	**408,507**	**2,390**	**570,682**	**569,912**	**770**
Adjustments						**11**
Forecast Year end and Total NES	**410,897**	**408,507**	**2,390**	**570,682**	**569,912**	**781**

5.2 The Full Year forecast reflects an anticipated underspend of £781k. We have included other budget adjustments of £222k in respect of NDS funding no longer required for its specific purpose and anticipating £233k of funding for the NHS Scotland Academy), which combine to have a net impact of adding £11k. The above figures include forecast costs for £870k of bids to utilise underspend which were approved in December. (See Section 5.11 below).

5.3 The movement between the £2.3m YTD underspend and the full year forecast outturn is due to the budget phasing, mostly related to delays caused by COVID-19 and allocations which have been identified as being returned to SG.

5.4 Table A2 in Appendix 2 provides an analysis by Directorate of the forecast outturn and variances against budget, including the variance movement recognised in December. The most significant movements are:

- £370k reduction in forecast costs in Medical Training Grade Salaries, which changed the forecast from an overspend of £29k to an underspend of £341k. The majority of the movement is made up from a reduction in the number of filled training posts across both general practice and hospital posts. More information is provided in Appendix 2 section 3 .

- £100k movement in workforce partly due to a budget correction of £28k along with delays to filling posts and the pausing of projects such as Project LIFT.

- £336k reduction in previously approved bids that are no longer required

5.5 Medical Training Grade salary (MTGS) costs are showing a Full-Year (FY) core forecast underspend of £341k. (see Table 2 above). This represents a reduction in net costs of £370k over the month. (See appendix 2 for details)

5.6 Due to the volatility of the cost drivers influencing MTGS costs which are not in NES' control, the in-year impact of the historic recurrent gap in MTGS will move throughout the year and there is a possibility that the gap will change again.

5.7 We will continue to update the Scottish Government on a regular basis with respect to funding requirements however it was agreed that if a drawdown is required, it will be confirmed at year-end and that the SG will cover any emerging funding gap. See Appendix 2, Table A7

Underspend Utilisation

5.8 As previously noted, we have introduced a process for utilising the underspend in the form of approving bids submitted by directorates. Depending on the nature of the bids, they will be approved by the Director of Finance (DoF) or by the Extended Executive Team (EET). All bids must align to our strategic objectives and deliver Value for Money. The EET are provided with a summary of the bids approved by the DoF and detailed bids where their approval is sought e.g., those which have an impact beyond a single directorate. The bids received and approved are summarised by directorate below in Table 4.

5.9 As at period 8, bids totalling £1.27m have been approved using virement rules and seeking EET approval where appropriate.

5.10 We are currently in discussion with colleagues to scope purchases of Ophthalmic and IT equipment which could be funded from the underspends. Where delivery times indicate that these will not be received by 31st March 2022, we shall discuss options with SG for carry-forward into 2022-23. We shall continue dialogue with all directorates to identify any additional new bids.

5.11 Bids approved, prior to period 8, valued at £336k, were identified as no longer being required for a number of reasons, such as being funded from elsewhere, costing less than first budgeted, withdrawn, or due to changes in delivery plans being arranged. This has contributed to the movement in the forecast underspend over the last month.

Table 4: Bids approved as at period 8

Period 8	Submissions Received		No longer required Required		3 Yr Contract - Rejected	Approved up to Period 7		Approved in Period 8	
Directorate	**Revenue**	**Capital**	**Revenue**	**Capital**	**Revenue**	**Revenue**	**Capital**	**Revenue**	**Capital**
	£s	**£s**	**£s**	**£s**	**£s**	**£s**	**£s**	**£s**	**£s**
Digital	277,335	-	20,000	-	19,380	137,955	-	100,000	-
Medicine PD	238,180	82,940	93,180	-		-	82,940	145,000	-
Medicine QM	100,000	-	-	-		10,000	-	90,000	-
Medicine TPM	146,023	-	79,800	-		66,223	-	-	-
Medicine Pharmacy	174,500	-	174,500	-		-	-	-	-
WF	294,397	-	117,701	-		106,696	-	-	-
Optometry	-	348,000	-			-	-	-	348,000
Dental	186,770	-	-			-	-	186,770	-
Total	**1,417,205**	**430,940**	**485,181**	**-**	**19,380**	**320,874**	**82,940**	**521,770**	**348,000**
					504,561		**403,814**		**869,770**
Bids - Time Restricted	**(504,561)**	**0**							
Bids approved up to P7	**320,874**	**82,940**							
Bids approved P8	**521,770**	**348,000**							
Total requested		**869,770**							

Strategic Risks

5.12 The outturn position is reliant on a number of factors, some of which could significantly impact the bottom-line position, table 5 below summarises the current risks, which are detailed below:

Table 5: Risk Summary

Description	Quantification	Status
Medical & Dental Training Grades: Trainee turnover increases, causing in-year underspends	£341-450k	**High**
NES deliverables affected by covid front line duties	Not yet quantified	**Low**
Fixed term contract accrual is significantly different to 2020/21	Not yet quantified	**Medium**
Vacancy Lag - more or less than forecast	Will be quantified in period 10	**Medium**
Annual leave buy back cost	Not yet quantified	**Medium**

5.13 In future years there is a risk around Medical Training Grades Salaries that pressure will build to fill more of the part time posts. This would reduce our ability to recycle the funding to address the current underlying pressures and could increase costs in the range of £8m to £18m over the course of the coming years. Depending on the outcome of the February intake and placement rotations, the outturn for the remainder of the 2021/22 financial year could still fluctuate from the £341k included in this report.

5.14 The provisions figure holds aside an amount to cover the potential implications of redundancy costs which would be due at the end of a fixed term contract. This

figure is an annual calculation based on the staff in post as at the 31st March. Any fluctuation from the 2020-21 closing figure will impact on the final outturn. We are currently reviewing all staff on FTCs to estimate the impact on the year-end position.

5.15 SG circular DL(2021)35 was issued in November, and introduced a new annual leave buy-back provision to allow NHS Staff to request payment for untaken annual leave. The impact will not be known until April 2022, following the HR process to collect the data required. We shall liaise with colleagues in SG Health Finance as soon as possible to seek assurances that if the costs cannot be covered in NES, additional funding will be made available through COVID implications funding.

6. Recommendation for Decision

The Board is invited to:

- note the financial results for the first nine months of the year to 31st December 2021; and
- note the anticipated costs of the NES response to the COVID-19 pandemic; and

---

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/PT/JS
February 2022
NES

APPENDIX 1: ANTICIPATED FUNDING

1 The table below sets out the total funding anticipated for the year and then identifies how much has been received to date, £39m remains outstanding as of the date of this report.

Table A1: Total Anticipated Revenue Funding

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by: Received	Outstanding
	£000s	£000s	£000s	£000s	£000s	£000s
Baseline budget	461,740			461,740	461,740	0
National Boards	1,500	0	0	1,500	0	1,500
Training grades	3,000			3,000	3,000	0
Project lift	383			383	383	0
PD post	45			45	45	0
Data Group	250			250	250	0
Sci Diabetes	854			854	854	0
Pay inflation above 1%	7,116			7,116	7,116	0
Inflation @1.5% baseline uplift	6,926	0	0	6,926	6,926	0
Original budget	**481,814**	**0**	**0**	**481,814**	**480,314**	**1,500**
National Boards - Return non-recurrently	0	0	(1,500)	(1,500)	0	(1,500)
TEL Carried Forward	0	0	(500)	(500)	0	(500)
COVID Main	0	0	1,765	1,765	1,765	0
COVID Dental	0	0	795	795	0	795
COVID Care	0	0	419	419	0	419
COVID Vax	0	0	1,755	1,755	0	1,755
COVID Medical	0	0	322	322	322	0
NDS SCI Diabetes	(854)	0	803	(51)	0	(51)
NDS	0	0	3,897	3,897	3,269	627
Aberdeen Dental School	0	0	3,068	3,068	3,068	0
Dental Overseas levy	0	0	0	0	0	0
Medical Training Grade Expansions	1,169	13,654	363	15,186	15,186	0
ACT additional funding	0	0	11,019	11,019	3,000	8,019
MEP funding gap	0	0	9,103	9,103	0	9,103
IST & IMT Funding	0	0	1,039	1,039	0	1,039
Medical Study Leave	0	1,000	0	1,000	1,000	0
Medical Training Grades Salary Funding Gap	0	0	0	0	0	0
Primary Care Fund National Boards	0	0	7,236	7,236	7,236	0
Psychology CAMHS and PT	0	0	14,646	14,646	0	14,646
Psychology Mental Health	0	0	2,521	2,521	1,025	1,496
Pharmacy AEIPC and GMS	0	0	1,214	1,214	1,166	48
Pharmacy PRPS	0	6,096	1,009	7,105	7,105	0
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	4,240	4,240	4,254	(15)
BSc Paramedic Programme	0	0	361	361	361	0
Depreciation	0	0	0	0	0	0
WF Tech enable workforce	0	0	582	582	0	582
Provisions Afc balance	483	0	0	483	483	0
Digital funding NDS Tie in?	0	0	650	650	650	0
Digital funding PharmPress	0	325	0	325	325	0
Provisions 2020-21 Surplus Brought Forward	0	0	844	844	844	0
Other allocations (under £300k)	209	570	3,896	4,674	3,522	1,152
Total in-Year allocations	**1,007**	**21,645**	**69,547**	**92,198**	**54,581**	**37,615**
Total Revenue Allocation	**482,821**	**21,645**	**69,547**	**574,013**	**534,895**	**39,115**

APPENDIX 2: DIRECTORATE CORE (NON-COVID) ANALYSIS

1 Table A2 below details the full financial position of NES (excluding MTGS) by Directorate. Where the full year forecast variance is significant for core (non- COVID-19) related budgets, YTD and Full Year forecasts are explained at a directorate level below.

Table A2: Information by Directorate: CORE (Non- COVID) Variance Excluding Medical Training Grade Salaries

Period 9	Core (excluding General and Specific COVID)						
	Year to Date			Full Year			
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance	Core Movement from P8
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Quality Management	68,225	68,235	(10)	98,211	98,217	(6)	(7)
Strategic Planning and Directorate Support	4,789	4,770	19	6,331	6,410	(79)	22
Training Programme Management Excl Training Grades	14,295	13,836	459	20,541	20,565	(24)	(128)
Professional Development	5,086	4,905	181	7,946	7,962	(16)	(38)
Pharmacy	8,409	8,395	14	14,592	14,585	7	2
Medical Total	**100,804**	**100,141**	**663**	**147,621**	**147,739**	**(118)**	**(149)**
Digital	8,847	8,947	(100)	12,226	12,251	(25)	41
NDS	3,363	3,215	148	4,915	4,693	222	23
NES Technology Services	**12,210**	**12,162**	**48**	**17,141**	**16,944**	**197**	**64**
Dental	35,209	35,054	155	46,927	46,674	253	15
NMAHP	8,487	8,496	(9)	15,580	15,501	79	0
Psychology	22,037	21,691	346	29,870	29,619	251	25
Healthcare Sciences	2,713	2,728	(15)	3,634	3,641	(7)	0
Optometry	945	895	50	1,325	1,299	26	(10)
Workforce	4,430	4,369	61	6,676	6,627	49	100
Finance	2,012	2,012	0	2,754	2,774	(20)	(5)
Planning & Corporate Resources	4,554	4,479	75	6,082	6,051	31	16
NHS Scotland Academy	0	92	(92)	0	233	(233)	42
Net Provisions	1,399	992	407	4,627	4,706	(79)	(456)
NES Total (exc MTG)	**194,800**	**193,111**	**1,689**	**282,237**	**281,808**	**429**	**(358)**
Adjustments -NHSSA						233	233
Adjustments -NDS						(222)	(222)
Forecast Year end and Total NES	**194,800**	**193,111**	**1,689**	**282,237**	**281,808**	**440**	**(347)**

2 Period 9 Summary

2.1 The core forecast full year outturn as at period 9 shows an underspend of £440k. The forecast underspend has increased from period 8 as described in 5.4 above.

2.2 The reduction of £222k for NDS funding relates to the Eyecare product which although it is underspent, deliverables as per the business case and the product will be completed in 2022/23. The adjustment of £233k for the NHSSA is to reduce the overspend as we fully expect to receive an allocation for the full amount in the final allocation letter. These adjustments have been made to get to the true forecast underspend before the approval of any further bids.

Analysis by Directorate

Quality Management

2.3 The Medical ACT (Additional costs of Teaching) budget sits within Medical Quality and whilst the directorate is not forecasting a significant variance against the budget at this moment, there is an emerging risk that Boards will not be able to spend all of the allocations received to date which could result in a potential underspend between £2 million and £2.5million,

2.4 Additional funding has been received from SG to reflect the increase in Medical undergraduate numbers – see Table A3 below. Against a total of £8.5m available to boards, £6.5m has been approved for spend on projects to support Medical Undergraduate students. An additional £960k of bids are still under review, leaving £1m yet to be allocated to the boards.

Table A3: ACT bids summary

Medical ACT funding summary	Status	
Funding per letter	Recurrent	£87,895,411
20/21 add intake (100 places)	Non recurrent	£1,950,000
21/22 add 65 Widening access and deferral places	Recurrent	£845,000
21/22 add 100 places	Recurrent	£1,300,000
21/22 add 15 places	Non recurrent	£195,000
Total allocated todate		£92,185,411
Funding requiring bids		£8,495,258
Bids approved to date		£6,536,156
Funding requiring bids		**£1,959,102**
Unapproved bids received Dec21/Jan22		£960,571
Remaining Funding		**£998,531**

2.5 In addition to the £1m, we anticipate in year slippage to be between £1m- £1.5m against approved bids due to delays on projects and part year recruitment.

2.6 We are currently in discussion with colleagues at SG to manage this position at the year-end.

Training Programme Management (TPM)

2.7 The £459k year to date underspend is driven by phasing of budget against spend on Study Leave amounting to £258k and IMT courses happening in later months £86k. The remaining £116k is mainly two vacant Scottish Clinical Research Excellence Development Scheme (SCREDS) Fellows posts and NES posts appointed below budget.

2.8 This moves to a full year forecast to a £24k overspend. This is mainly from overspends on GP Trainer grants for a higher number of remedial trainees and study leave bids approved to help with support training and progression, partly offset by underspend on Fellows, Scottish Clinical Research Excellence

Development Scheme (SCREDS) vacancies, £36k underspend on NES staff pay from appointments below budget and reduced marketing costs for recruitment.

2.9 Additional funding was provided by SG to support study leave and in particular to enable trainees to gain competences that have not been possible during the pandemic. Applications were invited from placement Boards on how they could support this and following a panel review of all bids received, £1.4m has been approved for items such as simulation equipment and additional courses.

Digital

2.10 The full year position is an overspend of £25k. This overspend is driven by Azure hosting costs of £201k, and costs of a workforce planning contractor of £43k. A decision was made to not draw down this funding from SG as underspends in other areas will be offset against this. These overspends are offset by savings of £182k driven by suppliers no longer charging VAT on Knowledge Management & Discovery (KMD) database subscriptions (£127k).

2.11 The previous risks around underspends in the Vaccination and Care Management programme have been mitigated by reducing the amount of funding to be drawn down from SG, although staff changes in the year may impact on this.

2.12 There is a risk of the graphic design recharge to other directorates being less than budgeted. Annual budget is £165k with income to date of £90k, leaving a forecast of £75k for final quarter. Looking back on past trends the recharge does tend to increase during the final quarter of the year.

NDS

2.13 The full year position is an underspend of £222k and relates to the delivery of Eyecare products with payroll savings of £161k and savings of £61k in the outsourcing of work to ToukanLabs TKL. It is expected that this funding will be handed back to SG, but at this time it has not been confirmed. The revised costs out-turn for Eyecare assumes £184k will be spent with third party TKL before 31st March. There is a risk based on previous years that this amount will not all be spent but there has been robust discussion and challenge and the amount is believed to be an accurate forecast. Although there has been less resource working on Eyecare, the delivery expectations have been managed and met. Eyecare will be completed in 2022/23.

2.14 In January we agreed with SG to draw down £757k less for non-Covid work in 2021-22 than had previously been agreed. Recruitment has continued to pose a challenge with the pandemic increasing demand for digital solutions across all service sectors. This has impacted on the number of deliverables that NES Technology Service (NTS) have been able to produce but not on agreed commitments. No targets have been missed but delivery is not at the level anticipated. All targets or requirements from SG Covid-19 response have been met. However, this means work on the National Digital Platform has not progressed as wished. NTS have been proactive in discussions with NES Workforce to streamline the recruitment process for the Digital specialist posts.

Dental

2.15 The full year forecast is an underspend of £253k. There is a training grades underspend of £256k from 4 fewer core & specialty trainees and 9 fewer therapist vocational trainees over the period April-November. The core & specialty forecast includes 5 months-worth of assumed early leavers and late starters to reflect the current recruitment difficulties. Quarter 3 has continued to see appointed trainees leaving for posts in service.

2.16 There are several factors impacting on recruitment. A significant number of starters would normally come from dental vocational training. This training has been extended by 1 year meaning there was no output in August 2021 available to recruit into the September 2021 dental core training. A number of trainees have opted for the job security of accepting permanent posts in service rather than waiting until the end of training. Some of the late withdrawals may be a result of a reduced number of eligible “home” applicants combined with the national recruitment process leading to an unusually high number of applicants accepting Scottish training posts, where it was not their priority location.

2.17 There are currently significant movements in uptake of training slots in Core & Specialty recruitment for the September cohort. Of the 68 core trainee posts filled by named trainees, we are still experiencing a degree of trainee turnover, re-opening the posts for recruitment. A degree of volatility is expected during Quarter 4 while remaining recruitments are pursued,

Psychology

2.18 The full year underspend is forecast to be £251k. This comprises a £133k underspend within staff costs across all areas, £72k of Trainee costs savings due to 8 less master’s students taking places than budgeted, a £23k underspend within Central Psychology and £23k of underspends across all other areas.

2.19 Discussions had been ongoing around the level of funding which could be utilised this year, resulting is a significant hand back to SG of £1.9m. This did not affect the bottom-line position, as we had anticipated this when discussions commenced.

Workforce

2.20 We are currently forecasting a £49k underspend for workforce, this is a movement of £100k since November. The movement is partly due to a budget correction of £28k, and more posts are currently vacant than expected.

2.21 These recruitment delays have also impacted the start of the Digitally Enabled Workforce programme, but SG have agreed to reduce the funding in 2021-22 and reprofile the balance into next year to allow the work to be completed.

2.22 Colleagues in the directorate are currently looking at options to utilise the underspend such as funding educational opportunities for NES staff and expect to provide details shortly.

NHS Scotland Academy (NHSSA)

2.23 The costs associated with NHSSA show the full year forecast spend of £233K, a slight reduction on the £275k previously reported. We fully expect to get a year-end allocation which covers these costs. The Academy has commenced a number of projects have commenced including the:

- National Clinical Skills for Pharmacists Programme has started with the first cohort of students going through their course,
- National Endoscopy Training Programme are currently running upskilling and
- Train the Trainer courses within that area and development work has started for widening access routes for young people into NHS careers.

Provisions

2.24 The provisions budget is designed to meet corporate costs and savings on behalf of the whole of NES as well as holding budget for approved projects to allow spending proposals to be fully developed

2.25 The main movements related to the net bid approvals (£870k) and the release of funding set aside for Digital Infrastructure £162k being confirmed as no longer required. Within the bids figure a corporate bid for capital purchase of slit lamps for teach and treat training has been approved. Award of the tender is expected to be completed mid- February 2022.

2.26 The vacancy lag budget was set at £2m, however a target of £2.4m has been in place all year and so we are currently showing a forecast over achievement of budget by £400k. The full year forecast may change significantly as a full review of the actual vacancies clawed back will take place in period 10

2.27 Early indications are that we will over-achieve this due to delays in recruiting staff across the directorates.

Technology Enhanced Learning (TEL)

2.28 Technology Enhanced Learning (TEL) is a major project being taken forwards over the next 2 years and is included in a number of the directorate budgets, however, below is a summary of spend to date on the project for information, see table A5.

2.29 The TEL programme is forecast to spend £105k less than its total budget for the year due to recruitment starting later in the year than was factored into the business case. Similarly, less will be spent on Advanced Technology work this financial year due to time pressures to implement that technology before year end

Table A5: Summary of TEL outturn

Technology Enhanced Learning (TEL)	YTD			Full Year		
	Budget £s	Costs £s	Variance £s	Budget £s	Forecast £s	Variance £s
Total	**134,589**	**118,065**	**16,524**	**500,000**	**395,325**	**104,675**

3 Medical Training Grades Salary (MTGS) Costs

Table A6: MTG Forecast outturn

Period 9							
Directorate	Year to Date			Full Year			
	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance	Core Movement from P7
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG	216,097	215,396	701	288,445	288,104	341	370
NES Total MTG	**216,097**	**215,396**	**701**	**288,445**	**288,104**	**341**	**370**

3.1 The full year forecast for Core MTGS is an underspend of £341k driven by lower number of paid GP Practice trainees as more trainees taking career breaks and more trainees working less than full time. This is partly offset by higher number of expansion posts being paid as higher fill rates have reduced vacant posts in hospital.

3.2 Movement of £370k since period 8 is mainly down to 10 trainees resigning and leaving training in November for variety of reasons (relocation, health, career change, work/life balance). Colleagues in the Medical Directorate are currently looking at options for making the programmes more attractive to help retain trainees in future . Reduced Remedial and Post Certificate of Completion of Training (CCT) costs as trainees have now secured Consultancy posts and do not require the full 6-month grace period that is offered upon CCT.

3.3 The risk remains around the February intake and rotations, where offsetting of expansion posts could change, depending on filled posts within each board and programme after rotations. This could have a significant impact on the numbers reported above.

Table A7: Current estimated funding position:

Medical Training Grades	Full Year SG Funding Gap
Period 9	**£000s**
Opening Funding Gap as at 1st April 2021	**(67)**
Consolidated Movement April- March forecast	
Higher number of paid Core/ST Expansion posts (7 wte)	(375)
Lower number of posts (45) paid at vacancy rate	(580)
Lower number of filled wte GP posts (13 wte) (mainly ST3 career breaks & less maternity leave)	610
Higher number of trainees LTFT (10 wte)	501
Fewer Extensions to Training due to derogations	197
Net of all other areas	56
Revised Budget Position (Exc Covid)	**341**
Covid Related CCT Extensions	**(28)**
Training Grade Year End Forecast	**313**

APPENDIX 3: COVID Full Year Outturn position

1 Table A8 below reflects the COVID-19 impact between increased costs and anticipated savings as well as showing the cost incurred to date.

2 The full year COVID-19 net cost position as at period 9 is a forecast full year outturn of £3.1m, a fall in the expected net costs from period 8 which was £3.9m.

Table A8: COVID-19 Costs and savings by Directorate

COVID Costs	Year to Date			Full Year			Total Full Year inc specific Covid allocations	
Directorate	TOTAL COVID YTD Costs	General COVID YTD Savings	COVID YTD Net	General COVID FY Costs	General COVID FY Savings	General COVID FY Net	Specific COVID Allocations	Total COVID COSTS
Period 9	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Quality Management	0	28	**28**	0	42	**42**	0	**42**
Strategic Planning and Directorate Support	(11)	216	**205**	(44)	250	**206**	0	**206**
Training Programme Management Excl Training Grades	(47)	364	**317**	(71)	514	**443**	0	**443**
Professional Development	(26)	683	**657**	(27)	732	**705**	0	**705**
Pharmacy	(204)	0	**(204)**	(286)	0	**(286)**	0	**(286)**
Medical Total	**(288)**	**1,291**	**1,003**	**(428)**	**1,538**	**1,110**	**0**	**1,110**
Digital	(1,960)	25	**(1,935)**	(868)	31	**(837)**	(2,174)	**(3,011)**
NDS	(514)	0	**(514)**	(614)	0	**(614)**	0	**(614)**
NES Technology	**(2,474)**	**25**	**(2,449)**	**(1,482)**	**31**	**(1,451)**	**(2,174)**	**(3,625)**
Dental	(808)	842	**34**	(712)	1,382	**670**	(795)	**(125)**
NMAHP	(81)	9	**(72)**	(168)	48	**(120)**	0	**(120)**
Psychology	(168)	53	**(115)**	(207)	54	**(153)**	0	**(153)**
Healthcare Sciences	0	51	**51**	(19)	71	**52**	0	**52**
Optometry	0	26	**26**	0	28	**28**	0	**28**
Workforce	(26)	0	**(26)**	(40)	37	**(3)**	0	**(3)**
Finance	0	8	**8**	0	12	**12**	0	**12**
Planning & Corporate Resources	(7)	76	**69**	(65)	92	**27**	0	**27**
NHS Scotland Academy	0	0	**0**	0	0	**0**	0	**0**
Net Provisions	0	0	**0**	0	0	**0**	0	**0**
NES Total (exc Medical Training Grades)	**(3,852)**	**2,381**	**(1,471)**	**(3,121)**	**3,293**	**172**	**(2,969)**	**(2,797)**
Medical training Grades	(425)	54	**(371)**	(103)	75	**(28)**	(322)	**(350)**
NES Total	**(4,277)**	**2,435**	**(1,842)**	**(3,224)**	**3,368**	**144**	**(3,291)**	**(3,147)**

Additional costs are shown (red), savings shown in black

3. Covid Funding

3.4 Table A8 above reflects the COVID-19 impact between increased costs and anticipated savings as well as showing the cost incurred to date.

3.5 We have received allocations of £2.1m for COVID and have been informed of specific allocations totalling £3.3m. However, based on our latest forecasts we have notified SG that our overall requirement can be reduced by £1.9m. The reduction will not affect our outturn position.

Table A9: Potential Covid funding

COVID SUMMARY	Full Year
Total costs	(6,515)
Total savings	3,368
Net COVID Impact	(3,147)
Allocations recieved/ recognised	5,056
To be returned to SG	**1,909**

Analysis by Directorate

Strategic Planning and Directorate Support

3.6 The year-end forecast is £206k saving driven by Medical Conference being online £116k, lower staff travel (T&S) £104k and lower miscellaneous costs £30k. Partly offset by costs for £12k pay, for additional hours on contact tracing and trainee support and £32k on 8 Associate Post Graduate Dean (APGD) simulation sessions.

Training Programme Management

3.7 The full year forecast reflects a £443k saving in relation to COVID-19 implications. This comprises a saving of £246k from recruitment being online, £212k savings on GP Training as courses, meetings, and conferences to be held virtually and a full year £56k reduction in NES staff travel and meeting costs. The COVID related costs relating to Trainee Support is expected to increase to £71k.

Professional Development

3.8 The yearend forecast for covid is £705k net saving, £602k of this saving is the knock-on effect of decision not to recruit fellows last year which resulted in no costs for April – July this year. The balance represents savings on room hire etc across a number of projects.

Pharmacy

3.9 The full-year forecast cost for Covid of £286k reflects the additional costs of COVID-19. £216k is in relation to “double-running” costs for pre-Registration trainees who were unable to successfully complete Registration after the exams due to take place in 2020 were delayed and is the cost for the first half of the year. The new intake will arrive at the end of September and this cost is included within the budget and so represents no additional cost to the FY position.

3.10 We also record the Pro reg support costs of £24k and extensions cost of £46k for this years’ Pre-Registration Pharmacist Scheme (PRPS) trainees to allow them to stay with their employer while they await exam results.

Digital

3.11 COVID costs are forecast to be £837k by year end. The main drivers here are Learn contractors £421k, Azure hosting costs £241k, O365 licences £117k, IT equipment £83k, Penetration Testing £9k, offset by savings of £31k as events and training now being delivered online.

3.12 In January it was agreed with SG, to draw down £478k less for specific Covid work in 21-22, than had previously been agreed. There were delays in the work undertaken to support the care sector as discussions were ongoing with SG regarding direction of work and what was required. Recruitment has also been a challenge with huge demand across all sectors for digital solutions.

NDS

3.13 COVID costs are forecast to be £614k by year end. The main drivers here are hosting costs £317k, SMS Text Messaging £195k, Penetration Testing £10k and consultancy costs to do remedial work on Proximity App, to ensure it is compliant as a medical device £90k.

Dental

3.14 The dental covid positions is made up of Savings: £1.382m:

- £610k underspend from reduced training event costs including venue hire, catering, and travel for trainees, staff, and trainers during April-March in the training areas (Study Leave £35k, CPD £187k, Vocational training support £199k, Clinical Effectiveness £52k, Dental Care Professional (DCP) £52k, Reducing Inequalities £33k, Postgraduate Centres & Therapy Schools £35k).
- £749k underspend from training grades made up of £565k underspend from 14 fewer vocational trainees and 13 fewer trainers (August-March) due to the current cohort being extended by one year (at a level lower than the budget) and £184k underspend from no training cohort of therapist vocational trainees from December to March.

3.15 Covid costs were £712k:

- £228k overspend from expenditure associated with Dental ACT levy. This cost pressure has arisen as levy income that previously offset it will not resume until September 2022.
- £95k overspend from 3 fixed-term posts working on covid-guidance and the impact of covid-19 on the wider dental workforce.
- £195k overspend from reduced income from face-to-face training.
- £44k overspend for additional Outreach training provision at NHS Shetland. This is to train undergraduates that cannot be accommodated in NHS Western Isles due to capacity issues from covid-restricted throughput in the training facility.
- £125k overspend estimate for the provision of training to dental school graduates from university of Aberdeen (only graduating cohort as all other schools have extended training by 1 year).

3.16 NES will receive a specific covid allocation of £795k allocation for the 2021/22 element of £1.363M award to the Dental Schools for the additional cost of university staffing during covid. As we will have a budget allocation as well as the cost there is no additional cost incurred by NES.

NMAHP

3.17 The full year costs are forecast to be £120k. £103k of these are the full year costs of the additional Public Health staff, £65k to cover costs resulting due to planned courses being delayed from 2020/21 taking place in 2021/22 with £48k of savings from holding events virtually offsetting these.

Psychology

3.18 The full year Covid costs have not changed since October and are forecast to remain at £153k. £112k of the costs relate to Trainee extensions, £95k for additional Solihull license costs to allow the software to be used for another year, offset by £49k of savings from hosting training online.

NHS Education for Scotland **NES/22/09**
Item 10c
10 February 2022

Board Paper

1. Title of Paper

2021/22 RMP4 Quarter 3 Performance Report

2. Author(s) of Paper

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

3. Situation/Purpose of paper

This paper provides a summary of performance using RAG exception reporting against the NES phase 4 Remobilisation Plan (RMP4) for Quarter 3 of 2021/22.

4. Background

4.1 Performance is reported quarterly to the NES Board using RAG exception reporting for the activities, outcomes and targets which underpin the NES RMP4. This report covers quarter 3 to 31st December 2021.

4.2 In response to feedback from our external auditors and the NES Board we have started work to develop a performance framework to include strategic Key Performance Indicators (KPIs) to be reported to the NES Board. The new KPIs will cover the key areas from the new Strategic Vision that NES is developing. It is anticipated that this enhanced performance framework will be introduced during 2022/23.

5. Assessment/Key Issues

RMP4 contains 578 targets, of which 39 are red, 64 are amber, and 475 are green. Of the 55 priority targets, 1 is red, 5 are amber and 49 are green. Throughout the remainder of 2021-22 and beyond, the main area of strategic risk remains the impact of COVID-19 in terms of reduced capacity and delayed progression within the clinical learning environment, and the potential for longer-term disruption to workforce supply from reduced education, training and recruitment activity. An example of this relates to dental training where the red priority target is due to the lack of Scottish Dental School output in 2021 because of the pandemic. Dental training has been significantly impacted across four targets (priority and non-priority).

6. Recommendations

The Board is asked to note quarter 3 performance against the NES RMP4.

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

Karen Howe
18/01/22
NES

NHS Education for Scotland – 2021/22 Quarter 3 Performance Report

1. Enhancing Performance Reporting

1.1 During 2021/22 we are starting to review our strategic vision and future operating model. This will include improvements to our corporate performance framework by establishing performance measures and strategic key performance indicators (KPI's), which measure true business outcomes and key results across NES, following evidence-based performance measurement methodology.

1.2 The outcome of this work will be improved performance reporting and assurance, providing the NES Board with improved data and intelligence through aligned performance reporting on key strategic and business priorities, evidencing impact towards achieving the NES vision. In addition, it will provide assurance to Scottish Government linked to the NES annual review, aligned to strategy to support identification of areas for improvement and establishing ownership for KPI's at all levels to drive improvement. While we transition to this new approach, this existing report does give an overview of performance (Red, Amber and Green) in relation to the existing NES strategic themes to identify key areas which might require additional focus. (see 'Targets by Strategic Theme' in Diagrams 1 and 2).

1.3 Phase 1 of the programme is well underway, and the pilot team is working to evidence proof of concept, supported by Rubica (our external partner). This phase includes training and familiarisation with performance measurement methodology linked to a measurable strategy to support continuous improvement and strategic progression. Phase 2 of the programme will commence once the pilot is complete, to establish an implementation team who will cascade training and practical application of the methodology across NES.

2. Summary of Performance

2.1 This report covers 2021/22 quarter 3 performance against RMP4. There are 578 targets, of which 55 (10%) are priority targets. Diagram 1 shows the performance across the priority targets and diagram 2 outlines performance across all targets. Performance is measured using RAG (Red, Amber, Green) ratings, definitions of which are set out below:

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

Note: Red and Amber targets that have been impacted by COVID 19 are highlighted in the tables in BLUE.

3. Corporate Dashboard

3.1 Full performance data can be found in the Corporate Insights area of TURAS | Data Intelligence which presents corporate metrics in one place.

Note: this requires a TURAS user sign in.

4. Priority Targets

4.1 Of the 55 priority targets, 1 is red, 5 are amber and 49 are green (see Diagram 1). All priority target updates were reviewed to ensure they accurately reflected the content of the target and that the RAG rating was correct. Four targets were followed up for further clarification, with two targets changing from amber to green.

4.2 An audit of performance management recommended that the Planning and Corporate Governance team verify supporting documentation behind a sample of the updates to provide additional assurance that they are correct, complete, and representative of the RAG status. Therefore, 10% (n=5) of the priority targets were checked, which involved reviewing meeting agendas/papers, intranet/internet content and screenshots of documentation. All the information collected verified the updates that had been supplied and no changes were made.

4.3 A spreadsheet with all 55 priority targets along with their quarter 1 updates and RAG status can be found here - further details of the red and amber priority targets are outlined in Tables 7.1 and 7.2 below. Throughout the report, Digital and NDS will now be referred to collectively as 'Technology Services', following the recent organizational change.

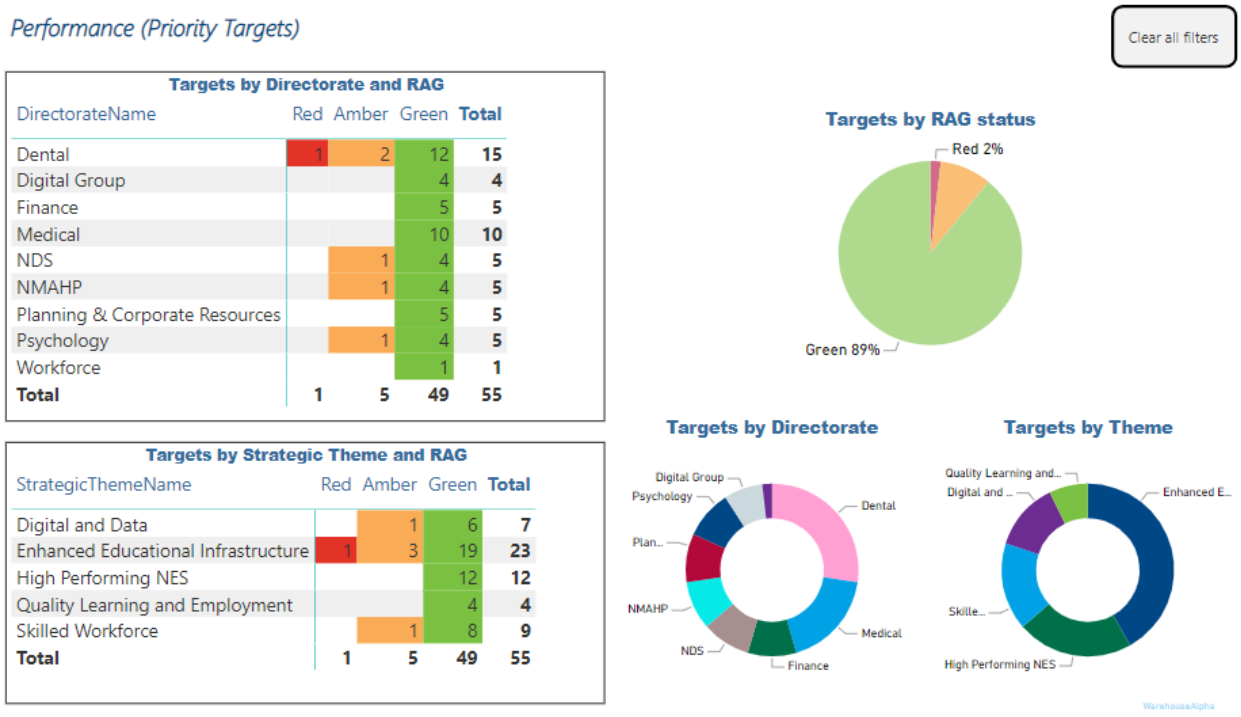

Diagram 1 – Summary of performance for priority targets (Q3, 2021/22, n=55)

5. All Targets

5.1 Overall, there are 578 targets, of which 39 are red, 64 are amber, and 475 are green (see Diagram 2). As part of quality control, the red and amber targets were reviewed and 10% (n=50) of the green targets were selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Following review, thirteen targets were checked further, with the following changes being made: 2 targets moved from green to amber; 1 moved from green to red; 1 moved from red to green; and 3 moved from amber to red. The remaining targets were left unchanged.

5.2 The red non-priority targets are outlined in Table 7.3 *(Note: priority targets have been excluded from Table 7.3 to avoid duplication).*

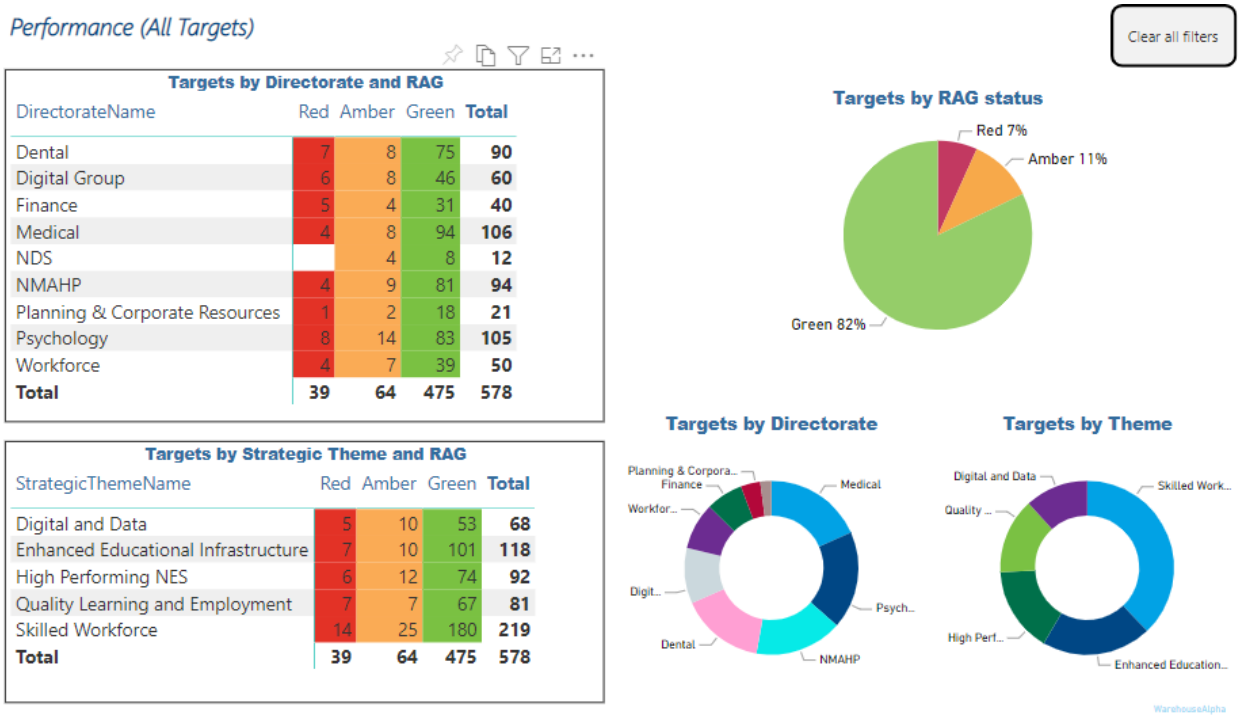

Diagram 2 – Summary of performance for <u>all</u> targets (Q1, 2021/22, n= 578)

6. Tables

6.1 Red Priority Targets Q3
6.2 Amber Priority Targets Q3
6.3 Red Non-Priority Targets Q3 (excludes priority reds)
6.4 All non-priority amber targets Q3 (excludes priority ambers)

Table 6.1 – Red priority targets Q3 2021/22 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
Dental - To provide up to 163 training posts for Dental Vocational Training (DVT) to match the final output of the Scottish Dental Schools by July 2021. (TAR0004129)	COVID Impact - Target will not be met as there will be no Scottish Dental School output in July 2021.

Table 6.2 – Amber priority targets Q3 2021/22 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
Optometry - Subject to SG funding. By end of Q4, to accredit a minimum of 75% (40 places) of Optometrists enrolled in the second cohort of NES accredited training, SQA 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. (TAR0003987)	SG funded 40 optometrists on NESGAT 21/22. 45 were enrolled to accommodate the expected drop out. Given the specific challenges of busier than usual clinics more dropped out despite NES taking action to provide closer learner support. 36 currently on track to finish.
Dental - Up to 92 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. (TAR0004158)	There are currently no vacancies for 20/21 trainees. National recruitment has taken place for 21/22 trainees and the current numbers recruited were - DCT1 10 DCT2 38 DCT3 24 DCT4 8 TOTAL 80. NES continues to work with local health boards to fill vacant posts.
NMAHP - We will develop a digital capability self-assessment tool by March 2022. We will also support the Nursing, Midwifery & Allied Health Professions' contribution of the implementation of the Technology Enhanced Learning (TEL) Trainer/Facilitator Short Life Working Group recommendations by March 2022. (TAR0004527)	1. The TEL team are progressing in the purchase of the JISC license and are currently in discussion with procurement and information governance. DPIA has been undertaken and waiver completed. 2. Two educators and a senior educator have now been recruited and commenced in post at the beginning of November. The team will be delivering on the recommendations of the TEL educator survey.
Psychology - Support the current cohort of 5 child and adolescent psychotherapy trainees due to complete in September 2021. Commission and recruit up to 4 child and adolescent psychotherapy trainees to commence in September 2021. (TAR0004476)	Four child and adolescent psychotherapy trainees completed training in September 2021 with 1 trainee requiring an extension with completion date still to be confirmed. 4 child and adolescent psychotherapy trainees commenced training in October 2021.

Priority Target	Update
Technology Services - AWS (Amazon Web Services) environments have been created during 2020/21, with componentry in place to support further service developments during 2021/22. Version 2 of the Clinical Data Repository (EHRBase) which was deployed in November 2020, will be utilised for key data sets with current programmes of work migrating to that data solution. Further work on robustness and resilience, as well as tracking costs and utilisation will be taken forward. (TAR0004018)	NDS Senior Management have been working on a platform roadmap for 22/23. Platform EMPI (Enterprise Master Patient Index) service has been developed and is now in pilot.

Table 6.3 – Red non-priority targets Q3 2021/22 (COVID 19 impacted targets highlighted in BLUE) (excludes priority reds)

Target	Update
Optometry - Develop and deliver a half day training session, on community eyecare to a GP audience (as part of the GP trainee half day ophthalmology training course, with usual audience around 60 GPs), to support the expanding support offered by Optometric practice. To deliver to the west of Scotland trainee GPs in Q1 and Q3. (TAR0003998)	Due to Covid restrictions we have not been re-engaged with by the GP trainee team with regards to this running again in 21/22.
Dental - To provide a preparatory Train the Trainer programme (START) for 100% of new Therapist Vocational Trainers appointed for academic year 2021-22. (TAR0004134)	COVID Impact - No new therapy trainers will be recruited for 2021/22 because of delayed output from some universities and no Therapist Vocational Trainees being recruited.
Optometry - To deliver appropriate online learn resources that support outcomes for optometrists around improving their current performance in diagnosing and managing medical retina conditions. The modalities will be determined from scoping work and most likely include webinar and discussion workshop modalities. Outcomes to be aligned to RCO's OCCCF (Royal College of Ophthalmology's Ophthalmic Common Clinical Competency Framework) Medical Retina. Apply for CET (Continuing education and training) points from the regulator which supports Optometrists' and dispensing opticians' revalidation. (TAR0003994)	Further direction from SG around the requirement on education is needed. Given the current significant workforce shortage in the optometry team this target is not expected to be met in 2021/22.
Dental - To provide educational activities for Vocational Dental Practitioners for academic year 2021-22, equivalent to 25 study days for each of the 16 schemes for 10-12 VTs per scheme. (TAR0004127**)**	As VT training is extended to July 2022, rather than beginning a new training cohort, study days will total 35-37, across the 2-year training period. This is on track to be achieved but the original target of 25 for 2021/2022 will not be met.

Target	Update
Dental - To provide up to 20 training posts for Therapist Vocational Training (TVT) by July 2021. (TAR0004132)	COVID Impact - No recruitment to Therapist Vocational Training will be provided for the 2021-22 training year due to extension of current TVTs being provided until November 2021.
Dental - Provide blended delivery of training for Enhanced Skills Practitioner - Domiciliary Care programme for up to six cohorts (2-3 days training & mentoring each) with up to 20 participants in each, as directed by SG and with funding from overseas ACT (Additional Costs of Teaching) levy; maintain the supporting e-portfolio for 100% of participants. (TAR0004146)	COVID Impact - No further training is planned before the end of Q4. Further courses will be arranged following instruction from Scottish Government. A further 4 participants who were part way through training prior to COVID have now completed all elements of the course and been issued certificates.
Finance - Work with Digital to develop a process to enable approx. 200 Lecturers per month to submit their claims electronically and export the data to e-payroll. (TAR0004060)	Work has not yet begun, and it is anticipated it may not be started in 2021/22. This is due to the prioritisation of Technical Services projects in relation to resource available. We do have plans to complete this project in 2022/23.
Finance - Complete a review of reporting needs within Finance incl. Finance Business Partnering model. (TAR0004069)	This activity has been delayed due to the vacant Head of MIS post. Recruitment of the post is planned in the last quarter of 21/22, and it is expected that progress towards the achievement of this target will be made in early 22/23.
Finance - Design & implement Customer satisfaction questionnaire to review and compare satisfaction levels. (TAR0004070)	This activity has been delayed due to the vacant Head of MIS post. Recruitment of the post is planned in the last quarter of 21/22, and it is expected that progress towards the achievement of this target will be made in early 22/23.
Medical - In partnership with territorial and special NHS Boards jointly fund a key workforce member to commence academic training in Human Factors and Ergonomics by March 2022. Looking for funding (88k) to support each Board to identify a key workforce member to undertake academic training in Human Factors over 1-2 years at an accredited university and NES safety, skills and improvement research collaborative to undertake related evaluation. (TAR0004227)	This objective/target has been ongoing for several years but has not attracted appropriate funding. As such, it has therefore been decided to close this target until such funding is identified.
Medical - Complete the pilot and evaluate a multi-disciplinary LaMP programme for clinical staff by November 2021. Provide an evaluation report for the L&M Forum by December 2021. (TAR0004242)	This target remains on hold at present due to covid restrictions, re-prioritising of our workload and whilst we wait for a clearer direction of travel from the leadership and management forum as they reconnect with the NES Executive team. There has been no change since the Q1 update. A new Chair has been appointed to the Leadership forum and the next meeting is planned for January 2022.

Target	Update
Medical - NES plans to run a minimum of 12 New Appraiser training and 9 Refresher Appraiser training courses annually over the next three fiscal years to support new and existing appraisers and support the health boards achieve as high as possible appraisal completion rate. Each two half-day sessions can cater for a max of 8 participants. We are looking at 8x2x12 = 192 max attendees. (TAR0004202)	From October to December, 6x New Appraiser courses were successfully run, taking the total this year (from April) to 15 with 112 attending, of which 109 were recommended to health boards to take up the medical appraiser role. Due to unexpected ill health of key personnel, the pilot of Refresher training days was postponed until April and 2022 which subsequently meant we were forced to cancel all Refresher training days for 2021/2022. However, as reported in previous updates we had redesigned the Refresher training so that it is a programme of activities rather than just one training day. The new programme included webinars to address emerging themes to support the appraiser workforce, we ran the first of these in October and this was very well received (attended by 54 appraisers). A repeat of this session (on "using coaching in appraisals") is scheduled for February with 57 registered. We continue to work in the background on updating the content and format of the training day, new modules for Refreshers and training of the tutors. In the absence of Refresher training days, additional webinars on other topics are being considered following user feedback.
Medical - Deliver the LaMP programme to up to 385 medical and dental trainees, SAS doctors, GPs and Consultants. (TAR0004241)	Our original target was to offer 385 places on LaMP. Delivering LaMP virtually has halved the number of places we have on each course, with the same faculty commitment i.e. 1 day. A member of our team, involved in the delivery of LAMP, went off on long-term sickness absence at the end of April. This, along with clinically based faculty being unable to commit to course delivery due to COVID pressures, significantly impacted our ability to deliver LaMP between April and December 2021. Our colleague has now completed a phased return to work, and with the appointment of new and returning faculty, we are gradually able to offer more LaMP courses. However, we are short of our original target with only 248 places offered by year end.
NMAHP - Subject to funding, at least 3 projects will be completed by the end March 2022 by the Enhancement of Pre-registration Nursing (SCEPRN) and Midwifery Education Group Scotland (MEGS) to provide programme enhancement and development for the Future Nurse/Midwife Programmes across Scotland. (TAR0004499)	Governance processes disseminated and potential topics for evaluation identified as part of performance management process. Formal confirmation to progress awaited following Scottish Government review of performance management report. Higher Education Institute colleagues have indicated that due to COVID related pressures project will not be able to be undertaken in this financial year. Health boards have requested that no evaluations or projects be undertaken as this will put further pressure on overstretched staff. The projects will not progress in this financial yet. Target will not be met.
NMAHP - Subject to funding, at least 3 projects will be completed by the end March 2022 by the Enhancement of Pre-registration Nursing (SCEPRN) and Midwifery Education Group Scotland (MEGS) to provide programme	Governance processes disseminated and potential topics for evaluation identified as part of performance management process. Formal confirmation to progress awaited following Scottish Government review of performance management report. Higher

Target	Update
enhancement and development for the Future Nurse/Midwife Programmes across Scotland. (TAR0004499)	Education Institute colleagues have indicated that due to COVID related pressures project will not be able to be undertaken in this financial year. Health boards have requested that no evaluations or projects be undertaken as this will put further pressure on overstretched staff. The projects will not progress in this financial yet. Target will not be met.
NMAHP - By March 2022, subject to external or additional funding, we will develop and design the criteria, process and secure stakeholder agreement by which Allied Health Professions (AHP) innovations are selected and implemented through using a Quality Improvement methodology. The outcome will be to support innovation and reduce variation of practice across Scotland. (TAR0004536)	COVID DELAY - Owing to Covid pressures and the need to prioritise where we ask stakeholders to contribute to our work, we are currently pausing this target and will review delivery in 2022/2023 as this is not currently a priority for service.
NMAHP - By March 2022, as part of the Scottish Government national health protection and infection prevention and control workforce review programme, undertake a scoping exercise exploring existing education and competency frameworks, career frameworks in Infection Prevention and Control to inform the development of a new career knowledge and skills framework and develop associated educational resources. (TAR0004613)	Delayed due to COVID - Workstream meetings delayed by Chief Nursing Officer Directorate Scottish Government due to ongoing COVID-19 pandemic priorities. No planned outputs have been defined by Scottish Government due to the ongoing pandemic response by workforce. Internal NES meetings (x3) held to discuss workforce priorities going forward. Planned way forward to be discussed with Scottish Government but no planned date due to new variant response. Many stakeholder engagement groups currently paused due to ongoing Covid response.
NMAHP - By March 2022, in collaboration with cross-directorate NHS Education for Scotland Medical and Ophthalmic colleagues we will scope service and education needs for adoption of the Ophthalmic Practitioner Training in Scotland. (TAR0004513)	Following a change in strategy from Scottish Government, work pertaining to Ophthalmic practitioner training will not be mobilised via NES. This need is now being explored within the Centre for Sustainable Delivery (CfSD), who also hold the related budget and is no longer a target for NES NMAHP or the NES Optometry team. This target is now closed.
Planning & Corporate Resources - By March 2022, all scheduled education programmes are subject to rigorous Educational Governance scrutiny. (TAR0004553)	This target is no longer relevant following a review of Educational Governance arrangements. The agreed Quality Assurance model will no longer involve scrutiny of individual programmes (except where they are subject to external regulation). Target to be closed.
Psychology - Develop a Turas Learn e-learning programme for Let's Introduce Anxiety Management (LIAM) by December 2021. (TAR0004393)	Exploratory discussions took place in Q1 and Q2, but unfortunately Turas Learn does not currently have the functionality required for a LIAM learning programme so this target was not achieved. Digital colleagues are continuing to develop the Learn functionality so we will pick this back up with them once updates are complete in the new financial year.

Target	Update
Psychology - Subject to SG confirmation of funding, offer a minimum of 2 training events (120 places in total) on each of the advanced Training in Psychological Skills - Paediatric Healthcare (TIPS PH) training on: "Improving Adherence/Concordance; Advanced Communication and MI Skills"; "Significant Conversations, Life Limiting Conditions and Palliative care" and "Understanding Persistent Physical Symptoms in Paediatric Healthcare" to paediatric healthcare staff across Scotland. (TAR0004409)	COVID DELAY. Red. No training events in advanced modules offered in Q3. Two training events planned for Q4 (Promoting Engagement and PPS). Will continue to be promoted for delivery among local trainers but time commitment of longer modules, capacity of training network to deliver and capacity for staff to be released for training during ongoing (and renewed) Covid pressures is a barrier to achieving this aim.
Psychology - To deliver the Enhanced Practitioner Training Programme to support increasing Access to Depression & Anxiety Psychological Therapies (ADAPT) and interventions within Primary Care Mental Health, which will equip 40 staff with the generic competencies required to deliver safe and effective enhanced psychological interventions. (TAR0004427)	21 staff have submitted module 1 Engagement and Assessment of Common Mental Health problems assessments (exam & role play). 3 staff will need to re-sit 1 assessment, 3 staff will need to re-sit their risk assessment. 71% pass rate compares favourably with similar national training programmes.
Psychology - Scope, develop and deliver a tailored Core Psychological Therapies and Interventions Training programme, for adults that meet the needs of Autistic people with anxiety, depression, substance misuse, psychosis and forensic mental health before the end of March 2022. (TAR0004470)	Delayed due to ongoing vacancy (preferred candidate now identified). Pilot has been planned, can be delivered when potholder in place, likely falling into Q1 2022-3 due to recruitment timescales.
Psychology - Psychology Trainee survey - continue work on presenting a review of the survey's first year of implementation (after delays due to Covid-19) and agree a process for the publication of survey results from year 2 onwards. (TAR0004378)	COVID DELAY Red - COVID adaptations in Clinical Practice and in NHS services have taken precedence. No progress from Digital on Reporting.
Psychology - Develop a Turas Learn e-learning programme for Behavioural Activation (BA) by December 2021. (TAR0004394)	Exploratory discussions took place in Q1 and Q2, but unfortunately Turas Learn does not currently have the functionality required for a Behavioural Activation learning programme so this target was not achieved. Digital colleagues are continuing to develop the Learn functionality so we will pick this back up with them once updates are complete in the new financial year.
Psychology - To develop and deliver digital learning programmes to support the provision of Low Intensity Psychological Interventions (LIPI) in Secure Mental Health Settings and Training for Trainers in An Introduction to CBT for Anxiety for 30 staff. (TAR0004426)	Content for the LIPI in Secure Mental Health settings is in development. The work to develop the T4T ICBT-A training resources has been paused due to EPP (Enhanced Psychological Practice) delivery. Content for the Substance Misuse and Trauma (MAT) education resources to support the MAT standards is being developed.

Target	Update
Psychology - Support 50 further completions of the eModule on supervising psychological interventions. Review content in line with the ongoing updates to 'The Matrix (2015): A Guide for Delivering Evidence based Psychological Therapies' and new training programmes (e.g., Enhance Practitioner training programme) that may influence the supervision of psychological therapies. (TAR0004463)	2 people completed the eLearning module in Q3. 14 people completed this module from Q1-Q3. Content to be reviewed in Q4 to ensure it is in line with the Enhanced Practitioner programme.
Technology Service - Ensure there is a suitable technical replacement to support Operational Planning when our SNOW licence agreement ends. (TAR0004307)	COVID DELAY: This work has been deprioritised in part due to ServiceNOW licences being extended for a further 2 years in April 2021. After discussion in Operational Planning, this target has been reset for 2022/23 with it being that a suitable solution is found but not implemented by March 2023.
Technology Service - Subject to Directorate Funding. Sum currently not shown in Digital numbers. By March 2022 improve the reporting of the current quality of Education Providers by extending Turas Quality Management reports (currently used by NES Pharmacy) to cover all NES Directorates. (TAR0004260)	No funding received, so work cannot go ahead. Target closed.
Technology Service - Subject to Directorate Funding. Deliver efficiencies and improve accessibility to appraiser training by introducing remote learning and online applications. (TAR0004262)	No funding received, so work cannot go ahead. Target closed.
Technology Service - Subject to funding. By March 2022 improve the quality of education by extending Turas Quality Management (currently used by NES Pharmacy) to cover other NES Directorates. (TAR0004257)	No funding available. Work will not be completed - target to be closed.
Technology Service - Develop link between Turas Learn and Turas Appraisal allowing learning record to be viewed and created as part of the PDP. (TAR0004261)	No further work has taken place on this due to COVID priorities. Remains red.
Technology Service - Develop a suite of BOXI Reports which are available to Analysts and Finance Managers to support financial reporting to budget holders. (TAR0004068)	This activity has been delayed due to the vacant Head of MIS post. Recruitment of the post is planned in the last quarter of 21/22, and it is expected that progress towards the achievement of this target will be made in early 22/23.
Technology Service - Scope the potential for using the NES Corporate Dashboard for internal financial reporting. (TAR0004070)	This activity has been delayed due to the vacant Head of MIS post. Recruitment of the post is planned in the last quarter of 21/22, and it is expected that progress towards the achievement of this target will be made in early 22/23.

Target	Update
Workforce - By March 2022 A) carry out the development phase to produce a foundation level leadership & management development resource, and B) Pilot on-line materials and methods with two multidisciplinary groups across the Health & Care System. (TAR0004086)	No further update. The development of the resource has been paused while discussions take place at a senior level regarding strategic direction and resourcing. ET are fully aware of this and have given support to go ahead with the development of the programme. We would expect this to be in green over the coming quarter.
Workforce - We will improve our equality and diversity data gathering and analysis by ensuring quarterly reviews of our programmes and learner participation across all planned activities to ensure all equality and diversity outcomes relevant to our department activities are identified, reviewed, planned for and proactively managed. (TAR0004104)	Lack of capacity in team has restricted progress.
Workforce - Subject to funding, source and implement an online matching platform for a National Health and Social Care coaching and mentoring collaborative, recruiting up to 50 coaches from partnering organisations. (TAR0004081)	Drafting of the plan in progress - any further progress dependent on availability of resources
Workforce - Contribute to the development of education and career pathways for non-clinical healthcare support workers supporting a 10% increase in staff using the digital learning portfolio to enable Recognition of Prior Learning. (TAR0004097)	Virtual learning week will feature repeat of portfolio session with addition of advanced session. 851 new accounts created for RPL/Professional portfolio since 1/2/21. RPL activity is paused

Table 6.4 – All non-priority amber targets Q3 (COVID 19 impacted targets highlighted in BLUE) (excludes priority ambers)

Target	Update
Dental - 100% of Vocational Dental Therapists (VDT) to be considered for satisfactory completion of training at the National Review Panel in June/July 2021. (TAR0004135)	One VDT is currently on maternity leave, and this will mean a national review panel will be required after they have completed additional training time and a return from maternity leave.
Optometry - To host a national conference to support community eyecare, with a minimum 225 eyecare professionals registering in Q3. Recruiting experts to design and deliver 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. (TAR0003990)	The national conference took place in October. Delivery was on-line and occurred at the end of a 3-year CPD cycle. 207 external delegates received CPD, tutors and facilitators also received CPD points.

Target	Update
Dental - Support the Open Wide training guide by hosting an online educational event; progress inclusion of the Open Wide guide in the curriculum for undergraduate nursing, particularly in the areas of learning disability and mental health; and explore the adaptation of the Caring for Smiles SCQF qualification to suit Open Wide training. (TAR0004140)	Delayed - Further agreement with NMAHP to include oral health element in national induction for Health Care Support Workers.
Dental - To provide educational activities equivalent to 12 days training for 100% of Vocational Dental Therapists for academic year 2021-22. (TAR0004133)	Delayed - The equivalent of 12 days educational programme has been developed and will be delivered between January and July 2022.
Dental - Host an educational event to mark 10 years of Caring for Smiles and relaunch of programme. Support all boards involved in Caring for Smiles training with blended delivery, including exploring options for remote assessment. (TAR0004139)	Delayed - 18 learners have attended foundation training. 21 learners have been awarded foundation certificates during Q3. Two learners have attended intermediate training.
Dental - Deliver a comprehensive programme of up to 250 CPD events across Scotland. Including up to 3 larger conference events (one being joint with Clinical Effectiveness) and offering up to 150 places at each conference with attendance of at least 90%. Delivery will be a balance of online, blended and face-to-face formats, depending on the COVID restrictions as the year progresses. (TAR0004187)	As in previous updates, online CPD events continue to be the main focus, either at lunchtime or the early evening. We have started to run some face-to-face events, for example, medical emergencies training, but these have had a limited uptake. We automatically seek speaker approval to record and make recordings of live webinars available via Portal TV and we currently have 13 titles live, with a further 7 being finalised for publication in the next few days
Technology Services - Carry out 4 significant publicity campaigns around priority workstreams, as identified by ET/SOLG, (e.g., Year in Review, professional recruitment campaigns) including a range of appropriate communications channels, paid promotion, creation of marketing assets, internal communications, use of the corporate website, social media activity. Support other communications activity and projects as directed by the organisation, e.g., Smarter working, Coronavirus-related comms, careers and recruitment. (TAR0004328)	Q4 Year in Review campaign is in hand. We have also supported a range of other communications activity as directed by the Scottish Government (covid-related) and the organisation (e.g. staff resilience, return to office comms). However, these operational priorities and the ongoing development of NES' strategic direction mean that we will be unable to progress other publicity campaigns this year.
Technology Services - Develop functionality to provide a robust process to assign reporting rights and improve the range of reports available to meet the needs of organisations and learners. Turas Learn reporting functionality is important for organisations and content owners to monitor employees' completion / compliance of learning and courses hosted on Turas Learn. (TAR0004265)	Work will commence on new data model that will be the basis of a new suite of PowerBi reporting. In Parallel work to resolve issues with current reporting on Learn is underway. New data model and resolution of current reporting issues to be complete by end of Q4.

Target	Update
Technology Services - Increase user awareness of the Office 365 applications and best uses, increase application usage/adoption of collaborative products such as Teams/OneDrive/SharePoint and reduce usage of email. (TAR0004287)	Additional learning resources being uploaded within the M365 Skills Hub, supporting the work of the work of the NES Digital Learning and Digitally Enabled Workforce groups. Directorate/Departmental SharePoint communication sites being developed to allow closer collaboration and focus on relevant content with specialist areas (encountered delay due to file management/data transfer from existing sites, now requiring engagement with IG for records management and retention planning).
Technology Services - Provision of external support to SG eHealth Information Governance (IG) Team as required on an ad-hoc basis over 2021/2022. Support provision will be non-chargeable. (TAR0004298)	IG Competency Framework - funding letter received from SG to cover the recruitment of an FTC Band 8a post to undertake the review of the NHSS Scotland Information Competency Framework. Funding is confirmed until March 2023.
Technology Services - Subject to funding Proportion of costs of Digital senior team and other staff included in these numbers. Figures not included in above numbers. Continue to support wider rollout and further development of the Turas Clinical Assessment tool for use in other NHS Scotland boards. (TAR0004320)	Future proposal for this tool is with SG - until that is approved the tool is supported on a best endeavours basis.
Technology Services - Turas Learn meets the needs of learners and the functionality is continually improved by implementing robust processes to capture requirements and to deliver the roadmap agreed with the SOLG and external stakeholders. (TAR0004266)	The formation of NHS Academy, the widening audience of Turas Learn and the increase in remote learning has resulted in the need to review the direction of Turas Learn. A period of discovery will be undertaken to understand the needs of all senior stakeholders and users alike. A new Senior Product Manager for Learning has been recruited and starts in January. The priority of the postholder will be to engage with all stakeholder groups and conduct a period if user research that will provide a basis for the evaluation of the current technology and what the future technology solution needs to provide.
Technology Services - Develop a core data module in turas to store accurate info about NHS employees, thereby improving the employment experience through tailored employment support and advice. (TAR0004291)	Ties in with Joiner, mover, leavers work (TAR0004278), will be prioritised within the Turas Platform team to commence after M365 integration is complete.
Technology Services - Enhance existing workforce data with new and more accurate coding that will allow NES to support workforce planning at a more detailed level. For example, more detailed occupational coding for Healthcare Science, Pharmacy, consultant Programmed Activities, consultant specialties, and for the staff of Elective Treatment Centres. (TAR0004314)	A paper on current occupational coding challenges has been drafted for internal discussion and planning in early 2022. A paper on identification of Pharmacy staff in the SWISS data was submitted to the national eESS-payroll group in November (recommendations not accepted). Identification and tracking of Elective Centre staff is likely to be undertaken by Boards due to the administrative data available to NES being insufficiently detailed.
Finance - NES will lead on at least one procurement activity on behalf of the National Boards. (TAR0004052)	C19 - Limited progress in the quarter. There continues to be a delay to this due to C19 but this remains achievable in 21/22. There are a number of potential targets against this objective including a DPS (Dynamic Purchasing System) for Educational needs/requirements. Discussions with CLO in Q4 regarding unified standard terms.

Target	Update
Finance - Department will provide a variety of training events for all staff to develop their skills and understanding of the role of the finance and procurement functions. This will be achieved in part from the I Want to Know More about sessions which will be held at least 6 times each year. (TAR0004106)	The formal IWTKMA sessions have been replaced by Ad-hoc training events which have taken place within teams to meet staff needs identified e.g., to develop additional excel skills.
Finance - Review, update and monitor KPIs and update HoS (Heads of Service Group) dashboard on a regular basis, as dictated by demands of pandemic. (TAR0004049)	Covid - As previously reported, re-prioritisation of activities has meant this has not been a focus. A combined review for Finance and Procurement will be scheduled for Q4 to determine applicability of ongoing baseline detail (also links to latest board requirements)
Finance - Work with NDS and Scottish Government colleagues to agree a recurrent baseline budget position for NDS. (TAR0004113)	Work is continuing with SG to identify and capture the true cost of development expenditure particularly the maintenance required to maintain the products for the full life. It has not yet been possible to attract recurrent funding which creates uncertainty within the system moving forward. We will continue to seek agreement for recurring funding going forward.
Medical - by March 22 have audited all 8 specialty group programmes to ensure consistent data capture and accurate data in TPM system to support reporting and monitoring of COVID-19 related derogation from training pathway including redeployment and ARCP additional outcomes. (TAR0004043)	Methodology agreed. Work will commence in Q3 after ARCP results completed. Work is scheduled to start on a reporting system which will show required data in dashboard format. Work delayed due to board activity and priority of clinical work of TPDs and HR colleagues.
Medical - Review the experience of Training Practices hosting GP Returners from a support and workload perspective to inform future development of the programme. (TAR0004236)	GP Education Fellows have been appointed and we are reviewing whether this will be within their work capacity. Due to other projects that have become a priority in GP Education during the COVID pandemic, progress on this has been delayed and will be revisited in the next quarter. Now there are no issues with the quality and suitability of placements and this work was to inform future possible development.
Medical - Subject to funding from SG deliver and maintain NES GPN Cervical Screening Education Standards, support national e-learning resource development, and continue to support access to education and learning for registered practitioners in cervical screening. We have changed our delivery for these and are now online. Approximately 20/30 on each course. Frequency will vary depending on need and we are also planning to develop an e-learning resource. (TAR0004472)	Education delivery continues in small group learning online under the new standards. Design and development of the e-learning module continues. Project end date projected to be May 22 - slight delay due to Covid-19.

Target	Update
Medical - Grow the PBSGL programme membership by 2.5% and / or to at least 420 groups and increase multi-professional membership to at least 35%. GP = 70%, GPN = 15%, Pharmacy = 14%, Other = 1% (GP 70% / Other professionals 30%). (TAR0004199)	Current figures as of 30th November 2021 are: • 3369 active members (-1.80%) • 543 active groups (+4%) *Please note that figures for active groups were misreported last quarter. Q2 active groups was 537 (not 515 as reported). Active groups are increasing despite membership numbers decreasing. This suggests that groups wish to remain active despite some members being unable to participate now, most likely to do with the ongoing pressures of the pandemic on general practice. Numbers can fluctuate from month to month based on when memberships are due. Also, as the decision was taken to pause memberships for 4.5 months in 2020 due to the pandemic this has altered our patterns of data. Non GPST membership has been dropping a little each month which has been attributed to the continued pressures on primary care from the pandemic, however, we did an increase in GP memberships this quarter. We are mitigating this by engaging with all lapsed and pending members to try and encourage them back to active membership and have undertaken a project in 2021-22 to boost numbers back to pre-pandemic levels. PBSGL is normally a peer led activity which is held face to face. At the moment, meetings are virtual which may not suit everyone's learning styles. The fact that numbers have held so well during the year is testament to the value members see in their meetings.
Medical - Complete the redesign and move to an automated request and approval process in partnership with lead employer for LTFT (Less Than Full-time Training) and continued monitoring of existing LTFT working arrangements. To develop an online OOP (Out of Programme) request process. (TAR0004041)	There has been a further delay to delivery of the work by the digital team due to ongoing lack of capacity, the work has now been agreed as a priority in Technology Services plan for Q4.
Medical - Develop, pilot and publish eLearning module on structured handover training by March 2022. Evaluation with test groups - aim to increase knowledge and confidence using structured handover in 80% of those completing module. It is possible to measure reported changes in knowledge and confidence as part of built-in evaluation using Kirkpatrick framework. As some users of resources may have existing experience in these areas, agreement by development team that 80% reasonable as a target to indicate success of resources. (TAR0004225)	COVID DELAY - Availability of clinicians to create module content has delayed production. We still hope to have module completed by year end however, given pressures on front line clinical teams it is unlikely that testing and evaluation will be completed.

Target	Update
Medical - By July 2021, develop and pilot a formal evaluation process for the new RoT (Recognition of Trainers) process. The formal evaluation will be conducted between July and December 2021 and a report prepared for MDET by the end of March 2022. (TAR0004240)	The evaluation of the RoT process started but has been paused temporarily whilst we deal with data anomalies within our system. We plan to pick up the evaluation of RoT in the new year.
Medical - Establish a multi-disciplinary integrated CPD delivery skills progress passport and map of simulation-based education for the NHSS workforce by February 2022. Evaluation of National Skills Education Hub at NHS Louisa Jordan to inform proposal for additional facilities requirements using SEIPS improvement approach. (TAR0004210)	Draft report progressing, but still not complete. Three senior educators have been appointed through the Academy to lead on three regional collaboratives and a fourth senior educator to oversee multi-professional education. Start dates to be confirmed but expected to be Q4.
Technology Services - Subject to final agreement with the SG, NDS will develop and deploy a media store on the NDP to create a national data store for unstructured information (such as image files or PDFs). The first use case will be determined by the Scottish Government but is likely to be to support GP workflow. The store will require the use of a range of platform capabilities, including those identified above for RBAC and CHI). The likely 'go live' date for the first use case is likely to by the end of Quarter 2 2020-21, with further development work across the year. Resources required will be fully scoped as part of the commissioning process (to determine whether with the time constraints it is reasonable to contain the work within the existing team. (TAR0004019)	Conversations have continued with Genomics programme, in particular the Genomics lab within NHS Greater Glasgow and Clyde around providing them with a solution to store the raw data files and allow the sharing of these with other labs, thereby reducing duplication of analysis. This has been proposed to the ETB sub-group as the first use case for the Media Store. Work will progress on this Q4.
Technology Services - Work is being scoped during Quarter 4 of 2021-22 to determine the business requirements for a pre-diabetes service similar to SCI-D and the likely work required to deliver the digital and data componentry. While this has a high policy priority any work will only go forward in 2021-22 if the SG identifies additional resources to support the work. (TAR0004616)	Policy decisions on resourcing for this work remain outstanding.

Target	Update
Technology Services - During 2020-21 NDS will deliver services to support Role Based Access Control and CHI linkage for ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and Eyecare (open-source electronic patient record for Opthalmology called 'OpenEyes'), together with integration with other systems including the National Integration Hub (which has supported various COVID related programmes of work). In 2021-22 this will be extended to support Treatment Summaries and other deliverables, as well as supporting the roll out to other Boards of the Respect and Eyecare work; subject to final agreements being in place NDS will also implement and operationalise on the NDS AWS (Amazon Web Services) environment a version of the Nextgate EMPI (Enterprise Master Patient Index) to provide support for the vaccination programme. (TAR0004020)	Turas Platform team have had to de-prioritise this work to focus on COVID Check app work but will look to resume in Q4.
NMAHP - Deliver a minimum of 15 courses to support continuity of care as part of Best Start by March 2022. Courses will be responsive to individual NHS Board requirements and delivered virtually where possible, with face-to-face delivery maintained where required. (TAR0004348)	No Best Start Online workshops were planned during October, November and December 2021, with the total to date being 7 courses delivered. This is due to a national pause in the Best Start programme implementation as a result of current service pressures. However, we continue to plan for recommencement and are exploring additional activity around birth in the community workshops. Furthermore, a Parent Education course was facilitated with 6 Midwives and 1 Maternity Care Assistant. Courses will continue to be anticipated and informed by service need.
NMAHP - Produce 4 eLearning resources at the Skilled level of the NES/Public Health Scotland Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention by September 2021 covering the following areas: Promoting mental health and tackling inequalities; Supporting People in Distress and Crisis; Supporting People at risk of self- harm; Supporting People at risk of Suicide; Supporting Recovery and Quality of Life for People Living with Mental Ill-Health. (Psych Target: TAR0004401) (TAR0004353)	Work has commenced to adapt aspects of the existing content to be included in a suite of digital resources at the Skilled Level of the NES/Public Health Scotland Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention. NES digital is supporting the build work. This work is currently amber because it was originally planned to complete by Sep 2021.
NMAHP - By March 2022 we will maintain, update and develop where necessary, acute COVID-19 related educational resources for NMAHP workforce. (TAR0004515)	We continue to experience challenges in accessing specialty clinical critical care personnel to support the review and update of the acute covid related response resources. This relates to current clinical covid challenges and very limited staff availability. The resources are sense checked internally ongoing. In the absence of input from Clinical specialists we will suspend access until such review can be undertaken, this ensuring all evidence-based information is accurate and current.

Target	Update
NMAHP - Subject to Funding - By March 2022, continuing professional development (CPD) will be designed and delivered to a minimum of 75 School Nurses. CPD content will focus on the 2019 learning needs analysis and be in collaboration with the National School Nurse Implementation Group. Blended learning approaches including digital technologies will be utilised to maximise engagement. (TAR0004341)	Online webinars to support continuing professional development (CPD) for school nurses are being finalised in their design for delivery during quarter 4. Each webinar will be evaluated to inform methods of engagement and content of CPD next year.
NMAHP - By March 2022, we will initiate the development of a national midwifery career framework and education framework working in collaboration with key stakeholders. (TAR0004640)	A finalised SBAR to support this work has been developed with the plan now to engage with the incoming Chief Midwifery Officer for Scotland to consider taking this work forward. Oversight for this work will be provided by the existing Midwifery Education Review Oversight Group, with a Steering group to be established to progress this activity.
NMAHP - Subject to funding, in response to COVID-19, design and deliver online coaching skills to a minimum of 30 allied health professionals by March 2022. With a focus on remote consultations, this aims to further develop skills to deliver clinical and therapeutic interventions which empower and enable parents and others. (TAR0004350)	A training consultant will design and deliver workshops on coaching skills for Allied Health Professionals (AHPs) with small groups before the end of quarter 4. The aim of these workshops is to increase understanding in the foundations of coaching and in the development of coaching skills in AHPs working with children and young people.
NMAHP - We will continue to refine our virtual Healthcare Support Workers Masterclass model and deliver Healthcare Support Worker role development virtual workshops with two health boards (up to 20 participants per health board) who are able to engage with us in the delivery by March 2022. (TAR0004502)	Pre-Masterclass scoping meeting was held with NHS Tayside Lead Midwife and her senior team. They are keen to explore how to further develop the role of Maternity Care Assistant (MCA) across Tayside and align this role to the emerging Continuity of Care Model (Best Start). The senior team will explore timing and how best to integrate the Masterclass into their change work. Expected to meet again in January, with first virtual session held possibly in Feb/March. As part of the AHP HCSW scoping work, an adapted Masterclass will be offered to the practice educators - delivery (Jan - March) to be confirmed.
NMAHP - By March 2022, we will develop one career and educational pathways and associated resource for assistant practitioner radiographers as identified in Scottish Radiology Transformation Programme scoping exercise 2020/2021 (subject to funding). (TAR0004524)	Owing to board pressures we are unable to take forward the pilot of work-based modules to enable Assistant Practitioners to request x-rays and discharge back to hospital, but all preparatory work undertaken so pilot can resume as soon as board pressures subside. Work continues to explore routes into radiography, including feasibility of apprenticeship model. Work continues to support the Scottish Radiology Transformation Advancing Practice Assistant Practitioner Lead. A Band 4 Assistant Practitioner will undertake an expression of interest to scope current role development opportunities for Assistant Practitioners in Scotland.

Target	Update
PCR - Deliver the annual cycle of operational planning and performance with identified priority targets over the next three years and support the development of KPIs (Key Performance Indicators) for the new standing committees of the Board by end of September 2021. (TAR0004570)	Planning and performance cycles underway and fully on track. KPI work is under way and the pilot is due to complete by end December 2021. However, this work will miss the September deadline stated in the target.
PCR - Complete an Educational Governance review of a nominated NES directorate by January 2022. (TAR0004554)	The planned Educational Governance review of NMAHP is now scheduled for 1 March 2022. The work is now progressing well but will miss the January deadline.
Psychology - Deliver: introductory supervisor training to 60 new supervisors; supervision CPD training to 65 experienced supervisors; CBT supervision skills training to 15 clinical psychologists; competence awareness sessions to 4 Health psychology supervisors. Provide supervisor training to supervisors of applied psychology trainees across all funded programmes to ensure consistent level of support, opportunity and evaluation for trainees. Develop online Health Psychology supervisor training module; deliver competence awareness sessions to 4 Health psychology supervisors by March 2022. (TAR0004379)	Delivered new supervisor training to 14 delegates in Q3 (making 61 running total); CPD training to 31 experienced supervisors in Q3 (71 running total); CBT supervision skills training to 4 clinical psychologists in Q3; health psychology awareness to 4.
Psychology - Complete update of Developing Practice Trainee and Trainer Manuals and support delivery of DP training (face-to-face/remote) to 30 multidisciplinary staff working in physical health settings. (TAR0004452)	Refreshed training content submitted to Design on time in Q4, for both the Developing Practice Trainee Manual and the Developing Practice Trainer Manual.
Psychology - Produce 4 eLearning resources at the Skilled level of the NES/Public Health Scotland Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention by September 2021 covering the following areas: Promoting mental health and tackling inequalities; Supporting People in Distress and Crisis; Supporting People at risk of self- harm; Supporting People at risk of Suicide; Supporting Recovery and Quality of Life for People Living with Mental Ill-Health. (NMAHP target ref TAR0004353). (TAR0004401)	Work has commenced to adapt aspects of the existing content to be included in a suite of digital resources at the Skilled Level of the NES/Public Health Scotland Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention. NES digital is supporting the build work and presently the facilitator plans are with NES design.
Psychology - Provision of 'Train the Trainers' training (face-to-face, remote, blended) for 12 psychological therapists in the LD adapted version of Safety & Stabilisation. Support and review of implementation of this with specialist learning disability staff in at least 5 health board areas (n = 60 staff). (TAR0004414)	Train the Trainers event held, and 4 LD staff trained from 2 health boards. Green - LD S&S cohort (20 staff) planned for Q4 from across Scotland. Further cohort planned (20) for Q1 2022-3.

Target	Update
Psychology - Subject to SG funding confirmation, deliver workforce Training at enhanced and specialist trauma practice type, adapted to social distancing through remote delivery, including: 100 'Safety and Stabilisation' (S&S) training places; 18 places on S&S training for trainers by remote delivery; 30 places on 'Survive and Thrive' training; and 60 places on a trauma specialist intervention training. (TAR0004444)	To date (Q1-Q3) Enhanced training places: Safety and Stabilisation (S&S) (TPTIC + Central Team): 215 S&S training for trainers by remote delivery: 51 Survive and Thrive: 26 Specialist training places CBT for PTSD: 27 (33 further places planned for Feb 2022)
Psychology - In 2021/22, coordinate and quality assure 465 placements, including intensive support for supervisors and trainees, liaising with local tutors (organisers of placements) in each health board area. Complete 575 site visits; complete 420 end of placement reviews to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision. (TAR0004376)	Site visits = 87 (year to date = 191); End of Placement reviews =120 (year to date = 276)
Psychology - To support Primary Care innovations in person centred approaches to long-term conditions through developing Physical Health Competencies in 25 trainee Clinical Associates in Applied Psychology (CAAP) staff, 10 qualified CAAPs staff and 10 mental health staff in primary care. To train 40 staff to use digital technology to deliver Reclaim Your Life educational materials to patients with long term conditions (LTCs). (TAR0004449)	10 staff trained in ADAPT in Q3. 19 staff were trained at the Reclaim Your Life training in Q3, on 3.11.21.
Psychology - To continue to provide Cognitive Behavioural Therapy (CBT) training at various levels including: 1. To continue to provide CBT training to certificate (1 year course) and diploma level (additional 1-year course) to 18 ongoing clinicians who started/will start in Sept 20/Jan 21, and new cohort of 15 clinicians in Sept 21 (dependent on confirmation of SG funding for 22/23). 2. To continue to provide CBT supervision training to 20 CAMHS clinicians delivered in two training cohorts. 3. To deliver training for trainers in CBT based interventions such as Low Intensity Anxiety Management (LIAM) or Behavioural Activation (BA) to support implementation of these interventions in CAMHS. 4. To deliver highly specialist CBT courses in CBT for eating disorders to 15 clinicians. Training will be delivered face-to-face, remotely or blended as per government guidance. (TAR0004384)	1. A new cohort of trainees started cbt training in Sept 21. 11 started certificate training and 1 has now asked for an interruption and 6 started diploma training but 2 subsequently requested an interruption in studies. Interruption in studies is being asked for due to the pressure on CAMHS services due to an increase in emergency referrals and staffing issues. 2. A CAMHS CBT supervision training was delivered to 10 clinicians in October 21. A repeat of the training is planned for March 22. 3. BA national day took place in November 21 4. CBT-ED training has been planned and advertised for January to March 2022 for 25 clinicians. The first CBT-ED network meeting for qualified CBT-ED practitioners took place in Sept 21 to encourage continued application of the model.

Target	Update
Psychology - Support the review process of 'The Matrix (2015): A Guide for Delivering Evidence based Psychological Therapies' by developing guidance on the training pathways and supervision structures for therapies and interventions contained within the resource and disseminating the results to key stakeholders (e.g., Psychological Therapies Training Coordinators, service leads) and the wider NHS and partnership workforce. (TAR0004462)	No further progress on this over Q3 as awaiting update from SG on psychological therapies standards. Guidance will be amended to align with the standards as required.
Psychology - Based on an Equality and Diversity impact assessment, 3 further resources at the Skilled level of the NES/Public Health Scotland Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention Framework that address particular and prioritised population needs will be published by September 2021. (NMAHP target ref TAR0004357) (TAR0004405)	Further resources at the Skilled level of the NES/Public Health Scotland Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention Framework are being progressed alongside the wider skilled level activity (TAR0004353) through the development of digital resources to ensure that we have an equality and diversity lens embedded within our future digital resources.
Psychology - Continue with the delivery of the Psychological Interventions in Response to Stress & Distress in Dementia Training for Trainers programme. Deliver 1 Stress and Distress in Dementia Training for Trainers programme to 20 health and social care staff by March 2022. Further support the implementation of formulation-led approaches to manage and reduce distressed behaviour by delivering two Stress and Distress in Dementia coaching workshops to 30 health and social care staff by March 2022. Training and coaching to be delivered face-to-face, remote or blended approach. (TAR0004436)	Unfortunately, the November Stress and Distress training for trainers (TFT) had to be cancelled, however January date is going ahead and a further TFT will be planned for March/April 2022. Coaching workshops will go ahead as planned - it is anticipated that up to 28 staff will attend across 2 workshops in Q4.
Psychology - Monitor recruitment and employment diversity data for the NES funded Psychology Training programmes and provide regular robust data to inform individual training programme activities. Annual reports produced in response to recruitment for 6 Training Programmes. Monthly trainee activity reports collated to monitor changes in Trainee training circumstances. (TAR0004361)	Delayed. Monitoring of recruitment and employment diversity data for psychology training programmes has continued however there has been some impact on data collection processes as a result of challenges with staff resource/capacity.
Psychology - Support the development of a trauma informed workforce in justice services and organisations, including create and disseminate a Knowledge and Skills framework for the Justice Workforce to recognise the impact of trauma on victims and witnesses, reduce re-traumatisation and support recovery; create and pilot 2 Justice Trauma Informed Leaders Training low intensity high volume webinars, and 3 high intensity low volume workshops by March 2022. (TAR0004448)	COVID DELAY. Knowledge and Skills framework is on track to be drafted by March 2021. Analysis of interviews with victims and leaders complete. Literature reviews complete. Competency extraction from these sources substantively underway. Framework structure agreed by victims taskforce. Delivery of Justice Trauma Informed Leaders Training webinars is a COVID DELAY/ off track: Justice organisations continue to be absorbed in responding to the impact of the pandemic, making development and delivery of this training difficult.

Target	Update
Workforce - Develop a Service Level Agreement with the recruitment shared service provider and NES that meets NES requirements by December 2021. Influence development of the shared service through regular active participation in the east Region programme Board and the Jobtrain National Governance group. (TAR0003965)	The postponement of the transition of NES recruitment into the east regions service has led to challenges with maintaining adequate resourcing in the Recruitment team due to the reliance on short term agency contracts in the interim period. Additional resource was approved by EET in Q3. the Gap analysis work for when Recruitment activity moves into the east Region service has not progressed due to a lack of capacity for this work given the turnover of agency staff and high levels of recruitment across NES.
Workforce - Continue to support Directorates in improving their compliance rates for Personal Development Planning & Review and Essential Learning through design and delivery of an effective and timely programme of learning and peer support for new and current managers ensuring 60% of new line managers participate in programme. (TAR0004636)	New line manager resources ready to pilot in Q4.
Workforce - Lead on the establishment of a sustainable cross directorate infrastructure to enable clear education and career pathway routes in NES by implementing the Youth Employment Strategy and increasing the number of all levels of apprenticeships employed in NES by 10%. (TAR0004093)	Link with outcome of workforce planning exercise being reviewed. Need to complete NES YPG proforma in Q4. Foundations built for a small intake of HE student placements in first half of 2022. This will allow us to assess the benefits of integrating HE student placements into a sustainable organisational approach. To include 2 x MSc students studying Human Resource Management who will undertake research and produce their dissertation aligned to our research needs in Workforce. Output available by Sept 2022.
Workforce - Pilot joining up recruitment campaigns across the organisation via the Workforce Plan and through working with Directorate Management Teams, by November 2021. By March 2022 evaluate pilot for positive impact on recruitment outcomes and time to fill. (TAR0003966)	Continued use of recruitment pools for vacancies, monitoring of the impact of this remains pending due to a lack of capacity across the team to more fully monitor this. This will carry over in Q4 and be included in the workforce planning projections.
Workforce - Support the development of a community of change agents from health and social care organisations, hosting 4 community events and providing support to 20 paired learning partners. Offer 20 places on Do OD development programme. (TAR0004074)	All 20 available places on OD Essentials programme have been allocated across the Health and Care system. The planned Community events still to take place – they were scheduled for January to March 2022, but these are now unlikely to take place due to the pressures of the pandemic.
Workforce - Subject to funding, through the course of 2021/22 design and deploy phase 2 policies which include 34 policies (17 PIN policies) and approximately 715 supporting documents by April 2022 which is in line with the OFS (Once for Scotland) Policies Programme Board timelines. Delivering phase 2 policies involves providing content and user experience expertise and providing the website infrastructure to host these policies and the resources to migrate policy content onto the website. (TAR0004017)	This programme has been put on hold by Scottish Government till April 2022.

Target	Update
Workforce - Establish baseline data metrics for our integrated learning up and look to increase traffic to the hub by 25% as part of continuing support for improved and widened access to relevant learning and development for a comprehensive range of non-clinical health care support workers. (TAR0004096)	Virtual learning week for all HCSWs (clinical and non-clinical) now planned and organised for Q4. Virtual Good Practice Day for Business & Administration in NHSS held in Q3 with positive feedback. 132 registered. Development of Turas Hub will continue in line with the virtual learning event. Second phase of learning needs analysis (Estates & Facilities specific) unable to progress due to limited staff resource.

NHS Education for Scotland **NES/22/10**
Item 11b
10 February 2022

Board Paper

1. Title of Paper

Corporate Governance Package

2. Author(s) of Paper

Della Thomas, Board Secretary: Principal Lead Corporate Governance
Jim Boyle, Director of Finance and Janice Sinclair, Deputy Director of Finance

3. Situation/Purpose of paper

The NES Corporate Governance Package is brought to the Board for final approval.

4. Background

4.1 The Corporate Governance Package comprises of the:

- Board Standing Orders
- Board Code Conduct
- Board Scheme of Delegation
- Board Standing Financial Instructions (SFIs)
- Staff Governance Committee (SGC) Terms of Reference (ToRs
- Remuneration Sub-Committee ToRs
- Education and Quality Committee (EQC) ToRs
- Digital and Information Committee (DIC) ToRs
- Audit and Risk Committee (ARC) ToRs
- NHS Scotland Academy Joint Strategic Programme Board ToRs.

4.2 The NES Board Standing Orders were revised and aligned with the NHS Model Standing Orders DL (2019) 24 and approved by the Board at the meeting held on 30 July 2020. Further to this, a Board Standing Orders Implementation Action Plan was developed.

4.3 A component of the Implementation Action Plan was the preparation of ToRs for all Standing Committees along with the ambition to review the whole corporate governance package (as listed in paragraph 4.1 and 4.2) on an annual basis. Therefore, the review of Committee ToRs has been scheduled through the Standing Committee Autumn meetings. The full package was reviewed by the ARC at the meeting held on 27 January 2022.

4.4 In due course, the other area of development will be the preparation of a strategic financial plan which will align with strategic direction of NES and connect with the Board and Committee assurance frameworks as appropriate.

5. Assessment/Key Issues

(include identification of any strategic risks)

5.1 There is a risk that if the Corporate Governance Package is not considered from a strategic overview perspective, as well as an individual component perspective, then changes or improvements in governance elsewhere in the organisation or in the wider system are not implemented as appropriate. The strategic overview also mitigates duplication of governance effort and enables the identification of any gaps and enhances governance line of sight.

Board Standing Orders

5.2 The Board Standing Orders, approved at the 27 May 2021 Board meeting, have been published on the NES external website here.

5.3 The revised Board Standing Orders are included as Appendix I of this paper. A change has been made to align the Standing Orders with the Blueprint for Good Governance DL (2019) 02.

5.4 Section 4.8 of the Blueprint for Good Governance states that the Chair is personally responsible for appointing Board Members to Standing Committees, Integration Joint Boards and other roles within the NHS Board and partner organisations.

5.5 In section 9.2 of the NES Board Standing Orders it states that ***"the Board shall appoint the Chairs of all committees***. The Board shall approve the Terms of Reference and membership of the Committees".

5.6 In order to align with the role of the Board Chair as specified by the Blueprint for Good Governance, this section has been revised to ***"The Chair shall appoint Board Members to Standing Committees and other roles within the NHS Board and partner organisations.*** The Board shall approve the Terms of Reference and membership of the Committees".

5.7 Section 9.3 has also been amended similarly from "The **Board** shall appoint Committee members to fill any vacancy in the membership as and when required. If a Committee is required by regulation to be constituted with a particular membership, then the regulation must be followed" to "The **Chair** shall appoint Committee members to fill any vacancy in the membership as and when required. If a Committee is required by regulation to be constituted with a particular membership, then the regulation must be followed".

5.8 A clarification has been added to paragraph 4.9 to explain that Board meeting dates are published in advance on the website. Board Meetings shall be held in public. **Once approved by the Board, a list of the public meetings to take place for the year, will be published on the Board's website.** A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved.

5.9 Clarification has been added to paragraph 9.7 to confirm that co-opted members do not have a vote. "A co-opted member is one who is not a member of NHS Education for Scotland NHS Board and is not to be counted when determining the Committee's quorum **and is a non-voting member.**

Board Code of Conduct

5.10 The Board Code of Conduct is based on the 2014 Model Code and is published on the NES external website here.

5.11 The "Model Code of Conduct for members of devolved public bodies revised edition December 2021" was published on 7 December 2021 and is available on the Scottish Government (SG) website here. The revisions have been in the areas of, for example, declarations of interest; social media; equality and diversity and bullying and harassment.

5.12 Individual NHS Boards have been advised (in a letter from Laurie Whyte, Scottish Government dated 17 December 2021), **not** to commence any work on revising our 2014 Code. It is proposed that an NHS 'Once for Scotland' approach will be prepared for all NHS Boards. Scottish Government are aiming to work collaboratively with the Chair and Vice Chair of the NHS Board Chairs Group, to develop a standard Code of Conduct that is appropriate for all Health Bodies which will also embrace any changes that will flow from updates to the NHS Blueprint for Good Governance. There will be some additional guidance and advice notes from the Standards Commission for NHS Boards. The timeline is a final version, approved by Scottish Ministers, to be published by 10 June 2022. For this reason, NES will continue to work with the existing 2014 NES Code of Conduct at this stage.

5.13 Once the NHS guidance and NHS Board Model Code is available, a Board Development session will be scheduled, and the new Model Code progressed through ARC and onwards to Board for approval.

Board Scheme of Delegation

5.14 The Board Scheme of Delegation was last reviewed by the ARC in January 2020 as part of the review of the SFIs. However, because the Board Scheme of Delegation goes beyond the financial delegated authorities, it is published on the NES external website as document in its own right here. It will be included as a hyperlink in the SFIs.

5.15 The revised Board Scheme of Delegation is included as Appendix II of this paper.

5.16 Changes have been made to update job titles as appropriate.

5.17 The below additional delegations have been added:

5.17.1 *Board Assurance Framework* has been added to the Risk Management delegation
5.17.2 Liaison with *External* Audit Services has been added to the delegation which previously only mentioned Internal Audit Services
5.17.3 *Standards of Board Member Conduct*
5.17.4 *Signing the Annual Accounts and Annual Report*
5.17.5 *Whistleblowing*

5.18 The ARC approved the above changes and agreed that the Board Scheme of Delegation will be further amended to state the delegated financial authority (as appropriate) and this align this with the SFIs.

SFIs

5.19 Revisions to the Board SFIs were last approved at the 8 August 2021 Board meeting and published on the NES external website here.

5.20 Recent past reviews of the SFIs have been partial in nature, for example updating components of the SFIs for COVID-19. The review conducted by the finance team on this occasion has been more comprehensive across the whole document. The revised SFIs are attached as Appendix III of this paper. The main changes reviewed and agreed by ARC are as follows:

5.20.1 Procurement section updated to reflect the UK's exit from the EU.
5.20.2 The General Nursing Council (GNC) fund and Endowments are treated separately. This is following confirmation that the GNC Trust is as a Charitable Trust and not an NHS Endowment. We also reference the November 2019 Review of Governance of NHS Endowment Funds which would be followed should NES every receive an Endowment.
5.20.3 Section on Joint working arrangements added given that we are now working with NHS Golden Jubilee (NHSGJ) in terms of the NHS Scotland Academy (NHSSA).
5.20.4 Section on Sponsorship added which links to the existing NES Sponsorship policy as amended for any changes in relation to the NHSSA
5.20.5 Section on Whistleblowing added.
5.20.6 Section on Intellectual Property Rights added.
5.20.7 Replaced the Retention period schedule with a link to the NES policy.
5.20.8 Expanded references to assets to ensure intangible assets are included.
5.20.9 Links inserted to the NES external website for the Board Scheme of Delegation and the Standing Committees Terms of Reference to ensure these are kept up-to-date.
5.20.10 Information for the engagement of Management Consultants updated.
5.20.11 Other housekeeping changes e.g. to update the Accountable Officer responsibilities; reference to all financial targets within Resource limits; references to standards within the role of Internal Audit; introduction of neutral gender references; job titles and banking arrangements**.**

5.21 The ARC requested a strengthening of section 18.5 to clarify that monitoring arrangements were in place for the counter fraud training. This addition has been made.

SGC ToRs

5.22 The Board approved the SGC ToRs at the 11 February 2021 meeting and the ToRs were then published on the NES external website here.

5.23 The SGC reviewed the ToRs at the 4 November 2021 SGC meeting and made no further changes. Therefore, the version of the SGC ToRs for the approval by the Board are the version as published.

Remuneration Committee ToRs

5.24 The Remuneration Committee ToRs were last approved by the Board at 12 August 2021 meeting and published on the NES external website here. Changes were made to describe the responsibilities of the Remuneration Committee in respect of redundancy payments, Voluntary Severance payments and early retirals.

5.25 Since the last review of the Remuneration Committee ToRs, one further change has been made. The Vice Chair of the Board retired in August 2021 the new Vice Chair has taken on their role of Chair of Remuneration Committee.

5.26 The Remuneration Committee ToRs were approved by the Committee by correspondence during week commencing 18 October 2021.

5.27 As per the Staff Governance standard and as per the SGC ToRs, the SGC reviewed the Remuneration Committee ToRs at the 4 November 2021 SGC Meeting and asked that paragraph 3.2 made the membership and choice of Remuneration Committee Chair clearer. This revision has been made. The Remuneration Committee ToRs are included as Appendix IV.

EQC ToRs

5.28 The EQC ToRs were approved by the Board at the 11 February 2021 meeting and published on the NES external website here. Further to this the EQC received a delegated remit from the NHS Scotland Academy Joint Strategic Programme Board. This was discussed and amendments proposed at the 19 August 2021 EQC meeting. The amendments to the EQC delegated remit have been approved and noted by both of the NHS Scotland Academy parent Boards, the NHS Golden Jubilee and the NES, on 25 November 2021.

5.29 The EQC delegated remit has been added as Appendix I of the EQC ToRs. The ToRs were reviewed and approved at the 9 December 2021 EQC meeting.

5.30 The revised EQC ToRs are attached as Appendix V.

DIC ToRs

5.31 The DIC ToRs were approved at 12 August 2021 Board meeting and published on the NES external website here.

5.32 The DIC ToRs were reviewed at the 13 December 2021 Committee Meeting further to the respective roles of the DIC and the ARC being clarified in relation to information governance. There is agreement that all information governance will be brought to the DIC for active scrutiny. Therefore, the splitting off of information governance between the DIC and the ARC has been amended in paragraph 1.3. The other amendments to the ToRs are tracked and are paragraph 2.1 has been updated to refer to the refreshed Digital Health and Care Strategy and paragraph 5.3 amended to refer to the new NES Technology Service.

5.33 The DIC ToRs are attached as Appendix VI.

ARC ToRs

5.34 The ARC approved the standard headings and generic text for all NES Board Committee ToRs at the ARC Meeting of 3 November 2020. This meeting also approved the ARC ToRs.

5.35 The generic headings and key content, applicable to all Committees, were approved at the 26 November 2020 Board and published on the NES external website here.

5.36 The ARC ToRs, along with other Committee ToRs, were approved by the Board at the 11 February 2021 meeting and published on the NES external website here.

5.37 At the 27 January 2022 ARC meeting, the ARC approved the following changes to the ARC ToRS:

- Paragraph 2.2 of the ARC ToRs stated that full membership of the Committee shall include five non-executive members of the Board including the Audit Committee Chair. This has been changed to four to align with the generic ToRs and the Board Standing Orders.
- Paragraph 7.1 stated the ARC would meet five times a year. The past Audit Committee met four times a year, however when the ARC took on the detailed financial scrutiny from the previous Finance and Performance Committee, it was agreed that the ARC would meet five times a year. This was to scrutinise the detailed financial reports ahead of summary financial reports to Board. This approach was subject to review by the ARC and the Board. The Board Chair, ARC Chair and the CEO have agreed that for 2022/23 Q1, Q2, Q3 and Q4 financial reports should come, in full, to the Board and not be sequenced through the ARC. The additional meeting is no longer required, and the ARC will meet four times a year.
- As per the above decision, (for detailed quarterly financial reports, not to come through the ARC), the paragraph detailing this role in the ARC ToRs has been removed.
- A new paragraph 9.5.1 has been added to embrace the ambition for NES to develop a financial strategy which sets out strategic financial assumptions and approaches, and from which the draft budget will be developed.
- Paragraph 9.2.7 includes the role of ARC in the review of internal arrangements by which staff may raise concerns about possible improprieties and lists whistleblowing as one such area. NES has delegated whistleblowing to the SGC. This paragraph originates from the Model ToRs in the Audit and Assurance Committee Handbook (2018). Since then, whistleblowing within the NHS system has developed and in NES the remit has been delegated to the SGC. This reference has therefore now been removed from the ARC ToRs.

5.38 The ARC ToRs for Board approval are included as Appendix VII of this paper.

NHS Scotland Academy Joint Strategic Programme Board ToRs

5.39 The NHS Scotland Academy Joint Strategic Programme Board ToRs were approved by the NES Board at the 25 November 2021 Board Meeting and published on the NES external website here

5.40 Since this date there have been no further reviews of the Joint ToRs by the Joint Strategic Programme Board ToRs but there is work on-going to progress the development of the governance of the Academy in line with the ToRs for review at the next Joint Strategic Programme Board meeting.

6 Recommendations

The Board is invited to review and approve the Corporate Governance Package.

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, Board Secretary
February 2022

Appendix I

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF NHS EDUCATION FOR SCOTLAND (NES) NHS BOARD

Version 9
February 2022

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1 General

1.1 These Standing Orders for regulation of the conduct and proceedings of NHS Education for Scotland (NES), the common name for NHS Education for Scotland NHS Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (https://learn.nes.nhs.scot/17367/board-development)

1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of NHS Education for Scotland. The Commissioner for Ethical Standards in Public Life can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may

delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations or cross-refer to where the information is published.

1.11 The Board Secretary and Principal Lead Corporate Governance shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2 Chair

2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

3.1 The Chair shall nominate a candidate or candidates for Vice-Chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide and will be reviewed by the Board every two years.

3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Chief Executive and Accountable Officer should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim Chair in the period until the appointment of a new Chair, or the return

of the appointed Chair. Where the Chair is absent for a short period due to leave (for whatever reason). the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least four clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally, only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.9 Board meetings shall be held in public. Once approved by the Board, a list of the public meetings to take place for the year, will be published on the Board's website. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for Committees to inform it of business which has been discussed in Committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

Calling and Notice of Board Meetings: Deputations and petitions

4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wishes to be received. The application will state the subject and the proposed action to be taken.

4.11 Any member may put any relevant question to the deputation but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.

4.12 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice-Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended

refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. NHS Education for Scotland has fourteen members of the Board. The quorum for NHS Education for Scotland will be five. This will translate as three Non-Executive Directors and two Executive Directors. The quorum for committees will be set out in their terms of reference, however it can never be less than two Non-Executive Board members.

5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or Committee meeting when the item is under consideration and should not be counted as participating in that meeting for quorum or voting purposes.

5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However, members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to

permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting. Board meetings will be made accessible, as appropriate, to enable this. The exception to this would be if any person in attendance was behaving inappropriately, disrespectfully or in an unruly manner and disruptive to Board proceedings. In such circumstances it would be the Chairs responsibility to invite a behaviour change or ask them to leave the meeting.

Board Meeting in Private Session

5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25 The Board Secretary Principal Lead Corporate Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

a) Standing Orders
b) The establishment and terms of reference of all its committees, and appointment of committee members
c) Organisational Values
d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.

e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
g) Risk Management Policy.
h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
i) Standing Financial Instructions and a Scheme of Delegation.
j) Annual accounts and report. (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts, or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly, the Board cannot publish the report of the external auditors of their annual accounts in this period.)
k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.
l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

6.5 Additional matters which may be reserved for the Board are:

- The contribution to Community Planning Partnerships through the associated improvement plans.
- Health & Safety Policy
- Arrangements for the approval of all other policies.
- The system for responding to any civil actions raised against the Board.
- The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

6.6 Within the above the Board may delegate some decision making to one or more executive Board members.

7 Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document, the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.

8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Education for Scotland Board Development website identifies the committees which the Board must establish. (https://learn.nes.nhs.scot/17367/board-development)

9.1a All of the Standing Committees shall consist of, or have a majority of, non-executive Board members.

9.1b The quorum of a Standing Committee of the Board shall normally be three non-executive members.

9.1c No expenditure shall be incurred by a Committee without the consent of the Chief Executive and Accountable Officer. Consent for this expenditure will not be unreasonably withheld.

9.2 The Chair shall appoint Board Members to Standing Committees and other roles within the NHS Board and partner organisations. The Board shall approve the Terms of Reference and membership of the Committees. The Board shall review these as and

when required and shall review the terms within 2 years of their approval, if there has not been a review.

9.3 The Chair shall appoint Committee members to fill any vacancy in the membership as and when required. If a Committee is required by regulation to be constituted with a particular membership, then the regulation must be followed

9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the Committee.

9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to Committee meetings where the Committee's membership consist of or include all the Board members. Where the Committee's members includes some of the Board's members, the Committee's meetings shall not be held in public and the associated Committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a Committee may attend a Committee meeting and have access to the meeting papers. However, if the Committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that Committee. The person presiding the Committee meeting may agree to share the meeting papers for restricted business papers with others.

9.6 The Board shall approve a calendar of meeting dates for its Committees. The Committee Chair may call a meeting any time and shall call a meeting when requested to do so by the Board.

9.7 The Board may authorise Committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A Committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of NHS Education for Scotland NHS Board and is not to be counted when determining the Committee's quorum and is a non-voting member.

NHS Education for Scotland
February 2022
DT

Appendix II

Board Scheme of Delegation

Delegated Issue and Scope of Delegation	**Individual Responsible**	**Deputy**
Chair all Board meetings and associated responsibilities	Chair	Vice Chair
Risk Management and Board Assurance Framework	Chief Executive	Executive Director of Finance
Demonstrate Best Value for all services	Chief Executive	Executive Director of Finance
Disciplinary and Grievance arrangements	Chief Executive	Director of Workforce
Standards of business conduct for staff	Chief Executive	Executive Director of Finance
Standards of Board Member Conduct	Chair and Chief Executive	Deputy Chair; Deputy CEO
Register of Interests (including gifts and hospitality) -Board Members - Staff	 Chief Executive Chief Executive	 Board Secretary & Corporate Governance Lead Executive Director of Finance
Approve and sign all legal documents which will be necessary in legal proceedings related to staff	Chief Executive	Executive Director of Workforce
Complaints	Chief Executive	Director of Planning and Corporate Resources
Freedom of Information	Chief Executive	Director of NES Technology
Educational Quality Assurance Systems	Chief Executive	Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHP)
Operation of all detailed financial matters including bank accounts and banking procedures.	Executive Director of Finance	Deputy Director of Finance
Implementing the Board's financial policies and co-ordinating corrective action and ensuring detailed financial procedures and systems are prepared and documented	Executive Director of Finance	Deputy Director of Finance
Delegation of budgets and approval to spend funds within delegated limits	Chief Executive	Executive Director of Finance

Delegated Issue and Scope of Delegation	Individual Responsible	Deputy
Recording and monitoring of payments under the losses and compensation regulations	Executive Director of Finance	Deputy Director of Finance
Procedures for the procurement, ordering and receipt of goods	Executive Director of Finance	Principal Lead, Procurement
Payment of staff	Executive Director of Finance	Deputy Director of Finance
Procedures for the payment of travel, subsistence, study course and other expenses	Executive Director of Finance	Deputy Director of Finance
Procedures for the payment of accounts	Executive Director of Finance	Deputy Director of Finance
Management of Non-Exchequer funds	Executive Director of Finance	Deputy Director of Finance
Liaison with Internal and External Audit services	Executive Director of Finance	Deputy Director of Finance
Issuing Tenders	Executive Director of Finance	Principal Lead Procurement
Receiving and Opening of Tenders	Executive Director of Finance	Authorised personnel
Devise and maintain systems of budgetary control	Executive Director of Finance	Principal Lead, Finance Business Partnering (FBP)
Preparing the Annual Accounts and the Annual Report	Executive Director of Finance	Deputy Director of Finance
Signing the Annual Accounts and Annual Report	Chair and CEO/Accountable Officer (AO)	Vice Chair In the absence of the Accountable Officer the Accounts can be delayed until the AO is available to sign them
Banking Arrangements	Executive Director of Finance	Deputy Director of Finance
Risk Management Processes	Executive Director of Finance	Director of Planning and Corporate Resources
Management and control of technology systems and facilities including data protection	Director of NES Technology	Associate Director – Digital
Investigate any suspected cases of fraud and other irregularity	Executive Director of Finance	Counter Fraud Services
Review, appraise and report in accordance with NHS Internal Audit Manual and best practice	Chief Internal Auditor	
Information Governance	Director of NES Technology	Associate Director – Digital

Delegated Issue and Scope of Delegation	Individual Responsible	Deputy
Caldicott Guardianship	Post Graduate Dean of Dental Education	Deputy Director of Medicine
Human Resource (HR) Management	Director of Workforce	Head of Service HR - Workforce
Procedures for employment of staff	Director of Workforce	Head of Service HR - Workforce
Leave: annual, compassionate, special leave and leave without pay.	Director of Workforce	Head of Service HR - Workforce
Grievance and disciplinary procedures for staff	Director of Workforce	Head of Service HR - Workforce
Health and Safety arrangements	Director of Workforce	Principal Lead-P&FM
Whistleblowing	Chief Executive	Director of Planning and Corporate Resources
Responsible for security of the Board's property, avoiding loss, exercising economy and efficiency in using resources and conforming Standing Orders, Financial Instructions and Procedures.	All members and employees of NES.	

February 2022
Board Secretary
NES

Appendix III

STANDING FINANCIAL INSTRUCTIONS

January 2022
(Including Amendments for COVID-19 arrangements)

Date of next Audit and Risk Committee review: January 2023

Approved by the Board: XXX

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1. INTRODUCTION

1.1 Background

These Standing Financial Instructions are issued in accordance with the financial directions issued by the Scottish Government Health and Social Care Directorate (SGHSCD) under the provisions contained in the Regulation 4 of the NHS (Financial Provisions) (Scotland) Regulations, 1974 together with the subsequent guidance and requirements contained in NHS Circular No. 1974 (GEN) 88 and Annex, and NHS Circular MEL (1994) 80. Their purpose is to provide a sound basis for the control of NHS Education for Scotland's (NES) financial affairs and shall have the effect as if incorporated in the Standing Orders of NES.

1.2 The purpose of such a scheme of control is:

- to ensure that NES acts within the law and that financial transactions are in accordance with the appropriate authority;
- to ensure that proper accounting records, which are accurate and complete, are maintained;
- to ensure that financial statements, which give a true and fair view ofthe financial position of NES and its expenditure and income, are prepared timeously;
- to protect NES against the risk of fraud and irregularity;
- to ensure that all staff feel comfortable raising issues of concern, confident that those issues will be investigated fully and impartially;
- to safeguard NES assets;
- to ensure that proper standards of financial conduct are maintained;
- to enable the provision of appropriate management information;
- to ensure that NES seeks best value from its resources, by making proper arrangements to pursue continuous improvement, having regard to economy, efficiency, and effectiveness in NES's operations;
- to ensure that any delegation of responsibility is accompanied by clear lines of control and accountability, together with reporting arrangements; and
- to ensure transparency and accountability in all procurement and contracting activities.

COMPLIANCE

1.3 All Board Members, officials, staff, and agents of NES shall observe the Standing Financial Instructions. The Chief Executive, Directors and Members of the Executive Team shall be responsible for ensuring that staff and others within the organisation are aware of, and adhere to, the

Standing Financial Instructions.

1.4 Failure to comply with these Standing Financial Instructions may lead to disciplinary action being taken.

1.5 Where these Standing Financial Instructions place a duty upon a person,this may be delegated to another person, subject to the Scheme of Delegation contained within the Standing orders of NES.

1.6 All references in these instructions to a particular gender shall be read as equally applicable to any gender.

1.7 Nothing in these Standing Financial Instructions shall be held to override any legal requirement or Ministerial Direction placed upon NES, its members, or officers.

2. RESPONSIBILITIES OF THE CHIEF EXECUTIVE AS ACCOUNTABLE OFFICER

2.1 Under the terms of Section 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000, the Principal Accountable Officer (PAO) for the Scottish Government has designated the Chief Executive of NES as its Accountable Officer.

2.2 Accountable Officers must comply with the terms of the Guidance to Accountable Officers and any updates issued to them from time to time by the Scottish Government Health and Social Care Directorate.

2.3 GENERAL RESPONSIBILITIES

2.3.1 The Accountable Officer is personally answerable to the Scottish Parliament for the propriety and regularity of the public finances for NES ensuring that the resources of the body are used economically, efficiently and effectively.

2.3.2 The Accountable Officer has a personal duty of signing the Annual Accounts of NES for which they have responsibility. Consequently, they may also have the further duty of being a witness before Scottish Parliament committees including the Public Audit Committee (PAC) and be expected to deal with questions arising from the Accounts, or, more commonly, from reports made to Parliament by the Auditor General for Scotland on examinations into the economy, efficiency and effectiveness with which the body has used its resources in discharging its functions. The Accountable Officer must also ensure that any arrangements for delegation promote good management,

and that they are supported by the necessary staff with an appropriate balance of skills. This requires careful selection and development of staff and the sufficient provision of special skills and services.

2.4 SPECIFIC RESPONSIBILITIES

The Accountable Officer must:

2.4.1 Ensure that appropriate financial systems are in place and applied, and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes.

2.4.2 Sign the Accounts and the associated governance statement assigned to them, and in doing so accept personal responsibility for their proper presentation as prescribed in legislation and/or in the relevant Accounts Direction issued by Scottish Ministers.

2.4.3 Ensure that proper financial procedures are followed and that accounting records are maintained in the form prescribed for published accounts.

2.4.4 Ensure that the public funds for which they are responsible are properly managed and safeguarded, with independent and effective checks of cash balances in the hands of any official.

2.4.5 Ensure that the assets for which they are responsible, including land, buildings, fixtures, fittings, equipment, intangible and other assets are properly managed and safeguarded and checked as appropriate.

2.4.6 Ensure that, in consideration of policy proposals relating to expenditure or income for which they have responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and where appropriate brought to the attention of the NES Board.

2.4.7 Ensure that any delegation of authority is accompanied by clear lines of control and accountability, together with reporting arrangements.

2.4.8 Ensure that procurement activity is conducted in accordance with the requirements in the Procurement section of the Scottish Public Finance Manual

2.4.9 Ensure that effective management systems appropriate for the achievement of the organisation's objectives, including financial monitoring and control; systems have been put in place.

2.4.10 Ensure that risks, whether to achievement of business objectives, regularity, propriety, or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them.

2.4.11 Ensure that arrangements have been made to secure Best Value as set out in the Scottish Public Finance Manual.

2.4.12 Ensure that managers at all levels have a clear view of their objectives and the means to assess and measure outputs, outcomes and performance in relation to those objectives.

2.4.13 Ensure that managers at all levels are assigned well-defined responsibilities for making the best use of resources (both those consumed by their own commands and any made available to third parties) including a critical scrutiny of outputs, outcomes and value for money.

2.4.14 Ensure that managers at all levels have the information (particularly about costs), training, and access to the expert advice which they need to exercise their responsibilities effectively.

2.5 REGULARITY AND PROPRIETY OF EXPENDITURE

2.5.1 The Accountable Officer has a particular responsibility for ensuring that NES achieves high standards of regularity and propriety in the consumption of resources. Regularity involves compliance with relevant legislation, relevant guidance issued by the Scottish Ministers - in particular the Scottish Public Finance Manual - and the framework document defining the key roles and responsibilities which underpin the relationship between NES and the Scottish Government. Propriety involves respecting the Parliament's intentions and conventions and adhering to values and behaviours appropriate to the public sector.

2.5.2 All actions must be able to stand the test of parliamentary scrutiny, public judgement on propriety and professional codes of conduct. Care must be taken to avoid actual, potential, or perceived conflicts of interest.

2.6 ADVICE TO THE NHS EDUCATION BOARD, AND OTHER DECISION-MAKING BODIES

2.6.1 The Accountable Officer has a duty to ensure that appropriate advice is tendered to the Board, the Executive team, and other decision-making bodies on all matters of financial propriety and regularity, and more broadly, as to all considerations of prudent and economical administration, efficiency, and effectiveness.

2.6.2 If the Accountable Officer considers that, despite their advice to the contrary, the Board or other decision making body is contemplating a course of action which they consider would infringe the requirements of regularity or propriety, and that, as a result, they would be required to take action that is inconsistent with the proper performance of their duties as Accountable Officer, they should, inform the Scottish Government Health and Social Care Directorate's Accountable Officer, so that the Department, if it considers it appropriate, can intervene, and inform Scottish Ministers. If this is not possible, the Accountable Officer should set out in writing their objection to the proposal and the reasons for the objection. If their advice is overruled, and the Accountable Officer does not feel that they would be able to defend the proposal to the Scottish Parliament's Public Audit Committee (PAC), as representing value for money, they should obtain written instructions from the Board and send a copy of their request for instruction and the instruction itself as soon as possible to the External auditor and the Auditor General for Scotland.

2.6.3 The Accountable Officer must also ensure that their responsibilities as Accountable Officer do not conflict with those as a Board member. They should vote against any action that they cannot endorse as Accountable Officer, and in the absence of a vote, ensure that their opposition as a Board member, as well as Accountable Officer is clearly recorded.

2.7 ABSENCE OF ACCOUNTABLE OFFICER

2.7.1 The Accountable Officer should ensure that they are generally available for consultation and that in any temporary period of unavailability due to illness or other cause, or during the normal period of annual leave, a senior officer will act on their behalf.

2.7.2 In the event that, the Accountable Officer would be unable to discharge their responsibilities for a period of four weeks or more, NES will notify the Principal Accountable Officer of the Scottish Government, in order that an Accountable Officer can be appointed pending their return.

2.7.3 Where an Accountable Officer is unable, by reason of incapacity or absence, to sign the Accounts in time for them to be submitted to the Auditor General, the Board may submit unsigned copies, pending the return of the Accountable Officer.

3. RESPONSIBILITIES OF THE BOARD

The Board functions in accordance with the NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) in setting the direction, clarifying priorities and defining expectations; holding the executive to account and seeking assurance that the organisation is being effectively managed; managing risks to the quality, delivery and sustainability of services; engaging with stakeholders and influencing the Board's and the organisation's culture.

3.1 The Board has key functions for which it is held accountable by Scottish Government Health and Social Care Directorate on behalf of the Scottish Ministers:

- to set strategic direction of the organisation within the overall policies and priorities of the Government and NHS Scotland, define its annual and longer-term objectives and agree plans to achieve them;
- to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;
- to ensure that there is effective dialogue within the organisation and between the organisation and key stakeholders on its plans and performance and that these are responsive to the stakeholders needs;
- to ensure effective financial stewardship through value for money, financial control and financial planning and strategy;
- to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation; and
- to appoint, appraise and remunerate senior executives.

3.2 In fulfilling these functions, the Board should:

- specify its requirements in organising and presenting financial and other

information succinctly and efficiently to ensure the Board can fully understand its responsibilities;

- be clear what decisions and information are appropriate to the Board and draw up standing orders, a schedule of decisions reserved to the Board, and standing financial instructions to reflect this;
- establish performance and quality targets that maintain the effective use of resources and provide value for money;
- ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior officers for the main programmes of action and for performances against programmes to be monitored and senior officers held to account;
- establish committees, including audit and risk and remuneration committees, on the basis of formally agreed terms of reference which set the membership of the committees, the limit to their powers, and the arrangements for reporting back to the Board; and
- act within the statutory, financial, and other constraints.

4. RESPONSIBILITIES OF SENIOR MANAGERS AND ALL OFFICERS

4.1 The Chief Executive shall have delegated authority from the NES Board to secure the efficient operation and management of the full range of NES activities in accordance with the current policies of NES and within the limits of the resources available.

4.2 Directors of NES have collective responsibility to exercise financial supervision, control, and monitoring by requiring the submission and approval of budgets within approved allocations, by defining and approving essential features of financial arrangements in respect ofimportant procedures and financial systems, including the need to obtain best value, and by defining specific responsibilities placed on officers.

4.3 All staff individually and collectively are responsible for the security of NES's property, for avoiding loss, for economy and efficiency in the use of resources, for identifying and managing risk, and for complying with the requirement of Standing Orders, Standing Financial Instructions, and other financial procedures which the Executive Director of Finance may issue.

4.4 It shall be the duty of the Chief Executive to ensure that arrangements are made for existing staff and all new employees to be notified of their responsibilities within these instructions and receive appropriate awareness training.

4.5 The Chief Executive shall be responsible for the implementation of NES's financial policies and for ensuring whatever corrective action is necessary to further these policies after taking account of advice given by the Executive Director of Finance on all such matters.

4.6 Without prejudice to the functions of any other officers of NES, the duties of the Executive Director of Finance shall include the provision of financial information to NES and its officers; the design, implementation, and supervision of systems of financial control and the preparation and maintenance of such accounts, certificates, estimates, records, and reports as NES may require for the purpose of carrying out its statutory duties and responsibilities.

4.7 The Executive Director of Finance shall prepare, document, and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal control to supplement these instructions. The Executive Director of Finance shall require any officer, who carries out a financial function, to ensure that the form in which the records are kept and the manner in which the officer discharges their duties shall be to the satisfaction of the Executive Director of Finance.

4.8 All records should be stored securely and in accordance with the NES Retention Policy.

4.9 Where a fundamental organisational change occurs, the Executive Director of Finance should initiate a review of the relevant Standing Financial Instructions to ensure that if any amendments are required these are implemented timeously. This review would then be subject to the approval of the Board.

4.10 Wherever the titles Chief Executive, Executive Director of Finance or other nominated officer is used in these instructions, it shall be deemed to include such officers who have been duly authorised to represent them.

5. RESOURCE LIMITS

5.1 NES, as a Special Health Board, is required by statutory provision made under Section 85 of the National Health Service (Scotland) Act 1978, as amended by the Health Services Act 1980, to perform its functions within the total of funds allocated by the Scottish Government Health and Social Care Directorate. The financial targets which NES must operate within are the:

- Revenue Resource Limit (RRL)

- Capital Resource Limit (CRL)
- Cash Requirement

5.2 The Executive Director of Finance shall ensure that all income and expenditure is identified correctly and accounted for in the relevant financial year.

5.3 The Executive Director of Finance shall, on behalf of the Chief Executive, request an appropriate level of Capital resource from the Scottish Government Health and Social Care Directorate. This may be in the format of a funding transfer from Revenue to Capital.

5.4 The Executive Director of Finance shall ensure that amounts drawn for NES against the agreed cash limit are required for approved expenditure only.

5.5 The Executive Director of Finance will ensure that the cash balances held by NES are not excessive but are sufficient to meet immediate liabilities. The Executive Director of Finance shall therefore ensure that due receipts are collected promptly and shall pay invoices in accordance with targets set by the Scottish Government Health and Social Care Directorate. Payments of due debts shall not be delayed artificially to a following financial year where the expenditure is properly attributable to the current year.

5.6 In submitting the final requisition for a fiscal year, the Executive Director of Finance shall ensure that sufficient resources are available to meet financial commitments at the end of the year. The balances of accounts holding public funds will be maintained at the lowest practicable levels.

5.7 The Executive Director of Finance will review the RRL/CRL and Cash positions regularly to ensure that NES remain on target to meet its financial objectives.

5.8 The Executive Director of Finance shall provide reports to the Scottish Government Health and Social Care Directorate in the form requested and in accordance with the guidance issued by the Scottish Government Health and Social Care Directorate.

6. PLANNING AND BUDGETING

6.1 The Chief Executive shall carry out their duties within the total of funds allocated by Scottish Ministers and shall not exceed the budgetary limit set for NES. All plans and financial approvals and control systems shall be designed to meet this obligation.

6.2 The Chief Executive, with the assistance of the Director of Planning and Corporate Resources, shall compile and submit to NES Board and the Scottish Government Health and Social Care Directorate (SGHSCD) such Delivery Plans as required in accordance with the guidance issued by the Scottish Government Health and Social Care Directorate. The lifespan of the plans will be in accordance with SGHSCD requirements which prevail.

6.3 Officers shall provide the Executive Director of Finance with all financial, statistical, and other relevant information as necessary for the compilation of such estimates and forecasts that the Executive Director of Finance may need to fulfil the requirements of NES and the Scottish Government Health and Social Care Directorate.

6.4 The Executive Director of Finance shall, on behalf of the Chief Executive, prepare and submit budgets (by Directorate and category, within the limits of available funds) to NES Board for its approval.

6.5 The Executive Director of Finance shall provide frequent reports to the Chief Executive and senior managers, comparing actual expenditure and income with approved budgets. Identifying any areas of significant variance against the financial plan which requires action to be taken.

6.6 The Executive Director of Finance shall provide quarterly reports to the Chief Executive and NES Board, comparing actual expenditure and income with approved budgets. The Executive Director of Finance shall report to NES Board any significant in year variance from the financial plan and shall advise the Board on action to be taken.

6.7 The Executive Director of Finance shall also compile and submit to the Board such financial estimates and forecasts as may be required from time to time. As a consequence, the Executive Director of Finance shall have a right of access to all budget holders on budgetary related matters.

6.8 The Executive Director of Finance shall ensure that a system of budgetary control is maintained and that all officers whom NES may empower to engage staff or otherwise incur expenditure, collect, or generate income, shall comply with the requirements of those systems. The systems of budgetary control shall incorporate the reporting of, and investigation into, expenditure variances from budget.

6.9 The Chief Executive may delegate responsibility for budgets to officers to permit the performance of defined activities. The terms of delegation shall include a clear definition of individual and group responsibilities for control of expenditure, exercise of virement, achievement of planned levels of service and the provision of regular reports upon the discharge of these delegated functions to the Chief Executive. The Executive Director of Finance will be responsible for providing budgetary information and advice to the Chief Executive and budget holders to enable the Chief Executive

and other officers to carry out their budgetary responsibilities.

6.10 In carrying out their duties:

- the Chief Executive shall not exceed the budgetary or virement limits set by NES Board;
- officers designated as budget holders shall not exceed the budgetary or virement limits set for them by the Chief Executive; and
- the Chief Executive may vary the budgetary limit of an officer within the Chief Executive's own budgetary limit.

6.11 Except where otherwise approved by the Chief Executive, taking account of advice of the Executive Director of Finance, budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purpose shall revert to the immediate control of the Chief Executive, unless covered by delegated powers of virement, see Section 19.

6.12 Expenditure, for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement, shall only be incurred after authorisation by the Chief Executive or NES Board, as appropriate.

6.13 The Executive Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards, and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects. For information relating to authorisation limits and budget virements, see Section 19.

7. ANNUAL ACCOUNTS AND REPORTS

7.1 NES is required under the terms of Section 86(3) of the National Health Services (Scotland) Act 1978 and the Public Finance and Accountability (Scotland) Act 2000 to prepare and transmit Annual Accounts to Scottish Ministers.

7.2 Scottish Ministers have issued an Accounts Direction in exercise of the powers conferred by Section 86(1) of the National Health Service (Scotland) Act 1978 which contains provisions covering the basis of preparation and the form of accounts. NES shall comply with all these provisions. Subject to the foregoing requirement, the Annual Accounts shall also contain any disclosure and accounting and requirements which Scottish Ministers may issue from time to time.

7.3 The Executive Director of Finance shall maintain proper accounting records which allow the timeous preparation of Annual Accounts, in accordance with

the timetable set by the Scottish Government Health and Social Care Directorate, and which give a true and fair view of NES and its expenditure and income for the period in question.

7.4 Annual Accounts, Supplementary Notes and other financial returns required by the Scottish Government Health and Social Care Directorate shall be prepared by NES in accordance with the guidance and the timetables contained within the NHS Board Accounts Manual for the Annual Report and Accounts of NHS Boards as amended from time to time.

7.5 Under the terms of the Public Finance and Accountability (Scotland) Act 2000, the Auditor General for Scotland is responsible for the appointment of the External Auditors of NES.

7.6 The Executive Director of Finance shall agree with the External Auditor a timetable for the production, audit, adoption by the Board and submission of accounts to the Auditor General for Scotland and the Scottish Government Health and Social Care Directorate. This timetable shall be consistent with the requirements of the Scottish Government Health and Social Care Directorate and reported to the ARC for information.

7.7 The Chief Executive shall be responsible for preparing a Governance Statement as parts of their duties as an Accountable Officer, and in so doing shall seek appropriate assurances, including that of the Chief Internal Auditor, with regard the adequacy of internal control throughout the organisation, including the performance of the non-executive committees.

7.8 The Annual Accounts of NES shall be reviewed by the Audit and Risk Committee, which has the responsibility of recommending adoption of the accounts by the NES Board. Under the terms of the Public Finance and Accountability (Scotland) Act 2000, Annual Accounts may not be placed in the public domain, prior to them being formally laid before Parliament.

7.9 Following the formal approval of the motion to adopt the accounts by NES Board, the Annual Accounts and relevant certificates shall be duly signed on behalf of the Board and submitted to the External Auditor for completion of the relevant audit certificates.

7.10 Signed sets of NES's Annual Accounts shall then be submitted by the External Auditor to the Scottish Government Health and Social Care Directorate, and to the Auditor General in the required format.

7.11 The Chief Executive shall arrange for the publication of an Annual Report for NES, in such form as may be determined by the Scottish Government Health and Social Care Directorate (SGHSCD). The Annual Report, together with an audited financial statement, shall be published no later than nine months after the relevant accounting date, subject to confirmation that they have been formally laid before Parliament.

8. BANKING ARRANGEMENTS AND OPERATION

8.1 All arrangements with NES's bankers will be made in accordance with directions and advice from the Scottish Government Health and Social Care Directorate (SGHSCD).

8.2 NES is obliged to comply with instructions from Scottish Ministers and Her Majesty's Treasury in relation to the operation of bank accounts. All bank accounts will only be opened on the instruction of the Executive Director of Finance.

8.3 The Scottish Government commercial banking arrangements provide for public bodies to hold a commercial bank account with the Royal Bank of Scotland (RBS).

8.4 HM Treasury manage arrangements for the Government Banking Service (GBS) so that all NHS Scotland bodies are obliged to use accounts provided by National Westminster (NatWest), part of RBS Group. From the 31st December 2018 the following bank accounts have been in operation: -

Bank	Account Description	Services Provided
Royal Bank of Scotland	Commercial Account under the terms of the Scottish Government contract for commercial Bank Accounts	BACS sponsorship and receipts from BACS rejects and recalls; and Local Pay-Ins.
NatWest	Account provided under existing GBS contract	Payable Orders (cheques); BACS payments; Receipt of Income from Debtors; Portal; Pay by Link card receipts; and payments from/to Other Public Sector organisations.

Any new accounts or changes to existing arrangements for the accounts must be approved by the Executive Director of Finance.

8.5 Payable Orders are printed with the signature of the Assistant Paymaster General added at the time of processing.

8.6 All other payments are authorised electronically on the above accounts. For payments generated from the Finance System, only one authoriser is required to approve payments using secure on-line access. However, manual payments which exceed £50,000 require on-line approval from two authorisers. The Executive Director of Finance will specify all officers approved to authorise payments and BACS files.

8.7 The signatory(ies) will satisfy themselves that payments are correctly substantiated and are in respect of sums properly payable by NES.

8.8 All Payable Orders (cheques) (which shall be crossed with "Not Negotiable – Account Payee Only") shall be treated as controlled stationery in the charge of a duly designated officer controlling their issue.

8.9 The Executive Director of Finance is responsible for ensuring the system of control of access to; and authorisation of payments from all bank accounts is robust and administered appropriately using the systems provided by the banks. This system of administration will cover creation and prompt deletion of users as necessary to ensure the security of access and efficient management of the accounts.

8.10 The Executive Director of Finance shall ensure that NES does not, without the approval of Scottish Government given as appropriate with the consent of Treasury, borrow or lend money nor give any guarantee, indemnity, nor letter of comfort.

FOREIGN CURRENCY

8.11 Business should normally be conducted in sterling. However, some supplies need to be purchased using on-line Foreign currency transactions through the Government Banking Services. The Executive Director of Finance will approve the currencies which are open to NES for use through GBS.

8.12 Foreign currency transactions in excess of £2m require to receive advance authorisation through the Government Banking Service. Such transactions will be referred to the Executive Director of Finance for arrangement.

9. FINANCIAL ARRANGEMENTS

9.1 The Executive Director of Finance shall ensure that detailed written procedures relating to financial systems are designed, including specific reference to duties of officers under these systems and that these systems, incorporating internal control principles, duly approved by the Executive

Director of Finance, are maintained, reviewed annually, and updated as necessary.

9.2 Any authorisation for expenditure outside of the approved plans, policies, or regulations and for which no budget has been provided under the powers of virement, must have the written approval of the Executive Director of Finance before payment.

SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS:

9.3 All means of officially acknowledging or recording amounts received or receivable shall be in the form approved by the Executive Director of Finance. These stationery items shall be subject to the same precautions as are applied to cash, in accordance with the requirements of the Executive Director of Finance.

9.4 All officers, whose duty it is to collect or hold cash, shall be provided with a safe or with a lockable cash box which will normally be deposited in a safe or other secure location. The officer concerned shall hold only one key with one duplicate being held by another officer authorised by the Executive Director of Finance and suitable receipts obtained. The loss of any key shall be reported immediately to the Deputy Director of Finance. The Executive Director of Finance shall arrange for all new keys to be despatched directly to them from the manufacturers and shall be responsible for maintaining register of authorised holders of safe keys.

9.5 The safe key holder shall not accept unofficial funds for depositing in their safe unless deposits are in sealed envelopes or locked containers. It shall be made clear to the depositor that the NES Board is not held liable for any loss and written indemnity must be obtained from the organisation or individual absolving NES from responsibility for any loss. During the absence of the holder of a safe or cash box key, the officer who acts in their place shall be subject to the same controls as the normal holder of the key. There shall be written discharge for the safe/cash box contents on the transfer of responsibilities and the discharge document must be retained for audit inspection.

9.6 All cash, cheques, postal orders, and other forms of payment shall normally be received by more than one officer and shall be entered in an approved form of register which should be signed by both. All cheques and postal orders shall be crossed immediately “Not Negotiable”. The remittances shall be passed to the Operational Assistant from whom a signature shall be obtained.

9.7 The opening of mail and the counting and recording of any takings shall be undertaken by two officers together.

9.8 Official monies shall not under any circumstances be used for the encashment of private cheques.

9.9 All cheques, postal orders, cash etc. shall be banked intact promptly in accordance with the approved procedures of the Executive Director of Finance. Disbursements shall not be made from cash received, except under arrangements approved by the Executive Director of Finance.

9.10 Any cash collected from fund raising events will be counted by two staff members in the Directorate where the funds have been collected. If passing to Finance for onward payment to the charity, the directorate team must complete a form with the breakdown of cash, signed by the two staff members before passing the form and cash to Finance. Finance will bank the income and issue a cheque to the Charity. Cash will be banked by finance, no later than the next available working day. Any cash held overnight will be kept in the safe.

9.11 All unused payable orders shall be kept in the safe.

9.12 Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasioned, shall be reported immediately in accordance with the agreed procedure for reporting losses.

9.13 Petty cash reconciliations shall be prepared prior to requesting cash reimbursement for expenses.

SECURITY OF ASSETS

9.14 Each employee has a responsibility to exercise a duty of care over the property of NES and it shall be the responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Persistent breach of agreed security practices shall be reported to the Chief Executive.

9.15 Wherever practicable, items of equipment shall be marked as NES property. Items to be controlled shall be recorded and updated in an appropriate register including all capital assets.

9.16 Nominated officer(s) designated by the Chief Executive shall maintain an up-to-date asset register of those items which are capital by definition. Section 17 Fixed Assets.

9.17 A separate register of items of a specialist nature which do not meet the formal definition of capital assets e.g. Laptops, PCs, mobile phones shall be maintained by nominated officers. The Executive Director of Finance shall

approve the form of all registers and the methods of updating.

9.18 Any damage to premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the agreed procedure for reporting losses (Also see Losses section).

9.19 Registers shall also be maintained by responsible officers and where practicable receipts retained for:

- Equipment on loan, and
- Leased equipment.

Equipment on loan to other public bodies during the Covid Pandemic will be approved by the Executive Director of Finance and the Director of Digital.

9.20 The Chief Executive will ensure that NES does not dispose of any assets, unless Scottish Government otherwise agrees, except at current market values and in accordance with the practices applicable to assets purchased out of public funds as laid down in Government Accounting. The Chief Executive shall ensure that assets having a net book value or realisable value, whichever is the higher, in excess of £50,000, are not disposed of without prior Scottish Government approval.

9.21 The NES Corporate Information Security Policy provides assurance that the Integrity of Operational systems and Information assets will be maintained. Access to systems is managed through strict user management protocols and firewalls. As a Cloud first organisation NES information (intangible) assets reside within the technology environments provided by the contracted cloud providers. There are two levels of policy and procedure applied to this model, the first provided at vendor level and the second specific to the NES deployment of applications. Both are developed and managed to the UK government standards of technology and information security, audited by the NES Information Security Forum through internal audit and SG administered the annual Network and Information (NIS) audits

9.22 The responsibilities of individuals within NES to protect the information assets owned and used by NES from threats whether internal or external, deliberate or accidental are set out within the NES Information Security Acceptable Use Policy

INCOME

9.23 The Executive Director of Finance shall be responsible for designing and ensuring maintenance of systems for the proper recording and collection of all monies due.

9.24 All officers shall inform the Executive Director of Finance of monies due to NES arising from transactions they initiate, including all contracts, leases, tenancy agreement and any other transactions in order that an official invoice is raised to the customers.

9.25 The Executive Director of Finance shall take appropriate recovery action on all outstanding debts including the establishment of procedures for the write-off of debts after all appropriate recoverable steps have been taken to secure payment (see Losses section).

9.26 In relation to Income Generation Schemes, the Executive Director of Finance shall ensure that there are systems in place to identify all costs and services attributed to each scheme before implementation and such schemes should only proceed on the basis of providing income in excess of the cost of the scheme. All fees and charges must be:

- approved in advance by the Director of Finance, and
- reviewed annually by the Budget Holder to ensure they are still appropriate and agreed by the Executive Director of Finance.

PAYMENT OF ACCOUNTS

9.27 The Executive Director of Finance shall ensure that up to date lists of authorised signatories are maintained and reviewed regularly, at least annually.

9.28 The Executive Director of Finance shall be responsible for the payment of all accounts, invoices and contract claims in accordance with contractual terms and/or targets set by the Scottish Government Health and Social Care Directorate. Payment systems shall be designed to avoid payments of interest arising from non-compliance with the Late Payment of Commercial Debts (Interest) Act 1998.

9.29 All officers shall inform the Executive Director of Finance promptly of all monies payable by NES arising from any transactions related to leases or tenancy agreements. All expenditure should be consistent with approved spend from the budget process. Suppliers shall be instructed to send all invoices to the Finance Department for processing, quoting a valid

purchase Order number where appropriate.

9.30 All other requests for payment not covered by a Purchase order, should, wherever possible, have relevant invoices or contract payment vouchers attached and shall be authorised by an approved officer from a list of authorised signatories.

9.31 The Executive Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable. The system shall provide for certification that:

- goods have been duly received, examined, are in accordance with specification and order, are satisfactory and that prices are correct;
- work done or services rendered have been satisfactorily carried out in accordance with the order; that where applicable the materials used were of the requisite standard and that the charges are correct;
- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, that the rates of labour are in accordance with the appropriate rates, that the materials have been checked as regards quantity, quality, and price and that the charges for the use of the vehicles, plant and machinery have been examined;
- where appropriate, the expenditure is in accordance with regulations and that all necessary Board or appropriate officer authorisations have been obtained;
- the account/claim is arithmetically correct;
- the account/claim is in order for payment;
- VAT has been recovered as appropriate;
- payments are processed timeously in order to secure discounts available; and
- a timetable and system for submission of accounts for payment is maintained to ensure prompt payment to suppliers.

9.32 Budget Holders shall ensure, before a requisition for goods and service is placed, that the purchase has been properly considered and forms part of the department's allocations, agreed business plans, or other known and specific funds available to the department.

9.33 The Executive Director of Finance shall ensure that payment for goods and services is only made once the goods and services are received other than under the terms of a specific contractual agreement. (e.g. Venue Hire where a deposit may be required).

9.34 Where an officer certifying accounts or claims relies upon other officers to do preliminary checking, they shall, wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed order and negotiated prices and terms. Budget Managers must

therefore ensure that there is effective separation of duties between:

- the person placing the order,
- the person certifying receipt of goods and services, and
- the person authorising the invoice.

No single person should undertake all three functions. The Executive Director of Finance must approve the list of officers authorised to certify invoices, non-invoice payments and payroll schedules, including where required by the Executive Director of Finance, financial limits to their authority. The Director of Finance will maintain details, together with their specimen signatures.

9.35 In the case of contracts for building or engineering works which require payment to be made on account during progress of the works, the Executive Director of Finance shall make payment on receipt of certificate from the appropriate technical consultant or officer. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, a contractors account shall be subject to such financial examination by the Executive Director of Finance and such general examination by a works officer as may be considered necessary beforethe person responsible for the contract issues the final certificate. To assist financial control, a contracts register should be created.

9.36 The Executive Director of Finance may authorise petty cash as required. Individual payments must be restricted to the amounts authorised by the Director of Finance and appropriate vouchers obtained and retained in accordance with the NES Retention Policy.

9.37 When commissioning contractors to carry out work on behalf of NES, the responsible officer must check the employee/employer status of the individual concerned to assess whether NES are compliant with the IR35 rules for each assignment. Claims of self-employed status on behalf of the individual need to be verified for every project undertaken. The Her Majesty's Revenue & Customs (HMRC) Employment Status Indicator tool should be completed by the officer commissioning the individual (http://www.hmrc.gov.uk/calcs/esi.htm). The result should be kept by the officer to produce in the event of an audit from HMRC. If the result confirms that there is no employee/ employer relationship, then the contractor should be asked to provide an invoice for their fees. However, if the result indicates that there is a relationship then the contractor should be provided with a copy of the Employment Status Indicator result as a Status Determination Statement and asked to complete a fee form and will be paid through the NES payroll.

9.38 Advance payment for supplies, equipment, or services out-with normal business practices shall not be normally permitted. Advance payment in all exceptional circumstances shall be subject to the express approval of the

Executive Director of Finance.

9.39 The budget holder is responsible for ensuring that all items due under a payment in advance contract, are received and they must inform the Executive Director of Finance immediately problems are encountered.

9.40 NHS Scotland operates a “Payment on Behalf” process which eliminates the need for the transfer of cash between NHSScotland Boards for the payment of services. The process removes the need for Boards to raise Purchase Orders and invoices to one another, and instead recognises the payments as a non-cash transfer. The system is managed by NHS National Services Scotland (NSS) on behalf of Scottish Government and the transfers are processed monthly. Where payments to other Boards are managed through this process, the Executive Director of Finance is responsible for ensuring that there is an authorisation process in place which assures that services have been received and payment authorised prior to the transfer being made. The Deputy Director of Finance has delegated authority to approve the transfer request to NSS on behalf of the Executive Director of Finance.

9.41 The issue of NHS Credit/Purchasing cards will be managed by the Executive Director of Finance who will delegate authority to the Deputy Director of Finance to amend credit/purchasing card limits as appropriate during the COVID-19 pandemic to ensure that suppliers are paid timeously. It is the responsibility of the Executive Directors to nominate a card holder or card user for their own area. Daily and single transaction limits will be set by the Deputy Director of Finance based on the expected use of the card. Increases to those limits must be submitted by the card holder and approved by the Deputy Director of Finance. All corporate purchase card transactions will be reviewed at least annually by Finance to ensure appropriate use.

PAYMENT OF STAFF

9.42 Staff may be engaged or re-graded only by authorised officers within the limit of the approved budget and establishment when agreed by the Chief Executive or other authorised officer unless following successful grading appeals. The Remuneration Committee shall approve any changes to the remuneration, allowances, and conditions of service of the Chief Executive and other Directors in accordance with the Code of Corporate Governance, subject to advice from the Director of Workforce.

9.43 Each employee shall be issued with a contract which shall comply with current employment legislation and be in a form approved by NES.

9.44 Completion and signing of engagement forms and such other documents

necessary for the payment of staff as they may require shall be co-ordinated by appropriate HR Officers and approved forms forwarded, as close to the new member of staff commencing with NES, to National Services Scotland (NSS) Payroll.

9.45 A termination of employment form and such other documents as may be required, for payment purposes, shall be completed, signed, and approved through the appropriate Line Manager, or other authorised Deanery personnel for trainee employees and HR Officers and submitted to NSS Payroll. Where an employee fails to report for duty, in circumstances which they have left without notice and this has been confirmed, NSS Payroll shall be informed immediately.

9.46 Completion and signing of notification of change forms and such other documents necessary for the payment of staff following changes in employment status or terms and conditions of service shall be co-ordinated between the appropriate HR Officers and approved forms forwarded, as close to the effective date of change to NSS Payroll.

9.47 Where the personnel and payroll systems are connected by an electronic interface, the requirement for contract/engagement forms, termination of employment forms and notification of change forms to be sent to the Head of Payroll Services may be altered to allow for such information to be transmitted by electronic means providing always that appropriate procedures for such transmissions are agreed by the Executive Director of Finance.

9.48 All time-records, staff returns, and other pay records and notifications shall be in a form approved by the Executive Director of Finance and shall be certified and submitted in accordance with their instructions. Where this information is transmitted by electronic means, appropriate procedures covering such transmissions require to be agreed with him/her.

9.49 Subject to the limits laid down in the Scheme of Delegation, the Remuneration Committee shall review and approve submissions from the Director of Workforce for any redundancy situation leading to contractual entitlement to a payment in excess of £95,000.

9.50 An annual report on voluntary severance agreements and any other voluntary resignations with a financial consideration that have been approved through the extant Scottish Government business case process and authorised by the NES CEO as Accountable Officer shall be presented to the Remuneration Committee in advance of the inclusion of the associated data in the Annual Accounts.

9.51 Subject to the limits laid down in the Scheme of Delegation, all early retirals, that meet the requirement for a two-year maximum pay-back period and

result in additional costs being borne by the employer, will be submitted to the Remuneration Committee for consideration and recommendation to the NES Board.

9.52 Early retirements due to ill health are approved by SPPA and are usually out-with the remit of the Remuneration Committee, in any rare and exceptional case where additional costs may be borne by NES, this will be submitted to the Remuneration Committee for consideration and recommendation to the NES Board.

9.53 The Director of Workforce and the Executive Director of Finance shall be jointly responsible for ensuring that rates of pay and relevant conditions of service are in accordance with current agreements as advised by the Scottish Government Health and Social Care Directorate and agreed bythe Board. The Chief Executive, or Board in appropriate circumstances,shall be responsible for the final determination of pay but subject to the statutory duty of the Executive Director of Finance who shall issue instructions regarding:

- verification of documentation of data;
- the timetable for receipt and preparation of payroll data and payment of staff;
- maintenance of subsidiary records for Superannuation, Income Tax, National Insurance, and other authorised deductions of pay;
- security and confidentiality of payroll information in accordance with the principle of the General Data Protection Regulations Act, May 2018;
- checks to be applied to completed payroll before and after payment;
- methods of payment available to various categories of staff;
- procedures for payment to staff;
- procedures for unclaimed wages which should not be returned to salaries and wages staff;
- pay advances authorised and their recovery;
- maintenance of regular and independent reconciliation of adequate control accounts;
- separation of duties of preparing records and handling cash; and
- a system to ensure the recovery from leavers of any sums due by them to NES.

9.54 All employees shall be paid by bank credit transfer, unless otherwise agreed by the Executive Director of Finance.

9.55 After approval by the Remuneration Committee, the Chair will personally authorise for payment the Performance Related Pay (PRP) of the Chief Executive and the Chief Executive will personally authorise for payment the PRP of all other NES staff.

9.56 The Executive Director of Finance shall ensure salaries and wages are paid on the currently agreed dates but may vary these when necessary due to special circumstances (e.g. Christmas or other Bank Holidays). Payment to an individual shall not normally be made in advance of the normal pay date.

10. TRAVEL, SUBSISTENCE AND OTHER ALLOWANCES

10.1 The Executive Director of Finance shall ensure that all expense claims by employees of NES are reimbursed in line with the relevant NHS regulations, and in line with the NES Travel and Subsistence Policy.

10.2 The Executive Director of Finance shall issue additional guidance on the submission of expense claims, specifying the documentation to be used, the timescales to be adhered to and the required level of authorisation.

11. CONTRACTING AND PROCUREMENT

11.1 All procurement must be undertaken in line with the requirements of the Public Contracts (Scotland) Regulations 2015, the Procurement Reform (Scotland) Act 2014, the Procurement (Scotland) Regulations 2016 and the principles set out in the Scottish Government's Scottish Procurement Policy Handbook 2008, and the Scottish Government's published Procurement Journey, including any subsequent revisions. In addition, as a result of the UK's exit from the European Union on 31 December 2020, The Public Procurement etc. (EU Exit) (Scotland) (Amendment) Regulations 2020 and The Public Procurement (Agreement on Government Procurement) (Amendment) Regulations 2021 also apply.

11.2 In all circumstances, officers of NES shall seek to obtain Value for Money through the application of the NES Policy and Procedures.

11.3 NES shall comply as far as is practicable with the Scottish Capital Investment Manual (SCIM) and Scottish Procurement Policy Notes.

11.4 In accordance with CEL 05 (2012) where national, regional, or local contracts exist (including framework agreements) NES will use these contracts. Only in exceptional circumstances and with the authority of the Head of Procurement and Commissioning, the Deputy Director of Finance, or the Executive Director of Finance, based on the scheme of delegation, can goods or services be ordered out-with such agreements.

THRESHOLDS FOR PURCHASING/ORDERING

11.5 The central Procurement team are responsible for all Procurement activities. The thresholds (excluding VAT) for the purchasing/ordering of goods and services are as follows: -

Thresholds (ex-VAT)	**Purchasing Process**
Order value ≤ £10,000	Achievement of value for money should be demonstrated.
Order value > £10,000 and ≤ £25,000	Three competitive written quotations to be received fromreputable suppliers.
Order value ≥ £25,000	Tendering process applies

Value for Money (VfM), the use of Public Contracts Scotland (PCS), including PCS Quick Quote and any-World Trade Organisation's (WTO) Government Procurement Agreement (GPA) directives must be applied when the estimated contract value exceeds the procurement thresholds set out in the table below. In case of any doubt, advice must be sought from the Procurement Department

Spend £k	**≥115.6***	**FaT***	**FaT***	**FaT***	**FaT***	**FaT***
	>50 <115.6*	**PCS-T**	**PCS-T**	**PCS-T**	**PCS-T**	**PCS-T**
	>25 ≤50	**PCS**	**PCS**	**PCS**	**PCS**	**PCS**
	>10 ≤25	**PCS Quick Quote**	**PCS Quick Quote**	**PCS Quick Quote**	**PCS Quick Quote**	**PCS**
	>0 ≤10	**VFM**	**VFM**	**VFM**	**VFM**	**PCS Quick Quote**
		Very Low	**Low**	**Medium**	**High**	**Very High**
		Risk/Complexity				

** UK Find a Tender threshold £115,633 implemented 1/1/22 ((FaT) replaced OJEU Tender process on 1/1/21)*

Order value refers not only to individual orders but also to the total estimated value of recurring orders for like goods/services.

ACCEPTANCE AND AWARD BY CHIEF EXECUTIVE

11.6 The Chief Executive, acting with the Executive Director of Finance are authorised on behalf of the organisation to accept tenders and award contracts. This responsibility can be assigned to those who have delegated financial authority.

11.7 The limits for delegation for the acceptance of tenders shall be approved by NES Board and the Executive Team from time to time.

11.8 Formal tendering procedures may be waived with the recorded approval of the Executive Director of Finance where:

- For values below the UK Find a Tender (FaT) limits, the timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for single tender; and
- Specialist expertise is required, and evidence is provided to demonstrate that this is available from only one source; and
- The task is essential to complete the project; and
- Arises as a consequence of a recently completed assignment; and
- Engagement of different consultants for the new task would be inappropriate; or
- There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; or
- Clause 21 of the Public Contracts (Scotland) Regulations 2015 allows any public sector body to restrict the tendering process for goods or services to supported factories and businesses only. The directive only applies as a matter of law to contract opportunities which have a financial value greater than the OJEU threshold values.
- Where provided for in the Scottish Capital Investment Manual.

11.9 Competitive tendering can only be waived in specific, limited circumstance by the Chief Executive, Executive Director of Finance, Head of Procurement, or Deputy Director of Finance per the maximum contract values in the table below. The waiver and the reasons should be documented, and the record retained by Procurement.

Waiver Final Approval	Authorisation Limit
Head of Procurement[1]	Up to or equal to FaT threshold (see section 11.5)
Deputy Director of Finance[1]	FaT threshold up to or equal to £500,000
Executive Director of Finance	FaT threshold up to or equal to £500,000
Chief Executive	Over £500,000

Note 1: The inclusion of the Head of Procurement and the Deputy Director of Finance is consistent with COVID measures introduced in April 2020

SINGLE TENDER

11.10 Where only one tender is received, NES must ensure, as far as practicable, that the price to be paid is fair and reasonable. If this situation arises the reasons for accepting the single tender should be formally documented and submitted to the Head of Procurement.

OFFICIAL ORDERS

11.11 No goods, services or works other than works and services executed in accordance with a contract, or a NES Purchasing Card shall be ordered except on an official order, whether hardcopy or electronic, and contractors shall be notified that they should not accept orders unless on an official order form or processed via an approved secure electronic medium. Oral (Verbal) orders shall be issued only by an officer designated by the Chief Executive and only in accordance with the Business Continuity Plan. These shall be confirmed by an official order issued no later than the next working day, except for in exceptional circumstances, and clearly marked “Confirmation Order”. National contracts must be used unless express permission, within the scheme ofdelegation, has been obtained from the Head of Commissioning and Procurement, the Deputy Director of Finance, or the Executive Director of Finance.

11.12 Official orders shall be issued by the NES Purchase to Pay (P2P) Order system and shall incorporate an obligation on the contractor to comply with NES terms and conditions as regards delivery, carriage, documentation, variations etc.

11.13 Orders will be processed and transmitted by electronic methods in place of signed numbered paper-based orders providing always that appropriate procedures for such orders are agreed by the Executive Director of Finance.

11.14 Official order forms, supported by appropriate requisition requests, shall only be approved officers authorised by the Chief Executive. Lists of authorised officers shall be maintained and a copy of such list supplied to the Executive Director of Finance.

11.15 No order, contract, lease shall be issued for any items for which there is no budget provision or for which no funding has been provided under the delegated powers of virement unless authorised by the Executive Director of Finance on behalf of the Chief Executive. Members and officials must ensure that all contracts, leases, tenancy agreements and other commitments they enter into on behalf of NES for which a financial liability may result but without secured funding or budget provision are notified to the Executive Director of Finance in advance of commitment being made.

MANAGEMENT CONSULTANTS

11.16 In accordance with the SG Consultancy Procedures issued in 2017,when consultants are necessary, they need to be used sparingly, appropriately and effectively. Within NES Management Consultants should only be used when documentary evidence of a benefit to NES has been prepared and the following demonstrated:

- the work cannot be carried out internally;
- Management is determined to take action to bring about change and demonstrate commitment to act upon the outputs;
- The Management consultants can bring relevant knowledge and have proven experience which will add value; and
- The number of consultants must not exceed in-house capacity to manage them effectively

11.17 In choosing a Management Consultant, steps should be taken to ensure that they are capable of carrying out the assignment; that Value for Money is obtained; and that due probity is demonstrated in awarding the contract. Appointment of Management Consultants must normally be by Competitive Tender.

11.18 Where successive assignments beyond the scope and terms of an appointment made by competitive tender arise, these should also be subject to tender arrangements. Where it is expected that there may be follow on assignments, it may be more appropriate for the tendering exercise to appoint Management Consultants under a call off arrangement.

CONTRACTS

11.19 NES may only enter into contracts within its statutory powers and shall comply with:

- Standing Orders;
- NES Standing Financial Instructions;
- UK and World Trade Organization Government Procurement Agreement (WTO GPA) Directives and other statutory provisions;
- any relevant directions including the Scottish Capital Investment Manual, Scottish Public Finance Manual, and guidance on the use of Management Consultants; and
- such NHS Standard Contract conditions as are applicable.

11.20 Where specific contract conditions are considered necessary by the lead officer, these will be drafted by the Head of Procurement and Commissioning and where appropriate, advice shall be sought from suitably qualified persons and/or the Central Legal Office part of National Services Scotland (NSS).

11.21 In all contracts made by NES, the Procurement team shall endeavour to obtainValue for Money. All tenders are awarded on the basis of MEAT (Most Economically Advantageous Tender) which incorporates both qualitative and financial measures into the tender process. All supporting evidence is documented and held in accordance with the NES Retention Policy.

11.22 Any contractual aspects will be managed by the Procurement team in addition to a nominated Point of Contact who shall oversee and manage deliverables.

11.23 All contracts entered into shall contain standard clauses empowering NES to:

- Cancel the contract and recover all losses in full where a company or their representative has offered, given, or agreed to give, any inducement to members or officials; and
- Recover all losses in full or enforce specific performance where goods or services are not delivered in line with contract terms.

11.24 The Executive Director of Finance shall ensure that arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Scottish Construction Code (SCOTCONCODE) and the Scottish Capital Investment Manual (SCIM). The Technical audit of these contracts shall be

the responsibility of the relevant Director.

IN HOUSE SERVICES

11.25 The Chief Executive shall be responsible for ensuring that Value for Money can be demonstrated for all services provided under contract or in-house. The Board or appropriate committee may also determine from time to time that in-house services should be market tested by competitive tendering.

REGISTER OF INTEREST

11.26 Acceptance of Financial Assistance, Gifts and Hospitality and Declaration of Interest.

- the principles relating to the acceptance by Health Service staff of financial assistance, gifts and hospitality from commercial sources and declaration of interest are stated in the NES Standards of Business Conduct Policy which references NHS Circular MEL 1994(48) Annex 7 and NHS Circular MEL 1994(80). This policy has been widely circulated and should be read as part of the Standing Financial Instructions;
- the policy covering acceptance of financial assistance, gifts and hospitality and declaration of interest is updated by the Workforce Directorate on behalf of the Chief Executive;
- a register covering acceptance of financial assistance, gifts and hospitality is maintained by the Finance Directorate and the register of and declaration of interest is maintained by Board Services on behalf of the Chief Executive for board members and a separate register of interests for staff (excluding Executive Board Members) is maintained by Finance;
- no order shall be issued for any item or items for which an offer of gifts (other than low-cost items e.g. calendars, diaries, pens and like value items), or hospitality has been received from the person interested in supplying goods or services. Any employee of NES receiving such an offer shall notify their line manager as soon as is practicable; and
- visits at supplier's expense to inspect equipment, goods or services must not be undertaken without the prior approval of the Chief Executive.

12. LOSSES AND SPECIAL PAYMENTS

12.1 Any officer discovering or suspecting a loss of any kind shall forthwith inform their line manager, who shall immediately inform the Fraud Liaison

Officer. Where a criminal offence is suspected, the Counter Fraud policy in operation at NES must be applied, in accordance with the partnership agreement between NES and Counter Fraud Services.

12.2 The Executive Director of Finance shall maintain a losses and compensation register in which details of all losses shall be recorded, as they are known. Write off action shall be recorded against each entry in the register. Losses are noted even if they are recovered or expected to be recovered.

12.3 Losses are classified according to details issued by the Scottish Government Health and Social Care Directorate.

12.4 An annual report on losses and special payments is presented to the Audit and Risk Committee, and details of individual losses exceeding £250k are published in the Annual Report and Accounts.

12.5 In accordance with the Scheme of Delegation, the Chief Executive, acting together with the Executive Director of Finance, may approve the writing off of losses within the limits delegated to the Board / Executive team by the Scottish Government Health and Social Care Directorate, as per NHS Circular CEL 10 (2010) (Appendix C): -

Item number	Category of Loss	Delegated Authority (per case) £
	Theft / Arson / Wilful Damage	
1	Cash	10,000
2	Stores/procurement	20,000
3	Equipment	10,000
4	Contracts	10,000
5	Payroll	10,000
6	Buildings & Fixtures	20,000
7	Other	10,000
	Fraud / Embezzlement / Corruption / Theft (where documentation has been falsified) & attempts to perpetuate any of these activities	
8	Cash	10,000
9	Stores/Procurement	20,000
10	Equipment	10,000
11	Contracts	10,000
12	Payroll	10,000
13	Other	10,000

Item number	Category of Loss	Delegated Authority (per case) £
14	**Nugatory & Fruitless Payments**	10,000
15	**Claims Abandoned**	
	(a) Private Accommodation	10,000
	(b) Road Traffic Acts	20,000
	(c) Other	10,000
	Stores Losses	
16	Incidents of the Service: -	
	- Fire	20,000
	- Flood	20,000
	- Accident	20,000
17	Deterioration in Store	20,000
18	Stocktaking Discrepancies	20,000
19	Other Causes	20,000

Item number	Category of Loss	Delegated Authority (per case) £
	Losses of Furniture & Equipment and Bedding & Linen in circulation	
20	Incidents of the Service: -	
	- Fire	10,000
	- Flood	10,000
	- Accident	10,000
21	Disclosed at physical check	10,000
22	Other causes	10,000
	Compensation Payments – Legal Obligation	
23	Clinical	250,000
24	Non-clinical	100,000
	Ex-gratia payments	
25	Extra-contractual payments	10,000
26	Comp payments – ex-gratia –Clinical	250,000
27	Compensation payments – ex-gratia – Non-clinical	100,000
28	Compensation payments – ex-gratia – inancial Loss	25,000
29	Other Payments	2,500

Item number	Category of Loss	Delegated Authority (per case) £
	Damage to Buildings and Fixtures	
30	Incidents of the Service: -	
	- Fire	20,000
	- Flood	20,000
	- Accident	20,000
	- Other Causes	20,000
31	**Extra-Statutory & Extra-regulationary Payments**	Nil
32	**Gifts in cash or kind**	10,000
33	**Other losses**	10,000

12.6 The exercise of powers of delegation in respect of losses and special payments will be subject to the submission of annual reports to NES Audit & Risk Committee identifying which powers have been exercised and the amount involved.

12.7 The Audit and Risk Committee will formally consider and approve all Losses annually when recommending the adoption of the Statutory Annual Accounts.

12.8 No special payments exceeding the delegated limits laid down, and subsequent amendments thereto shall be made without prior approval of the Scottish Government Health & Social Care Directorate.

12.9 The Executive Director of Finance shall be authorised to take any necessary steps to safeguard NES's interests in bankruptcies and company liquidations.

12.10 All articles surplus to requirements or unserviceable shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Executive Director of Finance.

12.11 The officer shall satisfy their self as to whether or not there is evidence of negligence in use and shall report any such evidence to the Executive

Director of Finance and the Chief Executive who shall take the appropriate action.

13. RISK MANAGEMENT

The Chief Executive Officer shall ensure that NES has a Risk Management Strategy that is approved and monitored by the Audit and Risk Committee.

The Risk Management Strategy shall include:

- a Statement on the NES approach to Risk Management,
- a summary of the NES Strategy for Risk Management,
- details of the Structures in place to implement the strategy,
- details of the processes in place supporting the risk management structures,
- definition of the Risk Appetite i.e. the level of risk the board is willing to accept, and
- definition of responsibilities with regard to risk management.

The Audit and Risk Committee shall have oversight of the Risk Management Strategy and of the implementation and monitoring of risk management structures and processes.

The Executive Director of Finance shall ensure that appropriate insurance and indemnityarrangements are in place in support of the risk management strategy.

14. STANDING COMMITTEES

The Board has established standing committees to which it delegates responsibilities. The Terms of Reference of all Committees will be reviewed annually and are published on the NES external website. The NES Board jointly governs the work of the NHS Scotland Academy with the NHS Golden Jubilee. An NHS Scotland Academy Joint Strategic Programme Board has been established and Terms of Reference agreed.

15. SPECIFIC ROLES & RESPONSIBILITIES

ROLE OF THE EXECUTIVE DIRECTOR OF FINANCE

15.1 The Executive Director of Finance is responsible for:

- ensuring there are arrangements to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function;
- ensuring that the effectiveness of Internal Audit is reviewed by the Audit and Risk Committee and meets the NHS mandatory audit standards; and
- liaising with Counter Fraud Services as appropriate to determine at what stage to involve the police in cases of fraud, misappropriation, and other irregularities.

15.2 The Executive Director of Finance, designated auditors, and representatives from Counter Fraud Services (CFS), are all entitled without necessarily giving prior notice to require and receive:

- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- access at all reasonable times to any land, premises, or employee of the organisation;
- the production of any cash, stores, or other property of the organisation under an employee's control; and
- explanations concerning any matter under investigation.

ROLE OF INTERNAL AUDIT

15.3 The role, objectives and scope of Internal Audit are set out in the NHS Internal Audit Standards and the Public Sector Internal Audit Standards recognising the importance of an independent and objective internal audit service working to the NHS Internal Audit Standards (2011). The work of Internal Audit is carried out primarily for the benefit of the Accountable Officer and Board/Executive of the organisation. The Head of Internal Audit, in accordance with the Public Sector Internal Audit Standards (2013), has a responsibility to provide an annual opinion on the overall adequacy and effectiveness of the organisation's governance, risk management and control processes. There is consequently a major synergy between the purpose of the Head of Internal Audit and the role of the Audit and Risk Committee.

15.4 The Internal Auditor shall have specific responsibility to review, appraise and report upon:

(a) controls to ensure achievement of NES's objectives;

(b) the extent of compliance with established policies, procedures,

plans, regulations, and laws etc;

(c) the extent to which NES's assets and interests are accounted for and safeguarded from loss of any kind arising from: fraud and other offences, theft, accident, waste, extravagance, inefficient administration, poor value for money or other causes;

(d) the suitability, reliability, and integrity of management information systems; and

(f) the adequacy of follow-up action to their reports.

15.5 The Internal Auditors shall be accountable to the Audit and Risk Committee of NES. The reporting and follow up systems for internal audit shall be agreed between the Accountable Officer, the Executive Director of Finance, the Audit and Risk Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit manual. The reporting system shall be reviewed at least every 3 years.

15.6 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property of NES or any suspected irregularity in the exercise of any function of a pecuniary nature; the Executive Director of Finance shall be notified immediately. (See also Section 13 – Losses and Special Payments).

15.7 NES will nominate a senior officer as Fraud Liaison Officer (FLO) to liaise with NHS Counter Fraud Services (CFS) on all fraud related matters. This is in compliance with the approach agreed in the partnership agreement with CFS. The FLO will report and receive all allegations of fraud to and from CFS on NES's behalf and will distribute all fraud reports and communications, on behalf of CFS, to appropriate recipients within NES.

15.8 The Internal Auditors shall issue reports to the Executive Director of Finance, who shall refer audit reports to the appropriate officers designated by the Chief Executive. Failure to take any necessary remedial action within a reasonable period shall be reported to the Chief Executive.

15.9 Where, in exceptional circumstances, the use of normal reporting channels could be seen as a possible limitation of the objectivity of the audit, or where sufficient action is not taken on matters of consequence, the Internal Auditor shall have direct access to the Audit and Risk Committee. In exceptional circumstances, where they deem necessary, the Internal Auditor shall have the right to report direct to the Chief Executive, NES Chair or the Chair of the Audit and Risk Committee.

15.10 At each meeting of the Audit and Risk Committee the opportunity should be givenfor the Chair of the Committee to meet with Non-Executive Members privately. At least twice a year the Chair of the Audit and Risk Committee and the Non-Executive Members should be provided with the opportunity to meet with the Chief Internal Auditor and External Auditors privately.

EXTERNAL AUDIT

15.11 The External Auditor is concerned with providing an independent assurance on financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NES accounts. Responsibility for securing the audit of NES rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000.

15.12 The appointed auditor has a general duty to satisfy themself that:

- the organisation's accounts have been properly prepared inaccordance with directions given under the Public Finance and Accountability (Scotland) Act 2000;
- proper accounting practices have been observed in the preparation of the accounts; and
- the organisation has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources.

16. INFORMATION TECHNOLOGY

16.1 The Director of NES Technology Service shall be responsible for the overall maintenance and security of networked systems within NES. The Executive Director of Finance shall be primarily responsible for the accuracy of data and the maintenance of appropriate security levels within the financial systems of NES.

16.2 The Director of NES Technology shall devise and implement any necessary policies and procedures to protect NES and individuals from inappropriate access, use or misuse of any financial or other information held in NES systems or devices for which they have responsibility and shall take account of the provisions ofthe Data Protection Act 2018, the UK General Data Protection Regulations (GDPR) and the UK Network and Information Systems (NIS) Regulations.

16.3 The Executive Director of Finance shall satisfy themself that such digital and information system audit checks and reviews as they may consider necessary are being carried out.

16.4 The Executive Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another NHS Board or any other agency, assurances of adequacy will be obtained from them prior to implementation.

16.5 The Executive Director of Finance shall ensure that contracts for digital services for financial applications with another NHS Board or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing and storage. The contract should also ensure rights of access for audit purposes.

16.6 Where another NHS Board or any other agency provides a digital service for financial applications, the Executive Director of Finance shall periodically seek assurances that adequate controls are in operation.

16.7 Where digital systems have an impact on corporate financial systemsthe Executive Director of Finance shall ensure that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as Scottish Government Digital Health and Care Strategy 2021.

(b) data produced for use with financial systems is adequate, accurate, complete, and timely, and that a management (audit) trailexists; and

(c) Executive Director of Finance staff have access to such data.

17. FIXED ASSETS

17.1 The Chief Executive and Executive Director of Finance shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the financial plans for the organisation.

17.2 Capital assets can be tangible i.e. they have a physical substance, and Intangible have no physical substance e.g. software purchases and internally generated digital developments

17.3 Items falling into the following categories are tangible assets:

- property, plant, and equipment assets which are capable of being used

for a period which could exceed one year and have a cost equal to or greater than £5,000 (inclusive of VAT);

- where a new development would result in an exceptional charge to the Operating Cost Statement in the first year of use, Boards have the option to capitalise such expenditure as a single 'equipping' asset with a useful economic life of up to 10 years. Where it is intended to exercise this option, Boards should consult with the SGHSCD;
- assets of lesser value may be capitalised where they form part of a group of similar assets purchased at approximately the same time, each individual part costs £250 or more and costs over £20,000 in total.

17.4 Intangible assets can be bought or developed internally and must meet recognition criteria as set out in the NHS Capital Accounting Manual. They are generally analysed over the following headings:

- Information Technology - software developed in-house or by third parties;
- software licences – the right to use software developed by third parties;
- websites that deliver services;
- development expenditure;
- licences, trademarks and artistic originals – original films, sound recordings, etc on which performances are recorded or embodied;
- patents – inventions that are afforded patent protection; and
- goodwill

17.5 The Executive Director of Finance shall ensure that every capital expenditure proposal meets the following criteria:

- potential benefits have been evaluated and compared with known costs,
- the cost consequences of the developments have been evaluated and included in future budgets, and
- complies with the guidance in the NHS in Scotland (NHSiS) Scottish Capital Investment Manual and subsequent disclosure complies with International Financial Reporting Standards (IFRS).

17.6 The Executive Director of Finance shall ensure that processes are in place to capture the impact on the NES Capital Resource Limit (CRL) from entering into property and equipment leases from the 1st April 2022.

17.7 In the case of large capital schemes, a system shall be established for progressing the scheme and authorising necessary payments up to completion. Provision should be made for regular reporting of actual expenditure against authorisation of capital expenditure.

17.8 Where capital assets are sold, scrapped, or impaired, their value must be

reduced or moved from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Where land and property are disposed of, the requirements set out in the NHSiS Scottish Government Property Transactions handbook and the Scottish Public Finance Manual (SPFM), together with any subsequent amendments, shall be followed.

17.9 There is a requirement to achieve the best price reasonably achievable when disposing of assets belonging to NES. Competitive Tendering should normally be undertaken in line with requirements of the Board's tendering procedure.

17.10 Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined by the Chief Executive;
- obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy and recorded within the losses of the organisation;
- items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed annually;
- items arising from works of construction, demolition, or site clearance, which should be dealt with in accordance with the relevant contract; and
- land or buildings concerning which Scottish Government guidance has been issued but subject to compliance with such guidance.

17.11 When evaluating options for the treatment of surplus assets, consideration of the disposal of assets to community bodies will be included, where appropriate. This consideration should be consistent with the principles of Best Value, where wider public benefits may be achieved.

17.12 The overall control of fixed assets shall be the responsibility of the Chief Executive advised by the Executive Director of Finance.

- The Executive Director of Finance shall be notified of the disposal and proceeds from disposal of any fixed assets.

17.13 NES shall maintain an asset register recording NES's fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Asset Accounting Manual as issued by the Scottish Government Health and Social Care Directorate. The organisation shall also maintain a register of assets held under operating leases.

17.14 A fixed asset control procedure shall be approved by the Executive Director of Finance. This procedure shall make provision for:

- recording managerial responsibility for each asset;
- identification of additions including internally developed assets;
- identification of assets for impairment or disposal;
- identification of all repairs and maintenance expenses;
- security of assets;
- periodic verification of the existence, condition, remaining life and title to assets recorded; and
- identification and reporting of all costs associated with the retention of an asset.

17.15 The items on the register shall be checked at least annually by the designated officer and all discrepancies shall be notified in writing to the Executive Director of Finance, who may also undertake such other independent checks as they consider necessary. On the closure of premises, a check shall be carried out and a designated officer shall certify a list of items held showing eventual disposal.

17.16 The Executive Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

17.17 All discrepancies revealed by verification of assets to fixed asset register shall be notified to the Executive Director of Finance.

17.18 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual.

17.19 The value of each asset shall be depreciated or amortised appropriately, using methods and rates as specified in the Capital Accounting Manual.

17.20 The Executive Director of Finance shall approve a procedure for the calculation and payment of capital charges as specified in the Capital Accounting Manual.

PERSONAL USE OF OFFICIAL ACCOMMODATION, EQUIPMENT OR VEHICLES

17.21 No employee of NES may make use of, or make available for use, official accommodation, equipment, supplies, services, or vehicles, for private purposes, without the prior permission of the Chief Executive.

17.22 Employees should not make inappropriate or unauthorised use of IT systems, the NES Information Security Acceptable use Policy governing the use of IT systems should be referred to for further guidance.

18. FINANCIAL IRREGULARITIES

This section should be read in conjunction with the NES Counter Fraud policy and the NES Standards of Business Conduct Policy.

18.1 In January 2008, the Scottish Government (SG) published its strategy "Strategy to Combat NHS Fraud in Scotland" (See SG circular CEL 3 (2008)). In June 2015, the Scottish Government also published its strategy "Protecting Public Resources in Scotland – A Strategic Approach to Fighting Fraud and Error" which complements and supports the 2008 NHS strategy document.

18.2 NES works in partnership with NHS Scotland Counter Fraud Services (CFS) to combat financial crime within the NHS in Scotland. Health Boards nominate a senior officer as Fraud Liaison Officer (FLO) to liaise with CFS on all fraud related matters. The FLO will report and receive all allegations of fraud to and from CFS on the Health Board's behalf. The designated FLO within NES is the Deputy Director of Finance.

18.3 The Scottish Government's Strategy also requires Health Boards to appoint a senior executive or non-executive director as Counter Fraud Champion (CFC). Their role is to influence cultural change within organisations to achieve a position where fraud is considered unacceptable. The designated CFC within NES is the Executive Director of Finance. SG circular CEL 11 (2013) provides details of the roles and responsibilities of CFCs and FLOs.

18.4 Accountable Officers are responsible for having adequate arrangements in place to counter fraud within their Health Board. In line with central guidance, these arrangements should encompass robust systems of prevention, detection, and investigation controls, to reduce the risk of fraud and contribute to the promotion of a counter-fraud culture.

18.5 Within NES all staff are expected to undertake the NHS Scotland counter Fraud eLearning Module available within Turas. Line Managers are also required to complete the Counter Fraud for Line Managers Training. This training is subject to compliance monitoring.

18.6 All fraud against NHS Scotland must be reported to CFS, regardless of who the suspect or victim is, whether or not the matter has been prosecuted

criminally, through civil action or by discipline, or whether the fraud was actual or attempted. However, the FLO, in consultation with CFS, may occasionally decide that a fraud is best dealt with by internal management action. In general, this will be on the grounds of low value.

18.7 There are numerous types of fraud and some examples are given below, but this list is not exhaustive.

Deception	bribery	forgery
extortion	corruption	theft
conspiracy	embezzlement	misappropriation
false representation	concealment of material facts & collusion	

For practical purposes fraud may be defined as the use of deception with the intention of obtaining an advantage, avoiding an obligation, or causing loss to another party.

18.8 Any officers suspecting theft and/or fraud should immediately inform their line manager who shall in turn inform the Fraud Liaison Officer, who will immediately comply with the requirements of the partnership agreement with NHS Counter Fraud Services.

18.9 The Fraud Liaison Officer will also prepare a report for the first appropriate meeting of the Audit and Risk Committee setting out the full circumstances of the incident and any implications for management, including changes to internal control systems which may require to be made.

18.10 Careful consideration should be given to payment claims which arise from organisations or individuals who are under investigation or against who proceedings are being taken for suspected fraud, etc. Legal advice should be sought where necessary.

18.11 The Chief Executive should report the matter to the Scottish Government Health and Social Care Directorate in cases where the nature, scale or the persons involved in the suspected offence could give rise to national or local controversy or publicity, or where the offence may be widespread.

Policy

All staff must be aware of the Counter Fraud Policy (and the Fraud Action Plan) and the Whistleblowing Policy

19. WHISTLEBLOWING

19.1 NES adopts the National whistleblowing standards and encourages all staff In NES to raise any concerns where there is a risk of harm or wrongdoing (including where financial loss or misuse could ensue). Information on how to raise any concerns is available on the NES Intranet.

19.2 Any issues raised will be investigated fully and impartially. Nobody will be unfairly treated for raising a concern, for having a whistleblowing allegation made against them or for cooperating with any investigation.

20. AUTHORISATION LIMITS

20.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of the Board.

SCHEME OF DELEGATION FOR SERVICE LEVEL AGREEMENTS

20.2 Provided the service or activity has been approved in the Operational Planning process or virement approval has been obtained, and once verified by the designated Finance Manager one of the signatories on a Service Level Agreement must be in accordance with the following:

OFFICER	AUTHORISATION LIMIT
Senior Managers and Assistant Directors	Up to or equal to £25,000
Associate Directors	£25,000 to £50,000
Directors and Post Graduate Deans	£50,000 to £250,000
Executive Director of Finance	Over £250,000
Chief Executive	Over £500,000

SCHEME OF DELEGATION FOR CONTRACTS

20.3 Contracts and other agreements with non-NHS Bodies must have two signatories, one of which will be a Directorate officer and the other an authorised buyer, with specific delegated authority in accordance with the table below. The “List of Authorised Buyers” will be held by the Finance Department. The total contract value must also be verified by the designated Finance Manager to ensure this is in line with Operational Plans and budgets.

OFFICER	AUTHORISATION LIMIT
Administrator, Coordinator, Officer	Up to the level of their designated authority, which shall be no greater than £10,000
Senior Managers and Assistant Directors	£10,000 to £25,000
Associate Directors	£25,000 to £50,000
Directors and Post Graduate Deans	Over £50,000

AUTHORISED BUYER	AUTHORISATION LIMIT
Procurement Officer	Up to the level of their designated authority, which shall be no greater than £50,000
Procurement Manager	Up to or equal to £150,000
Head of Procurement	Up to or equal to £250,000
Executive Director of Finance	£250,000 to £500,000
Chief Executive	Contractual and other commitments over £500,000

Contractual and other commitments with non-NHS Bodies, over £1,000,000 in total, should be reported to the Board.

SCHEME OF DELEGATION FOR PURCHASES (PURCHASE ORDERS ANDINVOICES)

20.4 Purchase requisitions and invoices must be authorised by budget holders, or staff with delegated authority from budget holders, and verifiedby the designated Finance Managers up to the following levels:

OFFICER	AUTHORISATION LIMIT
Administrator, Coordinator, Officer	Up to the level of their designated authority, which shall be no greater than £10,000
Senior Managers and Assistant Directors	Up to or equal to £25,000
Associate Directors	Up to or equal to £50,000
Directors and Post Graduate Deans	Up to or equal to £250,000
Executive Director of Finance	Up to or equal to £500,000
Chief Executive	Contractual and other commitments over £500,000

20.5 All orders over £100k require a second authorisation to provide assurance

that the spend is in line with contractual and other commitments and ensures that orders have already been authorised by another senior member of staff, responsible for the budget concerned.

SECONDARY APPROVAL	AUTHORISATION LIMIT
Procurement Manager	Up to or equal to £250,000
Head of Procurement	Up to or equal to £500,000
Deputy Director of Finance	Up to or equal to £500,000
Executive Director of Finance	Up to or equal to £500,000
Chief Executive	Contractual and other commitments over £500,000

20.6 In order to ensure that Purchase Orders can be processed through eFinancials and PECOS, it will be necessary to give Directors and Post Graduate Deans a higher limit of £500,000 within the background tables of the Finance Systems. This enables the system workflow to operate in a way that assures the buyer (providing the second level of approval) thatthe order has been approved by the person responsible for the budget. However, the controls in both systems will ensure that all Purchase Orders above £100,000 will require approval by a buyer, thus ensuring that the above limits are applied in practice. The same limits and dual authorisation process apply to all invoices without purchase orders.

20.7 Special arrangements exist for payments to other Boards in relation to payments made through the Payment on Behalf Process as outlined in Section 9.40. These include payments in respect of Training Grades and the Additional Costs of Teaching (ACT). These payments are covered by approved SLAs and individual monthly payments are processed subject to confirmation from nominated senior officers within the relevant Directorate who have delegated authority from their director. All submissions are reviewed and authorised by the Deputy Director of Finance before being processed.

SCHEME OF DELEGATION FOR VIREMENTS

20.8 It is the responsibility of the Chief Executive and the Executive Director of Finance to ensure all financial commitments entered into on behalf of the Board are in line with approved budgets and management plans. The authority to vire between budgets is covered through a scheme of financial delegation as set out below.

20.9 Virement is the agreed transfer of revenue budget provision from one income or expenditure line to another within a financial year, within the same Directorate.

20.10 During the operational planning process, the Executive Team approve the allocation of budgets on the basis of the information on inputs, outcomes and impact provided to them at that time. A key part of the governance process in NES is a robust system of budget monitoring andreview to ensure that:

- budgets are used for the purposes for which they are allocated,
- any planned change in the purpose for which funds are used supports the strategic direction of NES, and
- there is no duplication in the use of funds across the organisation.

It is these criteria which must be taken into account when any budget virement is being considered.

20.11 The following adjustments are not subject to the Scheme of Delegation for Virements:

- actual receipt of allocations which were anticipated and included as part of the operational planning process and therefore use has been approved. This transaction merely confirms receipt of pre-agreed funds and will be noted and approved at the next Executive team meeting;
- training grade adjustments - where the number of trainees is set by Scottish Government and the total funding allocation agreed. Budget adjustments which reallocate funds within the pre-agreed total and on the approval of the appropriate governance group (National Reshaping Workforce Group) are not subject to virement rules;
- budget allocations made by finance to release pre-agreed provisions (example – a provision created for a potential pay award); and
- enactment of structural change within the organisation. Where organisational change has been approved by the Change management Board and/or the Executive team which necessitates the reallocation of budget this will not also be subject to the Virement rules(example – consolidating budgets which are currently split across cost centres into one single budget).

OFFICER	VIREMENT LIMIT	AUTHORITY REQUIRED
Chief Executive	0 to £250,000	Totally Delegated (inform DoF)
	£250,000 to £500,000	Delegated but inform the Board
	over £500,000	Seek prior approval from the Board
Director of Finance	0 to £100,000	Totally delegated (Inform Relevant Finance Manager)
	£100,000 to £250,000	Delegated but report toChief Executive
	over £250,000	Seek prior approval fromChief Executive
Principal Lead,Finance BusinessPartnering (FBP) and Deputy Director of Finance	0 to £25,000	Delegated (Inform Relevant Finance Manager)
	£25,000 to £100,000	Delegated but report toExecutive Director of Finance
	Over £100,000	Seek prior approval fromDoF
Budget Holders	0 to £25,000	Delegated (Inform Finance Manager)
	£25,000 to £100,000	Seek prior approval fromPrincipal Lead FBP or Deputy Director of Finance
	over £100,000	Seek prior approval fromExecutive Director of Finance
The base materiality level for the use of virement will be 10% of the originalbudget allocation. For example, where a cost centre/project has an original budget of £10,000 it is not envisaged that budget virements would be carried out for sums less than £1,000.		

20.12 Once the Board has approved the budget, plans and performance target for the year and taken account of all reserves and anticipated contingencies, the Directors and Budget Holders will be responsible for managing their affairs within the budget allocated to them. This will include dealing with planned or unplanned expenditure on an individual basis and virement within the rules stated above. The virement rules stated above may be suspended with the agreement of the Executive Team.

20.13 Any savings generated during the year must be quantified and disclosed to the Executive Director of Finance as soon as possible prior to distribution under the virement rules stated above.

20.14 The Chief Executive in consultation with their Executive Director of Finance should set authorisation limits for any other expenditure.

RESERVATION OF POWERS AND SCHEME OF DELEGATION

20.15 Matters on which decisions on, and/or approval of, are retained by the Board:

- policy,
- strategy, business plans and budgets,
- Standing Orders,
- Standing Financial Instructions,
- the establishment, terms and reference and reporting arrangements for all Committees and Sub Committees (including Standing Committees),
- significant items of Capital Expenditure or disposal of assets,
- recommendations from all Committees and Sub-Committees (Where powers are Delegated),
- Annual Report and Annual Accounts,
- financial and performance reporting arrangements,
- Investment Policy for exchequer and endowment funds, and
- Constitution and Terms of Reference for statutory Committees.

20.16 Powers delegated by the Board to the Standing Committees and the executives are detailed in the Board Scheme of Delegation which is available here

21. ENDOWMENT FUNDS

21.1 The Review of Governance of NHS Endowment Funds, November 2019,

was developed to ensure that all Scottish Endowment funds are managed appropriately using a standard regulations and procedures and this review reported in October 2021.

21.2 Should the Board ever receive an endowment (NHS-linked charity), an endowment fund should be set up following regulations set out in 21.1 above. These were put in place to safeguard the use of NHS-linked charitable funds within the Scottish NHS.

22. GENERAL NURSING COUNCIL (GNC) FUND: REGISTERED CHARITY: SC015662

22.1 The GNC is a charitable trust and is registered with OSCR (SC015662) and constituted by deed which includes provision for the appointment and resignation of Trustees who manage the fund in the deliverance of it's charitable purpose.

22.2 The GNC Fund was set up with the net proceeds from the sale of the former General Nursing Council for Scotland premises in Darnaway Street, Edinburgh by the National Board for Nursing, Midwifery and Health Visiting for Scotland, a predecessor body of NHS Education for Scotland, in 1983.

22.3 The management of The Fund is the responsibility of the Trustees. The Trustees rely on the GNC Fund project team and disbursement panel to distribute information concerning The Fund to potential beneficiaries and to make recommendations to the Trustees concerning awards. The day to day financial management of the charity is delegated to the Executive Director of Finance at NHS Education for Scotland.

22.4 The Trustees of the GNC may include NES Executive and Non-Executive Directors and Board Members whose appointment will be endorsed by the NES Board Chair. All Trustees act independently of the NES Board.

22.5 The Trustees shall ensure appropriate arrangements are in place to maintain such accounts and records as may be necessary to record and protect all transactions and funds of the GNC Fund, including an Investments Register consistent with the current statutory requirements (Law Reform (Miscellaneous Provision) (Scotland) Act 1990).

22.6 The Trustees shall ensure that annual accounts are prepared within 9 months of the year end and in accordance with the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended), and that proper arrangements are made

for these to be audited by a separately appointed External Auditor and submitted to the Office of the Scottish Charity Regulator (OSCR).

22.7 All share and stock certificates and property deeds shall be deposited either with the trustee body's Bankers or Investment Advisers, or in a safe, or a compartment within a safe, to which only a designated responsible officer will have access.

23. JOINT WORKING ARRANGEMENTS

23.1 NES has a entered into a joint arrangement with the NHS Golden Jubilee for the provision of the NHS Scotland Academy (NHSSA).

23.2 Jointly controlled operations involve the use of assets and other resources of the parties, rather than the establishment of a separate entity. Each party uses its own assets, incurs its own expenses and liabilities, and is responsible for the proper accounting treatment of these, within its own records. [IAS 31]

23.3 Participation or investment in any legal entity (e.g. joint venture) is subject to prevailing legislation and SGHSC guidance and is subject to approval by the Minister. Before proceeding, legal and procedural advice is required, and any activity in this area must be advised to and approved by the Executive Director of Finance.

23.4 Joint working with pharmaceutical companies is permitted within certain parameters set out in the Scottish Government's guidance – A Common Understanding 2012 Working Together For Patients. The guide on joint-working between NHS Scotland and the pharmaceutical industry, should be applied to any such joint-working arrangement and will assist in developing local joint-working, governance, monitoring and project arrangements. Such arrangements should also be reviewed in line with sponsorship and Intellectual property policies

23.5 Joint working is also permitted with voluntary organisations, in the form of funding arrangements, subject to certain conditions. NES can only directly fund a third sector organisation; whose role was in line with NES's statutory purpose, strategic direction and roles and responsibilities.

24. SPONSORSHIP

24.1 All sponsorship arrangements, entered into by NES, must comply with the NES Sponsorship policy and MEL(2000)13: "Fund Raising, Income Generation and sponsorship within the NHSiS" at all times and be in accordance with the NES Sponsorship Policy, as amended for arrangements within the NHS Scotland Academy (NHSSA).

24.2 Where sponsorship arrangements are entered into, they should be appropriate and discreet and not call into question NHS in Scotland (NHSiS) funding of core business.

24.3 If sponsorship arrangements are agreed, the requirements set out in the income sections 9.23 to 9.26 of the is document, should be followed.

25. INTELLECTUAL PROPERTY

25.1 The registration, other forms of protection, management, and exploitation of Intellectual Property Rights (e.g. a brand, patent, domain name, etc.) is subject to compliance with HDL(2004)09 A framework and Guidance on the Management of IP in NHSS, MEL (1998) 23 Policy Framework for the Management of IP within NHSS and current NES Intellectual Property Policy the IP policy and Scheme of Delegation.

25.2 Where we wish to exploit our right or potential right commercially, it is NES policy to take appropriate advice from legal and IP experts in concluding any agreements or licences necessary to deal with the commercial exploitation of IP owned or being developed by NES. All proposals to commercially exploit our IPR must be fully costed, taking into account NES policies on income generation, and must have the approval of the Executive Director of Finance and the relevant Director.

25.3 Any request by a third party for permission to exploit NES IPR commercially must be given reasonable consideration in compliance with the Re-use of Public Sector Information regulations, and any refusal must be recorded together with the rationale for refusal. NES will, whenever appropriate, ensure that IP resulting from projects funded in whole or in part by NHS funds is exploited to the benefit of NES and ultimately NHSScotland.

25.4 As per the NES Standard Terms of Purchase, where development forms part of a contract for supply of goods or services, right of ownership of any invention, design or IP arising from such development shall be transferred to NES as soon as any such right arises.

25.5 If the sale of any intellectual property rights are being considered, the requirements set out in the income sections 9.23 to 9.26 of the is document, should be followed.

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APPENDIX 1

Board Scheme of Delegation

The Board Scheme of Delegation includes a number of delegated areas in addition to the top-level financial delegation. It is available **here**

Appendix IV

NHS Education for Scotland

Remuneration Committee

Terms of Reference

1. Constitution/context

1.1 The NHS Education for Scotland (NES) Board has established a Committee to be known as the Remuneration Committee; hereafter referred to as the Committee, which will operate within the terms of the Board's Standing Orders; Standing Financial Instructions and the Board Code of Conduct.

1.2 The Committee will fulfil its duties in line with relevant statutory and regulatory requirements.

1.3 The Committee will be a Sub-Committee of the Staff Governance Committee.

2. Role

2.1 To provide assurance to the Board, through the Staff Governance Committee, that appropriate arrangements are in place to ensure that the Board meets the statutory requirements laid out in the Staff Governance Standard in respect of the remuneration of the Executive Directors and Directors (and any other staff employed under Executive Managers' or Consultants' pay arrangements.

2.2 The Committee will also review submissions from the Chief Executive for any settlement agreements.

3. Membership

3.1 Membership of the Remuneration Committee will include, as a minimum, three non-executive Directors of the NHS Board, one of whom should, in normal circumstances, be the Employee Director.

3.2 Membership will include:

The Non-Executive Chair will in normal circumstances be the Board Vice Chair.

i. Non-Executive Board Vice-Chair (and Chair of Education and Quality

Committee)

ii. Non-Executive Chair of the Staff Governance Committee

iii. Non-Executive Board Chair (and Chair of Digital and Information Committee)

iv. Non-Executive Employee Director

4. Quorum

4.1 – 4.7 **Quorum** (generic ToRs)

5. Attendees

5.1 – 5.2 **Attendees** (generic ToRs)

5.3. The Chief Executive and Director of Workforce will be in attendance throughout to provide advice and support (apart from during their review).

5.4. The Chief Executive and Director of Workforce will leave the meeting when their own remuneration and terms and conditions are to be discussed, and at other times, at the discretion of the Chair.

6. Private Member Meetings

6.1 Private Member Meetings (generic ToRs)

7. Frequency of Meetings

7.1 The Committee will meet at least three times per annum.

7.2 Remuneration issues may arise between meetings and will be brought to the attention of the Remuneration Committee Chair by the Chief Executive or the Director of Workforce. The Chair may call a special meeting of the Remuneration Committee to address the issue.

8. Authority

8.1 Authority (generic ToRs)

8.2 No director or senior manager shall be involved in any decisions as to their own remuneration outcome

9. Responsibilities and Duties

9.1 In relation to Executive Directors and Directors, to:

9.1.1 review and approve all Terms and Conditions of Employment, including job descriptions, terms and conditions of employment, basic pay, performance pay (if applicable) and all benefits associated with each post;

9.1.2 seek assurance that remuneration, benefits and employment related terms and conditions are in line with and fair in terms of the national system and arrangements for determining those matters and to seek redress if this is determined to not be the case.

9.1.3 confirm that individual annual SMART performance objectives are in place aligned to the organisations corporate vision, goals, purpose and values.

9.1.4 review and approve individual annual SMART performance objectives, including overseeing the review of performance against these objectives at the mid-year point and agreeing any revisions to the objectives during the course of the year;

9.1.5 consider and approve proposals on the assessment of performance at the year-end (taking into account any factors which the Committee consider to be relevant and which may not have been known by the relevant parties at the time when objectives, including their weighting were agreed) and any changes to the remuneration or the Terms and Conditions of Employment arising from this assessment of performance during the review period.

9.1.6 delegate responsibility to a sub-group of the Committee to act as a final appeals body for the Chief Executive and Executive Directors who have raised a grievance regarding their remuneration, benefits, performance grading or terms and conditions of employment.

9.1.7 seek assurance on application of the performance review and development process.

9.2 In relation to any other staff employed under Executive Managers' or Consultants' pay arrangements to: maintain an overview of remuneration arrangements for staff falling within these categories.

9.3 Comply with any Scottish Government Health Directorates directions and take into consideration any relevant guidance on remuneration, benefits or terms and conditions of employment, including the guidance contained in the

‘Remuneration Committee Self-Assessment Pack published by the Scottish Government and Audit Scotland in 2007. (currently under review).

9.4 Review NES policy as appropriate regarding the remuneration, benefits, terms and conditions in the light of any guidance issued by Scottish Government or NHS Scotland.

9.5 Provide assurance to the Board, through the Staff Governance Committee, that systems and procedures are in place to manage the issues set out in Scottish Government guidance so that overarching staff governance responsibilities can be discharged. The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee.

9.6 Review submissions from the Chief Executive for the terms of any Settlement Agreement. Such agreements may also require the approval of the Scottish Government, in accordance with procedures applicable across the public sector.

9.7 Review and approve submissions from the Director of Workforce for any redundancy situation leading to contractual entitlement to a payment in excess of £95,000.

9.8 Receive for noting an anonymised annual report on voluntary severance agreements and any other voluntary resignations with a financial consideration that have been approved through the extant Scottish Government business case process and authorised by the NES CEO as Accountable Officer. The Committee shall receive this report in advance of the inclusion of the associated data in the Annual Accounts.

9.9 Subject to the limits laid down in the Scheme of Delegation, all early retirals, that meet the requirement for a two year maximum pay back period and result in additional costs being borne by the employer will be submitted to the Remuneration Committee for consideration and recommendation to the NES Board. Whilst ill health retirements are approved by SPPA and are usually out with the remit of the Remuneration Committee, in any rare and exceptional case where additional costs may be borne by NES, this will be submitted to the Remuneration Committee for consideration and recommendation to the NES Board.

9.10 The Remuneration Committee will act in accordance with the applicable pension scheme rules and regulations, and NHSS pay policy applicable to

NES employees.

10. Reporting arrangements

10.1 - 10.5 Reporting Arrangements (generic ToRs)

11. Review

11.1 Review (generic ToRs)

11.2 The Committee will undertake an annual assessment of their performance, highlighting any steps for further improvement to the way they conduct business.

12. Conduct of Business

12.1 Conduct of Business (generic ToRs)

12.2 All business of the Committee will be conducted in strict confidence.

Della Thomas, Board Secretary

NES, February 2022

Appendix V

NHS Education for Scotland

Education and Quality Committee

Terms of Reference

1. Constitution/context

1.1 The NHS Education for Scotland (NES) Board has established a Committee to be known as the *Education and Quality Committee*, hereafter referred to as the Committee, which will operate within the terms of the Board's Standing Orders; Standing Financial Instructions and the Board Code of Conduct.

1.2 The Committee will fulfil its duties in line with relevant statutory and regulatory requirements.

1.3 Specifically, the Committee will take cognisance of the fact that most health professional education and training within the UK is governed by UK statutes and overseen by UK regulators, and that many of the curricula and outcomes are determined at a UK level, by Higher Education Institutions, Royal Colleges and Statutory regulators.

2. Role

2.1 The role of the Committee is to:

- provide assurance to the NES Board that effective arrangements are in place to plan, commission, deliver and quality manage all of NES's education and training provision in line with the organisation's Strategic Plan
- advise the NES Board, when appropriate on where, and how, its education systems and assurance framework may be strengthened and developed further and
- provide assurance to the NHS Scotland Academy Joint Strategic Programme Board that effective arrangements are in place for the educational and quality governance of the NHS Scotland Academy accelerated education and training activities.

3. Membership

3.1 Full membership of the Committee shall include at least four non-executive Directors of the NHS Board.

4. Quorum

4.1 – 4.7 Quorum (generic ToRs)

5. Attendees

5.1 – 5.2 Attendees (generic ToRs)

6. Private Member Meetings

6.1 Private Member Meetings (generic ToRs)

7. Frequency of Meetings

7.1 The Committee shall normally meet four times per year. The Chair of the Committee, may within reason, convene additional meetings if they deem this necessary, in consultation with the relevant executive lead.

8. Authority

8.1 Authority (generic ToRs)

9. Responsibilities and Duties

9.1 Provide assurance to the NES Board that, where education and training is subject to statutory regulatory oversight, the requirements of the relevant regulator are being met.

9.2 Provide assurance to the NES Board regarding the effective management and improvement of the quality of NES's education and training activities and outcomes; including internally regulated activities, clinical assurance and leadership development activities.

9.3 Seek assurance that strategies, policies, structures, responses to consultations and processes for the governance of education and training have taken a forward looking and strategic view.

9.4 Seek assurance that arrangements are in place to identify and embed good and innovative practice across NES in ways that enhance the quality of the education and training provided.

9.5 Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification of impact (including outcomes) or intended impact, where possible, and the management of and identification of related risks.

9.6 Monitor compliance of education and training activities with statutory and regulatory requirements, of equity, equality legislation, human rights and Government policy and other relevant policies and NES priorities in relation to equity, equality and diversity, health inequalities, person-centred care and participation, and educational quality.

9.7 Seek assurance as to the effective management of educational research programmes.

9.8 Seek assurance that governance and quality controls are in place relating to the delivery of technology enhanced education and training.

9.9 Seek assurance relating to the key strategic engagement of partners and users across Health and Social Care, including approaches to integration that impact on service delivery.

9.10 Seek assurance of continuous improvement in relation to user feedback, including learner satisfaction, retention, attainment and progression.

9.11 Take steps to ensure there is an acceptable balance between the value of the information received by the Committee and the time and other costs it takes to acquire and process it.

9.12 Scrutinise, approve or note annual reports as appropriate, in relation to the UK Education statutory regulatory reports; the annual complaints and feedback report; and other reports as delegated by the NES Board or the NHS Scotland Academy Joint Strategic Programme Board.

9.13 Provide assurance to the NHS Scotland Academy Joint Strategic Programme Board in line with the Committee's delegated remit as per Appendix I.

10. Reporting arrangements

10.1 - 10.5 Reporting Arrangements (generic ToRs)

11. Review

11.1 Review (generic ToRs)

11.2 The Committee will undertake an annual assessment of their performance, highlighting any steps for further improvement to the way they conduct business.

12. Conduct of Business

12.1 **Conduct of Business** (generic ToRs)

Della Thomas
Board Secretary
February 2022

Appendix I

NHS Scotland Academy Delegated governance and scrutiny to the NES Education and Quality Committee

Review, scrutinise and approve education and quality developmental and performance reports on behalf of the Strategic Programme Board and in turn the NES and NHSGJ parent Boards, to ensure that:

1. key strategic partners are effectively and appropriately engaged and involved including for example, universities, the regulators, and health and social care partners.
2. the education and training planned for or provided by, the NHS Scotland Academy, is subject to the appropriate statutory regulatory oversight, and the requirements of the relevant regulators are met.
3. the education and training planned for or provided by, the NHS Scotland Academy, is appropriately accredited.
4. the NHS Scotland Academy education and training activities and outcomes; activities are effectively managed; quality assured; subject to continuous improvement and impact is measured and achieved.
5. arrangements are in place to identify and embed good and innovative practice across NES and NHSGJ in ways that enhance the quality of the education and training provided.
6. continuous improvement in relation to user feedback, complaints, including learner satisfaction, retention, attainment and progression is embedded in the management and delivery of the NHS Scotland Academy education and training programmes.
7. governance processes and quality management controls are in place relating to the delivery of NHS Scotland Academy technology enhanced education and training.
8. educational and quality related risks are identified, mitigated and reported.
9. NHS Scotland Academy educational and quality governance is reported annually to the NES Audit and Risk Committee as part of the Education and Quality Committee Annual Report.

Appendix VI

NHS Education for Scotland

Digital and Information Committee

Terms of Reference

1. Constitution/context

1.1 The NHS Education for Scotland (NES) Board has established a Committee to be known as the *Digital and Information Committee;* hereafter referred to as the Committee, which will operate within the terms of the Board's Standing Orders; Standing Financial Instructions and the Board Code of Conduct.

1.2 The Committee will provide governance and scrutiny within the context of "*Digital"* as defined as the application of technology to deliver business services through the public and private cloud.

1.3 The Committee will provide governance and scrutiny within the context of "*Information"* in relation to the technical aspect of information security and will provide governance and scrutiny within the context of the NES legal obligations.

2. Role

2.1 The role of this Committee is to provide oversight, scrutiny and assurance of area four of the NES Strategy 2019-24 (A National Digital Platform, Analysis, Intelligence and Modelling), and the areas of the Scottish Government's Digital Health and Care Strategy refreshed October 2021 on which NES leads.

3. Membership

3.1 Full membership of the Committee shall include the following:

- four non-executive directors of the NES Board;
- one co-opted member with non-voting rights.

4. Quorum

4.1 – 4.7 **Quorum**

5. Attendees

5.1 – 5.2 **Attendees**

5.3 The Executive Lead, (Director of NES Technology Service) will attend all meetings.

5.4 The NES Chief Executive may attend any meetings.

5.5 The Committee may require relevant officers to attend at meetings, where specific advice and/or guidance is required on relevant topics.

5.6 The Committee may co-opt additional advisors as required.

6. Private Member Meetings

6.1 **Private Member Meetings**

7. Frequency of Meetings

7.1 The Committee shall normally meet four times per year.

7.2 The Chair of the Committee, may within reason, convene additional meetings if they deem this necessary, in consultation with the relevant executive lead.

8. Authority

8.1 **Authority**

9. Responsibilities and Duties

The Committee shall act for the Board to:

9.1 provide assurance to the Board as to the effective strategic management and delivery of NES's digital work in relation to strategic key performance indicators, resource allocation, strategic risk identification and mitigation and service delivery;

9.2 provide scrutiny and oversight of the corporate governance processes for incorporating in-year commissions into the overall strategic work programme;

9.3 ensure that effective and coherent strategic engagement and communications is progressed with the relevant stakeholders particularly Scottish Government, NHS Boards, Integrated Joint Boards, COSLA and suppliers;

9.4 ensure compliance with statutory and regulatory requirements including, clinical and technical assurance; safety and user acceptability and as per policies and guidance from the Scottish Government and other organisations as appropriate;

9.5 horizon scan so that the Board is kept informed of emerging policies, research, data, technical, clinical or other innovative developments as might have a bearing on the organisation's approach to development and delivery of its strategies and work programme for digital;

9.6 establish such sub-committees it considers appropriate to ensure its work is suitably informed and supported;

9.7 collaborate effectively and interact constructively with the governance structures of other external organisations as appropriate, as well as the across the internal Committee structures of NES;

9.8 deal with any such matters as may be assigned to the Committee by the Board and make recommendations as might be necessary.

10. Reporting Arrangements

10.1 - 10.5 **Reporting Arrangements**

11. Review

11.1 **Review**

11.2 The Committee will undertake an annual assessment of their performance, highlighting any steps for further improvement to the way they conduct business.

12. Conduct of Business

Conduct of Business

Della Thomas, Board Secretary

NES, February 2022

Appendix VII

NHS Education for Scotland

Audit and Risk Committee

Terms of Reference

1. Constitution and Context

1.1 The NHS Education for Scotland (NES) Board has established a Committee to be known as the Audit and Risk Committee*;* hereafter referred to as the Committee, which will operate within the terms of the Board's Standing Orders; Standing Financial Instructions and the Board Code of Conduct.

1.2 The Committee will fulfil its duties in line with the Scottish Public Finance Manual and the Scottish Government Audit and Assurance Committee Handbook (3 April 2018).

2. Role

2.1 The Committee independently supports the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances provided in relation to: the governance, the risk management, the control environment and the integrity of the Annual Report and Accounts, Finance, Procurement and Properties and Facilities.

2 Membership

2.1 The Members and Chair of the Committee are appointed by the Board who ensure members are sufficiently independent. The Chair of the Board is not a member but is invited to attend. The Board ensure that the Committee has a balance of skills including recent financial experience.

2.2 Full membership of the Committee shall include a minimum of four non-executive members of the Board including the Audit Committee Chair.

2.3 The Board may co-opt independent external members for up to one year if additional skills are needed to meet the assurance requirements.

2.4 The Committee may procure specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Accountable Officer.

4. Quorum

4.1 – 4.7 **Quorum Generic ToRs**

5. Attendees

5.1 – 5.2 **Attendees Generic ToRs**

5.3 The external auditor, internal auditor, Chief Executive and Director of Finance shall normally attend all meetings.

6. Private Member Meetings

6.1 **Private Member Meetings Generic ToRs**

6.2 The Committee may also meet in private with the internal auditors and external auditors at any time but should ensure that it does so at least annually.

6.3 There are mutual rights of access between the Committee Chair and the Accountable Officer, Chief Internal Auditor, and the External Auditors.

6.4 The Chief Internal Auditor will report functionally to the Committee Chair.

6.5 In the interests of developing relationships, the Committee Chair may elect to have private individual meetings with the Accountable Officer, Director of Finance, Chief Internal Auditor, and the senior representative of the External Auditor.

7. Frequency of Meetings

7.1 The Audit and Risk Committee will meet four times a year.

8. Authority

8.1 **Authority Generic ToRs**

8.2 The Committee has delegated authority from the Board on the following matters, so that it may carry out its responsibilities and duties:

- Oversight of the process to appoint the Chief Internal Auditor and making a recommendation to the Board. The appointment of the Chief Internal Auditor is a matter reserved to the Board.
- Approving the fee of the external auditor within the scale defined by the Auditor General.

9. Responsibilities and Duties

The Committee will generally discharge its responsibilities and duties through:

9.1 Assurance
(an evaluated opinion, based on evidence from review, on the organisation's governance, risk management and internal control framework).

9.1.1 Clear articulation of the level and type of assurance required across all areas within the remit of the Committee through review of the Assurance Framework and the recommendation of an optimum mix of assurance.
9.1.2 Reviewing and challenging the assurances that have been provided, as to whether their scope meets the needs of the Accountable Officer and the Board.
9.1.3 Ensuring effective mechanisms are in place to provide assurances that are reliable and adequately evidenced.
9.1.4 Drawing attention to potential weaknesses in systems of risk management, governance and internal control.
9.1.5 Commissioning further assurance work for areas that have not had sufficient review.
9.1.6 Reviewing annual reports from the other Committees of the Board to ensure they have obtained appropriate assurance to enable them to discharge their duties and responsibilities and give assurance to the Accountable Officer and Board.
9.1.7 The Audit and Risk Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

In practice the Committee will carry out the following activities:

9.2 Internal Control, Risk Management and Corporate Governance

9.2.1 Assess the scope and effectiveness of the risk management processes.
9.2.2 Review the system of internal control and evaluate the control environment and decision-making processes. This will include annual review of the Board's Standing Orders, Standing Financial Instructions, Scheme of Delegation and Risk Management Strategy.
9.2.3 On an annual basis, review the Board's attitude to and appetite for risk across the agreed risk areas of *Strategy/Policy; Financial; Operational/Service Delivery; Accountability/Governance and Reputational/Credibility*, to ensure these are appropriately defined and consider if these are aligned to the strategic and operational plans.
9.2.4 Receive and review reports from management on the effectiveness of internal controls – seek assurance that policies, procedures, and processes are appropriately designed and effectively implemented.
9.2.5 Seek assurance on the risk and control environment where services are outsourced to external providers, including shared service arrangements.
9.2.6 Review and recommend for approval by the Board, the corporate governance disclosures on audit and risk management in the annual accounts (Governance Statement).
9.2.7 Review internal arrangements by which staff may raise concerns about possible improprieties such as anti-fraud policies and arrangements for special investigations.

9.2.8 Review counter fraud activity and outcomes.

9.3 External Audit (including review of the Annual Accounts)

9.3.1 Review the External Audit strategy and plan.
9.3.2 Review the previous External Audit letter to those Charged with Governance and review management responsiveness to any recommendations.
9.3.3 Consider planned external audit activity and review the level of coordination and engagement between internal and external audit to ensure there is no unnecessary duplication of audit work.
9.3.4 Review the proposed accounting policies before management present them to the Board for its approval.
9.3.5 Review the draft Annual Accounts including areas of substantial estimates and judgements and the Governance Statement.
9.3.6 Review the clarity and completeness of disclosures in the draft Annual Accounts.
9.3.7 Consider any items raised in the external Audit letter to those charged with Governance in reaching a view on whether the committee should recommend that the Board approve the draft Annual Accounts.
9.3.8 Review management's letter of representation to the external auditors.
9.3.9 Provide the Board and Accountable Officer with an Annual Report, timed to support finalisation of the accounts and the Governance Statement, summarising its conclusions from the work it has done during the year.
9.3.10 Approve the annual fee of the external auditor.
9.3.11 Review the performance of External Audit on an annual basis.
9.3.12 On appointment of a new External Auditor by the Auditor General for Scotland, ensure completion of all required assurance checklists.

9.4 Internal Audit

9.4.1 Approve the appointment and termination of Internal Audit and advise on the purchase of non-audit services from the suppliers of audit services.
9.4.2 Review and approve the Internal Audit strategy and annual Internal Audit in order to assess their access their accuracy in reflecting the risk exposure of the organisation.
9.4.3 Monitor and check that Internal Audit Strategy, annual Internal Audit and adequate resources are being made available to Internal Audit enable the Head of Internal Audit to provide an annual audit opinion.
9.4.4 Review the arrangements which the Internal Auditors have in place to implement the requirements of the Public Sector Internal Audit Standards (such as the internal audit charter).
9.4.5 Review the results of Internal Audit work, including reports on the effectiveness of systems for governance, risk management and internal control.
9.4.6 Review management responses to issues raised.
9.4.7 Review the annual Internal Audit opinion and annual report.

9.4.8 Review the performance of Internal Audit, including conformance with the applicable standards, expected performance measures, and the results of both Internal and external quality assessments.

9.5 Financial Management

9.5.1 Review the draft financial strategy which sets out the financial assumptions and approaches to strategic financial planning which will underpin the draft budget.

9.5.2 Review draft financial Plans (Budgets), considering if they support delivery of the Annual Operating Plan and the NES Strategic objectives, and make recommendations on these to the Board.

9.5.3 Provide detailed scrutiny of the estimates of income and expenditure associated with significant new developments requiring formal Business Case approval.

9.5.4 Consider the year-end financial report and in particular the financial. performance analysed therein, and make recommendations to the Board

9.5.5 Consider and make recommendations to the Board on matters relating to the financial management of NES, including efficiency programmes and resource allocation and the financial arrangements governing relationships with other organisations.

9.5.6 Monitor compliance of finance activities with statutory duties, NHSScotland policy and NES priorities in relation to equality and diversity.

9.5.7 Consider the financial implications of matters relating to accommodation, maintenance of premises and provision of services. This will include reviewing the content of the Property and Asset Management Strategy (PAMS).

9.6 Procurement

9.6.1 Review quarterly reports on Procurement activity including compliance with the Procurement Reform (Scotland) Act 2014, the Scottish Government Procurement Journey and the utilisation of National Contracts.

9.6.2 Approve the 3-year Procurement Strategy and associated action plan.

9.6.3 Review the NES Procurement Annual Report and approve for publication

9.6.4 Review the Procurement Annual Equality Duty Report and approve for publication.

9.7 Sustainability

9.7.1 Review sustainability performance, plans and returns.

9.7.2 Consider the sustainability implications of matters relating to accommodation, maintenance of premises and provision of services.

9.8 Schedule of Business

9.8.1 The Committee will develop a Schedule of Business to discharge its responsibilities and duties, which will determine the information that it requires at meetings and consequently the agenda for those meetings.

10. Reporting Arrangements

10.1 - 10.5 **Reporting Arrangements Generic ToRs**

11. Review

11.1 **Review Generic ToRs**

11.2 The Committee will undertake an annual assessment of their performance, highlighting any steps for further improvement to the way they conduct business.

12. Conduct of Business

12.1 As per the **Board Standing Orders**

Della Thomas
Board Secretary
February 2022

Approved

NHS Education for Scotland and NHS Golden Jubilee

MINUTES OF THE FIRST NHS SCOTLAND ACADEMY JOINT STRATEGIC PROGRAMME BOARD MEETING HELD ON 8 JULY 2021

This meeting was held via Microsoft Teams due to the COVID-19 pandemic.

Present:	Mr David Garbutt (DG), Board Chair, NES (Joint Chair – rotational) Ms Susan Douglas-Scott (SD-S), Board Chair, NHSGJ (Joint Chair – rotational Mr Douglas Hutchens (DH), Non-Executive Director, NES Ms Linda Semple (LS), Non-Executive Director, NHSGJ
In attendance:	Mr Colin Brown (CB), Head of Strategic Development, NES Ms Anne-Marie Cavanagh (A-MC), Director of Nursing & Allied Health Professionals, NHSGJ Ms Jann Gardner (JG), CEO, NHSGJ Ms Nicki Hamer (NH), Deputy Head of Corporate Governance, NHSGJ Mr Kevin Kelman (KK), NHS Scotland Academy Director Mr John MacEachen (JMacE), Head of Communications, NES Ms Audrey McColl (AMcC), Director of Finance, NES Ms Elizabeth O'Brien (EOB), Assistant Director of Finance, NHSGJ Ms Karen Reid (KR), CEO, NES Ms Sandie Scott (SS), Head of Communications and Corporate Affairs, NHSGJ Ms Janice Sinclair (JS), Head of Finance, NES Ms Della Thomas (DT), Board Secretary & Principal Lead (Corporate Governance) (Minutes) Ms Sandra Walker (SW), Non-Executive Director, NES Mrs Karen Wilson (KW), Director of Nursing, Midwifery and Allied Health Professionals, NES

1. Chair's Welcome, introductions and apologies

1.1. The NHS Education for Scotland (NES) Board Chair welcomed everyone to the first meeting of the NHS Scotland Academy Joint Strategic Programme Board. He noted apologies from Colin Neil and that Elizabeth O'Brien was in attendance, deputising for Colin Neil.

1.2. The NES Chair noted that Kevin Kelman was attending the meeting from his holiday location and thanked him for this. He also noted that Sandra Walker, non-executive director (NES) was in attendance as an observer for this particular meeting, as she is a NES nominated reserve member.

1.3. The NES Chair clarified that this Joint Strategic Programme Board will be co-chaired by himself and the NHS Golden Jubilee (NHSGJ) Board Chair on a rotational basis.

1.4. Both the NHSGJ and the NES Chairs, in their opening remarks, highlighted how pleased they were with the progress made so far and that the Academy represented an exciting opportunity.

1.5. Introductions were made around the virtual table.

2. Declarations of interest

2.1. There were no declarations of interest in association with the items of business for this meeting.

3. Identification of Any Other Business

3.1 No items of any other business had been notified in advance of the meeting to the NES Chair.

4. Governance and Accountability

NHS Scotland Academy Governance & Accountability (Scottish Government). NES/NHSGJ/02

4.1 The NES Chair noted that the meeting had been asked to comment on the governance and accountability arrangements with Scottish Government (SG) and invited Kevin Kelman to make any introductory remarks.

4.2 The Joint Strategic Programme Board noted that the Annual Plans for the Academy will be part of the respective parent Board's Annual Operating Plans.

4.3 The Joint Strategic Programme Board questioned the membership of the Reference Group detailed in point 10 of the paper, specifically clinical representation and representation from an Employee Director.

4.4 It was clarified that Catherine Calderwood provided clinical representation on the Reference Group and there would be an opportunity to expand this advice in the future if appropriate. It was agreed that both the NHSGJ and NES Employee Directors would be invited to the NHS Scotland Academy Executive Programme Group. **Action: DT**

4.5 The Joint Strategic Programme Board requested that the diagram in the paper be amended to include the Reference Group. **Action: KK/DT**

4.6 The NHSGJ advised that underline should not be used in documents as this posed an accessibility issue.

4.7 The NES Chair thanked Kevin Kelman for his work on this paper.

NHS Scotland Academy Strategic Programme Board Draft Terms of Reference. NES/NHSGJ/03

4.8 The NES Chair noted that the draft ToRs had been discussed at the informal NHSGJ and NES Chairs meeting on 13 May 2021. Further to this meeting the ToRs were amended to include reserve members for NES and NHSGJ. The NES reserve is Sandra Walker. We await a reserve nomination from the NHSGJ. He invited Della Thomas and Nicki Harmer to introduce the paper.

4.9 Della Thomas drew members attention to the arrangements for the roles of the respective NHSGJ and NES Board Standing Committees contained as Appendix 1 of the ToRs. She advised that further work would be required to ensure proportionate and distinct governance roles across the parent Board's existing governance structures and that the outline roles and responsibilities for the Standing Committees had been developed using their respective current ToRs.

4.10 The NHSGJ Chair advised that the ToRs should be amended to reflect an equal order of reference to both the parent Boards of NHSGJ and NES, so that one Board isn't always listed first and that all future documents should be prepared in this fashion.

Action: DT/NH

4.11 The Joint Strategic Programme Board agreed that a future eye should be kept on the relationships and roles between all the parent Board Standing Committees, particularly the NES Education and Quality Committee and the NHSGJ Strategic Portfolio Governance Committee.

4.12 It was agreed that an amendment would be made to the whistleblowing reference on page 7. This should be changed to read "under the review" of the Whistleblowing Champions from both parent Boards, as it is not their individual "responsibility". **Action: DT/NH**

4.13 With these amendments the Joint Strategic Programme Board approved the ToRs.

4.14 The NES Chair thanked Della Thomas and Nicki Harmer for their work.

2021/22 Schedule of NHS Scotland Academy Strategic Programme Board Meetings. NES/NHSGJ/04

4.15 The NES Chair sought formal approval for the forward schedule of Joint Strategic Programme Board meetings noting that meetings have been scheduled until the end of the 2021/22 business year.

4.16 The Joint Strategic Programme Board approved these dates.

2021/22 Draft Schedule of Business NHS Scotland Academy Strategic Programme Board. NES/NHSGJ/05

4.17 The NES Chair invited Nicki Harmer and Della Thomas to introduce the paper.

4.18 Nicki Harmer highlighted the importance of some flexibility with the business schedule as the NHS Academy was still in an iterative and formative stage.

4.19 The Joint Strategic Programme Board queried the process for receiving reports on Commissions.

4.20 It was clarified that Commissions will be considered by the Executive Group, that there will be a role for the Reference Group and also a role for the Centre for Sustainable Delivery (CFSD). An update on strategic Commissions will be reported to the Joint Strategic Programme Board.

4.21 The Joint Strategic Programme Board discussed the evaluation and quality monitoring of training and it was clarified that this (as per the NHS Academy Joint Strategic Programme Board ToRs) had been delegated to the NES Education and Quality Committee in line with the NES Board's primary role in relation to educational governance.

4.22 The Joint Strategic Programme Board agreed that a two-year strategic plan would be more pragmatic as the Academy is evolving. It was agreed that annual reports to the Joint Strategic Programme Board would be required and that this report should provide assurance that evaluation was in place and include examples of the good and innovative work that the NHS Scotland Academy had achieved.

4.23 The Joint Strategic Programme Board discussed the value of the Board receiving the notes from the Executive Group meetings. It was agreed that this wouldn't be necessary but key strategic points discussed should be brought to the attention of the Joint Strategic Programme Board as part of the updates from the Director of the NHS Scotland Academy.

4.24 The Joint Strategic Programme Board approved the schedule of business and the NES Chair thanked Nicki Harmer and Della Thomas for their work.

NHS Scotland Academy Financial Governance Progress update

4.25 The NES Chair invited Audrey McColl to provide a verbal update to the Joint Strategic Programme Board.

4.26 Audrey McColl advised the Joint Strategic Programme Board that she and Colin Neil had had an initial meeting and they were both very keen to avoid duplication of financial processes and reporting. The funding of £2m had been approved. The funding will be spilt across the two parent Boards. Staff costs will be allocated to the employing Board. She went on to note that the funding will be reflected in the baseline allocation but will be ring fenced.

4.27 Audrey McColl remarked that the budget setting for future years is still to be confirmed. She reported that the Audit requirements in relation to the Governance Statements would be required to come to both parent Board's Audit Committees. She stated that it was important to have a single point of reporting where the financial picture would be laid out.

4.28 The Joint Strategic Programme Board queried if there would be a financial model of "top slicing" Boards budgets. It was confirmed that this would not be the approach. The Academy must demonstrate real value and make the case directly to SG for funding.

4.29 The NES Chair thanked Audrey McColl for her verbal report.

5. Programme Planning

NHS Scotland Academy 2021/22 Programme Plan including identification of strategic risk

5.1 The NES Chair invited Kevin Kelman to take the meeting through his presentation

5.2 As there were no questions, the NES Chair thanked Kevin Kelman for his helpful update on the 2021/22 Programme Plan and the outline identification of strategic risks.

Commissioning

5.3 The NES Chair invited Jann Gardner to provide a verbal update on Commissioning.

5.4 Jann Gardner commented that it was important to have a clear and robust prioritisation process which does not duplicate the parent Board's main business. The Commissioning process would therefore need to take this into account.

5.5 It was agreed that Jann Gardner and Karen Reid would bring the approach to and flow of Commissioning to the next Joint Strategic Programme Board for comment and approval. **Action JG/KR**

6. Communications

Communications Plan and NHS Scotland Academy Branding. NES/NHSGJ/06

6.1 The NES Chair invited Sandie Scott and John MacEachen to present their paper.

6.2 Sandie Scott highlighted that the aim of the plan was to ensure that the key milestones and project work streams were effectively and consistently marketed and communicated to the identified key audiences and stakeholders.

6.3 Through discussion the Joint Strategic Programme Board identified that Integrated Joint Boards (IJBs) should be included and that we should refer to Chief officers of IJBs, not CEOs and that we should consider adding Directors of Planning as key stakeholder group.

6.4 The Joint Strategic Programme Board agreed that the branding should include the word "accelerated" in the strap line so that we avoid misleading the audience in relation to NES' primary education and training role. The strap line "Accelerated Training Through Collaboration" was well received by the Joint Strategic Programme Board.

6.5 The NES Chair thanked Sandie Scott and John MacEachen for their work.

7. Performance Reporting

Establishing strategic KPIs and performance reporting – proposal. NES/NHSGJ/07

7.1 The NES Chair invited Keven Kelman to present the proposals for establishing strategic KPIs and performance reporting.

7.2 The Joint Strategic Programme Board approved the proposal for the arrangement of a development session to support the identification of strategic KPIs and performance reporting for NHS Scotland Academy. **Action: KK**

7.3 The NES Chair thanks Kevin Kelman for his paper.

8. Any Other Business

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

9. Date and Time of Next Meeting

9.1 The next meeting will take place on Tuesday 30th November 2021 at 10.00 a.m. and will be Chaired by the NHSGJ Board Chair.

10. Items for Noting

10.1 The NHS Scotland Academy SG approved Business Case (NES/NHSGJ/08) was noted.

11. The NES Chair thanked everyone for their attendance and closed the meeting 15:00.

NES
July 2021
DT/KR/DG
v.03

NHS Education for Scotland

EDUCATION & QUALITY COMMITTEE

Approved minutes for of the fourth meeting of the Educational & Quality Committee (which is the forty-third meeting of the Educational and Research Governance Committee) held on Thursday 19 August 2021 via Microsoft Teams

Present:
Douglas Hutchens, Chair, Non-Executive Director
Sandra Walker, Non-Executive Director
Doreen Steele, Non-Executive Director
Gillian Mawdsley, Non-Executive Director
Vicki Nairn, Non-Executive Director

In attendance:
David Garbutt, Chair of NES Board
Karen Reid, Chief Executive
Karen Wilson, Director of Nursing Midwifery & AHPs/Executive Lead
Kevin Kelman, Director of NHS Scotland Academy
Della Thomas, Board Secretary/Principal Lead Corporate Governance
Rob Coward, Principal Educator/Executive Secretary
Rowan Parks, Deputy Medical Director
Tracey Ashworth-Davies, Director of Workforce (For Items 07 and 08)
Gillian Strachan, Head of Programme (For Item 07)
Adam Hill, Postgraduate Dean (For Item 08)
Helen Allbutt, Principal Lead, Planning & Corporate Resources
Alastair McLellan, Postgraduate Dean (For Items 12 and 13)
Chris Duffy, Senior Admin Officer/Committee Secretary

1. Welcome and introductions

1.1 The Committee Chair welcomed all to the meeting and highlighted to the Committee that this will be Doreen Steele's last Committee meeting. Doreen Steele was thanked on behalf of all the Committee for her input, challenge and support.

2. Apologies for absence

2.1 Apologies were received from Stewart Irvine, Director of Medicine. Rowan Parks is deputising for this Committee meeting.

3. Notification of any other business

3.1 There were no notifications of any other business.

4. Declarations of interest

4.1 There were no declarations of interest.

5. Minutes of the meeting held on 1st July 2021

5.1 A change was required on page 3, point 7.4 to change the wording on a sentence regarding Project Lift, the sentence will now read that 'The Committee recognises the importance of Project Lift and it should be recognised as a risk as it is seen by the service as a NES product, the Committee would like to see mitigations placed against this risk.'

5.2 The minutes were then accepted as an accurate record of the meeting.

6. Action Status Report and other matters arising

6.1 The following points were raised in relation to outstanding actions;

- Committee Strategic KPIs – EET and the Board will be undertaking work on Strategic Visioning throughout September/October and KPIs will be revisited once this work is complete.
- External funding governance processes – discussions are ongoing on how to bring forward the assurance process to Committee. A short paper will be produced that strikes the right balance of information for the Committee.

Action: Rob Coward/Karen Wilson

- Dissemination of good practice – The Committee agreed that this action can be marked as complete.
- Technology Enhanced Learning (TEL) – The Committee agreed that TEL updates should come to the Committee as part of each of the Executive Lead reports.

6.2 The Committee approved the completed actions, and these will now be removed from the report.

7. Leadership & Talent Management: NES's role

7.1 Gillian Strachan was welcomed to the Committee meeting and introduced her paper on an overview of the current approach to national leadership and talent management work and NES' role in the provision of leadership development and training. The paper was then opened to Committee members for questions and the following points were raised.

7.2 Firstly Risk, Committee members recognised that there is a potential reputational risk to NES. The Committee asked if Organisational Development Leadership and Learning (ODLL) courses and the National Leadership Development Programme (NLDP) should be added to the risk register as a specific risk. It was agreed that strategic risk will be worked through and reviewed, and leadership activity will be added to the register where appropriate.

Action: Rob Coward

7.3 Secondly Quality Assurance, Committee members asked if NES could become accountable for the Quality Assurance of the whole programme and do NES have the resource if that does happen? Karen Reid replied to this point to say that discussions with Scottish Government are ongoing as to the extent of NES' role in this space. NES will need to play a significant role in the steering group.

7.4 Thirdly the hierarchy of programmes, Committee members asked if the hierarchy of programmes and how they interface could be mapped out for the benefit of Committee members. It was agreed that this is possible for NES delivered programmes. Gillian Strachan agreed that this will be looked into and an update will be brought back to Committee (potentially via correspondence). Della Thomas offered to assist Gillian Strachan with the governance and accountability content.

7.5 Karen Wilson proposed that future leadership updates should be incorporated into the Executive Lead report going forward and should only be a standalone agenda item when there is substantial business to discuss. The Committee agreed to this approach.

7.6 The Committee thanked Gillian Strachan for a helpful and clearly presented paper, adding that the amount of work it covered was impressive. The Committee noted the update.

7.7 Gillian Strachan left the meeting.

8. Education & Quality Executive Lead Report

8.1 Karen Wilson introduced the latest iteration of the Executive Lead Report and opened the report to Committee members for questions. The following key points were raised.

8.2 The Committee asked if requests for redeployment increase as we approach the winter period, can training accommodate this without impacting progression. Rowan Parks advised that the main review period for trainees has recently completed and the majority of trainees have managed to progress. There are certain specialties (craft) which are affected more. The Medical Directorate continue to work closely with Directors of Medical Education to protect these groups. If redeployment is necessary, the service are advised to use groups of trainees that have been less effected.

8.3 The Committee requested that the Dental Care Professionals, Scottish Qualifications Authority (SQA) External Verifications Outcomes are shared with the TEL Governance Group as an area of good practice.

Action: Chris Duffy

8.4 The TEL update was noted as being very helpful for members and the TEL Leads were asked if TEL is now at the point of establishing Quality Assurance Procedures and a cross-NES strategy. Adam Hill and Tracey Ashworth-Davies confirmed that one of the greatest strengths of TEL is that it has involvement from all directorates. Work is ongoing to set operational performance indicators to monitor progress and a paper will going to the Extended Executive Team soon that is looking at the cross-NES strategy.

8.5 The Committee asked if the situation regarding the Scottish Qualifications Authority (SQA) and potential new bodies will pose any problems for NES. Karen Wilson confirmed this is a situation the Extended Executive Team are

keeping a close eye on, but there are no problems at the moment, it is still business as usual with the SQA.

8.6 The Board Chair congratulated the Pharmacy team for their fantastic work on the co-production of new Scottish Pharmacy Educational Reforms. The Board Chair then enquired as to the mention of a 'new education and training governance group structure', Karen Wilson agreed to clarify the detail behind this after the meeting.

Action: Karen Wilson

8.7 The Committee Chair thanked Karen Wilson for an excellent and very useful report that allows the Committee to deal with a number of issues.

8.8 The Committee noted the Executive Lead report.

9. NHS Scotland Academy Update

9.1 Educational Governance of the NHS Scotland Academy

9.1a Karen Wilson and Della Thomas introduced this item which is looking for the Committee views on the NHS Scotland Academy Joint Strategic Programme Board Terms of Reference (ToR) and in particular the delegated remit of the Education and Quality Committee.

9.1b Committee members noted that clear and unambiguous governance of the NHS Scotland Academy is vital to avoid duplication and to ensure full Governance coverage.

9.1c The Committee agreed to complete a quick review of the ToRs by correspondence before they are taken back to the NHS Scotland Academy Executive Group.

Action: Della Thomas

9.1d Kevin Kelman provided the Committee with a verbal update on the latest developments for the NHS Scotland Academy. Work is underway to establish a commissioning process; a programme board development session has been proposed for October to look at Strategic Vision and KPIs. NES and NHSGJ are working together to create and establish risk register processes and, in time, an Annual Operating plan will be developed.

9.1e The Committee noted the NHS Scotland Academy updates.

9.2 NHS Scotland Academy Branding (Identikit)

9.2a The Committee noted the NHS Scotland Academy Branding (Identikit).

10. Feedback, Comments, Concerns and Complaints Annual Report 2020-2021

10.1 Rob Coward introduced this report which is coming to the Committee for approval before it is noted at the NES board in September and then published.

10.2 Committee members welcomed the very positive report and in particular the inclusion of positive feedback.

10.3 Committee members asked if anything further can be done to improve communication. Karen Reid and Karen Wilson responded by saying communication can always be improved and work on this will be picked up as the Communication strategy is developed. Overall, the feedback in the report is that NES communications are strong.

10.4 The Non-executive Whistleblowing champion requested that a form of words be entered into the report to draw a clear line between complaints and whistleblowing.

Action: Rob Coward

10.5 The Committee approved the Feedback, Comments and Concerns Annual report.

11. Annual Research Governance report 2020-2021

11.1 Helen Allbutt introduced this report, which is split into three parts, ongoing and recently completed activity, research governance arrangements complying with UK governance standards and research impact. The Committee were asked if the report is providing the level of detail it would like to see Annually.

11.2 Committee members welcomed the report and asked if costings (where available) could be included in future iterations of the report to provide additional assurance on the use of public funds.

11.3 The Committee thanked Helen Allbutt for the report and confirmed that this type of restyled report provided the necessary level of assurance.

12. Enhanced Monitoring Update

12.1 Alastair McLellan was welcomed to the meeting and provided a verbal update on Enhanced Monitoring developments since the paper was submitted.

12.2 Firstly, there has been agreement from the GMC to reduce the number of conditions from University Hospital Ayr from two to one. Secondly, the University Hospital Crosshouse is on the cusp of escalation to Enhanced Monitoring, and it is expected that these will be imposed.

12.3 Committee members asked if there is anything that can be done from a Non-executive point of view and it was agreed that the Board Chair would

raise Enhanced Monitoring as an item for discussion at a Board Chairs' meeting.

12.4 **Action: David Garbutt**

The Committee noted the Enhanced Monitoring update.

13.

13.1 **GMC Annual Quality Assurance Summary (AQAS) Report**

Alastair McLellan introduced this report which was coming to the Education and Quality Committee for the first time. The GMC have reformed its approach to Quality Assurance and the summary report is based on four steps. Submission of a large questionnaire, a triangulation meeting and gap analysis, agreement of observing activities and a meeting to come to conclusions. This is all distilled into the summary report.

13.2

It is a good, positive report that provides assurance NES is meeting the GMC standards.

13.3

The Committee Chair congratulated the team on the extensive work completed to receive the positive report and the Committee noted the report.

14.

14.1 **Risk Report and identification of any new risks emerging from this meeting**

The Committee asked that NES leadership activities are reviewed as a risk, discussion this was captured under item 7.

14.2

The Committee noted the risk register.

15. Consultations Log and Parliamentary business update

15.1 Committee members noted the consultation log.

16. Scottish Government and NES Educational policies

16.1 There were no new policies to report.

Review of Effectiveness of Meeting

The Committee members confirmed that business was completed effectively, and assurance was provided in several areas.

17. Any other business

17.1 Doreen Steele was thanked again for her contributions to the NES Education and Quality Committee

18. Date and time of next meeting

18.1 The next meeting of the Education and Quality Committee will be held on Thursday 9 December 2021, 10:15 a.m.

DIGITAL AND INFORMATION COMMITTEE **NES/DI/21/18**

Minutes of the Second NES Digital and Information Committee held on Monday 13 September 2021 via Microsoft Teams.

Present: David Garbutt (Chair)
Jean Ford (from 11:00 joining during the Executive Lead Report, paragraph 7.8 of this minute)
Douglas Hutchens
Vicki Nairn
Angus McCann

In attendance: Jenn Allison, Senior Officer, Board / CEO Office
Tracey Ashworth-Davies, Director of Workforce
Paula Baird, Principal Lead, Workforce (for item 7)
Colin Brown, Head of Strategic Development, CEO Office
Heath Kilfara, Senior Finance Manger
Janice Sinclair, Interim Director of Finance
Della Thomas, Board Secretary
Marisa Wedderspoon, Manager, Digital
Christopher Wroath, Director of Digital

1. Welcome and introductions

1.1 The Chair welcomed everyone to the second meeting of the Digital and Information Committee.

1.2 The Chair gave particular welcome to Marisa Wedderspoon (Manager, Digital) and Heather Kilfara (Finance Manager for Digital) who were in attendance as observers and Paula Baird (Principal Lead, Workforce) who was is in attendance for item 7, specifically in relation to the Digital Capabilities Programme.

2. Apologies for absence

2.1 Apologies were received from Karen Reid, Chief Executive and David Felix, Director of Dental and Caldicott Guardian. Apologies were also received for the first part of the meeting from Jean Ford who would be joining the meeting at 11:00.

3. Declarations of interest

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

4. Notification of Any other business

4.1 There was no other business raised for discussion.

5. Minutes of the meeting 28 June 2021 (NES/DI/21/09)

5.1 The minutes were approved as a correct record, following agreed minor amendments.

6. Committee Rolling Action Log (NES/DI/21/10)

6.1 The Committee noted that 6 of the 8 actions are complete and that 2 actions are in progress.

6.2 Of the 2 open actions the Committee noted that the updated Digital and Information (DIC) Schedule of Business would be distributed to the Committee via correspondence and that the updated Assurance Framework, to bring it in line with DIC Terms of Reference (ToRs), would be submitted to a future meeting. Della Thomas advised the Committee that timescales of submission would be dependent on progress from the NES Board visioning session and the progression of the NHS Scotland Corporate Governance Blueprint active governance work. It was agreed that an update would be provided on progress at the December meeting. **Action: DT**

7. Executive Lead Officer's Report (NES/DI/21/12)

7.1 Christopher Wroath introduced the paper to provide the Committee with an overview of progress on delivery; an update on the status of commissions from Scottish Government (SG); a highlight of key areas of risk; a summary of expenditure to date; and a current forecast of the end of year anticipated financial position.

7.2 The Committee noted that the funding of SG commissions has been complex. Christopher Wroath assured the Committee that discussions are ongoing with SG to agree a more sustainable approach to funding and commissioning.

7.3 Christopher Wroath added that the Digital Health and Care Enabling Technology Board, which reports to the SG Digital Health and Care Strategic Portfolio Board and is made up of various health and care organisations including representation from the Joint Integrated Boards (IJBs), have committed to prioritising work in relation the National Digital Health and Care Platform.

7.4 The Committee reflected on the SG vision for the digital platform and asked if this vision remains the same. Christopher Wroath advised that SG are committed to the delivery of a data platform as a core data repository which is integrated and feeds data back and forth to other systems. The difference now is that it has been agreed that this does not need to be a single technological solution as long as the repository provides a citizen's health and care data in one logical place. He explained that at present there are numerous disparate systems across NHS Scotland. A core data repository would enable core data to be updated from one source, automatically updating relevant data in connecting systems. The first phase of this work will be to implement the data

repository from which other services can be built and this is the work that the Enabling Technology Board will prioritise.

7.5 Discussion took place regarding the format of the report. The Committee remarked that they had been provided with a lot of helpful information, however the Committee advised that they would benefit from a report that provides some higher level summary data in relation to if strategic priorities are on time, on budget and risk being identified and managed. Christopher Worth explained that a risk-based approach has been adopted for status reports on programmes/deliverables across all domains that have a status of Amber or Red. The Committee noted that no areas are currently rated red.

7.6 The Committee agreed that future reports should focus on: was the project on time; correctly financially resourced; correctly human resourced and strategic risks identified and managed. The Committee also suggested that a new section in the lead executives report would be helpful to pick out any key concerns or issues across the whole. The committee agreed that that the reports should continue to focus on the Amber and Red deliverables however added that the importance of also being informed of the impact of successes.

Action: CW

7.7 The Committee noted that Change Management process underway in the Digital Directorate now re-named the NES Technology Directorate and endorsed the proposal for a deputy Director of NES Technology.

7.8 The Committee asked if the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) commission would only be for the Social Care Sector adding that this had relevance for other areas of the Health and Care system, such as the Scottish Ambulance Service. Christopher Wroath advised the Committee that there is not current a commission in place for this work but a whole system approach will be taken to commissions.

7.9 Discussion took place regarding Information Governance in relation to data sharing between different NHS Boards. The Committee discussed the importance of a National once for Scotland agreement. They remarked that this would be vital in the implementation of the National Health and Care Data Platform. It was agreed the Chair of NES would write a letter to SG regarding this. **Action: DG**

7.10 The Chair of the Committee welcomed Paula Baird to the meeting to provide an update regarding the Digital Capabilities Programme. Tracey Ashworth-Davies and Paula Baird explained that the Programme was a two year SG commission for NES to work collaboratively with stakeholders from across Health and Social Care to build Digital skills and leadership across the Health and Care sector.

7.11 Paula Baird went on to explain that the programme includes work to streamline and repurpose resources and education to reduce duplication; create efficiencies and identifying Digital Champions within various professions across leadership levels and including Executive level.

7.12 The Committee commented that this was an important area of work and it was pleasing to see this progressing and asked who is responsible for ensuring this works across all of Scotland. Paula Baird and Tracey Ashworth-Davies responded to advise that it wasn't any one individual, the approach being to identify digital champions at executive team level in all Health and Social Care Partnerships. This is an area we wish to develop as executives often review work through a financial and people lens but not always a digital one.

7.13 The Committee noted the information within the Executive Lead report and noted that an updated version of the report, including the discussed changes, would be submitted to the next DIC meeting in December.

8. Technical Environment Overview (NES/DI/21/13)

8.1 Due to the length of time taken discussing item 7 it was agreed that the meeting would move to the other items on the agenda as this item was more for information and awareness.

9. Identity Management MS Cloud Computing Programme (NES/DI/21/14)

9.1 Christopher Wroath introduced the paper to provide the DIC with an overview of the work to support Identity Management as a component of the NHS Scotland (NHSS) Microsoft Cloud Computing Programme (MCCP). This item was requested by the Committee at the meeting in June during discussions in relation to the Executive Lead report.

9.2 Christopher Wroath explained that the MCCP, which is led by National Services Scotland (NSS) had a clear vision for a single digital identity for O365 across NHSS. He emphasised that whilst this is the right strategic approach, there are a number of technical complexities to enable this. As the MCCP moves into Phase three of the implementation, the programme will be working closely with Microsoft to automate Identity Management.

9.3 This will improve the experience of Doctors and Dentists in Training by automating the move from one Board to another during rotations. It is anticipated that this work will be completed by NSS in December 2021.

9.4 The Committee noted the report and agreed that it provided them with satisfactory assurance. Members noted that this was a fundamental component to enable educational progression.

10. Digital Strategic Risks (NES/DI/21/15)

10.1 Christopher Wroath introduced the paper to provide the Committee with an overview of the strategic risks faced by NES Digital groups in the current climate, driven from internal and external forces. He asked the Committee to note that the approach to risk was still developmental and that the recently formed Risk Management Group would be working to refine all NES risks as part of their initial review of the NES Corporate and Directorate Risks.

10.2 The Committee noted that a review of the NES Digital and NDS registers has been undertaken to consolidate and streamline the register of all strategic risks within NES Digital.

10.3 Discussion took place regarding risks in relation to COIVD-19 fatigue, which is affecting colleagues across NHSS as well as other industries, and the challenge of recruitment to Digital posts.

10.4 The Committee noted the risk report and noted that Digital risks will continue to be refined and reported to future DIC meetings.

11. Caldicott Guardian Annual Report (NES/DI/21/16)

11.1 The Committee noted apologies from David Felix the NES Caldicott Guardian and report author and the Committee Chair invited Christopher Wroath to introduce the paper which is for DIC discussion and approval. The report will go on to the Audit and Risk Committee (ARC) for noting.

11.2 The Committee noted an error on page 5 and asked for this to be corrected before it progressed to the ARC.

11.3 The Committee discussed if the approach to handling patient clinical data in NES had now matured. Christopher Wroath confirmed that yes this was the case. He advised that there had been an increased Caldicott Guardian responsibility due to processing patient information as part of the ongoing work within NDS and COVID-19 commissions

11.4 The Committee approved the report for submission to the ARC for noting.

12. Information Security and Information Governance reporting structure for DIC and ARC (NES/DI/21/17)

12.1 Christopher Wroath introduced the paper which proposed information security and information governance reporting structures for the DIC and the ARC.

12.2 Della Thomas added that at the DIC meeting in June, the Committee agreed that Information Governance and Information Security would be reported to the ARC and DIC respectively and requested that a report was submitted to this meeting to further explain the structure of this reporting.

12.3 Members felt that the approach outlined in the report required further explanation. It was agreed that the newly appointed Chair of the ARC would be involved in discussing the role of the ARC in reporting. A meeting with the DIC and ARC Committee Chair's and Lead Officers of the ARC and DIC and the Board Secretary will be arranged to further discuss this. **Action: DT**

13. Identification of any new risks emerging from this meeting

13.1 There were no new risks identified from the items discussed at the meeting.

14. Any Other Business

14.1 There was no other business discussed.

15. Review of Effectiveness of Meeting

15.1 Discussion took place regarding the effectiveness of the meeting.

15.2 It was noted that the Technology Environment Overview paper was missed at the June meeting and again at this meeting due to prioritising Committee discussion at item 7. It was agreed that a separate informal meeting would be held for Committee members to receive the Technology Environment presentation. **Action: JA**

15.3 It was agreed that refinement of the format of reports, as discussed at item 7, will help to streamline future meetings.

15.4 Discussion took place regarding readiness of papers submitted to the Committee and the importance of presenting information to enable substantial and significant discussion. Christopher Wroath noted that as the DIC and the Executive Technology Group are both in their infancy and that this will develop over time.

16. Date and time of next meeting

16.1 The next meeting of the Digital and Information Committee will be held on Monday 13th December 2021 via Microsoft Teams. As agreed, a meeting will be arranged in October for members to receive the Technology Environment Overview presentation.

NES
September 2021
JA/DT/DG/CW

NHS Education for Scotland **NES/AR/21/65**

AUDIT AND RISK COMMITTEE

Minutes of the sixth Audit and Risk Committee held on Thursday 07 October 2021 via Microsoft Teams

Present: Jean Ford (Chair)
Anne Currie
Linda Dunion
Sandra Walker

In attendance: Jenn Allison, Senior Officer (minute taker)
David Garbutt, NES Chair
James Lucas, KPMG
Kenny McLean, Head of Procurement
Karen Reid, Chief Executive (from item 6)
Janice Sinclair, Interim Director of Finance
Della Thomas, Board Secretary
Neil Thomas, KPMG
Lorraine Turner, Manager PCR

1. Welcome and Introductions

1.1 The Chair welcomed everyone to the meeting and mentioned how pleased she was to be taking on the role of Chair of the Audit and Risk Committee (ARC).

1.2 It was agreed that the Private meeting between members and Auditors would be cancelled as no representative from External Auditors Grant Thornton could be in attendance. A private meeting will be scheduled after the January Audit and Risk Committee meeting and it was noted that a meeting can be arranged between members and Auditors any time, should one be required.

1.3 The Chair informed the Committee that the Assurance Framework, which is a standing item, was taken off the agenda as it had been submitted to the Board meeting on 23 September 2021 and only a minor change had been required.

2. Apologies for absence

2.1 Apologies were received from Joanne Brown, Grant Thornton External Auditors.

2.2 Karen Reid joined the meeting during item 6, due to technical problems.

3. Declarations of interest

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

4. Notification of any other urgent business

4.1 There was no other business raised for discussion.

5. Minutes of the Audit and Risk Committee, 3 August 2021 NES/AR/21/50

5.1 The Chair noted that minor typing error corrections had been submitted by members to the Committee Secretary and raised an amendment in relation to a further information that had been request by the Committee regarding the Procurement report. It had been suggested that it would be helpful to see some trend information included in the report (for example 5 quarters) to create visibility around how the top 10 vary across the year.

5.2 Janice Sinclair raised corrections in relation to item 12b Risk Management Group (RMG) to clarify that the RMG will report directly to the ARC however, there may be instances where feedback/input is sought from EET prior to the ARC, and that the suggestion to add risk as a standing item on Committee agendas was specifically to add: 'Have any of the papers or business discussed at this meeting raised any further risks'?

5.3 The minutes were approved as a correct record following the agreed amendments.

6. Action list of the Audit Committee NES/AR/20/51

6.1 Members noted out of 19 actions, 11 are complete and 8 are open. The following was noted/discussed in relation to remaining actions:

6.2 Item 9b 30/04/2020 - It was noted that the most recent Stakeholder survey, from 2019/20, will be used as a baseline for the Board Visioning Session scheduled for 15 Nov 2021. Discussions at this session will feed into development of a future stakeholder survey. The 2019/20 Stakeholder Survey will be circulated to Board members in advance of their Visioning session. **Action: DT**

6.3 Item 9 13/08/2021 - A meeting has been scheduled for 16 November with Jean Ford, Karen Reid, Janice Sinclair and Della Thomas, to discuss the format of the Finance Report.

6.4 Item 9 13/08/2021 - Karen Reid updated that discussions are due to take place with Digital colleagues regarding conducting a marketing campaign to promote Digital careers.

6.5 Item 10 13/08/2021 - Kenny McLean noted the amendment discussed at item 5 in relation the action for further information in the Procurement report and advised the Committee that due dates have been updated to January 2022. Wording of action will be updated in line with change to minutes.

6.6 Karen Reid suggested that the organisation Scotland Excel may be able to help with data in relation to impact of NES spends on local economic development.

6.7 Item 18c 29/04/2021 - Discussion took place regarding the action for KPMG to discuss KPIs with NES management and if this should be closed similar to others involving KPIs. It was thought that this action was not in relation to the Strategic KPI work but rather more specifically regarding Internal Audit work. James Lucas understood that this was in relation to developing quality focused KPI's for Internal Audit work and added that discussions will take place regarding this in advance of the January 2022 meeting. It was agreed that the situation would be reviewed and the action reworded to provide better clarity for future tracking.

7. Matters arising

7.1 There were no matters arising from the minutes.

8. Internal and External Audit

Internal Audit

8.1 Janice Sinclair updated the Committee that Internal Audit reports have changed in format and would now include a cover paper.

8.2 Discussion took place regarding the cover paper and whether the Committee should be asked 'to note' the findings of the report or if this should be 'for assurance'. Della Thomas informed the Committee that Board Services are working with paper authors to ensure the correct governance terms are used in papers so it is clear what the Committee are being asked to actively govern and confirmed that this paper was for discussion and not for noting.

8.3 Discussion took place regarding the new format of the Audit Reports. Members noted that management responses are no longer included in the report and requested that it was made clearer that actions have been agreed with management. **Action: JL**

a) AHP – Careers Fellowship Scheme NES/AR/21/53

8.4 James Lucas introduced the report which reviewed the Allied Health Professional (AHP) – Careers Fellowship Scheme (CFS) model, which was refreshed in 2018 in order to meet the following aims: Strengthen the link between the CFS and the AHP priorities; Assess project impact; and Achieve a more sustainable funding model.

8.5 The overall assessment of the arrangements provided "significant assurance" that the aims have been met, desired outcomes have been achieved and the processes were appropriate.

8.6 Three low risk recommendations were given regarding: evaluating project outcomes; initial application review; and panel diversity.

8.7 Discussion took place regarding the 10 sample applications reviewed for the audit and a query was raised regarding what percentage of total applications this was. James Lucas will confirm figures. **Action: JL**

8.8 Discussion took place regarding the risk areas identified in the audit and a query was raised regarding how they feed into the Corporate risk register. Neil Thomas explained that audit report risks are the theoretical risks from which audits are based on and therefore not necessarily an existent risk to the organisation. He explained that if internal auditors felt that a risk was required to be added to the Corporate risk register, this would be raised within the recommendations and added that wording would be amended in reports to clarify this. **Action: JL**

8.9 The Committee noted the report and assurance provided and were content with the agreed management actions.

b) Whistleblowing NES/AR/21/54

8.10 James Lucas introduced the report which reviewed Whistleblowing arrangements following the launce of revised National Whistleblowing Standards in April 2021.

8.11 The overall assessment of the arrangements provided “significant assurance” of NES’ compliance with the National Whistleblowing Standards.

8.12 One low risk recommendation was given regarding updating policies and resources and two medium recommendations were given regarding the implementation plan and whistleblowing training.

8.13 Members noted the recommendation that whistleblowing training is mandatory for line managers and a query was raised whether the target of 80% completion by March 2022 and 95% by June was realistic. James Lucas confirmed that management actions and due dates are agreed with management and therefore deemed to be achievable.

8.14 Karen Reid added that whistleblowing has also been included in the Corporate induction material and whistleblowing standards have been communicated to staff and confirmed that despite the winter pressures, we will work to meet the completion targets.

8.15 Discussion took place regarding the completion rate figures. The Committee noted that it would be beneficial to clarify numbers of NES staff and trainees. James Lucas will confirm these figures. **Action: JL**

8.16 Following discussion, the Committee were content with the report and the agreed management actions.

c) Status Update and Follow up NES/AR/21/55

8.17 James Lucas introduced the status update and follow up report which highlights the status of Internal Auditors' progress with the 2020/21 Internal Audit plan and progress against the agreed management action.

8.18 Progress against the plan is on track and since the previous report to the 6 June 2021 Audit and Risk Committee, 6 actions have been added to the tracker and 7 have been implemented. There are currently 10 outstanding actions; 5 of which are overdue.

8.19 Discussion took place regarding the overdue actions and whether these should be reviewed to assess if recommendations continue to be appropriate. It was noted that follow up reports will in future be submitted to the Extended Executive Team meetings on a quarterly basis and that this will provide more robust monitoring.

8.20 The Committee noted the report and assurance provided.

d) KPMG Charter NES/AR/21/56

8.21 James Lucas introduced the charter which acts as the framework within which the Internal Audit function operates and formalises the arrangements approved by the Audit and Risk Committee for the internal audit service provided by KPMG.

8.22 Discussion took place regarding the requirement for the Audit and Risk Committee to review Internal Audit effectiveness. Janice Sinclair suggested this is added to the annual Schedule of Business and will discuss this with the Chair of the Audit and Risk Committee and Board Secretary. **Action: JS/JF/DT**

8.23 The Committee approved the KPMG Charter.

9. External Audit Recommendations NES/AR/21/57

9.1 Janice Sinclair presented the paper to provide the Committee with an update on progress against the External Audit Recommendations from 2020/21 regarding prepayments and fixed term accrual (FTC), and development of strategic KPIs.

9.2 The Committee noted and were satisfied with the progress against the External Audit Recommendations. Due to the completion dates of the recommendations, it was agreed that a further update on progress would not be required at the January meeting and the next updated will be submitted in April 2022.

10. Financial Report verbal update

10.1 Janice Sinclair informed the Committee that no further financial report was available further to the full financial report that was scrutinised by the Board at the 23 September 2021 meeting. The Committee noted that the Board will receive the full financial report for the month 7 position at the 25 November 2021 Board meeting.

10.2 Janice Sinclair updated the Committee that the Extended Executive Team have agreed underspend bids and process for underspend bids and that Financial and Operational Planning for 2022-23 is currently in process. It is expected that Scottish Government will announce the baseline allocation for 2022/23 in December 2021 and an update on the Financial Plan will be submitted to the January 2022 ARC.

11. Procurement

a) Procurement Update Report NES/AR/21/58

11.1 Kenny McLean introduced the Procurement Report for the comment and review of the Committee. The report updated the Committee on procurement activity for the second quarter of 2021-22.

11.2 The Committee noted that KPIs and savings targets have been met and congratulated the Procurement team for the accumulative savings identified in the report. The Committee also highlighted the importance of including trend data.

11.3 Discussion took place regarding the table which identifies the top 10 suppliers for Quarter 2 of 2021-22 and a query was raised regarding why the table only listed a fraction of the Universities that are NES suppliers. Kenny McLean explained that the table highlights the actual spend in the quarter and not the overall committed spend.

11.4 The Committee approved the 2021-22 Quarter 2 Procurement Report.

b) 2020/21 Annual Procurement Report NES/AR/21/59

11.5 Kenny McLean presented the annual Procurement Report on NES's regulated procurement activities for the financial year 2020-21 and seek approval to publish the report in accordance with the Procurement Reform (Scotland) Act.

11.6 The Committee noted that the Act requires a contracting authority to publish its regulated procurement activities, which are any commitments of or above £50k. Kenny added that NES also implements a full tender process for anything between £25k and £50k.

11.7 A query was raised regarding if environmental sustainability is an element considered in the Procurement process. Kenny McLean explained that environmental sustainability is included in the Ethical Procurement Policy, which includes a range of initiatives including Modern slavery. The policies ensured that suppliers are required to read, understand and accept various requirements as part of the tender.

11.8 A query was raised regarding Procurement in relation to the NHS Scotland Academy joint programme with NHS Golden Jubilee. Kenny McLean advised that he was yet to have discussions with Procurement colleagues at Golden Jubilee but will progress this before the January meeting. **Action: KMcL**

11.9 The Committee discussed the suggestion that a future item pertaining to the NHS Scotland Academy might be helpful.

11.10 The Committee approved the report for publication. **Action: KMcL**

12. Corporate and COVID19 Risk Registers and Update on Risk Management Group NES/AR/21/60

12.1 Janice Sinclair presented the NES Corporate Risk Register and COVID-19 Risk Annex as at 30 September 2021 and provided the Committee with an update on the progress of the Risk Management Group.

12.2 The Committee noted that no further changes have been made to the COVID-19 Annex since the 23 September 2021 Board meeting and that no changes have been made to the Corporate risk register since the ARC meeting on 3 August 2021.

12.3 Discussion took place regarding risks that have changed category and it was suggested that it may be useful to highlight changes in the cover paper. Janice explained that the category changes displayed in the register refer to the full history of the risk and therefore are not necessarily a recent change. She added that presentation of risk details will be refined as part of the work by the Risk Management Group.

12.4 The Committee noted that work is on-going to establish the Risk Management Group and that it would be helpful to see summary information. Nominations have been received from Directorates and training dates have been scheduled. Training will be provided across two sessions to provide background, an understanding of the role and remit of the group, and familiarity with risk concepts and processes. The group will also begin to look at extrapolation of the corporate-level risks.

12.5 The Committee approved the Corporate and COVID-19 Risk Registers.

13. Counter Fraud

a) Counter Fraud Update and Action Plan NES/AR/21/61

13.1 Janice Sinclair presented the paper to update the Committee regarding activities underway in NES which are aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland.

13.2 In January 2021 the ARC completed an annual update of the Counter Fraud Self-Assessment tool. This paper pulls out the actions from that exercise and reports on progress to date. This will become part of the regular update to the Committee going forward.

13.3 The Committee queried if there was an overall Policy Framework in place with review dates and signing authorities for all policies across NES. JS advised that this this did not really exist for finance policies and could not speak for the rest of NES. KR advised that she had this on her agenda to progress and would provide an update to a future Committee. **Action: KR**

13.4 The Committee were content with the details in the report and confirmed that the revision of the Counter Fraud Policy be added to the agenda for January 2022. **Action: JS**

b) NES Annual Counter Fraud Report 2020-21 NES/AR/21/62

13.5 Janice Sinclair presented the draft annual counter fraud report which details NES compliance with the Counter Fraud Services (CFS) Partnership Agreement and summarises the level of engagement with counter fraud activities throughout 2020-21. The report provides assurance that NES is complying with its responsibilities in relation to the Strategy to Combat Financial Crime in NHS Scotland.

13.6 The Committee noted that NES has met its obligation to combat financial crime and reduce fraud within NHS Scotland and approved its submission to Counter Fraud Services, following agreed minor amendments. **Action: JS**

14. Modern Slavery Act Policy NES/AR/21/63

14.1 The Committee noted the modern slavery statement which has now been published on the NES website.

15. Annual Caldicott Guardian Report NES/AR/21/64

15.1 The Committee noted the Annual Caldicott Guardian report which was approved by the Digital and Information Committee on 13 September 2021.

15.2 The Committee noted that a meeting has been scheduled for the Chairs and Executive Leads of the Audit and Risk Committee and Digital and Information Committee and Board Services Manager to further discuss information governance on 20 October 2021.

16. Audit Scotland Reports

16.1 The Committee noted the following Audit Scotland reports:

a. Strategic Risks and Issues affecting the Scottish Public Sector

b. Tracking the impact of COVID-19 on Scotland's Public Finances

17. Date and time of next meeting

17.1 The next meeting of the Audit and Risk Committee will be held on Thursday 27 January 2022.

18. Private meeting between Committee members and Auditors

17.2 It was agreed at the beginning of the meeting that, as there was no representation from External Audit, the private meeting between Committee members and Auditors would be cancelled. The next Private meeting is scheduled to take place after the 27 January 2022 Audit and Risk Committee meeting and a meeting can be arranged between member and auditors at any time, if required.

NES
October 2021
JA/DT/KR/JF

Approved

NHS Education for Scotland **NES/SGC/22/02**

Minutes of the Seventy-fourth Meeting of the Staff Governance Committee held on Thursday 04th November 2021 via Microsoft Teams

Present: Linda Dunion, Committee Chair, Non-executive Director
Anne Currie, Non-executive Director
Jean Ford, Non-executive Director
Gillian Mawdsley, Non-executive Director & Whistleblowing Champion
Lynnette Grieve, Non-Executive Director/Employee Director
James McCann, Ex-Officio member, Staff Side (Unison)

In attendance: David Garbutt, Board Chair
Karen Reid, Chief Executive/ Executive Lead
Janice Gibson, Associate Director (ODLL)
Morag McElhinney, Principal Lead HR
Della Thomas, Board Secretary and Principal Lead Governance
Elaine Lawther, Principal Lead, Workforce (For Item 9)
Chris Duffy, Senior Admin Officer

1. Chair's welcome and introduction

1.1 The Committee Chair welcomed all to the Committee and informed the Committee that in the absence of Tracey Ashworth-Davies, Karen Reid will take on the role of Executive Lead for this meeting.

1.2 Janice Gibson was welcomed to her first meeting of the Staff Governance Committee.

1.3 The Committee Chair informed the Committee that all papers will be taken as read.

2. Apologies for absence

2.1 Apologies were received from Tracey Ashworth-Davies, Director of Workforce/Executive Lead, David Cunningham, Ex-Officio member, Staff Side (BMA) and Ameet Bellad, Senior Specialist Lead, Workforce.

3. Notification of any other business

3.1 There were no notifications of any other business.

4. Declaration of interests

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

5. Minutes of the Staff Governance Committee meeting held on 5th August 2021 (NES/SGC/21/44)

5.1 The Committee approved the minutes as an accurate record of the meeting.

6. Action Status Report and other matters arising (NES/SGC/21/45)

6.1 The Committee raised the action relating to whistleblowing and the Committee Chair agreed that this would be covered under item 8 Whistleblowing update.

6.2 The Board Chair also highlighted a verbal update related to the 'time to recruit' action and it was agreed that this update would be provided under Item 12.

6.3 Della Thomas provided a verbal update in relation to the Committee Self-Assessment document. The Self-Assessment will be produced in line with the pre-existing Audit and Risk Self-Assessment document and be shared with Committee Chairs for comment. It was recognised that this document was not completed during the COVID-19 pandemic but Committee effectiveness reviews will start in May 2022. It was agreed that the due date of the action will be updated to May 2022.

6.3 The Committee approved the action report, subject to amendments. There were no matters arising.

Lead Executive Report

7. Director of Workforce Report (NES/SGC/21/46)

7.1 Janice Gibson introduced the report and highlighted a number of key areas which included, recovery and renewal work, working style approach, facilities review, staff wellbeing, the iMatter survey, vaccinations, equality and diversity sessions, recruitment, the young persons guarantee, talent management, career development, workforce supply, lead employer and the National Leadership programme. Committee members were then asked for their comments and questions.

7.2 It was asked if the Black History Month Event held on 19th October was recorded and is available to be shared with Board members. Janice Gibson agreed to confirm this outwith the meeting.

Action: Janice Gibson

7.4 The report made reference to reviewing job packs and it was queried if this was NES specific or a Once for Scotland review. Karen Reid confirmed that the job packs were reviewed to ensure the language/narrative in NES specifically is current.

7.5 In relation to talent management and career development it was asked if there is an associated communications strategy for those externally affected. Janice Gibson confirmed there is and it is regularly reviewed with the aim of strengthening further.

7.6 It was noted that one colleague is currently redeployed and the Committee asked if this is going to change dramatically. Karen Reid responded, saying it is very difficult to answer at this point in time but Board members will receive a private briefing on 25th November that will take Board members through the current situation.

7.7 The Committee raised the onus on all Boards to comply with the Fairer Scotland Duty and asked if a replacement for the previous Equality and Diversity Adviser has been secured yet. It was confirmed that there is a replacement and the individual is currently serving their notice and will be joining NES soon.

7.8 The Board Chair expressed his delight in seeing the plans for an increase in the staff development budget.

7.9 The Committee also took the opportunity to thank all staff involved in the Learning at Work programme, a well-thought-out programme of work available to all staff.

7.10 The Board Chair raised the work around homeworking policy and the Once for Scotland approach. Morag McElhinney confirmed that NES have fed back on the Once for Scotland homeworking policy. NES are still working under pandemic conditions and the people recovery group plus the extended executive team are still discussing this matter. It is challenging to provide a hard and fast date for when this work will be complete, it is still in progress. The Committee Chair confirmed that this issue is being tracked through the Director of Workforce Report and the Committee can expect a further update at the February meeting.

Action: Tracey Ashworth-Davies/Morag McElhinney

7.11 The Committee highlighted the workforce plan and noted that any implications of a potential broader role for NES in relation to social care may need to be reflected in the workforce plan. Karen Reid agreed adding anything that pertains to future workforce will need to be included.

7.12 The Committee noted the Director of Workforce report.

Governance Items

8. Whistleblowing Update (NES/SGC/21/47)

8.1 Gillian Mawdsley introduced the whistleblowing report noting that NES remains with zero whistleblowing cases. She highlighted to the Committee that some of her suggested comments were included in the report but some were not. It was agreed that a discussion would take place between Donald Cameron and the team who help produce the Whistleblowing report, to take on comments where appropriate to fully close the reporting loop.

Action: Karen Reid

8.2 In relation to points raised during the discussion of the NES whistleblowing report, the Committee asked for an update on the arrangements for the NHS Scotland Academy arrangements. It was also noted that work on the whistleblowing arrangements for the NHS Scotland Academy have not yet been fully finalised. Della Thomas is working with Gerard Gardiner from NHS Golden Jubilee on this and will advise Gillian Mawdsley on the outcome of the ongoing discussions.

Action: Della Thomas

8.3 The Committee noted the Whistleblowing report and update.

9. **Review of Staff Governance Committee and Remuneration Sub-Committee Terms of References (ToRs)** (NES/SGC/21/48)

9.1 Della Thomas introduced this item. In the last year all Committees have reviewed and shaped their ToRs. It was agreed that ToRs would then be reviewed on an annual basis before going through the Audit and Risk Committee as part of the corporate governance package, and then on to the Board.

9.2 The Staff Governance Committee works very closely to the Staff Governance Standard and is in excellent shape and no changes are recommended to the ToRs.

9.3 The Remuneration Sub-Committee ToRs have been reviewed very recently, changes were made and the ToRs went through the August Board. One change has been tracked relating to membership.

9.4 Committee members asked that the date in paragraph 5.2 be updated to 2020, not 2021 and also enquired about the change in membership. It was clarified that the reason for the change is because the Vice Chair chairs the Remuneration Committee. The Staff Governance Committee Chair recommended that this clarification is reflected in the cover paper when the ToRs go to the Audit and Risk Committee.

Action: Della Thomas

9.5 The Committee then approved both ToRs.

10. Review of 2021/22 Committee Schedule of Business (NES/SGC/21/49)

10.1 The Committee asked for the schedule to be brought to this meeting. It was originally approved earlier in the calendar year, but the Committee noted that it would maintain flexibility due to Covid pressures and other matters that might emerge in the year.

10.2 The Committee are asked to re-review the schedule and note that work will shortly begin on preparing the schedule for the 2022/23 business year. It was noted that the Committee effectiveness review will be added to the first meeting on the 2022/23 schedule.

Action: Chris Duffy

10.3 The Committee noted the schedule.

11. Leadership and Management Review (NES/SGC/21/50)

11.1 The Committee Chair welcomed Elaine Lawther to the meeting who introduced this item. Elaine Lawther invited Committee members to look back at what has been achieved over the last year and in particular the introduction of Learning at Work Week. This was a massive success and will take place again starting Monday 16th May 2022. In 2022 Learning at Work for Families will also be introduced.

11.2 Elaine Lawther noted that although progress has been made over the last year there is room for move development and improved co-ordination between 3 elements, Internal Learning and Development, Leadership and Management and Programme development. A new member of staff will be joining the team to help progress this work.

11.3 Committee members were then invited to ask questions. Firstly, the Committee took the opportunity to thank the team for the excellent work on Learning at Work week. It was then asked, while all the work ongoing is welcome, how can members be sure that work is being aligned to National work. Elaine Lawther confirmed that a new Principal Lead colleague will be aligned to Project Lift and will be working to ensure NES OL&D are engaged as much as they possibly can. Janice Gibson also confirmed that staying aligned will be built into the vision for leadership development.

11.4 Members also asked about the number of participants attending courses. Asking if the team are happy with the current numbers and noting that some more context around the numbers would help members fully understand what the table is telling them. Elaine Lawther advised that although the team aren't necessarily happy with the figures they do not come as a surprise. There are plans in place to improve the figures. Karen Reid recommended that when reviewing the figures the team shouldn't be too harsh on themselves when they consider the circumstances in which the organisation have been working over the last year. The development of KPIs will likely include a set of indicators that will demonstrate a link to the impact of learning and development.

11.5 Members enquired if the attendance at courses could be more prescriptive and if it was possible to put more emphasis on certain line managers to attend training. Karen Reid was equally supportive that line managers undertake all courses.

11.6 The Committee thanked Elaine Lawther for attending for this item and noted the paper.

12. People & OD Dashboard (NES/SGC/21/51)

12.1 The report was taken as read and opened directly to members for questions. With members being asked to note that refreshed reporting, aligned to the People & OD Strategy 2021-24, has been under development and will be progressed alongside the wider corporate review of NES KPIs intended to support the Board and Board Committees.

12.2 A Committee member highlighted that from reading the report you can take context that NES is changing quite a lot in the landscape of NHS/Social care but it was difficult to see where NES workforce is in the context of that, and don't seem to see vacancies/gaps and where any longstanding issues may be. Morag McElhinney confirmed that the work being done on the workforce plan is key to that point. From the outcome of discussions themes and challenges will be identified. Karen Reid was thoughtful about this question stating that a balance has to be found between strategic governance and operational oversight. It was proposed that Tracey Ashworth-Davies and Morag McElhinney include an operational vacancy paragraph into the Director of Workforce Report, that is high-level and identifies any strategic risk.

Action: Tracey Ashworth-Davies/Morag McElhinney

12.3 The Committee then focused on the time to fill vacancies, adding that the concern is not about NES as a board filling vacancies but the wider issue of vacancies themselves putting pressure on other people. It was asked if the recruitment process is efficient, with the various approvals and systems it currently has to go through. Morag McElhinney confirmed that the process has been refined and improved in the past, but with introduction of Jobtrain it is again being looked at to try and make more efficiencies. The work on the workforce plan and outcomes will help NES be more efficient in the recruitment space. Karen Reid reinforced Morag's comments adding that there has been major resource issues in the HR team and the team have achieved a great deal under different circumstances. Much sharper medium term financial planning and better working arrangements with Scottish Government sponsor teams will allow NES to understand better when recruitment is required.

12.4 The Committee confirmed that the report provided assurance.

13. Risk Register (NES/SGC/21/52)

13.1 Morag McElhinney introduced this item and asked the Committee to note that the Lead Employer risk and whistleblowing risk are still under review and will come to the next meeting.

Action: Morag McElhinney

13.2 The Committee Chair noted that work on risk is ongoing across the entire organisation and therefore this paper was an appropriate update at this stage.

13.3 The Committee noted the risk register.

Items for noting

14. Modern Slavery Act Policy Statement (NES/SGC/21/53)

14.1 The Modern Slavery Act Policy Statement was noted.

15. Employment Tribunals (NES/SGC/21/54)

15.1 The Committee noted the employment tribunal update.

16. Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee (NES/SGC/21/55)

16.1 The DL update was noted.

17. Remuneration Committee Business via Correspondence (NES/SGC/21/56)

17.1 The Remuneration Committee business was noted.

18. Change Management Programme Board minutes (NES/SGC/21/57)

18.1 A Committee member raised a question in relation to the 30th August minutes, paragraph 4, asking if further clarification could be given around the job re-evaluation and equal pay claim and if there is any risk of reputational damage to NES. Morag McElhinney confirmed that this is not a widespread issue and was very localised to NES Digital and NDS. The harmonised job description suite agreed in 2015, pre-dated NES having a major digital presence. This brought challenges and as part of organisational change, it is now being looked at developing a suite of Job descriptions for technology roles. Consistency checking with staff-side has been implemented. Unfortunately, this was an isolated event but the issues have been resolved, in partnership, and the staff are happy with the outcomes.

19. Any other business

19.1 There was no other business to discuss

20. Date and time of next meeting

20.1 The next meeting of the Staff Governance Committee will be held on Thursday 3rd February 2022, 10:15

NES
February 2022
CD/DT/LD/TAD

Approved by SGC 03 Feb 2022.