

AGENDA FOR THE ONE HUNDRED AND SIXTY-NINTH BOARD MEETING

Date: Thursday 18 August 2022

Time: 10:15 – 12:15

Venue: NES has moved to take a hybrid working approach therefore Public Board Meetings will be held remotely using Microsoft Teams and there will be an in-person meeting opportunity at the NES Westport office, Edinburgh.

1. **10.15 Chair’s introductory remarks**
2. **10.16 Apologies for absence**
3. **10.17 Declarations of interest**
4. **10.18 Minutes of the One Hundred and Sixty-Eighth Board Meeting** NES/22/51
26 May 2022 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/22/52
For review
7. **Chair and Chief Executive reports**
 - a. **10.25 Chair’s Report** NES/22/53
 - b. **10.30 Chief Executive’s Report** NES/22/54
8. **Strategic Items**
 - a. **11.00 Stakeholder Survey Results** NES/22/55
For Review and Discussion (J. MacEachen & N. Hay)
9. **Annual Items**
 - a. **11.15 Caldicott Guardian Annual Report 2021-22** NES/22/56
For Review and Approval (D. Felix)

10. Performance Items

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|----|---|-----------|
| a. | 11:20 2022/23 Quarter 1 Financial Report
For Review and Approval (J. Boyle) | NES/22/57 |
| b. | 11:35 2022/23 Quarter 1 Risk Register Report
For Review and Approval (J. Boyle) | NES/22/58 |
| c. | 11:45 2022/23 Quarter 1 Performance Report
For Review and Approval (C. Bichan) | NES/22/59 |

11. Governance Items

- a. **12.05** Significant issues to report from Standing Committees:
- **12.05** Digital & Information Committee held on 06 June 2022
(D. Garbutt, verbal update)
 - **12.08** Audit & Risk Committee held 16 June 2022
(J. Ford, verbal update)
 - **12.11** Staff Governance Committee held 11 August 2022
(L. Dunion, verbal update)

12. Items for Homologation or Noting

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| a. | 12:14 NES Standing Committee Minutes | |
| | i. Digital & Information Committee, 11 April 2022 | NES/22/60 |
| | ii. Audit & Risk Committee, 28 April 2022 | NES/22/61 |
| | iii. Staff Governance Committee, 5 May 2022 | NES/22/62 |
| | For Homologation | |
| b. | 12:14 NES Annual Review Response Letter from Minister
For Noting | NES/22/63 |

13. **12:15** Any Other Business

14. **12:15** Date and Time of Next Meetings

- **Private Board:** 18 August at 12:30
- **Board Development:** 25 August 2022 at 10:15
- **Public Board:** 29 September 2022 at 10.15

NHS Education for Scotland (NES)
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NHS Education for Scotland

DRAFT MINUTES OF THE ONE HUNDRED AND SIXTY-EIGHTH BOARD MEETING HELD ON 26 MAY 2022

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

- Present:**
- David Garbutt (DG) (Chair)
 - Jim Boyle (JB), Executive Director of Finance
 - Anne Currie (AC), Non-Executive Director
 - Linda Dunion (LD), Non-Executive Director
 - Jean Ford (JF), Non-Executive Director
 - Lynnette Grieve (LG), Non-Executive Director / Employee Director
 - Annie Gunner Logan (AGL), Non-Executive Director
 - Douglas Hutchens (DH), Non-Executive Director (Vice Chair)
 - Gillian Mawdsley (GM), Non-Executive Director / Whistleblowing Champion
 - Victoria Nairn (VN), Non-Executive Director
 - Karen Reid (KR), Chief Executive & Accountable Officer
 - Sandra Walker (SW), Non-Executive Director
 - Emma Watson (EW), Executive Director of Medicine
 - Karen Wilson (KW), Executive Director of Nursing / Deputy Chief Executive (Clinical)
- In attendance:**
- Tracey Ashworth-Davies (TA-D), Director of Workforce / Deputy Chief Executive (Corporate) (joined the meeting at 10.45, during item 7c)
 - Colin Brown (CB), Head of Strategic Development, Chief Executive's Office (until 12.07)
 - Donald Cameron (DC), Director of Planning & Corporate Resources
 - Nick Hay (NH), Public Affairs Manager (until 12.07, after item 9)
 - Katy Hetherington (KH), Principal Lead – Equality, Diversity and Human Rights (for item 9c)
 - Kevin Kelman (KK), Director of NHS Scotland Academy
 - Gordon Paterson (GP), Director of Social Care
 - Judy Thomson, Director of Training for Psychology Services
 - John MacEachen (JM), Head of Corporate Communications (until 12.07, after item 9)
 - Ruth Reynolds (RR), Executive Assistant (to observe)
 - Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance
 - Anne Watson (AW), Postgraduate Pharmacy Dean / Director of Pharmacy
 - Christopher Wroath (CW), Director of NES Technology Service (joined the meeting at 10.45, during item 7c and left the meeting at 12.07, after item 9)
 - 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 Emma Watson, who was attending her first Board meeting as Executive Director of Medicine. He also welcomed Ruth Reynolds, Executive Assistant to the Director of Social Care, who was observing the meeting as part of her induction.

- 1.2. The Chair noted that this Board meeting marked Donald Cameron's final meeting as NES's Director of Planning and Corporate Resources before his retirement on 10 June 2022. Donald joined NES at its inception in 2002 and has been a Director since 2014. He has led the development of NES's most recent 2019-24 strategy and subsequent annual operational plans and played a key role during the COVID-19 pandemic to ensure staff were able to transition to remote working efficiently and effectively. On behalf of the Board, the Chair thanked Donald Cameron for his very significant contribution to NES and wished him well in his retirement.

2. Apologies for absence

- 2.1. Apologies for absence were received from David Felix (DF), Postgraduate Dental Dean / Director of Dentistry).

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-Sixth Board Meeting (NES/22/31)

- 4.1. The minutes of the Board meeting held on 24 March 2022 were approved.

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

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

6. Actions from previous Board Meetings (NES/22/32)

- 6.1. The Board received the rolling Board action list for review and agreement. The Board noted that the majority of action points are now complete or closed. Updates have been provided for the two items still to be completed.

- 6.2. The following points were discussed:

- a. 24 March Board meeting, Minute 7.5b: The Board were advised that information relating to how Nursing, Midwifery & Allied Health Professions (NMAHP) and Psychology directorates are supporting the social care workforce would be circulated via correspondence directly after this Board meeting. The Board agreed this action could be marked as complete once this email had been issued.
- b. 24 March Board meeting, Minute 8.1b: The Board will receive a stakeholder mapping paper and emerging findings from the stakeholder survey presentation under items 08a/b of this Board agenda. The Board agreed this action could be marked as complete once these items had been taken.

- 6.3. The Action list was agreed.

7. Chair & Chief Executive Updates

- a. Chair's Report (NES/22/33)

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

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

- a. The Board noted the Chair met with Scottish Island Board Chairs in March 2022 to discuss training support in their areas. In response to a query as to whether NES is meeting the training needs of the island Boards, Karen Reid confirmed that she recently had a roundtable discussion with senior colleagues from the North region (including the island Boards) to discuss their training and development needs. The work of the NHS Scotland Academy (NHSSA) and its use of a 'hub and spoke' model to identify and support training needs was highlighted as a way to address future training and development needs in the North region. Further discussions will take place in the coming months to further develop this area of work.

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

b. Chief Executive's Report (NES/22/34)

7.4. Karen Reid introduced this report and began by thanking Donald Cameron for his contribution and supportive leadership across a wide range of areas in NES and wished him a happy and fulfilling retirement.

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

- a. NES's 2021 Year in Review was published on 17 May 2022 and clearly demonstrates how NES has helped the health and social care workforce. The 2021 review has taken a refreshed approach and positive feedback has been received from a range of external stakeholders. Karen Reid commended John MacEachen and the Corporate Communications team for their work.
- b. NES has been asked by Scottish Government (SG) to establish and host the National Centre for Remote and Rural Health and Social Care. A proposal paper will be submitted to the June 2022 Private Board meeting for review and approval.
Action: KR/EW
- c. The Developing Senior Systems Leadership (DSSL) Programme for aspiring senior leaders working in Social Care, Social Work and Health in Scotland was formally launched on 3 May 2022. NES is SG's strategic delivery partner for this programme and Gordon Paterson has been asked to Chair a group comprising senior representatives from across health and social care that will assess potential DSSL participants. The development of the DSSL Programme has involved an extensive amount of work and Karen Reid commended the work of the following members of NES's Organisational Development, Leadership and Learning team (Workforce Directorate) for their contribution: Janice Gibson (Associate Director), Jenni Jones (Principal Lead), Joanne Rafferty (Principal Lead) and Gillian Strachan (Head of Programme).
- d. Karen Reid thanked Alison Shiell for her help in preparing the Chief Executive's Report to the Board.

7.6. During discussion, the following points were raised:

- a. The Board congratulated NES staff for the presentation and content of the 2021 Year in Review and welcomed the enhanced focus on health and social care collaboration and the impact that NES has had over the last 12 months.
- b. The Board welcomed Gordon Paterson's appointment as Chair of the DSSL selection panel and emphasised the importance of equity of access for all potential future health and social care leaders.
- c. The Board highlighted the success of the social media campaign aligned to the Healthcare Support Workers Virtual Learning Week 2022 and asked if plans are in

place to extend these kinds of events to the social care workforce. Gordon Paterson commented that he is meeting with colleagues across NES as part of his induction, including learning about how each directorate engages with the workforce. He is considering approaches that could be used to engage the social care workforce and identify training needs.

- d. In response to a query from the Board regarding the transition of NES recruitment activity to the East Region Recruitment Service, Karen Reid confirmed that the new service aims to increase the pace and efficiency of NHS Scotland recruitment within the east region. The success of the service will be monitored and updates will be available in due course.
- e. The Board noted the increase in NES vacancies as a result of the organisation's increased activity and the resulting impact on NES Recruitment and HR teams. Tracey Ashworth-Davies is currently reviewing NES's HR systems and processes with support from the Quality Improvement team and the NES Employee Director.
- f. The Board congratulated the Dental directorate on the CAREER (COVID-19: Dental health professionals: a longitudinal study of uncertainties, Anxieties and pREparednEss for pRactice) project which has been undertaken by NES and the universities of Dundee and St Andrews to understand how the COVID-19 pandemic has affected dental trainees and primary care dental practice staff. In view of NES's key role in supporting the health and social care workforce and the ongoing impact of the COVID-19 pandemic, the Board agreed that the CAREER project's findings should be shared widely with NES's stakeholders. As David Felix submitted his apologies to this Board meeting he will be asked to provide an update to the Board via correspondence. **Action: Chair & CE Office / DF**
- g. The Board again thanked Donald Cameron for his contribution to NES and also highlighted his key role in establishing the NHS Scotland Directors of Planning network which led to improvements in NHS Board planning and collaboration.

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

8. Strategic Items

a. Stakeholder Mapping (NES/22/35)

8.1 John MacEachen presented a proposed stakeholder map to the Board for review and discussion. As part of his introductory comments, John MacEachen highlighted that the planned stakeholder mapping exercise is part of a wider range of work to inform and establish NES's future direction, including the development of the organisation's new strategy and an analysis of the findings of the NES stakeholder survey.

8.2 The paper was taken as read and the following points were raised in discussion:

- a. The Board welcomed the proposed stakeholder map and highlighted the prioritisation matrix map as particularly useful in understanding NES's organisational stakeholder engagement.
- b. The Board discussed the need for the stakeholder mapping exercise to have a clear overall objective and suggested that further work is required within the power/influence matrix to ensure that stakeholders including the general public and COSLA (Convention of Scottish Local Authorities) are allocated appropriately. The 'wider public sector' heading should also be amended to 'wider public service' to ensure Third Sector organisations are categorised correctly.
- c. Karen Reid thanked the Board for their comments and agreed that the prioritisation matrix should be reviewed alongside the development of NES's new strategy and future role and upcoming Scottish Government policy developments. The Board will be given the opportunity to provide further input into the stakeholder map, including

a discussion of NES's future public profile, when the Board meet to review and discuss NES's new draft strategy.

- d. Tracey Ashworth-Davies highlighted links between the stakeholder map and the development of a communications strategy to effectively support the development of NES's future strategic direction.
- e. The Board suggested the following amendments to the stakeholder map:
 - i. The 'NES staff' stakeholder group should be split between core staff and trainees in acknowledgment of the different ways in which the organisation engages with these groups and the separate issues they may raise.
 - ii. NES may wish to consider explicitly referencing current, potential and alumni learners within the stakeholder list.
 - iii. The Scottish Public Services Ombudsman should be added to the stakeholder map in relation to NES's NHS Scotland Whistleblowing role.
 - iv. It may be appropriate to consider if citizens might be included.
- f. In relation to the proposed stakeholder map and next steps, John MacEachen will take forward the comments from the Board as appropriate and work with the NES Extended Executive Team to understand how NES directorates are engaging with stakeholders, whether there are any particular gaps and develop a proposal for future engagement activity as required. **Action: JM**

8.3 The Chair thanked Board members for their discussion noted that the stakeholder map is a real-time, living document that will be updated as the new NES strategy develops. He thanked John MacEachen for his paper and the Board noted the next steps in relation to the stakeholder mapping exercise.

b. Emerging key messages from the stakeholder survey

8.4 Nick Hay took the Board through a PowerPoint presentation that outlined the emerging key messages from the NES stakeholder survey in advance of a full paper being submitted to the next Public Board meeting on 18 August 2022.

8.5 Nick Hay highlighted the following points during his presentation:

- a. 2020 was the last time NES gathered views from external stakeholders. NES commissioned Hall Aitken to undertake a new survey in 2022. The survey comprised both quantitative and qualitative questions and received a high level of response, with 643 completed online responses and 24 in-depth interviews.
- b. Overall, the survey responses indicate a positive response to NES and its work. Awareness of NES amongst external stakeholders is high, particular in NHS Scotland. Initial evidence indicates that the work NES has delivered during the COVID-19 pandemic has led to increased awareness and a perception that NES is more active than it was two years ago.
- c. High levels of satisfaction were recorded in relation to quality of work and the speed at which NES delivers. NES was also praised for its collaborative approach.
- d. Stakeholders perceive NES's role as 'education', followed by 'training and workforce development'. The reference to NES's 'Digital' work is less understood, however the survey responses also indicate that the Turas platform is NES's most widely used resource. There is also a view that NES should provide more support to the social care workforce.
- e. Stakeholders are keen to receive increased support and resources from NES, particularly in relation to Continuing Professional Development (CPD).

8.6 There were no questions regarding the stakeholder survey presentation. The Chair thanked Nick Hay for his helpful presentation and noted that a full analysis of the stakeholder survey will be submitted to the 18 August 2022 Public Board meeting.

Action: NH/JM/ Board Services

c. Enabling Technology Roadmap (NES/22/36)

8.7 Christopher Wroath presented Scottish Government's (SG) Enabling Technology Roadmap (ETR) to the Board for review and noting. As per an action from the 24 March Public Board meeting, the Board had asked for sight of this document in order to fully understand NES Technology Service's (NTS) 2022/23 deliverables as part of the SG Digital Health and Care Strategy.

8.8 As part of his introductory comments, Christopher Wroath highlighted the key NTS deliverables set out within the roadmap including the development of core architecture via the Turas platform and the deployment of cloud-based technology that will support the delivery of all health and social care services.

8.9 The paper was taken as read and the following points were raised in discussion:

- a. The Board welcomed having sight of the roadmap. The Chair confirmed that the governance and scrutiny of digital and technology is delegated to the Digital and Information Committee (DIC) and that the DIC will receive regular ETR progress updates.
- b. The Board discussed the high number of deliverables for NES and the risk of any reputational damage, unless we set clear parameters, particularly in relation to data sharing and access and the development of the National Digital Platform. Christopher Wroath confirmed that NTS have worked with stakeholders and the Territorial Boards to ensure that appropriate data sharing agreements are in place. He highlighted that progress has been made in this area and NHS Greater Glasgow and Clyde (GGC) are now using the Turas platform to develop their own architecture to support the delivery of health and social care services in GGC, with support and training from NTS as required.
- c. NTS is working with Scottish Government to support social care organisations so that appropriate and transparent governance arrangements are in place to enable secure data sharing.

8.10 After discussion, the Board noted the Enabling Technology Roadmap and confirmed it provided satisfactory assurance in relation to NTS's planned 2022/23 deliverables. The Chair thanked Christopher Wroath and his team for their work and moved onto the next agenda item.

d. Corporate Governance Strategic Developments – Update (NES/22/37)

8.11 Jim Boyle and Della Thomas presented the update on current and future corporate governance developments in NES to the Board for review and noting. The report also contained the current Board Assurance Framework for review at Appendix 1. The report was considered by the Audit and Risk Committee on 28 April 2022 and it was agreed the report should be submitted to the May Public Board for endorsement.

8.12 During their introductory comments, Della Thomas highlighted that an updated NHS Scotland Blueprint for Good Governance will be published in due course and any recommendations will be implemented in NES alongside current corporate governance developments. Jim Boyle referenced the development of formal strategic financial principles which would be considered separately at item 8e and advised the Board that the results of the independent review of NES's risk management framework had now

been received. The key findings will be presented to the Board Development session on 30 June 2022.

8.13 Jim Boyle also highlighted that the development of the NES Strategy will play a significant role in the future corporate governance developments. Work to develop Strategic Key Performance Indicators (KPIs) is progressing and will be discussed with the Board in due course. The Board Assurance Framework will require to be updated to ensure risks are closely aligned to NES's new strategic context.

8.14 The paper was taken as read and the following point was raised in discussion:

- a. The Board welcomed the update paper and the progress regarding the development of strategic KPIs. The Board agreed it would be helpful to receive further updates on corporate governance development progress, implementation and impact. Karen Reid will discuss potential reporting / tracking mechanisms with Della Thomas and will bring an update back to the Board in due course. **Action: KR/DT**

8.15 The Chair thanked Jim Boyle and Della Thomas for their work and the Board endorsed the Corporate Governance Strategic Developments update paper and future direction of travel and confirmed that it provided satisfactory assurance.

e. Strategic Financial Principles (NES/22/38)

8.16 Jim Boyle presented a set of strategic financial principles to the Board for review and approval. He confirmed that the draft principles were considered at the Audit and Risk Committee on 28 April 2022. Jim Boyle thanked Audit and Risk Committee members for their suggested amendments and confirmed these had been actioned before submitting the paper to the May Board.

8.17 As part of his introductory comments, Jim Boyle highlighted the requirement for robust financial accountability given that the 2022/23 NES budget is £0.5 billion. Jim Boyle noted that NES already has a good set of financial controls in place however the addition of a set of strategic financial principles will ensure all stakeholders involved in financial activities in NES understand their responsibilities and strengthen financial reporting going forward. The principles will be included in staff inductions going forward and additional training will also be provided.

8.18 The paper was taken as read and the following points were raised in discussion:

- a. The Board discussed how the strategic financial principles will help to strengthen financial reporting across the whole of NES and ensure that all staff understand their role in supporting good financial governance.
- b. The Board questioned if this was already part of a leadership competency and the rationale for producing explicit principles. Karen Reid referred to previous Board discussion relating to the importance of identifying any underspend as early as possible so it can be managed effectively and the financial principles provide the framework for this. Jim Boyle confirmed that improvements will be implemented within NES finance processes to ensure more robust financial reporting.
- c. The Board discussed the 'Value for Money' principle in relation to complex commissions. Jim Boyle confirmed that commissions are mainly received from Scottish Government (SG) and that NES works closely with SG colleagues to ensure commissions clearly define outcomes and meet 'value for money' criteria.

8.19 The Chair thanked Jean Ford in her role as Chair of the Audit & Risk Committee for supporting the development of the strategic financial principles. The Board approved the Strategic Financial Principles paper and the Chair thanked Jim Boyle for his work.

9. Annual Items

a. Whistleblowing Executive Lead Annual Whistleblowing Report 2021/22 (NES/22/39)

9.1 Donald Cameron presented the 2021-22 Executive Lead Annual Whistleblowing Report to the Board for review and approval. The report covers the period 01 April 2021 – 31 March 2022 and is NES's first annual report under the new national NHS Scotland whistleblowing arrangements.

9.2 As part of his introductory comments, Donald Cameron advised that the first nine months of the 2021/22 year have involved embedding the new whistleblowing standards within NES via awareness raising and the creation of an online whistleblowing training module on Turas. NES received one 'unnamed concern' in Quarter 4 of the 2021/22 year and this is in the process of being investigated. Donald Cameron commented that there is no obligation to include unnamed concerns within the Standards, however it is good practice to do so and the current case has highlighted the value of the standards in supporting service improvements.

9.3 There were no questions regarding the content of the report. The Board approved the 2021-22 Whistleblowing Executive Lead Annual Whistleblowing Report and the Chair thanked Donald Cameron and his team for their work.

b. Non-Executive Director Whistleblowing Champion Report 2021/22

9.4 Gillian Mawdsley gave a verbal report for the 2021/22 year in her role as NES's Non-Executive Director Whistleblowing Champion. As part of her introductory comments, Gillian Mawdsley thanked Donald Cameron and his team for their work during the 2021-22 year.

9.5 Gillian Mawdsley confirmed that her role is to provide assurance to the Board that NES complies with its responsibilities in relation to whistleblowing. The 2021-22 Annual Report outlines the significant amount of work that has been undertaken in NES since the NHS Scotland Whistleblowing Standards came into force. Gillian Mawdsley confirmed that following assurance could be given in relation to NES:

- a. There is an appropriate whistleblowing framework in place in NES. This means that once a whistleblowing concern is notified, there is a system in place to process that concern.
- b. There are clear descriptions of the roles and responsibilities of staff in relation to the raising and receiving of whistleblowing concerns, with governance arrangements in place to ensure all concerns are investigated appropriately.
- c. Whistleblowing training is now available for NES staff, however further training and awareness raising will be required in future years.
- d. In relation to the 'unnamed concern' that is currently being investigated, the whistleblowing framework is being followed successfully. This provides an opportunity to give assurance that the NES whistleblowing framework is adequate and robust while respecting the overall whistleblowing standards.

9.6 Gillian Mawdsley highlighted that there is a need to monitor and review the operation of NES's whistleblowing framework, alongside a requirement to build on training that has been developed and completed so far. NES will also need to appoint a new confidential Executive whistleblowing contact in light of Donald Cameron's upcoming retirement.

9.7 Gillian Mawdsley and the other Non-Executive Director whistleblowing champions have met with Scottish Government and the Independent National Whistleblowing Officer to discuss common themes. The most recent meeting was with the Cabinet Secretary for Health and Social Care and discussion focused on the need to share experiences and

feedback and learn lessons from other health boards. The Non-Executive Director whistleblowing champions also meet as an informal network to discuss items of interest. Gillian Mawdsley noted that NES's work has helped to support the development of an environment where employees can raise concerns about patient safety and malpractice.

- 9.8 There were no questions regarding the verbal report from the Non-Executive Director whistleblowing champion and the Board confirmed that it provided satisfactory assurance. The Chair thanked Gillian Mawdsley for her ongoing work as NES's Non-Executive Director Whistleblowing Champion.
- c. 2021-22 Equality Outcomes and Mainstreaming Annual Report (NES/22/40)
- 9.9 The Chair welcomed Katy Hetherington to the meeting for this item. Katy Hetherington presented the 2021-22 Equality Outcomes and Mainstreaming Annual Report to the Board for review and approval. As part of her introductory comments, Katy Hetherington highlighted that the report sets out NES's progress with delivering its statutory equality duties, including NES's Equality Outcomes that were published in April 2021. In relation to governance sequencing, the Staff Governance Committee, the Digital and Information Committee and the Education and Quality Committee have scrutinised the outcomes allocated to their respective Committees in advance of the full report being submitted to the Board.
- 9.10 The paper was taken as read and the following points were raised in discussion:
- a. The Board welcomed the report and commended the work delivered during the 2021-22 year.
 - b. Anne Currie has been appointed as NES's Non-Executive Director Equality, Diversity and Human Rights champion.
 - c. In her role as Employee Director, Lynnette Grieve highlighted a number of particular achievements in relation to NES including the appointment of a disability advisor, work to support increased youth employment in NES and the relaunch of NES's 'Our Way' leadership behaviours and expected ways of working.
- 9.11 The Chair thanked Katy Hetherington and her team for their work and the Board approved the 2021-22 Equality Outcomes and Mainstreaming Annual Report.
- 9.12 The Board took a short break at the conclusion of this item and Colin Brown, Nick Hay, John MacEachen and Christopher Wroath left the meeting.

10. Performance Items

- a. 2021/22 Quarter 4 Risk Register Report (NES/22/41)
- 10.1 Jim Boyle presented the 2021/22 Quarter 4 NES Risk Register and associated COVID-19 Risk Annex to the Board for review and approval.
- 10.2 The paper was taken as read and the following points were raised in discussion:
- a. The Board discussed the changes to the Risk Register since the March Board meeting. A new Risk 20 has been added in relation to the capacity of NES's corporate support infrastructure to assist in the delivery of the NES strategy, particularly in relation to recruitment challenges. The Board agreed it would be helpful to add timelines and named leads to the mitigating actions. **Action: JB**
 - b. Risk 15 will be reviewed in light of the reference to whistleblowing and an update will be provided at the next Public Board meeting. **Action: JB**

10.3 The Chair thanked Jim Boyle and his team for their work and the Board approved the 2021/22 Quarter 4 Risk Register.

b. 2021/22 Quarter 4 Performance Report (NES/22/42)

10.4 Donald Cameron presented the Quarter 4 2021-22 performance report to the Board for review and approval. The paper reported performance against the NES Phase 4 Re-mobilisation Plan (RMP4).

10.9. As part of his introductory comments, Donald Cameron highlighted future performance reporting plans in relation to the development of the new NES strategy including the ongoing development of strategic KPIs. The KPIs are being designed to measure progress in relation to outcomes and impact.

10.10 There were no questions regarding the report. The Chair thanked Donald Cameron and his team for their work and the Board approved the Quarter 4 2021-22 performance report.

11. Governance Items

a. Significant issues to report from Standing Committees

Digital & Information Committee held 11 April 2022

11.1 David Garbutt gave a brief overview of the key issues discussed at the most recent meeting of the Digital and Information Committee:

- a. The Committee received and considered the Enabling Technology Roadmap that was reviewed under item 8c of this Board agenda.
- b. The Committee discussed funding arrangements in relation to the delivery of digital work. Jim Boyle is liaising the Scottish Government in relation to the challenges of receiving non-recurrent funding to deliver significant commissions.
- c. The Committee received a progress update on a NES programme of work that is looking to improve the digital skills of health and social care staff and received assurance that this work is proceeding well.

Audit & Risk Committee held 28 April 2022

11.2 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 reviewed the Corporate Governance Strategic Developments updated that was considered under item 8d of this Board agenda.
- b. The Committee approved the 2022/23 External Audit and Internal Audit plans.
- c. The Committee considered three Internal Audit reports: Data Privacy and GDPR (General Data Protection Regulation), Trainee/Postgraduate Progression and Workforce Planning. All three reports provided the Committee with high levels of assurance with only minor improvements required.
- d. In advance of the 2021/22 Annual Accounts, the Committee confirmed that all planned audits had been completed and no priority actions had been identified.

Staff Governance Committee held 05 May 2022

- 11.3 Linda Dunion gave a brief overview of the key issues discussed at the most recent meeting of the Staff Governance Committee:
- a. The Committee received and considered the draft NES Workforce Plan which is due to be submitted to Scottish Government by 01 July 2022. The Workforce Plan will be submitted to the 30 June Private Board meeting for review and approval.
 - b. The Committee received assurance in relation to the required completion of essential learning by all NES staff. Communications have been issued to line managers to support increased completion rates.

Education and Quality Committee held 12 May 2022

- 11.4 Douglas Hutchens gave a brief overview of the key issues discussed at the most recent meeting of the Education and Quality Committee
- a. The Executive Lead Officer's report included an update on Enhanced Monitoring (EM) cases in Scotland. The Committee will receive EM action plans to review going forward. The Committee also welcomed news that NES has established a team to design and deliver education and training for health and social care staff working with adults with learning disabilities.
 - b. The Committee received a paper outlining NES's plans to become a SCQF Credit-Rating Body and had a useful discussion regarding next steps. A Business Plan will be submitted to the Board in due course.
 - c. The Committee received and commended the NMAHP enhanced directorate review and thanked Karen Wilson and her staff for their work.

b. Model Code of Conduct

(NES/22/43)

- 11.5 Della Thomas presented the Once for NHS Scotland's new Model Code of Conduct for discussion and adoption. In her role as NES Standards Officer, Della Thomas also gave a short presentation outlining the main changes within the new Model Code of Conduct.
- 11.6 As part of her introductory comments, Della Thomas highlighted that the new model code of conduct was published by SG in December 2021, with Board members notified via correspondence. The Once for NHS Scotland Model Code and updated guidance was circulated to the Board on 06 May 2022.
- 11.7 Della Thomas highlighted the following changes to the Model Code during her presentation:
- a. New sections have been added in relation to personal ownership, collective decision making and Board Member involvement in strategic/operational business.
 - b. The bullying and harassment section has been enhanced and the gifts and hospitality, confidentiality and social media sections have all been revised. A new three-stage model has also been included within the existing Declarations of Interest section.
- 11.8 During discussion, the following points were raised:
- a. The Board discussed the proportionality of the approach to recording gifts and hospitality. Della Thomas will seek clarity from the Standards Commission and circulate to Board members before the new NES Register of Interests form and guidance is developed and populated.

Action: DT

- b. In relation to the changes to the Declaration of Interests, , the Board agreed that the NES Board Register of Interests should be amended to align with the new Model Code headings. **Action: DT**
- c. Karen Reid highlighted that the Accounts Commission had recently published a report on standards in public office. The Board agreed it would be helpful to have sight of this report. **Action: DT**

11.9 The Chair thanked Della Thomas for her presentation and the Board confirmed their adoption of the new Model Code of Conduct. As per instructions from SG, the NES Board's approval and the NES Model Code of Conduct will be published on the NES website by 10 June 2022. **Action: DT**

12. Items for Noting or Homologation

a. NHS Scotland Academy Joint Strategic Programme Board Minutes (NES/22/44)
22 February 2022 Meeting

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

b. NES Standing Committee Minutes

i. Audit & Risk Committee 27 January 2022 (NES/22/45)

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

ii. Staff Governance Committee 04 February 2022 (NES/22/46)

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

iii. Digital & Information Committee 28 February 2022 (NES/22/47)

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

iv. Education & Quality Committee 03 March 2022 (NES/22/48)

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

13. Any Other Business

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

14. Date and Time of Next Meeting

14.1 The next Public Board meeting will take place on 18 August 2022 at 10.15 a.m.

14.2 The Chair thanked everyone for their attendance and closed the meeting at 13.05.

NES
July 2022
AS/DT/DG
v.02

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 26 May 2022					
7.5c	Chief Executive's Report	Submit proposal paper regarding the National Centre for Remote and Rural Health and Social Care to June 2022 Private Board meeting.	Karen Reid / Emma Watson	June 2022	Complete Proposal paper submitted to 30 June 2022 Private Board meeting.
7.6f	Chief Executive's Report	Provide Board with an update on how the CAREER (COVID-19: Dental health professionals: a longitudinal study of uncertainties, Anxieties and pREparednEss for pRactice) project's findings will be shared with NES's key stakeholders.	Chair & CE Office / David Felix	August 2022	Complete Board members were provided with an update by correspondence on 5 August 2022.
8.2f	Stakeholder Map	Take forward Board comments on the proposed stakeholder map as appropriate and work with the NES Executive Team to understand how NES directorates are engaging with stakeholders, whether there are any particular gaps and develop a proposal for future engagement activity as required	John MacEachen	September 2022	In Progress This action remains in progress. An update will be provided at the Public Board meeting on 29 September 2022.
8.6	Emerging key messages from the stakeholder survey	Submit full analysis of the stakeholder survey to the 18 August 2022 Public Board meeting	Nick Hay / John MacEachen / Board Services	August 2022	Complete Added to 18 August 2022 Public Board Agenda.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
8.14	Corporate Governance Strategic Developments – Update	Discuss arrangements for tracking ongoing corporate governance developments and provide an update to the Board.	Della Thomas / Karen Reid	September 2022	In Progress Verbal update to be provided at 18 August Public Board meeting.
10.2a	2021/22 Quarter 4 Risk Register Report	Review new Risk 20 based on Board comments and ensure that timelines and named leads are added to the mitigating actions.	Jim Boyle	August 2022	Complete Amended for Risk Register report on Board agenda for 18 August Public Board meeting.
10.2b		Review and amend Risk 15 as appropriate in relation to reference to whistleblowing	Jim Boyle	August 2022	Complete Amended for Risk Register report on Board agenda for 18 August Public Board meeting.
11.8a	New Model Code of Conduct	Seek clarity from the Standards Commission regarding the new approach to declaring gifts and hospitality.	Della Thomas	June 2022	Complete Clarification circulated by correspondence on 31 May 2022.
11.8b		Amend the NES Board Register of Interests to align with the new Model Code headings.	Della Thomas	August 2022	Complete The Register of Interests form has been amended and circulated on 6 July 2022 to all members for review and response.
11.8c		Circulate Accounts Commission report on standards in public life to Board via correspondence	Della Thomas	August 2022	Complete Shared with Board members on 31 May 2022.
11.9		Following the NES Board's approval, arrange for the NES Model Code of Conduct to be published onto the NES website by 10 June 2022.	Della Thomas	10 June 2022	Complete The NES adopted Code of Conduct was published on the NES website on 27 May 2022 and Scottish Government informed.

CHAIR'S REPORT

David Garbutt, Chair of NES Board

18 August 2022

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

May 2022

1. I attended a meeting on System Pressures with the Cabinet Secretary for Health and Social Care, Board Chairs and Chief Executives of all Boards. An emphasis was placed on the importance of early implementation of control measures which would help reduce the normal winter pressures. It was confirmed that a National Flu and Covid-19 vaccination campaign, targeted on older people, would commence soon.
2. I attended the National Leadership Development Programme (NLDP) Steering Group meeting and received an update on the roll out of the new Senior Systems leadership programme.
3. I attended a meeting with Health Improvement Scotland (HIS) colleagues to discuss a forthcoming presentation to the NHS Scotland Board Chairs Group on dealing with serious adverse events. NES is also closely involved in this work.
4. I attended a meeting to discuss the further development of the latest version of the Blueprint for Good Governance. The content was successfully completed and the final draft submitted to Scottish Government.
5. With input and assistance from NES colleagues I developed a presentation on Workforce issues for presentation to the NHS Scotland Board Chairs Group.

June 2022

1. I attended the monthly Board Chairs Group meeting and took part in the discussions around the Adverse Events presentation and the Workforce presentation mentioned above.
2. I joined the Chief Executive, Emma Watson (Director of Medicine) for a discussion with colleagues from the University of the Highlands and Island (UHI) to discuss potential NES/UHI collaboration.
3. I met with Board Chairs and the Cabinet Secretary for Health and Social Care for session on the future involvement of the Board Chairs Group in strategic planning and Scottish Government priorities.
4. I gave a presentation to NHS Shetland members on the role and remit of the Remuneration Committee.
5. I attended a meeting of the Scottish Medical Schools Board. The agenda included discussions about widening access to medical schools, challenges posed by Scottish Government's statement on employing 300 more doctors, the role of the NHS Scotland Academy and the levels of ACT (Additional Cost of Teaching) funding.

6. I attended the National Board Chair's meeting where we discussed the spending review and preparation for the next Board Chairs away days in September.
7. I was interviewed by the team reviewing the Management Training Scheme and discussed comparative models of these programmes.
8. I had a meeting with colleagues about climate change and sustainability and the appointment of NHS Scotland Executive Leads and Board Champions for this programme.
9. I attended a meeting with Chief Executives and Board Chairs to discuss progress with the National Care Service.
10. I attended two meetings to scope the process for forthcoming Board Chairs appointments and to develop interview questions and role play scenarios.
11. I attended an NHS Boards Chairs meeting where we discussed innovation, the Accelerated National Innovation pathway (ANIA), and an ask from the Director-General of Health and Social Care for strategic engagement with Chairs utilising the Three Horizons Model. In the afternoon Board Chairs met with the Cabinet Secretary for Health and Social Care where we had a detailed discussion about developing core data sets across health and social care and setting clarity of delivery levels on national programmes. The session concluded with discussions on the National Care Service and Remote and Rural health and social care.

July 2022

1. I attended a Systems Pressures meeting with the Cabinet Secretary for Health and Social Care, Board Chairs and Chief Executives.
2. I met with Caroline Lamb (Director-General Health and Social Care / Chief Executive NHS Scotland) to discuss a Diversity programme.
3. I attended the National Board Chairs meeting and took part in Action Learning Set with other Chairs.
4. I had an introductory meeting with Emma Watson.
5. I had Scottish Government health workforce colleagues about Executive pay grades.

August 2022

1. I attended a Board Chair's Action Learning Sets event and then attended the National Boards Chairs meeting.
2. I attended the induction meeting of the Scottish Clinical Leadership Fellows Cohort 12 and spoke to them about NES, Governance and Leadership.



CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

1. INTRODUCTION

- 1.1. Following on from a presentation at the May Board, the agenda for our August Board meeting includes a detailed analysis of the results of the NES Stakeholder Survey. This paper will help to ensure that Board Members are fully informed of stakeholder perceptions as we continue to discuss and develop our new Strategic Plan and future organisational strategic direction.
- 1.2. The remainder of the August Board agenda is primarily focused on governance items. The Board is asked to approve the Quarter 1 Risk, Finance and Performance reports for the 2022-23 year. The Board are also asked to review and approve the 2021-22 Caldicott Guardian Annual Report and note the 2021-22 Annual Review Response Letter from the Minister for Mental Wellbeing and Social Care for the public record.
- 1.3. The updates outlined within this Chief Executive's Report demonstrate a very high level of current activity and delivery across the NES directorates, including examples of cross-directorate and partnership working.

2. ANNOUNCEMENTS

2.1 Director of Planning and Performance

I am very pleased to welcome Christina Bichan as our new Director of Planning and Performance. Christina joined NES on 4 July 2022 from NHS Orkney, where she was previously Head of Assurance & Improvement. Christina has a background in Public Health and joined the NHS in 2006, where over the last 16 years she has undertaken a variety of roles within NHS Orkney giving her experience of leading performance, planning, quality improvement and governance functions as well as Acute service delivery. Christina was also part of the leadership team which developed the new Balfour, Orkney's remote and rural general hospital and healthcare facility.

2.2 Professor David Felix, Postgraduate Dental Dean / Director of Dentistry

I am delighted to announce that the University of Glasgow has granted David Felix Honorary Professor status within the School of Medicine, Dentistry and Nursing with effect from 1 August 2022. This honour is testament to David's professionalism, expertise and wisdom and also recognises the significant achievements of the NES Dental Directorate under David's leadership.

2.3 Professor Rowan Parks, Deputy Director of Medicine

I would like to congratulate Professor Rowan Parks who has been appointed as the new President of The Royal College of Surgeons of Edinburgh (RCSEd) and will officially take on the role in November 2022. This appointment recognises Rowan's very significant contribution to surgery and is a prominent national leadership role. The RCSEd presidency term is for three years so Rowan will take time away from NES to fulfil this post alongside his clinical and university responsibilities. A recruitment process for a new Deputy Director of Medicine is in the process of being arranged.

3. STRATEGIC UPDATES

- 3.1. As per the update in the May Chief Executive's Report, NHS Scotland has not been placed on emergency footing since 30 April 2022. Boards continue to focus on the commitments set out in the NHS Recovery Plan, however it is recognised that the system remains under significant pressure as we move towards the winter period. Discussions with Board Chief Executives and Scottish Government regarding winter planning and service priorities are ongoing.
- 3.2. **Scottish Government (SG) visit to NES, 17 June 2022**
The Board Chair and I were very pleased to welcome Caroline Lamb (Director-General Health and Social Care / Chief Executive, NHS Scotland), John Burns (Chief Operating Officer, NHS Scotland), David Miller (Chief People Officer, NHS Scotland) and colleagues from our SG sponsor team to the NES Edinburgh office on 17 June as part of a series of engagement visits to NHS Scotland Boards.
- 3.3 The visit provided an excellent opportunity for the NES Executive Team to showcase new and emerging areas of work to SG colleagues and discuss how NES can further support the health and social care workforce. Caroline Lamb also took the opportunity to thank NES staff for their work, particularly in response to the COVID-19 pandemic.
- 3.4 **National Centre of Excellence in Remote and Rural Health and Social Care**
In April 2022 the Scottish Government (SG) asked NES to establish and host the National Centre for Remote and Rural Health and Social Care (the Centre). NES have worked with Scottish Government officials, advisers, and key stakeholders and submitted the draft business plan for the Centre at the end of June 2022. The final version of the business plan will be submitted by late August 2022. The draft plan included full details of the team working on the Centre development, governance arrangements, reallocation of NES and other partner agency resources into the centre, additional Scottish Government funding required, our communications and stakeholder engagement plans. The business plan set out the key development phases for the Centre aligned with resources and timescales. It also described the leadership, functions, and governance of the Centre, and the approach to delivering the agreed outcomes over the next five years and beyond. The Scottish Government have asked for the final business plan to be submitted by the end of August 2022 with a view to the Centre being operational by March 2023.
- 3.5 NES have made considerable progress in the development of the final business plan and the plans to support the Centre becoming operational. The work of the Centre will be founded on excellent collaborative working with our remote, rural and island communities, our health and social care workforce and a wide range of partner agencies nationally and internationally. The Centre will make best use of skills and resources we already have across Scotland together with additional resources that the Scottish Government plans to make available.
- 3.6 NES are working to ensure that we meet with and hear from the widest possible range of stakeholders to help inform the development of the Centre. We are hosting a range of engagement workshop sessions over the forthcoming months,

specific group and organisational information sessions and are sharing a short survey for those who cannot attend sessions to contribute the planning of the Centre. We have also begun to develop a TURAS Information Hub for the Centre where everyone can readily access up to date information online and contribute to the development of the Centre using the survey tool. We have brought together practical working groups with the skills and knowledge to support this planning and preparatory work from across NES Directorates, the Scottish Government and the Scottish Rural Medicine Committee. The work is being coordinated by NES under the leadership of NES Medical Director, Dr Emma Watson, with assistance from NES Remote and Rural Programme Director Dr Pam Nicoll and NES Director of Social Care, Gordon Paterson.

3.7 The Remote and Rural Festival of Learning, 19 September 2022

To support the ongoing development of the National Centre for Remote and Rural Health and Social Care, NES have organised the Remote and Rural Festival of Learning (FoL) which will be held in Portree, Isle of Skye on 19 September 2022. The event will be opened by Humza Yousaf, Cabinet Secretary for Health and Social Care and will support the development of the National Centre by bringing together health and social care professionals, as well as community members to deliver a diverse range of transdisciplinary and multiagency models of health and social care, practice, education, training, and digital innovation.

3.8 The evaluation results from the FoL will help inform the development of the National Centre to develop, implement and promote models of best practice for the delivery of high-quality health and social care in remote, rural and island areas across Scotland through education, training and knowledge sharing networks. A link to register for the online launch can be found on the NES Events website [here](#).

3.9 A National Care Service (NCS) for Scotland

The [National Care Service \(Scotland\) Bill](#) was introduced in Scottish Parliament on 20 June 2022. We continue to work with SG, the Convention of Scottish Local Authorities (COSLA), and partners to consider how NES can contribute to the NCS's planned aims and outcomes.

3.10 NHS Scotland National Boards - Medium Term Planning

In late July 2022, SG confirmed that National Boards will not be required to submit an Annual Delivery Plan for 2022-23. Instead, National Boards were asked to send through a brief summary of current strategic priorities. SG are now reviewing these collectively and will consider the role and contribution of the National Boards in a refreshed model of care. It is expected that Medium Term Plans will be commissioned from each National Board in early autumn, in line with the timescales for the Territorial Boards.

3.11 NES as a Credit Rating Body

Preparatory work is underway to obtain credit rating powers for NES under the Scottish Credit and Qualifications Framework (SCQF). This will enable NES to issue its own certificates of learning awarded on the basis of quality assured assessment and indicating the level of attainment and the number of credits (number of learning hours) achieved. The ability to credit rate NES programmes

will facilitate the development of learning pathways, underpin quality and enhance NES's credibility as a leader for education and training in the health and care sector. This builds on our experience of working with existing SCQF credit rating bodies (principally SQA, higher education institutions and Scotland's colleges) to credit rate NES programmes.

- 3.12 A report submitted to the Education & Quality Committee on 12 May provided an update on progress with preparations for an application for credit rating powers to the SCQF Partnership. This report detailed Executive Team discussions and the results of a scoping survey to identify programmes that would benefit from credit rating. The scoping survey also highlighted the need for dedicated additional support for credit-rating and associated quality assurance activities.

3.13 International Recruitment Roundtable, 5 July 2022

The Cabinet Secretary for Health and Social Care hosted a virtual roundtable session to discuss international recruitment on 5 July 2022. Key stakeholders in attendance included colleagues from across NHS Scotland, Scottish Government, the General Medical Council, the Nursing and Midwifery Council, the Royal College of Physicians of Edinburgh and the Royal College of Nursing. Discussion focused on how stakeholders could to promote and increase international recruitment and overcome any perceived barriers.

3.14 Sponsorship

A Commissioning approach continues to be developed by NES and the Scottish Government Sponsor Team, including the Sponsorship Framework, an updated practical guide to Commissioning, Financial Principles and practical guide to commissioning methodology.

- 3.15 NES responded to a request from Paula Speirs (Deputy Chief Operating Officer, NHS Scotland) to draft a brief summary of our current strategic priorities (as per paragraph 3.6).

3.16 Whistleblowing – Delegated Executive Lead Report

As per the National Whistleblowing Standards, NHS Scotland Boards should receive quarterly updates in relation to any whistleblowing cases. It has been agreed that the NES Board should receive an update after the most recent meeting of the Staff Governance Committee (SGC). The SGC met on 11 August 2022 and received the update referenced in the following paragraph.

- 3.17 During Quarter 4 of 2021-22, an unnamed whistleblowing case was received. A decision was taken to deal with the case in accordance with the National Whistleblowing Standards (as far as practical, although there was no requirement to do so). The case continued into Quarter 1 of 2022-23 with the final report and action plan being shared with the whistle-blower. Communication with the whistle-blower (and others concerned) is currently ongoing.

3.18 NHS Scotland Academy

a. **Widening Access & Sustainable Delivery Programme**

NHS Scotland Youth Academy

Alongside the NHS Scotland Youth Academy Huddles, an overarching NHS Scotland Academy Youth Academy Reference Group has been established and continues to meet regularly.

- b. NHS Scotland Youth Academy Huddles (Dumfries & Galloway, Golden Jubilee, Grampian, Highland and Tayside) continue to meet on a monthly basis. The first huddle meeting of NHS Scotland Youth Academy Forth Valley took place on 2 August to start developing a plan for youth engagement across the region, building on the approach taken in other huddle areas.

- c. Skills Development Scotland (SDS) has now begun the commissioning process to develop the school-based apprenticeship for delivery in May 2023. A workshop was held in July with SDS and huddle members to begin to develop the specification for the pilot award, and this will be used to guide the successful contractor once they are confirmed.

d. **Armed Forces Service Leavers & Veterans**

Meetings continue on a regular basis with a number of key stakeholders, including Scottish Ambulance Service, NHS 24, NHS Greater Glasgow & Clyde, NHS Golden Jubilee, NHS Highland, NHS Orkney, NHS Shetland and Erskine Care. Arrangements are in place for a face-to-face development session later in August, hosted by Erskine Care, to discuss future plans.

e. **National Treatment Centres**

Accelerated Workforce Programme: Anaesthetic Assistants Cohort 1 begins on 22 August with Cohort 2 due to start on 24 November. Learners have been recruited from NHS Lothian, NHS Fife and NHS Tayside.

- f. Accelerated Workforce Programme: Foundations of Perioperative Practice: Cohort 3 started in July with learners from NHS Highland and NHS Golden Jubilee. Cohort 4 is scheduled to start on 11 October.

- g. Accelerated Workforce Programme: Surgical First Assistants: Development and recruitment is ongoing for this.

h. **National Workforce Programmes**

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

OSCE Preparation for Nurse Educators

OSCE preparation resources have been developed in collaboration with NHS Boards and are available on our digital platform. These resources will provide nurse educators with the knowledge, skills and tools required to support and deliver OSCE education and preparation.

- i. **OSCE Preparation for International Nurse Learners**
Our OSCE learning resources for international nurse learners will guide and support their OSCE preparation journey. These resources will complement the NMC Test of Competence Resources that international nurse learners are provided with by their NMC Test Centre.
- j. **National Clinical Skills for Pharmacists Programme**
To date, we have provided 577 learner days. A break in delivery is taking place over July and August due to annual leave and service pressures for faculty and learners, so the next training day is scheduled for 22 September 2022.
- k. **Preparing for work in health and social care in Scotland (Digital learning programme)**
This resource continues to be used by Boards and care providers throughout Scotland. Over 1200 learners have used the resource, from all territorial Health Boards and many Social Care providers.
- l. **NHSS Academy (Skills and Simulation Centre - NHS Golden Jubilee)**
The development of an NHSS Academy (NHSSA) Skills and Simulation Centre at NHS Golden Jubilee was approved by Scottish Government Health and Social Care Management Board in May 2021.
- m. Outline plans were considered by NHS GJ Executive as part of wider estates' review on 11 February 2022 and approval given to progress the NHSSA Skills & Simulation Centre on the NHS GJ site. Approval was also given by the NHSSA Executive Programme Group in February 2022.
- n. A short-life working group has been developed and is currently meeting regularly along with the Architect to discuss plans/layouts. The core team have visited other simulation sites to see their developments and seek guidance on what works well. We are in the progress of gathering detailed lists of consumables/ kit that would be required for each course. The next stage is to confirm the layout of the space to ensure it is fit for purpose and can be used for multiple courses.

4 DIRECTORATE UPDATES

4.1 Dental (including Healthcare Science and Optometry)

- a. **Reducing Inequalities Workstream**
A new edition of the oral health training guide for 'Smile4Life - the Scottish Oral Health Improvement Programme for people experiencing homelessness' is now available via Turas Learn: [Smile4life | Turas | Learn \(nhs.scot\)](#). This is an example of a co-designed educational and training resource produced collaboratively by NES and the University of Dundee.
- b. The first 'Smile4life Guide' was launched in 2012 and was aimed at improving the oral health of the homeless population by equipping health and social care practitioners to deliver key oral health interventions and support access to dental services. The second edition of the Smile4life Guide, published in June 2022, is a collaborative piece of work between NES and the University of Dundee and

incorporates the approach of developing a co-designed oral health educational and training package.

- c. This new edition of the guide has used the content of the first Smile4Life Guide as a base, with considerable revision and has added substantial new and updated information coming directly from people with lived experience of homelessness as well as dedicated services/organisations from the health, social care and the third sector. This involved interviews and several workshops with different organisations and individuals with lived experience of homelessness. Organisations included Homeless Network Scotland, Shelter, Scottish Drugs Forum, Glasgow Dental Initiative and Dundee Dental Initiative.
- d. The focus of the updated guide is on the specific needs and priorities expressed by those with lived experience. We have listened to what this group have told us in relation to their needs and priorities around oral health and the result should enable practitioners and support workers from different backgrounds to provide evidence based, tailored oral health interventions delivered through meaningful conversations with practical tips on oral care. The guide includes several real people's journeys to oral health recovery, told in their own words.
- e. The updated guide is more accessible and focussed. We hope this will meet the needs of a wide variety of professionals and volunteers working within the homelessness sector and support them to make every contact a health promotion opportunity aimed at improving and maintaining oral health.'
- f. **Dental Recruitment Update**
There is currently significant under-recruitment to Dental Core Training (DCT) posts in some oral and maxillofacial surgery units which may have an impact on service delivery. We are currently working with colleagues in affected boards to identify appropriate solutions.
- g. **Healthcare Science**
Since the last Chief Executive's Report, we have instituted a scheme to offer support for existing NHS Healthcare Science practitioner-level staff acquire HCPC *clinical scientist* registration via a pathway called 'equivalence'. We will be promoting this support to all groups with particular encouragement to those who are not subject to statutory regulation, such as clinical physiologists.
- h. Our *expressions of interest* is now live for the service to bid for three-year supernumerary clinical scientist training posts starting in September 2023. We expect to finalise the allocation process of around 20 core posts by late 2022.
- i. At the time of writing, we are completing our *2021-22 Healthcare Science Annual Report*. We will circulate to NES Board Members shortly.

4.2 NES Technology Service (NTS)

a. NTS Organisational Change

Associate Director recruitment is expected to commence in August 2022. In parallel to this, work has commenced on phase 2b of the organisational change which will design, plan, and deliver the structures required within each business unit in NTS to provide sustainable capacity and capability to deliver against NES and Scottish Government strategic outcomes.

b. National Digital Platform (NDP)

The NDP website <https://www.nationaldigitalplatform.scot/> was delivered as planned on 30 June 2022. NDP exhibited at the NHS Scotland Event (21/22 June) which gathered lots of interest and positive feedback around having core-reusable building blocks of technology that can be used by boards and suppliers to make it easier to deliver technology and enable sharing of data that will improve Health and Care in Scotland. Work is underway on planned Quarter 2 deliverables including:

- i. NDP Developer Portal – enabling NDP users to gain access to sandbox environments where they can explore NDP services in a secure development environment and monitor and manage NDP services they have in production.
- ii. Data Catalogue – providing an index of data items currently held on NDP, how to access and the assurance and IG agreements currently in place. This is important to build trust around NDP, being transparent over the data held, what it is used for and how we are handling the data.
- iii. Media Store – a repository for unstructured data such as files, imagery and Digital Imaging and Communications in Medicine (DICOM).
- iv. Service Model – process for how requests are managed from receipt, onboarding to an NDP service through to production support, including assurance, Information Governance, and security considerations. Again, it is important to be transparent with existing and potential users of NDP services on how their requests are handled and how they are approved and prioritised.
- v. Upcoming developments – detailing upcoming services and enhancements to existing services so major programmes can start to build NDP services into their plans

c. Education and Training

- i. National Leadership Development Programme (NLDP) – discussions with Scottish Government around work to support the NLDP programme are underway. The initial priority for NLDP is around Engagement and the need for NLDP to be accessible to those working in social work, social care, and health with learning, information, and resources relevant to the individual. This need, engagement, and personalisation, aligns with the findings and recommendations from the user research recently undertaken by Capgemini and Leon Zlotos' (Principal Lead, Pharmacy) work around the development of a NES Education and Learning Strategy.

- ii. MyTuras – the first stage of moving to a more personalised Turas experience has been released. When users login to MyTuras they can view and edit their personal details as well as accessing any applications relevant to them.
- iii. Study Leave functionality within Turas will be released on 15 August 2022, meaning payments will be made via BACS transfers.

d. Health

- i. Winter Pressures – NES Technology continues to support this work, specifically around:
 - Focusing on meeting the objectives set out in the NDP Delivery Plan
 - Supporting NHS24 with making Emergency Department and Minor Injuries Unit waiting times available to parts of NHS Scotland that need access to the information and the public to inform better decision making for accessing care.
- ii. Scottish Vaccination Improvement Programme – NTS have recently released functionality to support the capture and reporting of five out of the 12 travel vaccinations available to the public in NHS Scotland which marks another step towards realising a lifelong immunisation record for people in Scotland. Work is also underway scoping how the NDP can support the redevelopment of the Child Health system by re-using components that are already in production, by using established standards and by architecting components.
- iii. Digital Prescribing & Dispensing Programme – NTS are now fully engaged in scoping the technical delivery of this programme. This involved identifying which NDP components can be used to support the delivery as well as scoping which components of a paperless prescribing system NTS could build and operate.
- iv. ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is now fully operational in NHS Forth Valley. This was achieved through the release of the final feature within the Scottish Government commission - integration with GP Docman across the entire health board. This means that any ReSPECT forms from Acute services will be automatically sent to GPs via the Docman system. Work now moves into a national rollout, with NHS Tayside expected to be using ReSPECT by the end of 2022 and NHS Lanarkshire by the end of the financial year.

e. **Social Care**

NTS have held discussions with Christine McGregor (Directorate for Social Care & National Care Service Development, Scottish Government) around how Turas could support the healthcare framework for adults living in care homes. Areas explored include:

- Turas Care Management – how this can be developed to support recovery
- enabling care homes to see vital information on those they care for including patient summary, discharge notes from hospital and anticipatory care
- one-stop repository for meaningful education and training
- single record of education and training for all staff

4.3 Medicine

a. **2022 Medical Recruitment**

Fill rates for medical recruitment for August start dates is positive with 94% of posts being filled. Post numbers have also increased by around 100 additional posts this year due to agreed expansion of a number of specialties by Scottish Government.

- b. The delivery of virtual recruitment has once again been successful and will continue in the same format for 2023 but further evaluation of the suitability to deliver recruitment in this manner is being undertaken by the specialty recruitment team on behalf of the UK.
- c. There has been a significant increase in applications from international medical graduates which has caused pressure for the Tier 2 team to manage visa applications. This has led to a number of trainees not receiving their visa on time so delayed start dates have been agreed. There have been regular updates to Health Boards to make them aware of any delays.
- d. Recruitment for February 2023 starts is now underway.

e. **Inter Deanery Transfers**

There has been a 4 nation agreement to change the criteria required for doctors in training (DiTs) to apply for a transfer from one Deanery to another when their personal circumstances change. After discussions with the British Medical Association (BMA) at a national level DiTs can now move between any of the 4 nations on an ARCP (Annual Review of Competency Progression) Outcome of 1, 2 or 3. Previously there was only agreement across all 4 nations for trainees to move where they received an Outcome 1 indicating satisfactory progress. However in the case of an Outcome 2 (used where development is required without additional training time) or Outcome 3 (where development and additional training time are required) DiTs must at the time of application submit a letter of support from their Postgraduate Dean.

- f. An additional criteria has been added to the process so that trainees do not have to have had a change in circumstances to request a transfer. This will give

more flexibility for trainees to move between Deaneries when their personal circumstances change and aligns with the current wellbeing agenda.

- g. Due to recent immigration legislation changes, trainees on a Tier 2 visa are also now eligible to apply between Nations.
- h. **Turas Study leave App**
The new Turas study leave app, which will enable doctors in training to apply for study leave electronically, will go live on 15 August 2022 and will make the application process far more streamlined. This is just one example of how the Training Management team are working together with NTS to develop new technology to improve our processes.
- i. **National Endoscopy Training Programme**
The National Endoscopy Training Programme was established and funded within the NHS Scotland Academy from August 2021 to commission and deliver endoscopy training to a wide range of learners from different professional backgrounds. A detailed progress update is provided in the attached report (Appendix 1).
- j. **Rural and Remote Credential Update**
Practising medicine in rural and remote (R&R) areas is challenging. This can be due to:
- Large areas & distances to cover
 - Longer travel times
 - Single handed practices
 - Differences in infrastructure (connectivity)
- k. Doctors provide a wider range of clinical services and carry a high level of responsibility in relative isolation. These challenges have led to the development of a General Medical Council (**GMC**) **Credential in Rural and Remote Health**. The **aim** of the credential is to provide a supportive training framework for doctors practising unscheduled and urgent care in R&R contexts.
- l. **The purpose of the credential:**
- To provide a supportive training framework for GPs and other doctors in non-training grade positions in R&R contexts / interface;
 - Competences to recognise, stabilise and manage an acutely unwell patient for 24 hours;
 - Packaging and transfer skills;
 - Care of selected patients for longer in-patient stays.
- m. **Progress to date**
- **2020** - 4 nation stakeholder engagement
 - **2021** - Curriculum Development:

- 3 generic capabilities in practice
 - 9 clinical capabilities in practice and
 - Range of procedural skills
 - Overarching supervision & assessment structure
 - **December 2021** - Curriculum endorsed by GMC
 - **2022**
 - E-portfolio design
 - Work with GMC on delivery phase
- n. The R&R Credential developed by NES is the first of the GMC credential 'early adopters' to reach the milestone of having satisfied the requirements for its curricular content. Having achieved that, it now moves to the next stage of preparing for delivery in 2023

4.4 Nursing, Midwifery & Allied Health Professions (NMAHP)

a. NMAHP Annual Performance Review

The NMAHP directorate reviews all commissioned pre-registration nursing and midwifery programmes within Scotland on an annual basis. Since 2020 this has also included the BSc Paramedic Science programme. This function provides assurance to Scottish Government (SG) that their investment in commissioning pre-registration education programmes is meeting expectations in relation to the provision of the appropriate number of new graduates and the quality of their learning experience in university and practice across different sectors of health and care services. It is also designed to highlight good practice and outline any recommendations that could improve provision based on the review outcomes.

- b. This year's reviews are currently underway, and the performance management team have been reviewing data in relation to:
- recruitment, progression, and completion data
 - student experience through Excellence in Care (EiC) datasets
 - National Student Survey (NSS) results
 - Strategic Practice Education reports
 - review of completed action plans for the last cycle
 - the core themes identified by SG for this year's reviews.
- c. The results are comprehensively analysed and provide a national overview against which the results of each university are compared. The team then meet with key stakeholders in each university and their practice partners to discuss the data story, highlight good practice and consider any areas for improvement. The universities will then develop an action plan which will be jointly agreed between the university, their practice partners and NES.
- d. The process cumulates in a report being submitted to Scottish Government in October which summarises the outcome of the process and makes recommendations for consideration. This supports operational planning within the pre-registration and practice education team for the coming year.

e. **Child Protection and Adult Support and Protection eLearning**

In response to a commission to design public protection learning resources for the health workforce, four eLearning modules (two child protection and two adult support and protection) have been developed in collaboration with a range of colleagues across Scotland. Led by NMAHP in partnership with the Public Protection Lead in Healthcare Improvement Scotland, publication is anticipated in August/September 2022 with access through a new Turas learning site for Public Protection. The upcoming modules will be highlighted at the August NHS Scotland Board Chief Executive meeting as part of national public protection developments. The modules integrate trauma informed practice, human rights, and children's rights. Practice level 1 (informed) modules are intended for the entire health workforce, whether employed or volunteers. Practice level 2 (skilled) modules are designed for those with more direct and/or substantial contact with children, young people, parents, carers (child protection) and adults (adult support and protection).

f. **The Knowledge and Skills Framework for Health and Care Staffing**

The Health and Care Staffing (Scotland) 2019 Act is the first legislation in the UK to set out multidisciplinary requirements for safe staffing across both health and social care services. The Act sets out guiding principles and general duties for the NHS and Care services with the requirement for **all** staff working in health and care to understand the principles of this legislation, which are key building blocks of health and care staffing.

g. The Knowledge and Skills Framework for Health and Care Staffing in Scotland has been designed to reflect the guiding principles of Act, including what we should aim to do and the different ways that this should be carried out. Developed with colleagues from the Healthcare Staffing Programme within Healthcare Improvement Scotland in partnership with colleagues from the Care Inspectorate, other health boards and organisations who deliver or lead on the delivery of health and social care; the Framework and supporting education resources aim to support the development of staff knowledge and understanding for Informed, Skilled, Enhanced and Expert levels. This provision will support colleagues in health and social care to prepare for the national guidance, anticipated early 2023, to support the enactment of the legislation from 2023-24.

h. To-date, education resources are now published for the informed level, with "Skilled" level resources on track for completion mid-August prior to digitalisation and publication in Winter 2022. The Framework and published resources are available via the following Turas Learn link: [Healthcare Staffing resources](#)

i. **Trauma Programme**

The [NMAHP Development Framework for Major Trauma Care in Scotland](#) was published in June 2022. The framework is the result of collaborative working between NES and the Scottish Trauma Network (STN), working closely with NMAHP practitioners and consulting with the STN Education and Workforce group. It is aligned to the already published NES NMAHP Development Framework and featured in the [July edition of NESCurrent](#).

- j. The Framework informs development of roles, personal development planning and education for staff working across the in-hospital treatment pathway for the seriously injured in Scotland. A workshop to support its use is planned for the [STN Conference](#) on 27/28 September 2022.
- k. **AHP Transforming Roles**
Scoping work has been completed to support current and future roles of dietitians in Primary Care in Scotland. This project identified the roles that dietitians are currently undertaking in Primary Care, the roles that could be undertaken in the future, the levels of practice of these roles and the educational underpinning required to introduce, embed and sustain them in Scotland. It is proposed to progress the recommendations from the scoping work as a test of change in the three pilot boards.
- l. **AHP Career Fellowships**
The AHP Fellows from the last two years were brought together for a celebration event where they presented their work to AHP Directors and other senior AHPs across NHS Scotland. This event provided an opportunity to share local projects completed by the Fellows over the last two years and to generate connectivity in order to spread the learning and opportunities for expansion of successful initiatives across the wider AHP community.
- m. **AHP Supervision**
The AHP Practice Education team at NES developed a national working group to support implementation of supervision within the AHP professions in Scotland. Funding was secured to bring capacity into the team to design, deliver and evaluate evidence-based education to enable AHPs to participate in quality and meaningful supervision practice.
- n. The team worked closely with the board AHP Practice Education Leads (PELs) to develop infrastructure to reach as many AHPs as possible and ensure that the implementation of this workstream was effective. Following the introductory webinars for all AHP staff in Scotland which reached 2,236 participants (with an additional 1,965 viewing recordings and resource packs being downloaded 1,044 times) a further 74 co-facilitated skills sessions entitled “key skills of a supervisor and how to apply in practice’ were delivered across all boards in Scotland to 896 participants.
- o. The initial outcomes were highly positive:
- 99% would recommend this training to others
 - 98% reported the education met the intended learning outcomes
 - the confidence to undertake the role of a supervisor rose from 24.3 % pre-course to 75.8% post-course.
- p. A National survey is now being undertaken to establish the impact of this work.
- q. **Person Centred Care Programme**
NES is currently working in partnership with HIS on the Safety, Openness and Learning joint commission from the Scottish Government. We have been

listening to service users and their families' experience of critical incidents and adverse events seeking how best to engage families in order to ensure our services and staff learn from these experiences, and other near misses. Our first cohort of participants in a learning programme 'Compassionate Communication' aimed at people involved in engaging with families has been delivered and evaluated well.

4.5 Pharmacy

a. **General Pharmaceutical Council (GPhC) Accreditations for the Initial Education and Training of Pharmacists**

Due to the launch of new initial education and training standards by the General Pharmaceutical Council (GPhC), NES will now be required to undergo accreditation to be allowed to deliver the Pharmacy Foundation Training Year (FTY) for trainee pharmacists in Scotland. FTY follows a 4-year MPharm degree at a School of Pharmacy, takes place in practice, generally in a community pharmacy or hospital and is managed by NES in Scotland. In March 2022 Step 1 of the FTY accreditation process was completed and submitted by NES. Following this submission, the GPhC has now indicated that NES may move to Step 2 in the accreditation process which involves submission of a self-assessment against GPhC Education and Training Standards. NES is currently working on this submission with a deadline of 31st March 2023.

b. In June 2022, both Schools of Pharmacy in Scotland underwent GPhC reaccreditation of their undergraduate MPharm courses. As part of ACT (Pharmacy), NES provides quality management of experiential learning sites and facilitators who supervise student pharmacists on placement on behalf of the Scottish Schools of Pharmacy. Members of the NES team were therefore involved in these reaccreditations and were questioned by the accreditation panel on these processes. Both Schools of Pharmacy were successful in being reaccredited to deliver the MPharm course until the next GPhC visit in 2023.

c. **General Pharmaceutical Council (GPhC) Registration Assessment Results**

Passing the GPhC registration assessment is one of the criteria that trainee pharmacists need to meet to be eligible to apply to become a registered pharmacist. All trainee pharmacists get only three attempts to pass this assessment. NES provide support for this assessment as part of managing the Pharmacy Foundation Training Year (FTY), including support sessions, regular practice questions and a mock paper.

d. In June 2022, 175 trainee pharmacists from Scotland sat the GPhC registration assessment for the first time, with 11 sitting for a second or third time. The overall pass rate for all sittings was an impressive 88.7% - the highest pass rate of any UK country.

4.6 Psychology

- a. **Cross Directorate Activity - Psychological Aspects of Physical Health Care**
The [Physical Health workstream](#) within the Psychology Directorate at NES has a remit to help to upskill healthcare professionals working in the NHS and partnership settings to broaden their understanding and management of the psychological aspects of adjusting to, and managing a long-term condition, such as cardiac conditions, diabetes and chronic pain. Our full suite of training can be seen on our [training grid](#), and this grid includes links to freely accessible eLearning modules and resources, such as [Emotion Matters](#).
- b. Training runs throughout the year in collaboration with NHS Boards and Partnership areas. Staff types trained and planned for 2022 are widespread and include multidisciplinary staff in Renal, Bone Marrow Transplant, Rehabilitation, and Diabetes Services. Pharmacy staff started to attend our training this year, which has helped their attempts to reduce polypharmacy, by optimising pain control prescribing through improved communication skills.
- c. An important part of our work is to collaborate with other Directorates in NES to raise awareness of psychological issues and assist their training programmes where appropriate. Our work involves highlighting the importance of how psychological aspects of care can typically result in better emotional coping and improved physical health outcomes in a wide range of settings. Training collaborations with other NES Directorates have included assisting NMAHP staff on an annual basis with their teaching programme for General Practice Nurses (in collaboration with the Psychological Therapies and Interventions Adult Mental Health ([PITAMH team](#))). We presented on Health Behaviour Change at an Optometry conference in 2021 (with an aim to improve communication skills for staff working with people who have visual difficulties), and we are due to present at a RRHEAL (Remote and Rural Healthcare Education Alliance) conference in Skye in September 2022. We have been successfully collaborating with the NES Dental Directorate and staff at the Dental Hospital in NHS Greater Glasgow & Clyde, along with the [Trauma](#) colleagues to provide teaching input, for example at a recent Dentistry conference, as well as collaborating on trauma informed practice in Dentistry settings. We look forward to continuing to assist other NES Directorates over time.

4.7 Social Care

- a. Gordon Paterson, Director of Social Care has continued to engage with key stakeholders in government and across the social care sector, to affirm NES's commitment to establishing the Social Care Directorate and to develop education and learning resources to enable the social care workforce to achieve greater competence and confidence and to enhance the quality and sustainability of services.
- b. This has identified the potential to tailor and contextualise several of NES's existing resources and to promote and extend access to TURAS Learn for the social care workforce. For example, established work on Mental Health

Awareness, Communication Skills, Personal Resilience, Public Protection, Trauma, Grief and Bereavement, etc.

- c. In addition to which, Gordon is working with;
 - i. CCPS (Coalition of Care and Support Providers in Scotland) and IRISS (Institute for Research and Innovation in Social Services) to explore the potential to developing further resources on 'Ethical Commissioning'.
 - ii. the Scottish Social Prescribing Network on the training needs of Social Prescribers and Community Link Workers in Scotland
 - iii. Scottish Care on the opportunities to provide wellbeing support to Care Home Managers, to build their resilience and capacity
 - iv. CCPS's Joint Training Initiative to identify opportunities for joint work and to support access to TURAS Learn
 - v. NMAHP colleagues in supporting the Scottish Government's 'Discharge Without Delay' workstream in developing a range of resources
- d. Gordon recently chaired the selection panel for the Developing Senior Systems Leadership Programme and has secured a commitment from Panel members - as experienced, nationally recognised, credible senior leaders in their own right - to continue to engage with each other and to support the cohort and their sponsors.
- e. Further, Gordon has been asked to co-Chair the Mental Health and Wellbeing Strategy, Workforce Advisory Group to support the development of the workforce chapter in the new Mental Health Strategy by the end of this year and the production of an Action Plan in 2023 - a Programme for Government commitment in 2021/22.
- f. Gordon is currently recruiting an Associate Director and a General Manager to support him in advancing this work, in exploring other opportunities and in establishing the Social Care Directorate in NES.

4.8 Workforce

a. Hybrid Working

NES moved formally into 'Hybrid Working' on 1 March 2022 following the decision taken by the Executive Team in 2021. A survey was launched in June to gain early feedback from staff regarding their experience with results due for discussion by the Executive Team in August.

b. Staff Engagement: iMatter

The 2022 iMatter survey closed in June. The response rate was 88% (vs 92% in 2021) and the Employee Engagement Index (EEI) increased to 85 (vs 84 in 2021). The result is pleasing given the challenges of workload in several areas of NES and is cautiously indicative of hybrid working, albeit at an early stage of implementation. Teams are now action planning before the end of August.

c. **Equality, Diversity, Human Rights**

A community of interest is being established on equality, diversity and human rights to provide a mechanism for continuous learning, sharing of practice across the organisation and to identify further learning needs. In collaboration with the Equality and Human Rights Commission (EHRC) a pre-learning module for Board members was produced on equality and the public sector equality duty. This was launched by the Chief Executive of NHS Scotland at a session with Non-Executive Board members in July. The module has been promoted to all NES staff as it provides an excellent overview of our duties as a public body.

d. **NES Workforce Planning**

The NES Workforce Plan 2022-25 was submitted to Scottish Government in July 2022 and feedback is awaited before publication on the NES website aimed in October 2022.

e. **Recruitment Activity**

NES staff recruitment activity continues to run at a high level. The last two years has shown a sharp increase with 213 vacancies advertised in Quarter 1 of this year in comparison to 142 vacancies advertised in Quarter 1 in 2021. Temporary funding arrangements mean that there is a high number of fixed term contract recruits and temporary agency workers. As at 30 June 2022, the total was 23.5%.

f. The high ongoing levels of activity related to recruitment continue to create workload pressures for both HR and Finance teams in the governance of recruitment business cases, though a process review is underway involving both areas to identify opportunities for work elimination and reduction. The transition of NES recruitment activity into the East Region Recruitment Service, hosted by NHS Lothian, took place at the end of July 2022. NES is in the second phase of the transition process alongside NHS Fife and NHS Borders with NHS Lothian and the Scottish Ambulance Service having previously transitioned to the regional model. NES and the East Region Recruitment Service are working closely to ensure that service continues to be provided to a high standard during the transition. A Service Level Agreement will be in place and monitored closely, however, as with changes of this nature, some adaptation issues are to be expected.

g. **Doctors and Dentists in Training**

Lead employer arrangements have now been extended to c.150 Vocational Dental Practitioners (VDPs) following the required change to regulation. NES will be both an Employing Board and a Placement Board, meaning that it will assume employer responsibilities, and carry out the HR operational management relating to VDP employment. This brings the total number of Doctors and Dentists in Training employed to c1879.

h. As a result of changes to immigration policy, there has been a significant, UK-wide increase in the number of international Doctors in Training (DiTs) appointed to the August rotation in 2022, requiring a visa in order to be eligible to work in the UK and for whom there are additional PVG clearance criteria. The impact of managing a higher volume has been further compounded by

increased Home Office processing times for visa applications with the normal service standard of 3 weeks increased to 6 weeks together with a suspension of 'fast-track' priority services (priority being given to Ukraine refugee visa applications).

- i. The current total number of trainees requiring a Certificate of Sponsorship for the summer intake was 448 (previously the average total requiring sponsorship was 200 across the whole year). Of this number, there are currently 81 trainees with a delayed start date (35 Foundation medical trainees; 56 Core/Specialty medical trainees and 1 Vocational Dental Practitioner). Increased resource was put in place in NES to manage the increased volume of applications but the constrained time period within which pre-employment checks, PVGs and visa applications can be completed has resulted in significant pressures. Disclosure Scotland has been a helpful partner in assisting with PVG checks subject to trainees providing the correct information. However, visa applications for overseas applicants is more challenging for the reasons above. Collaboration between the Deanery, NES Workforce Directorate and Health Boards has taken place in order to assess and minimise potential impact to service, including the identification of priority applications where a delayed start would have a more significant impact on the service. As appropriate, Boards have agreed delayed start dates.
- j. In addition to doctors and dentists in training, The Trainee Services team in the Workforce Directorate has supported Pharmacy Foundation Training Year recruitment including long listing for over 400 trainees.
- k. **Once for Scotland Workforce Policies**
This national programme was paused in response to Covid conditions. However, a draft prioritised list of policies for the next phase of work has been circulated by the Scottish Workforce and Staff Governance Committee (SWAG) for comment. Important to NES, on the list as high priority, is the Flexible Work Location Policy, sometimes referred to as 'homeworking'. Discussions at a UK and Scotland level continue regarding implications of new ways of working on employment terms and conditions, travel expenses etc. Further information is awaited.
- l. **NES Learning & Development**
An update on NES-wide completion of essential learning modules will be presented to the Staff Governance Committee on 11 August 2022 detailing the position as at 30 June 2022. Integral to the NES 3-year Workforce Plan are needs related to the training and development of the NES workforce. This will be a key area of work for ODLL (Organisational Development, Leadership and Learning) and colleagues within all NES directorates. For example, a NES wide group to review support for educational design and delivery is being established. This will be a core element of our educational assurance programme and will see new resources made available to colleagues in 2022. ODLL is also co-ordinating funding of staff development via the Workforce Development Fund.

m. **Whistleblowing**

In accordance with the requirements of the National Whistleblowing Standards, NES has two new confidential contacts: Karen Wilson (Executive Director of Nursing and Deputy Chief Executive (Clinical) and Graham Paxton (Head of Programme, Workforce). Christina Bichan was appointed as Director of Planning and Performance and joined NES on 04 July 2022 and will be responsible for ensuring that NES meets its responsibilities with regard to the National Whistleblowing Standards. As of 30 June 2022, 207 line managers (72%) had completed NES line manager level whistleblowing training. Although there has been a 20% increase since the last reporting period, performance is currently behind target (95% by 30 June 2022). Further work will be led by the Associate Director, ODLL, the Non-Executive Whistleblowing Champion and the Director of Planning and Performance.

n. **National Leadership Development Programme (NLDP)**

NES is the strategic delivery partner for Scottish Government in co-designing and delivering a national leadership development programme which will ministerially be launched on 3 October 2022. Working with multiple stakeholders to scope leadership development offers with broad appeal to the Health and Care sector has been a key activity for the past six months. Work continues to shape the overall programme, its vision and evaluation framework. Recruitment to the NES delivery team was completed in May 2022 with seven new employees from across the health and social care sector joining the organisation from end of August 2022 onwards. A new programme, 'Developing Senior Systems Leaders' has been designed with Hult Ashridge with 24 senior systems leaders from across Social Care, Social Work and Health selected to participate.

- o. The programme seeks to prepare and develop the next generation of senior leaders who can provide effective individual and collective leadership in their teams, organisations, and the system. As this is the first programme we will be monitoring the impact of delivery during and after the programme to measure how it is changing leadership practice. Several other leadership programmes aimed at specific populations of leaders are in design.

p. **Digitally Enabled Workforce**

NES is the strategic delivery partner for Scottish Government in delivering the workforce aspects of the Refreshed Digital Health & Care Strategy 2020 and the National Workforce Strategy. Good progress is being made in the delivery of initiatives including a doubling of leaders across the health and care sector undertaking digital skills development with a pilot executive masterclass under development. The scale of digital training opportunities offered generally has been broadened across the workforce with good take up. User research into digital skills requirements of different types of users across the health and care workforce has provided an excellent basis on which to progress.

q. **Centre for Workforce Supply**

The national Centre for Workforce Supply (CWS) hosted by NES has been developing its strategy in discussion with Scottish Government colleagues, pursuant to publication of the Scottish Government National Workforce Strategy. Currently, CWS has continued to support Boards on the international

recruitment of nurses: sharing best practice in relation to pastoral support, developing mechanisms for reporting employment outcomes for internationally recruited staff, influencing access to OSCE centres, developing options for accommodation and sharing intelligence on experience of internal recruitment agencies. Scottish Government has established a Task and Finish Group to support a range of winter planning related activities including further international recruitment of nurses, midwives and AHPs as part of winter planning. The Cabinet Secretary also held a roundtable on international recruitment to share learning and focus attention on priorities. Further work is underway to support Boards in their international recruitment of a range of staff.

r. **Widening Access / Employability**

Positive partnership working with the Youth Academy continues on widening access for young people through youth apprenticeships, supporting the national health and social care apprenticeship pilot and support for the Young Persons' Guarantee. Two new temporary Heads of Programme have been employed to lead work within the area of widening access and employability. The Widening Access role will progress the development of a national Widening Access strategy, aligning current resources and engagement to create leverage and impact. This post will be supported by a new Principal Lead who will support the development of the Youth Academy across Scotland, with a focus on new school level qualifications and local collaboratives. A second Head of Programme will focus on Service Leavers and Veterans, building on the emerging work in this area, and with a focus on leadership.

s. During Quarter 1, NES delivered 14 NHS Scotland Careers campaigns including the National Nursing Recruitment campaign; NHS Scotland Pre-registration Trainee Pharmacy Technician Recruitment campaign; Stress Awareness Month and the Graduate Career Advantage Scotland (GCAS) Recruitment campaign.

t. **NHS Scotland Support Workforce (Business & Administration; Estates and Facilities)**

A cross-directorate team involving Workforce, NMAHP and NTS colleagues delivered the first virtual learning week for the NHS Support Workforce. Review of the Support Workforce Hub on Turas is underway to enhance engagement, guidance and support for this category of employees across NHS Scotland. This includes focus on career pathways overall, including education, Recognition of Prior Learning and career stories. User engagement will be key. Additional activity is underway to ensure that the learning needs of the Support Workforce are well understood involving members of relevant expert groups e.g. Estates and Facilities and Business & Administration.

CALENDAR

This section of the report provides an overview of the meetings I have attended since 12 May 2022. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES [Extended] Executive Team (EET)

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. Since the last Board meeting the EET has held a workshop session with colleagues from the Scottish Credit and Qualifications Framework (SCQF) to learn more about potential credit-rating opportunities for NES.

NHS National Board Chief Executives

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

NHS BCEs + Scottish Government

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

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 12 May – 10 August 2022

NES meetings

I continue to enjoy meeting with a range of NES staff. Since the last Board meeting I have held further discussions with staff regarding NES's potential to become a research learning organisation. I have also met with senior colleagues in Medicine to discuss Remote and Rural issues and held a wider discussion regarding NES's future strategic direction. I have started to attend NES directorate team/all-staff to update staff on NES's future plans and the development of our new strategy. I also sat on the interview panel for a new Associate Director (HR) in the Workforce directorate.

NHS Scotland

I have met with a wide range of colleagues across NHS Scotland since the last Board meeting including Chief Executives and other senior colleagues at NHS Golden Jubilee, NHS Tayside, NHS Lanarkshire, Scottish Ambulance Service and Public Health Scotland. I also attended the NHS Scotland Event on 21 June 2022 in Aberdeen in person and very much enjoyed the opportunity to catch up with colleagues across the public sector.

External Stakeholders

I continue to meet with a wide range of key stakeholders across the health and social care sector. I also continue to engage with a number of external consultancy organisations to discuss potential performance improvement opportunities within NES. Since the last Board meeting I have met with Chief Executives and senior representatives from the Mental Welfare Commission, Social Work Scotland, Digital Health & Care Innovation Centre (DHI), Convention of Scottish Local Authorities (COSLA), University of the Highlands and Islands (UHI), the Northern Ontario School of Medicine, Open University, University of Glasgow, Care Inspectorate, Health Education England (HEE), Scottish Funding Council, General Medical Council, Nursing & Midwifery Council, Scottish Care, British Medical Association, Insights learning and development group and the Rubica organisational change consultancy.

Scottish Government

I have met with a number of SG colleagues since the last Board meeting including Caroline Lamb (Director-General Health and Social Care / Chief Executive, NHS Scotland), Prof Jason Leitch (National Clinical Director), Prof Alex McMahon (Chief Nursing Officer) and Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing).

In terms of wider SG meetings, I and members of the Executive Team have met with various SG colleagues to discuss a wide range of current and emerging work areas including how NES can further support the health and social care workforce, the draft Business Plan for the National Centre of Excellence for Remote and Rural Health and Social Care, the CEO Leadership Development Group, the Youth Academy and the National Leadership Development Programme (NLDP).

I have also attended meetings involving SG and other key stakeholders to discuss the education and training of those working in Community Mental Health, the Scottish Leaders Forum (SLF), the National Care Service and the Place and Wellbeing Steering Group.



National Endoscopy Training Programme

Report for NHS Education for Scotland Board

The National Endoscopy Training Programme was established and funded within the NHS Scotland Academy from August 2021 to commission and deliver endoscopy training to a wide range of learners from different professional backgrounds.

The NETP Board, comprising representatives from NES (including CSMEN) and GJNUH was established in September 2021 and has held eight meetings. This summary reports on progress made in the past 12 months.

The challenges face by the NETP Board on its inception and the progress made in the first 11 months are outlined below:

	Challenge	Progress to 31st July 2022
1.	To upskill endoscopy trainers to deliver Training the Trainer courses for both lower and upper GI endoscopy.	An external team of internationally renowned endoscopy trainers was commissioned by the NETP Board to upskill current trainers in various aspects of diagnostic and therapeutic colonoscopy. When the final session is run in September 2022, 30 trainers will have been upskilled and will be able to deliver high quality colonoscopy training. Plans to develop and run a similar upskilling course for upper GI endoscopy are now well advanced. The NETP is now being approached to run upskilling sessions for current colonoscopists in different Territorial Health Boards. The first of these sessions to be delivered by the NETP will be in NHS Grampian in October 2022.
2.	To recruit a National Faculty of upskilled trainers to deliver these courses.	Our first cohort of 19 endoscopy trainers for the (eight gastroenterologists, six surgeons and three nurses from nine Territorial Health Boards) have been recruited. They will be employed by NES through a service level agreement with their employing THB 0.5 - 1PA (2-4 hours) per week (84 -168 hours of training for the NETP on an annualised basis. Further recruitment rounds are planned for later this year.
3.	To support the remobilisation of basic endoscopy courses in the two JAG accredited sites in Scotland (Tayside & GGC).	Basic Endoscopy Courses have restarted after the pandemic and are being delivered in NHS Tayside and NHS GGC. NETP Faculty are assisting with the delivery of these courses. Trainees in urgent need of attending a basic course are being prioritised.
4.	To deliver immersion training to help trainees achieve the 200 procedures required for JAG (the UK body which oversees quality endoscopy training) accreditation.	Four ST7-8 trainees from across Scotland have already undertaken intensive immersion training in colonoscopy at the GJNUH under the auspices of the NETP. These trainees were identified by the Training Programme Directors as being at risk of not completing training due to a lack of procedure numbers. 19 further trainees (including three consultants who require upskilling after a period of leave) from all professional groups are being booked in for immersion training between now and the end of March 2023.
5.	To support the assessment process for other endoscopy sites in Scotland to achieve JAG accreditation.	Work to increase the number of sites in Scotland accredited by JAG to deliver training is progressing well. The GJNUH is awaiting final sign off. NHS Lothian has completed the upload of their accreditation paperwork and have been visited by JAG. NHS Highland is in the process of uploading the necessary paperwork. The NETP team has been instrumental in supporting this process in all locations.
6.	To design and deliver training for Assistant Practitioners in Endoscopy (Healthcare support workers at band 4).	This new programme has been funded, designed, staffed, and approved and will start training the first cohort of 12 applicants in August 2022.

Appendix 1

7.	To work with colleagues to develop a structured approach to training on the high-fidelity endoscopy simulators provided by NES to six Scottish sites.	A meeting of Scottish NHS simulation centre leads involved in the use of the endoscopy simulators was held in January 2022. A structured approach to simulator use has been developed to ensure that all trainees get the maximum benefit from the simulators, and to share good practice. Educational videos to accompany the programme are being edited by the NES team. The structured programme will be launched in August 2022.
8.	To work with colleagues to develop a Scotland-wide approach to the delivery of non-technical skills for endoscopy trainees using the Endoscopy Non-technical Skills (ENTS) framework developed by JAG.	Several meetings have resulted in a plan to deliver the learning objectives of the JAG Endoscopic Non-technical Skills (ENTS) course in Scotland. A joint Faculty Development Course is being run at the National Simulation Centre at Forth Valley Royal Hospital on 15 th -16 th August 2022. 16 potential endoscopy faculty have been recruited to attend this course including trainers from two THBs not yet engaged in the National Faculty. On the second day of the course Simulation Leads from six THBs will join the group to finalise delivery methods.
9.	To explore opportunities to develop training capacity for other endoscopic procedures e.g., bronchoscopy.	A detailed business case for the establishment of structured training in bronchoscopy and endobronchial ultrasound (which is critical for staging lung cancer) was submitted to the NHSSA Executive Programme Group in August 2022.
10.	To expand the non-medical endoscopy workforce.	An initial proposal to include other allied healthcare professionals in the ranks of the non-medical endoscopy workforce is now being progressed by the NMAHP team at NES.

The NES Board is requested to note the progress of the NETP in its first 11 months.

Graham Haddock OBE
 Chair,
 National Endoscopy Training Programme Board
 NHS Scotland Academy

Board Paper

1. Title of Paper

NES Stakeholder Survey Results

2. Author(s) of Paper

John MacEachen, Head of Corporate Communications
Nicholas Hay, Public Affairs Manager

3. Situation/Purpose of paper

To provide Board members with more detailed analysis of the NES stakeholder survey, building on the previous Board presentation given at the May Public Board meeting. This will enable Board members to be better informed on stakeholder perceptions to shape the future organisational strategic direction.

4. Background

The attached document (Appendixes 1 & 2) is part of a wider range of work to inform and establish NES's future direction, including the development of a new NES Strategic Plan.

5. Assessment/Key Issues

5.1 Engagement was excellent. We received 643 responses to the online questionnaire and 24 in-depth telephone interviews. For our previous survey, we received 99 responses to the online questionnaire and 8 in-depth interview.

5.2 Overall perceptions of NES were excellent, with both awareness levels and satisfaction improving from what was a high baseline two years ago.

5.3 Within this overall picture:

1. The principal demand is for more volume of what we are currently doing.
2. There is a call for more engagement with social care and materials designed specifically for them.
3. The principal caution is around overreach and dilution of our offer.

5.4 The paper makes a number of more detailed recommendations.

6. Recommendations

The Board is invited to review, discuss and agree the recommendations set out in Appendix 1 of the attached document.

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

John MacEachen
NES
August 2022

Appendix 1:

NHS EDUCATION FOR SCOTLAND RESEARCH: ONLINE SURVEY 2022: Detailed findings

Background

We carried out a survey between 28 February and 7 April 2022, to understand and where possible compare and contrast to our previous stakeholder survey conducted in February 2020:

- How awareness and views of NES changed in the preceding 24 months amongst previously surveyed high-level stakeholders.
- Satisfaction levels amongst stakeholders we work with
- Awareness and views of NES amongst a lesser explored non-NHS group
- How both these groups see NES in terms of its ambition
- Whether there were education and training gaps that we could fill.

Respondents were grouped in five categories:

1. NHS Scotland Territorial Health Boards – 150 responses
2. NHS Scotland National Board – 117 responses
3. HSCP/Social Care/Children's Services – 81 responses (including private sector care homes)
4. Public Sector Organisations – 56 responses
5. Academia/Third Sector/Others category – 68 responses

Key findings:

- Engagement was excellent. We received 643 responses to the online questionnaire and 24 in-depth telephone interviews. For our previous survey, we received 99 responses to the online questionnaire and 8 in-depth interviews
- Overall perceptions of NES were excellent, with both awareness levels and satisfaction improving from what was a high baseline two years ago.
- Within this overall picture, the principal demand is for more volume of what we are currently doing. There is a call for more engagement with social care and materials designed specifically for them. The principal caution is around overreach and dilution of our offer.

Conclusions and recommendations

	Finding	Recommendations
Awareness	<p>Awareness of NES was reasonably high for Territorial and National Health boards.</p> <p>Non-NHS awareness was slightly less than NHS. Those in HSCP/Social Care/Children's services are least likely to know about NES.</p>	<p>Make the mandate of NES clearer and undertake more national networking.</p> <p>Increase frequency of communications to non-NHS organisations.</p> <p>Develop a new Comms and Engagement Strategy</p> <p>Maintain promotion of services among NHS groups while increasing and raising the profile of NES and its services to non-NHS organisations.</p>
Remit and activity	<p>NHS organisations believed the role and remit of NES was education, followed by training and workforce development.</p> <p>Similarly non-NHS organisations felt that NES were most involved in education, workforce development and training.</p> <p>A majority of non-NHS respondents felt NES' remit had changed over the past two years. They felt that NES was more active.</p>	<p>Develop an education strategy, to increase stakeholders' understanding of our services.</p> <p>Be clear about priorities and deliverables in our new Strategic Plan</p>
Levels of satisfaction	<p>Stakeholders feel that NES is supportive and satisfaction with the work NES do is high.</p> <p>HSCP and care services were less likely to recommend NES to colleagues or associates.</p> <p>Stakeholders are impressed by the quality of programmes of work; speed of delivery and degree of collaboration.</p>	<p>Align services more to the needs of not just health but also social care stakeholders.</p> <p>Engage with social care sector.</p> <p>Make our learning and technology resources accessible to all of the health and social care workforce</p>
What services do organisations want?	<p>NHS respondents would like NES to be doing more education/training resources supporting CPD and organisational or leadership development.</p> <p>Non-NHS organisations were most interested in workforce planning, digital technology and retention.</p>	<p>Scope out what we currently offer, and what stakeholders need. Where do we need to expand our current offerings, or go into more depth?</p> <p>Create clear prospectus/visibility for NES programmes and resources.</p>

	<p>Our most recognised/ used service, by all groups, is Turas.</p> <p>Domestic and international recruitment were least in demand.</p>	<p>Focus more on social care.</p> <p>Increase work with those supporting people with complex needs.</p> <p>Provide more gender and diversity training.</p> <p>Consider resources allocated to recruitment.</p>
Common needs	<p>Both NHS and non-NHS have broadly similar needs by subject matter, but operate/deploy through different models. Different requirements for presentation/programme design, e.g. care-home related material.</p>	<p>Tailor materials to suit non-NHS audiences – engage, scope, understand needs. E.g. make materials less academic in nature, as required.</p>
Differences between local and national	<p>Organisations that identified as ‘local’ had the highest gap in requirements for digital technology and workforce planning</p>	<p>Offer more support to scope localised/regional needs</p>
Delivery	<p>There are few gaps in content but notable gaps in volume of training support – respondents value and want more.</p> <p>Stakeholders recognise that meeting all needs will take time.</p> <p>24/7 learning accommodates those in shift-based clinical roles.</p>	<p>Make sure NES has the resources and strategic alignment to deliver offered services. <i>“Don’t spread yourself too thinly.”</i></p> <p>Build collaborative partnerships to better meet need.</p> <p>Enhance the Turas offering to meet cross- sectoral needs.</p>

Next Steps

We will share this survey with Directorates so that they can reflect it in their planning processes.

The [survey results](#) will also be used to inform the work on the NES corporate strategy, and the work that derives from that, such as the Corporate Communications Strategy

John MacEachen
Head of Communications
July 2022

Appendix 1: Interview comments from NHS Bodies (groups 1 & 2):

General perception:

In-depth interviews by the researchers highlighted views of NES by NHS Scotland Territorial Health Boards and NHS Scotland National Boards that were overwhelmingly positive. Many referred to the value of NES to the NHS in Scotland several times during their interview. The primary positive views expressed here focused on *the supportiveness of NES* (both at an organisational level and in terms of NES staff).

Thereafter, secondary mention was made to positive views about NES as a learning and support provider, namely:

- NES being responsive and agile in terms of responding to changing needs and circumstances (with specific reference being made here to COVID-19 and to NES embracing digital services)
- The high level of knowledge and expertise of NES and of NES staff individually (particularly in terms of clinical/medical issues)
- NES's high standards (when "*doing an incredibly difficult job*")
- The extent to which NES is proactive in its engagement with partners

The researcher's interviews identified that NES is responsive, supportive and collaborative.

Although negative views about NES were far more limited, the primary negative view of the organisation focused on *occasional relationship issues* ("*making sure that the correct people are having the correct conversations*").

Thereafter, more specific negative views were noted in terms of NES:

- At times not being sufficiently aligned to the needs of some partners
- "*Serving too many masters at the same time*"
- Lacking sufficient focus on pathways to learning
- Failing to deliver specialisms/profession-specific support and training, and
- Delivery timelines in terms of partnership activities being challenging and unclear at times.

A key learning point for NES is to ensure it has the resources and strategic alignment to deliver what is being offered to stakeholders.

Education and training needs

- There are "*few gaps in terms of content but notable gaps in terms of volume*"

Best Ways for NES to Deliver Support to Respondents' Organisations

Primary responses included:

- Supporting partners in an increasingly collaborative way
- Ensuring there are frequent communications between high-level staff
- Providing partners with specific points of contact for specific areas/ functions within NES
- Increasing the amount of digital delivery available
- Ensuring new and emerging support opportunities are made known to partners, and
- Ensuring NES has a high degree of visibility with partners at all levels across all functions.

For NES to progress in future, suggestions were made around:

- More training and learning in the Social Care Sector
- Improved networking to facilitate the better sharing of information, and
- Making the mandate of NES clearer.

It is clear NES can boost delivery by working more collaboratively, communicating better and highlighting what it is offering to senior staff.

Key learning points

- Results indicate that NES products and services are reasonably well known to NHS stakeholders.
- We see that NHS organisations believe education, training and workforce development are the key focus of NES.
- The views expressed stakeholders' belief that NES is responsive, supportive and collaborative.
- NES must ensure it has the resources and strategic alignment to deliver what is being offered to stakeholders.
- Of those whose views about NES had shifted in the last 24 months, their views had become more positive.
- Views becoming more positive as a result of the introduction of more, and more effective, online platforms.
- Respondents stated they found difficulty saying how NES could improve as they had high levels of satisfaction with the organisation.
- Addressing education and training needs gaps will take a considerable amount of time (particularly in terms of clinical specialisms)
- There are *“few gaps in terms of content but notable gaps in terms of volume”*
- Danger of NES “spreading itself too thinly”, leading to a belief this could be to an even greater extent if NES seeks to address too many gaps.
- NES can boost delivery by working more collaboratively, communicating better and highlighting what it is offering to senior staff.
- People report that NES do not do enough in social care.

Recommendations

NES should:

- Continue to deliver the services and programmes currently available.
- Ensure that NES can respond to the volume of requests for the available services.
- Enhance and make more responsive the online platforms.
- Do not take on additional services until existing services are well established and operating effectively.
- Build expertise in social care and deliver support.
- Network and communicate the role and remit of NES more effectively.

Appendix 2: Interview comments from non-NHS stakeholders (groups 3 to 5)

General perception:

The qualitative interviews indicated that Public Sector Organisations generally believed they had a well-developed knowledge of what NES does. In particular, at a strategic level, this group believed that NES:

- Is responsible for delivering the Scottish Government agenda around health and social care
- Is effectively the clinical governance arm of NHS Scotland leading the way in terms of best practice, and;
- Sets the benchmarks for knowledge and skills, professions and disciplines across the Health and Social Care Sector.

Generally speaking, the researchers thought it was worth highlighting that there was a belief amongst several of those non-NHS stakeholders interviewed that NES has a lack of focus on social care (and, in particular, focuses on clinical training and support), and that knowledge of NES and its functions are promoted by attending events (recently on a virtual basis) and participation in network and project groups. Ultimately, Public sector organisations stated that they understand what NES does but would like more focus on social care.

When Public Sector organisation respondents were asked how they would like to see NES progress in the future, their primary responses focused around:

- Developing a better understanding of the needs of the Social Care Sector and, thereafter, increasing provision of education, training, support and guidance to this sector
- Ensuring it keeps up to date with emerging issues and develops appropriate responses in terms of education, training, support and guidance
- Working more closely with allied professionals who encounter individuals with health or social care needs (such as housing officers, social workers and drug/alcohol partnerships), and
- Avoiding *training in silos* (with a desire for greater integration of activities between and within sectors).

Key learning points

For Public sector Organisations the key learning identified was:

- HSCP/Social Care/Children's Services are least likely to recommend NES.
- There is not enough focus on the Social Care sector and particular elements of this sector
- Stakeholders are not fully aware of what NES can deliver
- PSOs would like to see NES supporting CPD, education/training resources and organisation or leadership development.
- There is limited support for those working with people with long term complex needs
- E-learning modules (accessed at times that suit learners) are popular
- Increase provision of non-clinical remote training, and
- Need to understand the needs of the Social Care Sector.

Recommendations

There are key recommendations to improving the effectiveness and efficiency of NES' delivery. These include:

- Improve engagement with HSCP/Social Care/Children's Services

- Focus more on social care sector
- Increase the visibility of NES and put in place more regular communications
- Increase work with those working with people with complex needs
- Provide more gender and diversity training
- Provide eLearning modules
- Work more closely with allied professionals, and
- Avoid training in silos

Board Paper

1. Title of Paper

Caldicott Guardian Annual Report 2021-22

2. Author(s) of Paper

David H Felix, Caldicott Guardian, Postgraduate Dental Dean and Director of Dentistry.

3. Situation/Purpose of paper

To provide the Board with assurance that NES is compliant with the Caldicott Principles.

4. Background

- 4.1 The Caldicott Guardian has responsibility for reflecting patients' interests in the use of their data, ensuring that their information is shared appropriately and securely, and to advise on options for the lawful and ethical processing of patient identifiable data.
- 4.2 The annual Caldicott Guardian Report was previously approved by the NES Board. However at a meeting on 17 August 2021, the Chair of the NES Technology Executive Group (TEG), Board Secretary and the Chair of the Digital and Information Committee all agreed that the annual Caldicott Guardian report would now be submitted to the Digital and Information Committee for approval and thereafter to the Audit and Risk Committee for noting. Following endorsement by the Digital and Information Committee the report would be submitted for final approval at a public Board meeting.
- 4.3 The report was considered at a meeting of the Digital and Information Committee on 6 June 2022 and the Committee were satisfied that NES is compliant with the Caldicott Principles. The Committee endorsed the annual report for onward consideration and final approval by Public Board on 18 August 2022.

5. Assessment/Key Issues

5.1 2021-22 saw a continued shift in NES's role and responsibilities regarding the processing of patient identifiable data. This Caldicott Guardian report provides:

- an outline of all new patient identifiable data processing undertaken within NES in 2021-22
- an overview of incidents and information breaches that involve patient identifiable data
- a review of activity across NES Directorates with regards to the management and processing of patient identifiable data.

6. Recommendations

The Board is invited to approve the 2021-22 annual Caldicott Guardian report.

Author to complete

a) Have Educational implications been considered?

Yes

No

b) Is there a budget allocated for this work?

Yes

No

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

1. A high-quality learning and employment environment

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

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

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

5. A high performing organisation (NES)

d) Have key risks and mitigation measures been identified?

Yes

No

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

Yes

No

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

Yes

No

David Felix
August 2022
NES

Caldicott Guardian 2021-2022 Annual Report

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Introduction:

1. *“The Caldicott Guardian plays a key operational role in ensuring that NHSScotland and partner organisations satisfy the highest practical standards for handling patient identifiable information.”¹*
2. The Caldicott Guardian acts as the ‘conscience’ of the organisation and has responsibility for reflecting patients’ interests in the use of their data, ensuring that their information is shared appropriately and securely, and to advise on options for the lawful and ethical processing of patient identifiable data.
3. 2021-2022 saw a continued shift in NES’s role and responsibilities regarding the processing of patient identifiable data. This Caldicott Guardian report will provide:
 - an outline of all new patient identifiable data processing undertaken within NES in 2021-2022;
 - overview of incidents and information breaches that involve patient identifiable data;
 - review of activity across NES Directorates with regards to the management and processing of patient identifiable data.

¹ [NHSScotland Caldicott Guardian’s Principles into Practice](#)

New patient identifiable data processing – 2021-2022:

4. For all new processing of patient identifiable data, Directorates are required to complete the appropriate Information Governance documentation before the system goes live. Two core assessments must be completed, a Data Protection Impact Assessment (DPIA) and a System Security Policy (SSP).
5. The DPIA aims to identify and minimise any data protection risks associated with a project, and will:
 - describe the nature, scope, context and purpose of the processing;
 - assess necessity, proportionality and compliance measures;
 - identify and assess risks to individuals; and
 - identify any additional measures required to mitigate those risks.
6. The SSP is designed to address technological risks, and to demonstrate that the appropriate technological security controls and measures are in place to ensure the safe and secure processing of patient-identifiable data.
7. The appropriate Information Governance impact assessments have been completed for the following programmes of work detailed in this report.
8. NES is identified as either a 'Data Controller' or a 'Data Processor' for each of the systems within this report.

GDPR Article 4(7) defines an 'Data Controller' as "...the natural or legal person, public authority, agency or other body which, along or jointly with others, determines the purposes and means of the processing of personal data..."²

A 'Data Processor' is defined as "...a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller."³

Product/Application:	Directorate Responsible:
Turas Clinical Assessment Tool for Care Homes (TCATCH)	Technology Service
Turas – Severe Acute Respiratory Infection (SARI)	Technology Service
Weight Management Tool	Technology Service

Turas Clinical Assessment Tool for Care Homes (TCATCH)

Description:

9. The purpose of TCATCH is to provide a consistent and structured symptom checking and assessment tool, which provides guidance on symptoms and informs local

² GDPR Article 4(7)

³ GDPR Article 4(8)

operational decision-making, aiding communication in situations where external clinical support is required.

10. While care homes currently use a range of approaches based on paper and some digital tools to support and facilitate assessment of residents and escalation to external clinical support, this tool provides a reliable and consistent data set, collection method and service model.
11. TCATCH provides:
 - a. Safe, consistent and timely assessment and decision-making about care of suspected or confirmed COVID-19 cases in care homes.
 - b. Early detection of deterioration, and appropriate management, monitoring, and escalation of suspected or confirmed COVID cases.
 - c. Consistent, timely provision to GPs (and in NHS GGC, participating Advanced Nurse Practitioners (ANP)) of the full range of relevant information they require to give advice and make recommendations about escalated, suspected or diagnosed COVID-19 cases.

NES role:

12. NES are Data Processors and system owners.
13. The Data Controllers for the system dataset are the care homes involved in the pilot [(Cartvale Care Home (CS2004086243), Greenhills Care Home (CS2003010577), Biggar Health Centre (L62312), Merrylee GP Practice (G49248)] the NHSS Boards (NHS GGC and NHS Lanarkshire) on behalf of the GPs in a joint capacity where the system is being used.

Compliance:

Key Documentation:	Details:
Data Protection Impact Assessment	Rapid Assessment Completed – full DPIA in train
Data Processing Agreement	Complete
Data/Information Sharing Agreement	Not Applicable
System Security Policy	Complete
System Security Penetration Test	Complete
Clinical Safety Assessment	Not Applicable

Turas – Severe Acute Respiratory Infection (SARI)

Description:

14. As an extension of the Scotland response to the global coronavirus pandemic, this SBAR-style assessment tool was developed for use as a pilot in the Queen Elizabeth University Hospital (QEUP), Glasgow in a number of specialist areas e.g. Emergency Department (ED), Specialist Assessment and Treat Area (SATA), Acute Receiving Unit (ARU), to improve the assessment and treatment of patients who present with respiratory issues that are not Covid-19 related.

15. The Turas SARI application will act as a data collection tool in the clinical areas for a six month research project being undertaken between October 2021 – March 2022; the research team are staff members of NHS Greater Glasgow & Clyde, the University of Glasgow and Public Health Scotland (PHS).
16. The research teams will be reviewing the data on an ongoing basis and a final data extract will be passed (to Safe Haven) to the research team for final analysis and write up.

NES role:

17. NES developed the application in collaboration with NHS GGC and PHS.
18. NES are data processors and clinical governance rests with NHS GGC.

Compliance:

Key Documentation:	Details:
Data Protection Impact Assessment	Complete
Data Processing Agreement	Complete
Data/Information Sharing Agreement	Complete
System Security Policy	Complete
System Security Penetration Test	Complete – May 2022
Clinical Safety Assessment	No clinical safety assessment necessary as data captured for research rather than operational reasons.

Weight Management Tool

Description:

19. The application provides a solution for the collection, collation and reporting of the Core Dataset for Tier 2 and Tier 3 Weight Management Services for Children/Young People and Adults for weight management services across all 14 Health Boards.
20. The data collection is for statistical and public health reporting. It is not intended that the data are used for clinical purposes.

NES role:

21. NES act as data processors on behalf of the Boards. NES do not have a relationship with the third parties.
22. The Boards contract third parties to provide related services where the data to be collected is captured. The Boards are responsible for ensuring that contracts and appropriate information governance is in place with these third parties.
23. PHS are separate data controllers for producing statistics and public health reporting.

Compliance:

Key Documentation:	Details:
Data Protection Impact Assessment	Complete
Data Processing Agreement	Complete
Data/Information Sharing Agreement	Complete
System Security Policy	Complete

System Security Penetration Test	Complete
Clinical Safety Assessment	Not Applicable

Incidents involving patient identifiable data:

24. A Personal Data Breach is defined as:

“...a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed”⁴

Personal data breaches can include:

- access by an unauthorised third party;
- deliberate or accidental action (or inaction) by a data controller or data processor;
- sending personal data to an incorrect recipient;
- computing devices containing personal data being lost or stolen;
- alteration of personal data without permission; and
- loss of availability of personal data.

25. NES had 40 personal data breaches recorded in 2021/22. Compared to 2020/21, this is a 38% increase. Although this is a significant increase, a possible explanation is the increased awareness and understanding across NES on how to recognise a personal data breach, and the importance of reporting. The increased reporting has allowed increased learning with targeted communications distributed to all staff. Of those 40 personal data breaches six involved patient identifiable data. Non-patient breaches are reported to the Information Security Forum and Audit and Risk Committee on an annual basis.

26. A decision on whether or not to report to the Information Commissioner’s Office (ICO) is determined by consideration of whether there is a personal data breach is likely to impact on the rights and freedoms of individuals and is guided by advice from the ICO website. Only those data breaches which are regarded as having a high risk are reported. No data breaches reached the threshold for reporting to the ICO,

⁴<https://ico.org.uk>

Personal Data Breaches – 2021-2022				
Ref No:	Date of Breach	Description	Reported to ICO	Notes
2022-Q1-005	22/02/2022	Staff member has reported a recurring issue whereby they are given improper access to mailboxes and calendars within 6 other Health Boards	No	There may potentially be patient data contained with the mailboxes.
DPI2021-29	13/12/2021	A SARI report containing personal data belonging to 97 data subjects was published on TurasData. This is a restricted access page so risk to individuals was minimal	No	Did not meet the threshold for reporting
DPI2021-024	02/11/2021	Misdirected email – member of staff was copied into an email trail from NHS Tayside that contained information and treatment discussion relating to two patients.	No	Reported NHS Tayside Information Governance
DPI2021-11	26/08/2021	NCDS Engineer loaded SWISS held address instead of the CHI matched address into NCDS. Both set of addresses were provided on the source file. The SWISS addresses will be out of date to what is held on CHI. Once loaded into NCDS, the data is reported to Health Boards and PHS via SEER.	No	Did not meet threshold for reporting. No clinical risk to patients. All boards were notified, and issue rectified.
DPI021-012	26/08/2021	OpenEyes audit data was sent to wrong Health Board. Data contained patient CHI numbers and postcodes.	No	Did not meet threshold for reporting.
DPI2021-010	18/08/2021	National Contact Centre contacted NES to advise two individuals had received Covid test results intended for other recipients via email and SMS.	No	Incident was investigated with NDS colleagues in case this related to the Protect Scotland App. Confirmation that this was not the case as Protect Scotland does not message out PII.

				Breach did not involve NES staff or systems and therefore was passed to NSS for further investigation on 20/08/2021.
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Directorate Updates:

Function/Activity:	NES use of, exposure to, patient data	Controls	Planned Actions 2022/2023
All Disciplines:			
ePortfolios and Significant Event Analyses	Risk of inadvertent inclusion of PII within ePortfolio content, placement logs, case studies or similar.	Trainees and practitioners made aware of the requirement to exclude PII in ePortfolio content, placement logs, case studies or similar products for reflective practice. Trainers/Mentors raise incidents of inappropriate PII use with trainee.	Continue to explore opportunities to reduce exposure to PII.
Sessional and seconded clinical staff in NES	There is no additional access to PII by sessional staff (access to shared files is restricted).	Management and use of patient data are governed by the Caldicott and Information Governance controls of relevant Health Board. Clinicians are subject to professional ethical codes including relevant patient confidentiality	
Trainees in Clinical Environments	Trainees in clinical environments employed by NES.	It is clear that governance of the PII data in those environments is a matter for the organisation responsible for the clinical care.	
Technology Services			
Turas – FNP Scotland	Two members of NES Digital staff are the national system administrators for Turas FNP. This role allows them to	1) There is a full audit database which records every instance of a record	The Deputy Director for NES Digital will conduct 6-monthly reviews of who has access to the

	<p>view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. One member of staff also produces analytical reports in response to ad hoc information requests from NHS Boards delivering the programme. A very limited number (2) NES Digital staff developing the application or providing technical responses to the most complex helpdesk requests have access to the live database.</p>	<p>being created, edited, deleted and <i>viewed</i> by every system user. This database can be queried on demand.</p> <ol style="list-style-type: none"> 2) The system administrator role can only view patient records 3) All helpdesk tickets requiring technical staff to view or even make changes to patient records are logged as items on Microsoft Azure Devops – NES Digital’s work tracking system. <p>All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training.</p>	<p>live database hosted by NES and interrogate the audit log for appropriate access by NES staff. Development activity in FY21/22 will include incremental improvements to the system based on customer feedback and requests from Scottish Government.</p>
Turas – FNP England	<p>Two members of NES Digital staff are the national system administrators for Turas FNP. This role allows them to view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. A very limited number (2) NES Digital staff developing the application or providing technical responses to the most complex helpdesk requests will have access to the live database. This will be on a just-in-time basis in</p>	<ol style="list-style-type: none"> 1) There is a full audit database which records every instance of a record being created, edited, deleted and <i>viewed</i> by every system user. This database can be queried on demand. 2) The system administrator role can only view patient records 3) All helpdesk tickets requiring technical staff to view or even make changes 	<p>The Deputy Director for NES Digital in their role as System Owner will conduct 6-monthly reviews of who has access to the live database hosted by NES and interrogate the audit log for appropriate access by NES staff. Development activity in FY21/22 will include incremental improvements to the system based on customer feedback and requests as part of our contractual agreement.</p>

	response to a logged request from the FNP England Programme.	<p>to patient records are logged as items on Microsoft Azure DevOps – NES Digital’s work tracking system.</p> <p>All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training.</p>	
Turas Clinical Assessment Tool	The Turas Clinical Assessment Tool is used across paramedic, emergency department, specialist assessment and treatment area, clinical assessment centre contexts to improve situational awareness, decision making, safety and handover.	<ol style="list-style-type: none"> 1) There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand. 2) The system administrator role can only view patient records. 3) All helpdesk tickets requiring technical staff to view or even make changes to patient records are logged as items on Microsoft Azure DevOps – NES Digital’s work tracking system. 4) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training. 	There is potential for the Product to be rolled out beyond Forth Valley and GGC in 2022/23. Should this happen there will be a review of NES exposure to patient data and necessary mitigations implemented.

<p>Turas Vaccination Management Tool</p>	<p>The Turas Vaccination Management Tool (VMT) is a point of care, digital vaccination management and data recording tool. It establishes a standardised, national approach to the recording of vaccination data in real time with a national agreed dataset, with completed records stored in the National Clinical Data Store (NCDS), that supports local and national reporting, analysis and research to inform responsive, clinical/public health intervention strategy.</p>	<ol style="list-style-type: none"> 1) There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand. 2) All helpdesk tickets requiring technical staff to view or even make changes to patient records are logged as items on Microsoft Azure DevOps – NES Digital’s work tracking system. 3) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training. 	<p>The Turas Vaccination Management Tool will introduce Multi-factor authentication for user access to the system. This will give NES and Health Boards an extra layer of security against misuse of patient data.</p>
<p>National Clinical Data Store – Vaccinations</p>	<p>The NCDS is a database that holds information about vaccinations given to citizens. Currently, this only relates to Covid-19, Flu, Pneumococcal, Shingles and Pertussis. Further vaccines will be added in 2022/23.</p>	<ol style="list-style-type: none"> 1) There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This data can be queried on demand. 2) All helpdesk tickets requiring technical staff to view or even make changes to patient records are logged as items on 	<p>The workload of the NCDS may be migrated to an OpenEHR Clinical Data repository in 2022/23. This migration will need to be carefully managed and the existing database decommissioned following the correct processes. NES Assurance teams will be involved throughout this work.</p> <p>New vaccinations will continue to be added to NCDS, thus widening</p>

		<p>Microsoft Azure DevOps – NES Digital’s work tracking system.</p> <p>3) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training.</p> <p>4) Any changes made directly to the database due to quality issues from source systems are logged in confluence with a date, time and reason.</p>	<p>the scope of the patient data held. NES assurance are involved to ensure this is properly managed and data is processed in a safe and secure manner.</p>
Shielding for vulnerable citizens	<p>The Shielding SMS Service facilitated support to Scotland’s most vulnerable citizens during the pandemic (Shielded Group circa 150k). The system has now been hibernated.</p>	<p>1) Demographics and contract details are no longer processed by NES following decommissioning of the SG shielding service.</p>	<p>In 2022/23, depending on operational priorities, NES may wish to repurpose the shielding service for other applications to send messages via email or SMS. NES Assurance would be involved to ensure the process is safe and secure and patient data is share appropriately.</p>
Eyecare	<p>The Scottish Government’s National Ophthalmology Workstream (NOW) recognised the need for an ophthalmology Electronic Patient Record (oEPR) to reform eyecare services and to replace largely paper-based records. The electronic capture of clinical, audit and follow-up data were noted as vital to eliminating irreparable sight-loss by patients on waiting lists, and to facilitate greater</p>	<p>1) There is a full audit database which records every instance of a record being created, edited, deleted and viewed by system user. This database can be queried on demand.</p> <p>2) All NES Digital staff interacting directly with patient data undertake</p>	<p>Eyecare will look to model a subset of the application’s data in OpenEHR this year. Should this work be completed the next step would involve storage of this data in a Clinical Data Repository. NES Assurance will remain involved throughout this process to ensure patient data is handled correctly by the new system.</p>

	shared care across the primary and secondary eyecare interface.	annual IG training plus additional annual advanced IG training.	
Emergency Anticipatory Care Planning	<p>Anticipatory Care Planning is about individual people thinking ahead about their care preferences should they become unwell and unable to express their wishes. The Essential ACP is a web based form designed to capture an individual's preferences for care. It is available via the internet but is intended to capture the data during a conversation between a care professional and the individual to whom the data relates.</p> <p>The system will be decommissioned 2022/23, NES are not exposed to patient data via this system. All data process takes place in a user's browser.</p>	N/A	N/A
ReSPECT	The eACP product is being replaced by the ReSPECT application. The application is based on the Resuscitation Council UK's process and form⁵ .	<ol style="list-style-type: none"> 1) There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand. 2) All NES Digital staff interacting directly with patient data undertake annual IG training plus 	<p>ReSPECT Patient data will be passed to GPs via the NDP Routing service to their local Docman instance.</p> <p>This work has commenced and all documentation is in the process of being updated. Because the process of sending a document to Docman involves multiple parties, NES assurance are working with the development team as well as</p>

⁵ Resuscitation Council UK ReSPECT - <https://www.resus.org.uk/respect>

		additional annual advanced IG training.	NSS and local eHealth to ensure that patient data remains secure.
Enterprise Master Patient Index	The Enterprise Master Patient Index (EMPI) is a NES-wide resource. It can be used to support multiple clinical applications and services that sit either in the Turas platform or the National Digital Platform (NDP).	<ol style="list-style-type: none"> 1) Access to the EMPI feed is governed by the NES quarterly updates to CHIAG. 2) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training. 	NES currently receive the EMPI feed from a separate instance of the Nextgate EMPI. This instance will be decommissioned this year and replaced with a feed from NSS.
SCI Diabetes	SCI Diabetes provides a comprehensive clinical support tool for the management of diabetes and for reporting of national diabetes care outcomes.	<ol style="list-style-type: none"> 1) There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand. 2) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training. 	There are three planned releases in the year, the first scheduled for June. The SCI-Diabetes Group help to define the priorities of work. Assurance work is progressing to update all SCI-Diabetes governance documentation following the transition of operational responsibility to NES.
NDP Routing Service	This service facilitates the movement of information between NHS Scotland systems of record (clinical and administrative systems) on the SWAN network and digital service providers who offer applications located on the internet. The service allows information to flow in both directions from Health Boards to third party	<ol style="list-style-type: none"> 1) Health Board and NSS are sighted on use of the NDP Routing Service. 2) Applications making use of the service are required to have updated all of their compliance documentation before sending patient data. 	In 2022/23 NES will put in place a service wrapper so that the process of access to the system becomes more efficient. This will lead to more patient data passing through, but governed in a sustained, safe and secure manner.

	service providers and from third party service providers to Health Boards.		
Medicine			
General Practice Training – Consultation Peer Review	<p>Consultation peer review, with the educational emphasis on patient centred consulting, is an important part of teaching both for doctors in training and established doctors returning to NHS practice. It has been incorporated into both Scottish Prospective Educational Supervisor Course (SPESC) and is a component of the NES Returners to General Practice Scheme. Consultations are viewed in the surgery, but occasionally these files are taken to district training sessions or calibration meetings elsewhere. GP returners are required to submit 4 consultations to the National GP Peer Review process.</p>	<p>Following GMC guidance all patients who have their consultations recorded are informed and sign a consent form both pre and post consultation. They can ask the GP/GPST to delete their consultation at any time thereafter. The data files are encrypted and delivered for peer review by a trusted hand or sent by registered post. GPs use standard digital video recorders and transfer the information to their secure NHS computers for this purpose. The digital recording is then transferred to an encrypted memory stick. All GPs and GPSTs making digital files of their consultations are made aware that they are responsible for the security of these files. GP returners follow the same processes. Practice data protection policies are reviewed as part of practice approval on a 3-yearly basis.</p>	<p>Peer review of consultations remains an important part of training both for new trainers and for GP trainees. Audio and video consultations are continuing. The RCGP has developed an online portfolio with the facility to record directly on to this platform. Consent is obtained electronically from the patient if it is a virtual consultation. There is no requirement for the trainee to record any consultations on to a memory stick or other external device. NES recognised trainer is able to view these consultations on the platform as well.</p>

Dental			
Dental Care Professionals: Orthodontic Therapy	Video recordings of a range of clinical orthodontic procedures being provided to patients by the dental team.	DPIA completed by the IG team and approved by Tracey Gill June 2021. Patient Information Leaflet created. Written consent obtained from patient and staff involved in video using NHS Consent Form. Video stored securely on SharePoint. Access to files are restricted. Videos will not be made available to attendees at any point, and only will be shown during live training sessions. Videos removed after three years or removed earlier if requested by patient.	DPIA to be reviewed annually.
Significant Event Analyses	On rare occasions, the final report submitted for an enhanced Significant Event analysis (eSEA) project may include information which has the potential to identify a patient, or practice. It may even name a patient, a practice or a member of the dental team.	Significant event analysis does not require the presentation of identifiable information, and only very rarely would such a situation occur. Reviewers/advisers would return such projects to the author, suggesting modification to the content which would eliminate identifiable information.	Senior Admin Officer from CPD workstream has provided guidance to SEA reviewers on examples of potential identifiable information, and to outline the process for returning such submissions for modification.
Trainees/dentists in Clinical Environments	In the course of study days/CPD events, delegates will often be encouraged to share experiences, particularly when these events are held face to face, and these	CPD and VT Advisers are often included in these events as moderators and will give guidance to participants on the use of anonymised examples to	Senior Administrative Officer from VT to draft written guidance for CPD and VT Advisers in relation to moderation of discussions. This would also be circulated to any

	<p>discussions have the potential to identify a patient. Additionally, CPD and VT events often involve participants bringing examples (radiographs/models etc) from practice, and these should both be anonymised and stored in anonymised folders. Transport of such materials to the event should be through encrypted media or secure email (e.g. nhs.scot)</p> <p>Dental core and specialty trainees follow the information governance policies of their placement territorial health board. Caldicott principles are covered as part of the induction programme.</p>	illustrate points made.	other person facilitating a teaching event at which these types of discussion would be likely.
Presentations in CPD Events	A significant number of CPD/VT speakers are not NES employees, and may use slides depicting clinical situations. Depending on the subject matter of the images, these have the potential to contain patient identifiable information	The majority of presenters are GDC registrants and are already aware of their responsibilities in relation to protection of sensitive information, but issues may arise through innocent mistakes. CPD and VT Advisers are expected to communicate with their speakers to ensure that they are aware of their responsibilities.	Information sheet to presenters/contributors and code of conduct has been produced and will be shared with presenter/contributor by Adviser/Tutor prior to contract being issued to ensure responsibilities are understood in advance.
Pharmacy			
Trainees in Clinical Environments	Trainees in clinical environments are not employed by NES.	Pharmacy Foundation Training Year (previously PRPS) trainees, as part of core training	Continue to emphasise Caldicott requirements and Code of Conduct on Confidentiality

		<p>approaches, are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial Facilitators undertake proactive screening for any PII.</p>	<p>processes as part of FTY Trainee training pathway.</p>
<p>Pharmacist Consultations with patients</p>	<p>Patient consultations are video recorded for review by Pharmacist Independent Prescribers during and following training in their workplace. This is an important part of learning for pharmacists who are training to be or are qualified prescribers with the educational emphasis on patient centred consulting.</p> <p>Peer review of consultations has paused since March 2020 and recording of consultations with patients is dependent on NES Digital and Information Governance approval of technology, processes and documentation.</p> <p>A Once for NES process is being developed as part of Technology Enhanced Learning in collaboration with NES Psychology]</p> <p>Caldicott requirements and Code of Conduct on Confidentiality are elements of the Foundation Training Year, FTY for Trainee Pharmacists. In relation to relevant programmes, (Post Registration Foundation</p>	<p>Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the pharmacist to delete their consultation at any time thereafter.</p> <p>A new process for submitting consultations for peer review using Teams/SharePoint has been agreed and approved by NES Digital and Information Governance.</p> <p>Pharmacy FTY trainees are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial facilitators undertake proactive screening for any PII.</p>	<p>Continue to explore opportunities to reduce exposure to PII.</p> <p>Continue to improve processes on a Once for NES basis, working closely with NES Digital/IG.</p>

	<p>Programme for Newly Qualified Pharmacists, Vocational Training Foundation Programme for Pharmacy Technicians and GPCP delivery) students and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will be formally covered in trainee and tutor training.</p>		
Psychology:			
Psychology of Parenting Project (PoPP)	<p>PII held on the PoPP database includes data on the children and families enrolled in the national programme. The data is required to assess impact and reach.</p> <p>Arrangements are in place between the NHS National Services Scotland (NSS), Public Health Scotland (PHS) and NES regarding storage and use of PoPP data held in the PoPP Database. The data is owned by NES, and the database has been built and maintained by NSS/PHS and is in the process of being moved from PHS to NES.</p>	<p>PII can only be accessed via a password protected role-based user account.</p> <p>Relevant staff are aware of their responsibilities to maintain confidentiality and have completed all necessary IG/Security training.</p>	<p>Hosting of the PoPP database continues to be transitioned from NSS/PHS to NES. Once the transition has been completed, the PoPP database will be held solely within NES and will no longer require an arrangement with NSS/PHS.</p> <p>Continue to explore opportunities to reduce exposure to PII, including regular audits of staff with access to the database to ensure that it is still appropriate for them to retain access.</p> <p>Continue to review the PII captured on the database to explore options to reduce the amount of PII collected.</p>
Physical Health	<p>Videos of staff interviewing patients are embedded within a suite of PATH and BASU e-learning modules.</p>	<p>Filming and consent procedures for both projects were fully approved by Information Governance staff.</p>	

		<p>The consent forms are stored in the Restricted drive on the Physical Health Workstream SharePoint site, as per protocol.</p> <p>PII is not collected as part of ADAPT project but there is a risk of staff forgetting to remove PII before sending anonymised data to NES.</p> <p>This risk is managed by section one of this report.</p>	
Multisystemic Therapy (MST)	<p>A single member of staff employed by NES but works in partnership with MST UK & Ireland to provide consultation and quality assurance to MST teams. The staff member has access to PII via internet-based sharing systems administered and upheld by MST UK & Ireland, MST services or Local Authorities in which teams are imbedded. Has access to and stores limited PII on NES systems in the following ways:</p> <ul style="list-style-type: none"> • The staff member has been using MS Teams and Skype for Business to undertake weekly consultations with MST teams, there are recorded on a digital recorder and uploaded using NES laptop to an MST UK administered website then deletes recording from device and laptop. • Accesses clinical paperwork (limited PII) via internet- 	<p>NES and MST UK&I have Information Sharing Protocols in place with Local Authorities implementing MST. MST data reports and clinical documents are accessed through a secure web portal administered and upheld by MST UK and MST Services. Consultation recordings are uploaded to a secure web portal and then immediately deleted from the device and NES laptop; files remain available in the recycle bin for 90 days then become unrecoverable. The use of MS Teams and Skype for business to support home working during Covid-19 restrictions has been agreed by all parties involved and is compliant with current local and National guidance. PII is shared only with the</p>	<p>Continue to explore opportunities to reduce exposure to PII and undertake a review of the current PII captured on any NES systems or software to explore options to reduce the amount of PII collected and where this is not possible how this can be stored securely and in compliance.</p> <p>Specific consideration was given last year 2021 to transitioning handwritten clinical notes to a digital version using a tablet with a pen and drawing function however the IT for this has not been progressed yet.</p>

	<p>based system administered and upheld by MST UK&I and then produces handwritten clinical notes - <i>During COVID-19 restrictions these have been held in a locked filing cabinet, in a locked home office</i> – these will be digitised and uploaded to NES OneDrive for archiving and paper notes will be disposed of when access to the office is permitted via confidential waste.</p> <ul style="list-style-type: none"> • Develops and stores supervision development plans with staff identifiable information on OneDrive. <p>During Covid-19 restrictions, the staff member has been using MS Teams and Skype for Business to undertake weekly consultations with MST teams. These calls are recorded and then uploaded to the internet-based system administered and upheld by MST UK&I and immediately deleted from NES laptop.</p>	<p>minimum required information. Staff member completes the mandatory 'Safe Information Handling' course annually. Regular contact with the NES Information Governance Manager takes place where any guidance is required in the processing of information requests.</p>	
<p>EPP Consultations with patients</p>	<p>Patient consultations are video recorded for review by EPP Trainees during and following training in their workplace. This is an important part of learning for EPP who are training to be or are qualified practitioners with educational emphasis on patient centred consulting.</p>	<p>Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the EPP Trainee to delete their consultation at any time thereafter.</p> <p>A new process has been agreed with NES Digital and Information Governance.</p>	<p>Continue to explore opportunities to reduce exposure to PII.</p> <p>Continue to improve processes, on a Once for NES basis, working closely with NES Digital/IG.</p>

	<p>Peer reviews of consultations and recording of consultations of patients is carried out in line with Once of NES Standard Operating Procedures compiled with NES Digital and Information Governance approval of technology, processes and documentation.</p> <p>Caldicott requirements and Code of Conduct on Confidentiality are elements of the EPP education programme (Module 1 Engagement & Assessment of Common Mental Health Problems). EPP trainees and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will be formally covered in trainee and tutor training.</p>	<p>EPP trainees are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial facilitators undertake proactive screening for any PII.</p>	
CYP-EPP Course	<p>Patient consultations are video/audio recorded for review by EPP Learners during their training in the workplace. This is an important way in which clinical competencies are developed and evaluated.</p> <p>Assessed academic components of the course include 2 x case studies and 2 x recorded patient consultations.</p>	<p>EPP Learners are instructed to follow local health board policies in relation to obtaining informed consent as well as in relation to the correct procedures when making, storing, and submitting recordings for review. Children, young people, and their families will be made aware they have a right to refuse or withdraw consent at any time. Their consent will be formally documented in writing</p>	<p>Explore further opportunities to reduce exposure to PII.</p> <p>Review and improve processes, working closely with NES Digital/Information Governance.</p>

		<p>in accordance with health board policy.</p> <p>It is made clear to EPP Learners through verbal instruction and the Course Handbook that any case study material and video recordings must have all PII removed. The course team will undertake proactive screening for any PII during review of submitted coursework.</p> <p>Caldicott requirements and Code of Conduct on Confidentiality and Consent are formally covered elements of the EPP course (Module 1) and are also outlined in the Course Handbook.</p> <p>A new process has been agreed with NES Digital and Information Governance in relation to standardised procedures for review of patient consultations, including approval of technology, processes and documentation.</p> <p>All course staff are aware of their responsibilities and follow NES procedures in relation to</p>	
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		data protection, confidentiality and privacy.	
Trainees in Clinical Environments	None	<p>Management and use of patient data are governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Trainees in all disciplines are required to complete appropriate IG training by employing/hosting Board.</p> <p>(Psychology) Trainees are given guidance centrally by the Programme before moving to the clinical environment including confidentiality, data protection, record keeping etc. Further guidance given within Board mandatory induction training. Governance is delivered through Board IG systems, further enhanced through regular checks by the Programme with clinical supervisors on trainee adherence (recording of notes etc). Trainees engaging in evaluation/research will seek advice directly from Board Caldicott for advice/direction on use of information.</p>	Continue current controls.

Portfolio	Risks of inadvertent inclusion of PII within ePortfolio content, placement logs, case studies or similar.	<p>Trainees and practitioners made aware of the requirement to exclude PII in ePortfolio content, placement logs, case studies or similar products for reflective practice.</p> <p>Trainers/mentors raise incidents of inappropriate PII use with trainee.</p>	Programme leads will audit a sample of ePortfolio content for incidents of PII inclusion.
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Board Paper

1. Title of Paper

2022/23 Quarter 1 Financial Report

2. Author(s) of Paper

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

3. Purpose of Paper

The purpose of this paper is to:

- a) Inform the Board of the outturn position for Quarter 1 of financial year 2022/23, which shows an underspend position of £1.9m year to date (YTD) (split £0.22m Medical Training Grades and £1.7m Rest of NES) and a Full Year (FY) forecast position of £0.8m underspend which is dependent on the receipt of all anticipated allocations.
- b) highlight the uncertainty around funding at a national level which is creating financial planning uncertainty for NES and the new funding treatment of COVID-19 costs to NES

4. Background

Funding

- 4.1 In March 2022, the Board approved a baseline budget of £495.1m and noted anticipated allocations of £131.9m, of which £117.7m had been identified as being confirmed. The total anticipated budget for the year at that time was £627m.
- 4.2 As shown in Table 1 below, we are now reflecting recurring allocations of £501.6m and £113.9m in non-recurring and earmarked allocations, giving a total funding of £615.5m. This is based on best available information from Scottish Government, but a significant amount of funding remains to be confirmed, causing financial planning and reporting uncertainty.

Area	Recurrent £000	Earmarked £000	Non Recurrent £000	Total £000	Total split by:	
					Received £000	Outstanding £000
Revised Baseline	495,216	0	0	495,216	493,716	1,500
Medical Training Grade Expansions	4,448	0	20,105	24,553	0	24,553
Medical ACT additional funding	0	0	16,325	16,325	0	16,325
MEP funding gap	0	0	10,744	10,744	0	10,744
Primary Care Fund National Boards	0	0	8,686	8,686	0	8,686
Psychology Mental Health	505	7,365	16,237	24,107	0	24,107
Other	1,474	7,122	27,357	35,953		35,953
Total in-Year allocations	6,427	14,487	99,454	120,368	0	120,368
Total Revenue Allocation	501,643	14,487	99,454	615,584	493,716	121,868
		113,941				

- 4.3 The Scottish Government asked all boards to submit revised three-year financial scenario plans by the end of July, using a set of financial assumptions provided by the Scottish Government. Discussions continue between Boards and Scottish Government colleagues about how spending commitments and pressures can be met within available funding across the Health & Care portfolio, both in the current financial year and in the medium-term period. Whilst we still do not have full clarity about how our recurrent and non-recurrent funding may be impacted, we are aware many discussions between NES and Scottish Government are underway where NES is being asked about the potential to absorb additional work within existing budgets, or where SG are indicating funding may not be available to deliver some of our expected outcomes.
- 4.4 These discussions are creating significant uncertainty in the planning of spending programmes, both for NES baseline activity and for additional commission work. Projections set out in this report are based on best available information at this time, but should funding assumptions have to be changed, future reports will take account of that, and be reflected in revised projections.
- 4.5 We have incorporated the £121.9m of outstanding allocations on Table 1 above into the budget, and details of the individual anticipated allocations are provided in Appendix 1, Table A1.
- 4.6 The June 2022 allocation letter from Scottish Government, confirmed only the opening baseline recurring funding of £493.7m, and is reproduced in Appendix 2 for information. We have yet to receive confirmation through the allocation letter process of any of the non-recurring and earmarked allocations, which is where most of the financial planning uncertainty lies.
- 4.7 The current funding position assumes receipt of the £1.5m National Boards savings on a recurring basis; the agreed carry-forward funding of £0.5m as per our 2021-22 financial plan, and the £0.7m 2021/22 under-spend carry forward previously agreed are currently reflected in our anticipated budget whilst we complete our discussions with SG in relation to the final funding available as per 4.3 above.

5. Assessment/Key Issues or Strategic Risks

Financial Position – Year to Date

- 5.1 As shown in Table 2 below, the year to date (YTD) financial position for all of NES as at the end of June reflects an overall underspend of £1.9m and a currently forecast year-end underspend of £0.808m.

Table 2: Corporate Summary Financial Position

Core (including COVID)						
Directorate	Year to Date			Full Year		
	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance underspend/(overspend)
	£000s	£000s	£000s	£000s	£000s	£000s
Quality Management	23,740	23,714	26	106,219	106,166	53
Strategic Planning and Directorate Support	1,714	1,598	116	6,754	6,674	80
Training Programme Management Excl Training	3,749	3,816	(67)	21,142	21,176	(34)
Professional Development	1,995	1,696	299	8,733	8,735	(2)
Pharmacy	2,892	2,886	6	16,018	16,023	(5)
Medical Total	34,090	33,710	380	158,866	158,774	92
Digital	4,054	4,179	(125)	17,191	16,979	212
NDS	1,069	1,155	(86)	4,978	5,112	(134)
NES Technology Service	5,123	5,334	(211)	22,169	22,091	78
Dental	11,762	11,799	(37)	47,472	47,539	(67)
NMAHP	3,808	3,627	181	16,276	16,233	43
Psychology	9,279	8,405	874	37,295	37,398	(103)
Healthcare Sciences	887	875	12	4,377	4,373	4
Optometry	680	673	7	1,674	1,663	11
Workforce	2,128	1,993	135	9,074	9,012	62
Finance	714	678	36	3,048	3,098	(50)
Planning & Corporate Resources	1,543	1,498	45	6,284	6,294	(10)
NHS Scotland Academy	154	124	30	616	600	16
Social Care	42	42	0	277	277	0
Net Provisions	483	220	263	763	983	(220)
NES Total (exc MTG)	70,693	68,978	1,715	308,191	308,335	(144)
Adjustments:						
Carry Forward 2020-21				700		700
TEL Carry forward				500		500
Forecast Year end NES	70,693	68,978	1,715	309,391	308,335	1,056
Training Programme Management - MTG Salaries	71,572	71,341	231	306,190	306,438	(248)
NES Total	142,265	140,319	1,946	615,581	614,773	808

- 5.2 The overall NES year to date underspend of £1.946m is largely due to spending patterns that diverge from original budget phasing, the ongoing impact of fewer training posts filled in 2021/22 and appointments to vacant posts at pay points below the budgeted rate.

- 5.3 Analysis of training grade costs identified a year to date underspend of £369k, largely across Medical (£222k) where there are fewer post Certificate of Completion of Training (CCT) extensions to training as more trainees found consultant posts earlier than anticipated; and more trainees working Less Than Full Time as trainees and boards adopt more flexible working patterns; and Dental (£118k) from fewer vocational trainees and trainers offset by a £25k overspend from additional core & specialty dental trainees in hospitals.

5.4 Year to date projections, while using actual spending in Q1, will also be largely driven by known commitments and plans for Q2 to Q4. It is not possible to quantify the outcomes of the August and September recruitment rounds at this time, but they will be assessed as soon as actual uptake is confirmed. However, NES (NTS and Medical) are actively engaged with Boards to gather more accurate forward planning information, that may give earlier indications of where gaps may arise in the uptake of training places.

Financial Position – Full Year Forecast

5.5 As shown in Table 2 above, we expect total NES, including Medical Training Grades (MTG), to record a net underspend of £0.808m (this includes the impact of COVID-19).

5.6 The overall £0.808m underspend forecast position for NES is dependent on the receipt of all anticipated allocations. The carry-forward allocations (if confirmed) have not yet been earmarked for specific purposes and although most directorates are forecasting close to break-even, there are some underlying pressures and opportunities which are emerging. These are grouped below under the headings: Medical Training Grades Salaries; COVID-19; and Savings Achieved.

5.7 Table 3 below demonstrates how MTGS, and COVID-19 are impacting on the overall outturn position

Table 3: Full Year Corporate Position including COVID-19

Period 3		Core Variance
		£000s
Training Programme Management - MTG Salaries		(248)
NES - CORE		1,364
NES - COVID Overspend		(308)
Total NES		1,056
FY Forecast (incl. MTG)		808

* Table 2 above, incorporates the Covid pressure of £0.308M within directorate outturn positions

Medical Training Grade Salaries (MTGS)

5.8 Training Programme Management – MTG Salaries is forecasting an overspend of £248k in relation to the funding gap which previously we would expect to be met in full by the SG. However, given the current financial position across NHSS, we are still in discussions with SG and will resolve this position as soon as possible. The detail can be seen in Appendix 2, Table A2.

COVID-19

5.9 There has been a significant change in the treatment of COVID-19 moving forward, with Boards expected by the Scottish Government to normalise the impact of the continuing response within Business as Usual as far as possible.

5.10 During the first quarter of this year, the SG reviewed the COVID-19 costs submitted by all boards and have indicated that NES will receive an allocation based on a “funding envelope” of £402k for 2022/23, compared to the £595k we requested. This reduction is in line with the treatment applied to other boards as SG applied a 20% reduction and a further cap of 85%. Since that exercise was carried out, our COVID-19 related costs have increased by £115k within NTS, largely in relation to Azure Hosting and Office365 costs. This has resulted in a Q1 forecast COVID-19 FY overspend of £308k. See Table 4 below for more details.

Table 4: COVID-19 Costs and savings by Directorate

COVID Costs	Full Year	Full Year	
Directorate	COVID Funding Envelope	Full Year Forecast	Core Variance underspend/ (overspend)
	£000s	£000s	£000s
Training Programme Management Excl Training Grades	(141)	(141)	0
Pharmacy	25	25	0
Medical Total	(116)	(116)	0
Digital	444	422	22
NDS	84	218	(134)
NES Technology Services	528	640	(112)
Dental	172	172	0
Psychology	(53)	(53)	0
Healthcare Sciences	12	12	0
Workforce	36	31	5
Planning & Corporate Resources	16	24	(8)
SG Funding Reduction	(193)	0	(193)
NES Total	402	710	(308)

*Saving targets are shown as (negative) in the above table. Negative variances reflect over-spends.

5.11 The COVID-19 costs will need to be managed by the directorates involved. The largest cost elements are in NTS in respect of Azure hosting costs for COVID-19 related products and apps, access to which is not easily controllable by the directorate. Measures are being explored to reduce costs within NES Technology Services, and Office365 costs for SG access to the NHS tenancy have recently been reduced by £78k. However, it is unlikely that the overspend will reduce entirely and any final overspend arising will need to be met by all of NES.

Savings Achieved

5.12 We continue to see reductions in spending as a result of the Vacancy Lag with £751k being recorded in Q1, ahead of the budgeted £650k being 25% of the annual £2.5m total. If this continues, we will see the savings target included in the NES budget being exceeded by approximately £500k before the year-end.

5.13 Additionally, we have identified a number of underspends after appointments have been made to fill vacant posts where the new incumbent is appointed at less than the budgeted pay point. Previously directorates would have planned to utilise these savings, but given the current financial uncertainty, directorates have been notified that surplus budget arising from this will be held centrally to provide flexibility to fund corporate priorities as agreed by the Extended Executive Team in line with delegated authorities and will be reported accordingly to the Board.

Strategic Risks

- 5.14 As noted above the spending review currently being undertaken by Scottish Government is creating uncertainty and presents a significant pressure. Until funding is confirmed it remains difficult to plan spend and identify potential challenges going forward. Requests from Scottish Government to fund additional work from within existing budgets are likely, but this request has not been fully quantified at this stage. Engagement has already taken place with the SG sponsor team to try and get these requests consolidated into a single approach that will allow NES to consider the ability to meet these requests in a more consolidated manner.
- 5.15 Timing remains critical to allow NES to take full advantage of all allocations including the £1.5m for the NES baseline National Boards savings target and agreed carried forwards into 2022/23 for TEL and the general 2021/22 underspend carry forward.
- 5.16 There remains risk around Medical Training Grades Salaries if there is pressure from Boards for them to retain full funding for less than full time posts. This would reduce NES' ability to recycle the funding to address the current underlying Medical Training Grades Salary pressures and could increase costs in the range of £8m to £18m over the course of the coming years. However, this risk is considered to be low, and the SG are fully aware of the implications of any change to the funding regime.

6. Recommendation for Decision

The Board is invited to review and approve the:

- financial results for the first three months of the year to 30th June 2022; and
- the uncertainty around funding including the new funding treatment of COVID-19 costs to NES.

a) Have Educational implications been considered?

- Yes
- No

b) Is there a budget allocated for this work?

- Yes
- No

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

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

d) Have key risks and mitigation measures been identified?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

JB/JS/MR
August 2022
NES

APPENDIX 1: FUNDING SUMMARY

The table below sets out the total funding anticipated for the year. We have not received any funding as at period 3 with £120.3m remaining outstanding as detailed in Table A1 below. This represents 100% of NES SG funding request, expectations are that this will be confirmed in due course, and we have anticipated the funding within our budget.

Table A1: Total Anticipated Revenue Funding

Table 1: Total Anticipated Revenue Funding

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by:	Outstanding
	£000s	£000s	£000s	£000s	Received £000s	£000s
Baseline budget	493,644	0	0	493,644	493,644	0
National Boards	1,500			1,500	0	1,500
Original budget	495,144	0	0	495,144	493,644	1,500
Rounding differences	72			72	72	0
	495,216	0	0	495,216	493,716	1,500
TEL Carried Forward	0	0	500	500	0	500
NDS SCI Diabetes	0	0	883	883	0	883
NDS	0	0	5,114	5,114	0	5,114
COVID Envelope	0	0	402	402	0	402
Medical Training Grade Expansions	4,448	0	20,105	24,553	0	24,553
Medical ACT additional funding	0	0	16,325	16,325	0	16,325
MEP funding gap	0	0	10,744	10,744	0	10,744
IST & IMT Funding	0	0	934	934	0	934
Medical Study Leave	0	1,000	0	1,000	0	1,000
Primary Care Fund National Boards	0	0	8,686	8,686	0	8,686
Psychology Mental Health	505	7,365	16,237	24,107	0	24,107
Pharmacy AEIPC	0	0	1,913	1,913	0	1,913
Pharmacy PRPS	0	5,988	1,636	7,624	0	7,624
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	4,530	4,530	0	4,530
BSc Paramedic Programme	416	0	0	416	0	416
WF Tech enable workforce	0	0	452	452	0	452
Centre for Workforce Supply	0	0	502	502	0	502
National Leadership Development Programme	0	0	790	790	0	790
Digital funding NDS Tie in	0	0	2,337	2,337	0	2,337
Digital funding PharmPress	0	0	338	338	0	338
Provisions 2020-21 Surplus Brought Forward	0	0	700	700	0	700
Social Care	98	0	277	375	0	375
NHS Scotland Academy	643	0	70	713	0	713
Dental Overseas levy	0	0	(568)	(568)	0	(568)
Dental Aberdeen Dental School	0	0	3,113	3,113	0	3,113
Dental - Additional Dental School staffing	0	0	568	568	0	568
HCS Cardiac Science training	0	0	409	409	0	409
Other allocations (under £300k)	317	134	2,457	2,908	0	2,908
Total in-Year allocations	6,427	14,487	99,454	120,368	0	120,368
Total Revenue Allocation	501,643	14,487	99,454	615,584	493,716	121,868
		113,941				

Appendix 2: Medical Training Grades Salary (MTGS) Costs

Table A2: MTG Forecast outturn

Period 3						
Directorate	Year to Date			Full Year		
	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG Salaries	71,580	71,358	222	306,340	306,588	(248)
NES Total MTG	71,580	71,358	222	306,340	306,588	(248)

Medical Training Grade salary costs are showing a Core YTD underspend of £222k at the end of June.

The underspend is mainly within hospital posts from fewer extensions to training posts (£63k), fewer paid Post CCT trainees (£37k), fewer paid expansion posts (£30k), higher number of trainees going less than full time (£21k), higher number of posts paid at vacancy rate (£15k) and average rate of GP trainees slightly less than budgeted rate (£50k).

The full-year forecast for core MTGs is an overspend of £248k, see Table A3 below, which is a combination of the opening funding gap of £363k being offset by forecasted underspend of £115k in year. The £115k underspend mainly relates to Hospital based trainees with fewer extensions to training due to derogations still being in place £82k, an additional 3 baseline posts are being paid at the lower vacancy rate £24k. Net £9k underspend across all other areas.

Risk

Potential visa delays may mean international trainees are unable to begin training as planned, putting pressure on boards service delivery. Discussions are ongoing as to whether NES will fund these posts at filled rate rather than vacant rate. The cost will be £42k but will have no impact on NES as they are forecast to be filled from August. If paid at vacant rate £42k underspend within NES for month of August on those posts. More information on year end spend will be available once recruitment rounds completed and trainees start in post in August.

Table A3: Medical Training Grades

Medical Training Grades	Full Year SG Funding Gap
Period 3	£000s
Opening Funding Gap as at 1st April 2021	(363)
Consolidated Movement April- March forecast:	
Lower number of paid Core/ST Expansion posts (0.2 wte)	11
Higher number of posts (3) paid at vacancy rate	24
Higher number of trainees LTFT (0.1 wte)	16
Fewer Extensions to Training due to derogations (1.5 wte)	82
Net of all other areas	(17)
Revised Budget Position (Exc Covid)	(248)

Appendix 3: Draft Allocation letter June 2022

Health Finance
Alasdair Black, Interim Deputy Director, Health Finance



E: Alasdair.Black@gov.scot

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

05 July 2022

Dear Ms Reid

Financial Allocations 2022-23 (April - June 2022)

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

	Baseline Recurring	Earmarked Recurring	Non- Recurring	Total
	£	£	£	£
Core Revenue Resource Limit	493,715,880	-	-	493,715,880
Cash Requirement	-	-	-	-

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

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

Yours sincerely

Alasdair Black

Interim Deputy Director, Health Finance

Appendix 3 - continued

NHS Education for Scotland
Core Revenue Allocations 2022-23



Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non- Recurring £	Total £
June								
1	2022-23 Initial Baseline	Janice Sinclair	Stephanie Knight	Health Finance	492,345,000	-	-	492,345,000
2	2021-22 Recurring Allocation - Adjustment	Janice Sinclair	Stephanie Knight	Health Finance	1,370,880	-	-	1,370,880
					493,715,880	-	-	493,715,880
					493,715,880	-	-	493,715,880

Board Paper

1. Title of Paper

2022-23 Quarter 1 Risk Register Report, including Corporate & COVID-19 Risk Registers

2. Author(s) of Paper

Jim Boyle – Executive Director of Finance
Janice Sinclair – Deputy Director of Finance
Rob Coward – Principal Educator, Planning and Corporate Resources

3. Situation/Purpose of paper

The purpose of this paper is to present the NES Risk Register and COVID-19 Risk Annex as at 8 August 2022.

4. Background

- 4.1 The paper presents the NES Corporate Risk Register as at 8 August 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

The Corporate risk register has been updated since the Board meeting on 26 May 2022, with changes denoted in blue, and specifically in relation to risks R20, R10 and R15. Furthermore, various changes have been made to risk owners, to focus accountability and responsibility.

There have been relatively few changes to the Corporate and Covid-19 Risk Registers since the previous meeting. In due course it is expected that the Corporate Risk Register will be substantially revised in line with the recommendations of the Azets review of NES Risk Management. This will require significantly closer alignment of corporate risks with our strategic priorities and changes in the presentation and quality of risk reports.

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

The RMG met on 27 June to consider a range of issues including a new report template for use by directorates and the proposals from Azets for reform of the corporate risk register. As indicated at the May Board meeting, the RMG will be considering its own role and membership in the light of the report recommendations

The Group continues to consider key aspects of risk management to support continuous improvement in practice. The rolling review of Directorate risk registers is ongoing and the RMG considered the Optometry risk at its June meeting. Several recommendations for enhancement were made.

The Risk Management Group will continue to identify existing or emerging risks which require escalation to the strategic corporate register.

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

JB/RC
NES
August 2022

NES Corporate Risk Register - August 2022

Risk No.	Description	Risk Owner (Lead Director)	Current Scores			Mitigating measures	NES Risk Appetite	Previous Residual Score		
			I x L	Gross Risk	I x L			Net Risk	I x L	Residual Risk
STRATEGIC/ POLICY RISKS										
R1	Pressures on the system result in education and training being considered as less important than service delivery priorities, including as a result of COVID-19 impact.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training. 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received. 3. The residual scoring of this risk remains as Primary 1 and now reflects the risk associated, across the professional groups, with the disruption to educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register. 4. NES Remobilisation Plan focuses on recovery of priority areas of core business, acknowledging the continuing uncertainty and service pressures which may affect capacity within the workplace- based learning environment.	OPEN (Score Range 10-12)	4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure against expected funding and is unable to deliver its strategic outcomes.	NES Executive Team (Jim Boyle)	5 x 5	Primary 1	4 x 3	Primary 2	1. The Annual Operational Planning process within NES gives Directorates indicative budgets to plan their own activities and expenditure and identifies cost pressures and potential savings across NES. 2. The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings. 3. This process enables decisions to be taken by the EET on prioritisation measures needed to deliver a balanced budget to the Board to be based on the impact of the planned activities. 4. NES Board 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 2
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 Executive Team	4 x 4	Primary 1	4 x 3	Primary 2	1. NES Directors maintain strong engagement with relevant leads at Scottish Government. 2. NES to maintain an evidence bank to support ability to influence policy decisions. 3. Chief Executive and NES Directors to maintain links with other UK organisations. 4. The ability to agree decisions on a 4 nation basis has been key during the COVID response. The detail of these decisions is included in the COVID appendix.	OPEN (Score Range 10-12)	4 x 3	Primary 2

R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Tracey Ashworth-Davies)	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 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 Executive Team (Karen Reid)	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs. 3. Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at EET are communicated to staff through regular staff video and Intranet updates. 	OPEN (Score Range 10-12)		3 x 4	Primary 2
R16	The UK is no longer a member of the EU: potential negative impact on recruitment, and reciprocal recognition of qualifications.	NES Executive Team (Tracey Ashworth-Davies)	4 X 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Systems and processes have been updated to reflect the points-based system for NES recruitment and for NES employees, and more widely for the national immigration (formerly Tier 2) services provided to Health Boards by NES for trainees (doctors and dentists in training). 2. Regular communications have been provided to colleagues across Boards and affected employees and trainees. Changes to immigration regulations led to a 25% increase in unique applications in 2020/21 and a further increase in 2021/22. The 2020/21 increase in applications resulted in improved fill rates to training programmes across the medical specialties and this is expected to continue in the 2021/22 recruitment round. 	OPEN (Score Range 10-12)		3 x 5	Primary 2
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	Primary 1	4 X 3	Primary 2	<ol style="list-style-type: none"> 1. 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 is 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
R20	Inability to fully support the delivery of the NES Strategy due to lack of capacity in corporate support infrastructure	NES Executive Team (Jim Boyle, Tracey Ashworth-Davies)	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Assessment of resource required to support pipeline commissions is being made, informed by information provided by SG sponsorship team. 2. Some additional HR resource has already been provided in the 2022/23 budget. 3. Further assessment of any additional resource in all support areas will be made based on emerging commissions, as well as NES baseline activity. 4. Recruitment authorisation and other recruitment processes are being reviewed with the aim of achieving a more efficient, risk-based approach reducing time across NES and, all things being equal, reducing the time to recruit new staff. This could include how to bundle recruitment into groups of authorised roles, rather than recruiting to each post individually, etc. 5. Discussions on the implications of continued non-recurrent funding have been and will continue to be held with the Scottish Government. 	OPEN (Score Range 10-12)		N/A	N/A

OPERATIONAL/SERVICE DELIVERY RISKS										
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Tracey Ashworth-Davies, Chrisina Bichan)	5 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> As part of operational planning all activities are linked to a NES strategic objective. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. At a Strategic Level argument to be made about requirement to invest in workforce organisation. Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. Executive-led digital structure enables prioritisation of NES digital activity, Strong focus on continuing to build on innovations in delivery in response to COVID. 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. Discussions are ongoing with the Scottish Government sponsorship team to ensure that commissions land at NES with clear policy aims and objectives, to minimise the time spent forming delivery proposals, and with full resource implications outlined. The NES Executive Team will also continue to monitor the resources required to deliver the Strategic Plan, and measures will be put in place to improve recruitment timescales, which are currently causing resource pressures. 	OPEN (Score Range 10-12)	3 x 4	Primary 2
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance.	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans. Key focus has been applied to planning the onboarding of new executive recruits: Medical Director, Director of Social Care, Director of Finance. Deputising arrangements for the NES CEO were formalised on 29 March 2022 to align with the retirement of the current Deputy CEO in March 2022. 	OPEN (Score Range 10-12)	3 x 3	Contingency
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. Communication plan to be a key focus on all organisational change projects. Strong focus on communication and visibility, both at a corporate and directorate level through, for example, weekly executive led corporate videos. Use of employee voice tools to monitor the pulse on organisational sentiment. Following an evaluation of Trickle in October 2021, it has been agreed to transition to an alternative tool (Microsoft Viva insights) during 2022. 	OPEN (Score Range 10-12)	3 x 3	Contingency
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping	<ol style="list-style-type: none"> Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. <ul style="list-style-type: none"> The plans were tested in a desk top exercise and recommendations were considered by the ET and incorporated into the current version of the plans. How these plans have been implemented is reflected in the COVID Annex. 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

R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Executive Team (Christina Bichan)	5 x 5	Primary 1	4 x 5	Primary 1	<ol style="list-style-type: none"> 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. 8. NES CEO, Chair and Director of Workforce taking forward strategic discussions regarding the resilience and wellbeing of health and social care senior leaders as part of the National Leadership Development Programme, 	AVERSE (Score Range 1 - 3)	4 x 5	Primary 1
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FINANCE RISKS										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded or not delivering its planned objectives.	NES Executive Team (Jim Boyle)	4 x 5	Primary 1	3 x 5	Primary 1	<ol style="list-style-type: none"> 1. A Variance Analysis Reporting (VAR) process is in place: <ul style="list-style-type: none"> • The annual budget is based on the operational and financial plans. The targets and outcomes within the operational planning model provide visibility of planned spend at an activity level which contributes towards more effective variance analysis. • The outcome from regular discussions between Finance Managers and budget holders to identify any movements in actual expenditure compared to budget/forecast are held monthly and reported to Directors and the Director of Finance. This process allows for mitigating action to be taken to manage any overspend/ underspend, as early as possible during the year. • Regular budget update reports to the Extended Executive Team, and the Board support effective governance. In addition, the Executive Team sub-group on recruitment (ETSR) ensures that headcount cannot be added without prior approval. 2. Requests from SG for NES to undertake additional work are only agreed if appropriate funding is provided at the outset and recognises what can be delivered in-year. In addition, a process is currently being developed to identify all future commissions from Scottish Government (SG). This involves working with the SG to ensure that all commissions come into a central point of contact within the SG sponsor team and will then be communicated to the Director of Finance (DoF) to ensure wide visibility across NES. NES colleagues will also be required to inform the DoF of any discussions with SG to ensure no omissions. 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. 4. A set of Strategic Financial Principles was approved by the Board in May for adoption across NES. The principles set out the definitions of roles & responsibilities across the whole of NES affecting a range of financial aspects of NES business. 5. The uncertainty in the funding of NHS in the current financial year means that the likelihood of this risk occurring has not been reduced, although NES are fully engaged with the SG on this and the Board will 	AVERSE (Score Range 1 - 3)	3 x 5	Primary 1

						be made aware of changes to the funding landscape and the impact for NES				
R11	NES is unable to deliver in year savings required to balance budget and therefore has year-end overspend which is in breach of its statutory financial targets	NES Executive Team (Jim Boyle)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> 1. Monthly Financial reporting includes performance against savings targets to provide an early indication of any potential under-achievement of the targets. 2. Additional measures identified during Operational Planning could be implemented part-way through the year if required. 3. Improvement plans to support an ongoing programme of identifying efficiency savings will be developed 4. Savings captured from innovations in delivery in response to COVID. 5. SG have agreed to review the status of non-recurring allocations with a view to changing them to recurring where possible which will generate efficiencies from the stability created from longer-term planning. 	AVERSE (Score Range 1 - 3)	3 x 3	Contingency
REPUTATIONAL/CREDIBILITY RISKS										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Executive Team	4 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> 1. Directorates have focused on contingency planning and arrangements for paused work. 2. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. 3. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. 4. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 5. NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term. 6. Annual Operational Plan, incorporating desired outcomes, will form baseline for organisational activities post-COVID-19. 7. Planning systems require all activities to include anticipated desired outcome 8. Desired outcome measured 9. Readiness to 'fail fast' rather than pursue initiatives that aren't working. 10. Development of focused communication plans as a pro-active measure to ensure awareness of NES activity. 	CAUTIOUS (Score Range 4 - 9)	3 x 4	Primary 2

R13	<p>NES does not deliver leading to a loss of reputation and confidence from stakeholders.</p> <p>Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs.</p> <p>Future implications of the Independent Review of Adult Social Care in Scotland.</p>	NES Executive Team (Karen Reid, Gordon Paterson)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> 1. NES organisational activity has been refocused to support frontline services and implementation of NES Re-mobilisation Plans 2. Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible. 3. 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. NES Director of Social Care appointed to lead the social care work programme in NES. 10. 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	<p>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</p>	NES Executive Team (Christina Bichan)	5 x 5	Primary 1	2 x 2	Housekeeping	<ol style="list-style-type: none"> 1. Standing committees responsible for each governance domain supported by Executive Groups. 2. Each committee provides an annual report to Audit Committee detailing how it has discharged its remit. 3. Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook 5. Whistleblowing arrangements are in place with information, training and resources available to staff via the Intranet including Whistleblowing standards, policy and process. 6. During the pandemic we have maintained a 'Governance Light' approach for implementation if required to support secure governance at times of particular service pressure. 7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies. 	AVERSE (Score Range 1 - 3)	2 x 2	Housekeeping

R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency	<p>1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations.</p> <p>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.</p> <p>3. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process. These resources include reference to whistleblowing in relation to loss or misuse of data and are part of the essential learning programme for all NES employees.</p>	AVERSE (Score Range 1 - 3)	4 x 2	Contingency
R19	Breach of cyber security resulting in unauthorised access to NES digital systems and data	NES Executive Team (Christopher Wroath)	5 x 4	Primary 1	5 x 3	Primary 1	<p>1. Digital team ensures firewall logs, including changes to the firewall rule base, are added to the (Security Information and Event Management) SIEM tool in use and continue to be monitored frequently.</p> <p>2. The standard build for end user Windows devices and servers has been documented in the Windows 10 Endpoint Security Standards and in the VMWare tool for servers.</p> <p>3. A penetration test of the NES internal network by an external CHECK-accredited organisation will be scoped and scheduled before the end of August 2022.</p> <p>4. Senior Management and Executive level involvement and oversight of Cyber security related risk through updates in the Digital and Information Committee and Audit Committee meetings.</p> <p>5. Staff awareness of Cyber security matters is raised through information security webinars provided by the Information Security Manager, which includes phishing emails and security regarding the use of public Wi-fi, reporting security breaches and determining key NES contacts, password guidance, information / data management under GDPR as well as analysing key current trends in Cybercrime.</p> <p>6. The suite of Information Security Policies and Procedures will be reviewed annually.</p> <p>7. NES Senior Management will ensure a skills and capability matrix for cyber security is completed and updated annually.</p>	AVERSE (Score Range 1 - 3)	5 x 3	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: <ul style="list-style-type: none"> Medical NMAHP Dental Pharmacy Optometry Healthcare Science Psychology 	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	Primary 1 4 x 4	Contingency 3 x 3	<p>Medical: Possibility of redeployment of trainees:</p> <p>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.</p> <p style="background-color: yellow;">Update 11/5/22: Unless there is another significant wave of Covid it is highly unlikely that we will need to redeploy trainees.</p> <p>Delays to progression</p> <p>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 reducing the backlog in this due to ongoing significant staff absence. 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 and will continue to be so for 2022, 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).</p> <p>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</p> <p>Control (3) Work with DME colleagues to ensure trainees can attend essential/ mandatory training and professional examinations.</p> <p>Control (4) Continue to monitor progression to identify any specialty groups that continue to be affected and to report back to SG on a regular basis.</p> <p>NMAHP: Delay to pre and post registration commissioned programmes (by NES or Scottish Government).</p> <p>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.</p>	OPEN (Score Range 10 – 12)

<p>1. / Cont'd</p>	<p>NES Clinical Directorates:</p> <ul style="list-style-type: none"> Medical NMAHP Dental Pharmacy Optometry Healthcare Science Psychology 	<p>Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training.</p> <p>Risk Owner: NES Executive Team (Emma Watson, David Felix, Karen Wilson)</p>	<ul style="list-style-type: none"> 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 	<p>Cont'd over/</p> <ul style="list-style-type: none"> 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 	<p>Primary 1 4 x 4</p>	<p>Contingency 3 x 3</p>	<p>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).</p> <p>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 Glasgow in 2021 and the course for all cohorts of students would be extended by one year. Current restrictions continue to impact on delivery of dental care although are gradually easing. Student progression is currently being monitored and there is confidence in the Dental Schools that this cohort will graduate as expected in 2022. 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 in general dental practice until they are able to commence VT in August 2022.</p> <p>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.</p> <p>Control (3) Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs.</p> <p>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)</p> <p>Control (1) Current Dental Vocational Trainees have been offered a contract extension to 31 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.</p> <p>Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 PRPS (Pre-registration Pharmacist Scheme) trainees</p> <p>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. As at May 2022, a remaining 3 provisionally registered pharmacists are being educationally supported to the June 2022 sitting.</p> <p>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. As at May 2022, a remaining 2 provisionally registered pharmacists are being educationally supported to the June 2022 sitting.</p> <p>Optometry: Service delivery impact due to reduction in training and support</p> <p>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.</p> <p>Healthcare Science: Slippage to recruitment</p>	<p>OPEN</p> <p>(Score Range 10 – 12)</p>
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				<p>of core training programmes.</p> <ul style="list-style-type: none"> Negative impact on Dental Training across the undergraduate postgraduate continuum. Potential impact on Dental workforce pipeline. <p>Cont'd over/</p> <ul style="list-style-type: none"> 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. 			<p>Action (1): Measures being put in place to facilitate virtual recruitment selection for September 2021 Clinical Science trainee intake Completed.</p> <p>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).</p> <p>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. Control (3) Systemic review and summary of evidence base for technology enabled delivery of psychological services to support Boards being able to continue delivery and ensure continuity of training places.</p>	
2.	<p>NES Clinical Directorates:</p> <ul style="list-style-type: none"> Medical Dental Optometry Psychology NMAHP 	<p>Reduced capacity (human and financial) to deliver education and training once clinical services are re-established</p> <p>Risk Owner: NES Executive Team (Emma Watson, David Felix, Karen Wilson)</p>	<ul style="list-style-type: none"> 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 <p>Cont'd over/</p>	<ul style="list-style-type: none"> 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 	Primary 1 4 x 4	Contingency 3 x 3	<p>Medical: Ability to deliver education and training due to backlog of clinical work Control (1) Medical Directorate Senior Team (MDST) 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. Associate Postgraduate Deans have been appointed to lead on this activity 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.</p> <p>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 larger proportion of the dental team. Control (2) Recent discussion with SG to re-establish training for Enhanced Practitioners for Domiciliary Care. Currently assessing demand in Health Boards. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors.</p> <p>Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce</p>	OPEN (Score Range 10 – 12)

				undergraduate teaching across disciplines.			<p>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.</p> <p>Control (2): Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan.</p> <p>Psychology: Training and education delivery compromised</p> <p>Control (1) Continue to adjust method of delivery to Digital webinars and virtual training environments where practical.</p> <p>Control (2) Work closely with Board colleagues and offer flexible support to mitigate effect.</p> <p>Control (3) Through regular contact with stakeholders, ensure that our work is aligned with their priorities.</p> <p>NMAHP: Training and education delivery compromised</p> <p>Control (1) Adapt delivery methods as far as possible towards technology enabled learning.</p> <p>Control (2) Ongoing contact with key stakeholders to ensure training & education meeting needs.</p> <p>Control (3) continue face to face teaching methods where absolutely necessary (e.g. SMMDP) to meet service demands.</p> <p>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.</p> <p>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.</p>	
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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<p>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.</p> <p>Action Owners: Product Owners – All Stakeholders engaged and sighted.</p> <p>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)</p> <p>Action Owners: Product Managers/ NES Technology Service Senior Team</p> <p>Action (3) Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources.</p> <p>Action Owners: Principal Leads Development/ Delivery</p>	OPEN (Score Range 10 – 12)
4	NES Technology Service	Impact of new change programmes Risk Owner (Lead Director): Christopher Wroath	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<p>Control (1): Management of the expectations of possible outcomes and the associated resourcing (funding) requirement from SG.</p> <p>Control (2): Regular communications with SG and ET/Board sighted</p>	OPEN (Score Range 10 – 12)

			sector demands, in addition to NHSS and the ongoing support to the new services already delivered.					
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	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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	<p>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</p> <p>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</p> <p>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</p> <p>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</p>	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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<p>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.</p> <p>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?</p>	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	<ul style="list-style-type: none"> Expectations and demands from external bodies in respect of new digital products exceed what the available NES Technology Service resources can support. 	<ul style="list-style-type: none"> NES Technology Service medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out. Weakened external credibility 	Contingency 3 x 3	House-keeping 2 x 2	<p>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</p> <p>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</p> <p>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.</p>	OPEN (Score Range 10 – 12)

8.	Workforce	<p>Failure to recruit NES staff and trainees.</p> <p>Risk Owner (Lead Director): Tracey Ashworth-Davies</p>	<p>Due to a lack of resource and/or systems support leading to a failure to recruit:</p> <ul style="list-style-type: none"> • Trainees across NHSS through usual vocational training recruitment activity, and NES staff through usual recruitment processes. 	<ul style="list-style-type: none"> • 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	<p>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.</p> <p>Control (2) Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff.</p> <p>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.</p> <p>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.</p> <p>Action (2) Further review of establishment control processes to consider capacity for business processes, pace of organisational growth, agility in processes and proportionate management of risk.</p>	OPEN (Score Range 10 – 12)
17.	NMAHP	<p>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.</p> <p>Risk Owner (Lead Director): Karen Wilson</p> <p>Cont'd over/</p>	<ul style="list-style-type: none"> • 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 pace and from different partners - to support winter planning 	<ul style="list-style-type: none"> • 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 supplementary resource. 	Primary 1 4 x 4	Primary 1 4 x 4	<p>Control (1) Mutually agreed prioritisation of required education.</p> <p>Control (2) Strategic engagement with key partners regarding potential educational options to maximise flexibility for these urgent workforce needs</p> <p>Action (1) Confirmation from Workforce Directorate regarding priority allocation and funding. Action Owner: Karen Wilson Action Due Date: August 2021. Complete</p> <p>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</p> <p>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</p> <p>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.</p>	OPEN (Score Range 10 – 12)

19.	NES Clinical Directorates	Reduced capacity to deliver NES core work due to Scottish Government vaccination programme support requirements Risk Owner: NES Executive Team (Emma Watson, David Felix, Karen Wilson)	Scottish Government urgent requirement for volunteer registered healthcare staff to support vaccination programme from 29/11/21 for three weeks	<ul style="list-style-type: none"> 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	<p>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.</p> <p>Control (2): Non-essential work programmes from which staff can be released identified by Clinical Directorates.</p>
20.	ALL	NES capacity to meet timescales for planned deliverables and programmes of work is compromised by the impact of the COVID pandemic Risk Owner: NES Executive Team	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Staff absence. Requirement to work from home. 	<ul style="list-style-type: none"> 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	<p>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.</p> <p>Control (2.1) All directorate staff have been provided with SWAN VPN access to support working from home and social distancing.</p> <p>Control (2.2) Suppliers have been requested to email invoices.</p> <p>Control (2.4) A member of staff is going into the office every two weeks to collect post and scan invoices.</p> <p>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.</p> <p>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.</p> <p>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.</p>	AVERSE (Score Range 1 -3)

			<ul style="list-style-type: none"> Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic 	<ul style="list-style-type: none"> Expenses not paid as the system needs to be accessed via the SWAN network Loss of funds due to fraudulent payments not being recovered 			<p>Control (3): A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible.</p> <p>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.</p>	
10.	Finance	<p>Unable to maintain financial governance / internal control mechanisms.</p> <p>Risk Owner (Lead Director): Jim Boyle</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Effective scrutiny and assurance will be compromised <p>Cont'd over/</p> <ul style="list-style-type: none"> 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	<p>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.</p> <p>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.</p> <p>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.</p>	<p>AVERSE</p> <p>(Score Range 1 -3)</p>

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	<p>Unable to respond to demands and needs of the service</p> <p>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.</p> <p>Risk Owner (Lead Director): Karen Wilson</p>	<p>Uncertainty in health and social care during the recovery phase from COVID-19.</p> <p>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.</p>	<ul style="list-style-type: none"> 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. 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. 	Contingency 3 x 3	Contingency 3 x 3	<p>NMAHP: Ability to respond to service demands and needs</p> <p>Control (1) Strong links with Scottish Government to minimise uncertainty.</p> <p>Control (2) Reviewing remobilisation plans from Boards/Regions to understand plans and priorities.</p> <p>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.</p> <p>Control (4) Good communication internally and externally.</p> <p>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.</p> <p>Control (6) NES Health and Wellbeing work for staff to reduce effect of uncertainty.</p> <p>Control (7) Listening Service from Spiritual Care Service in NMAHP for staff.</p> <p>Control (8) Commissioning template developed to record details of new work from Scottish Government including priorities, outcomes, timescales, and associated funding.</p> <p>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</p> <p>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.</p> <p>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.</p>	<p>CAUTIOUS</p> <p>(Score Range 4 - 9)</p>

12.	NES Technology	(ii)Vaccination Programmes Risk Owner (Lead Director): Christopher Wroath	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<p>Action (1) Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.</p> <p>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.</p> <p>Control (2) Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme.</p> <p>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.</p>	CAUTIOUS (Score Range 4 - 9)
18.	NES Clinical Directorates	Failure to meet health and safety obligations for trainees in NES employment Risk Owner: NES Executive Team (Emma Watson, David Felix, Karen Wilson)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<p>Control (1) Directorates' ongoing monitoring of trainee health and well-being</p> <p>Control (2) Careful monitoring of trainee sickness with concerns followed up and documented timeously</p> <p>Control (3) Workload concerns raised with directorates followed up and documented timeously</p> <p>Control (4) Professional support and guidance provided to trainees through existing BAU channels</p>	CAUTIOUS (Score Range 4 - 9)

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): Christina Bichan	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> NES as an organisation fails to meet some governance standards <p>Cont'd over/</p>	Contingency 4 x 2	House-keeping 2 x 2	<p>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:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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.</p> <p>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.</p>	<p>AVERSE</p> <p>Score Range (1 – 3)</p>

14.	Finance	<p>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</p> <p>Risk Owner (Lead Director): Jim Boyle</p>	<ul style="list-style-type: none"> NES will be unable to provide training, meeting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world. 	<ul style="list-style-type: none"> Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised. 	<p>Primary 1 4 x 5</p>	<p>House-keeping 2 x 3</p>	<p>Control (1) The ability to work remotely using cloud-based systems and communications technology is already in place.</p> <p>Control (2) The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>Action Owner: various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side.</p> <p>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.</p>	<p>AVERSE</p> <p>(Score Range 1 – 3)</p>
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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	<p>The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing</p> <p>Risk Owner (Lead Director): Tracey Ashworth-Davies</p>	<ul style="list-style-type: none"> Sustained home working as result of COVID-19 pandemic mitigation measures 	<ul style="list-style-type: none"> 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	<p>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.</p> <p>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.</p> <p>Control (1.3) Management matters e-newsletters issued regularly to support managers to mitigate staff health and well-being challenges.</p> <p>Control (1.4) Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn.</p> <p>Control (1.5) The NES Healthy Working Lives Strategy Group promotes a focus on health and wellbeing in the current context.</p> <p>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.</p> <p>Control (1.7) Trickle App launched to encourage communication, ideas, and a means of dynamically monitoring staff concerns.</p> <p>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. Application of an Addendum to Homeworking Policy to cover homeworking arrangements during the pandemic.</p> <p>Control (2.2) Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support.</p> <p>Control (2.3) Agile Working Health and Safety module available as part of staff essential learning.</p> <p>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.</p> <p>Control (2.5) Following the change in SG guidance and pending the Once for Scotland Homeworking Policy, implementation of hybrid working arrangements to enable staff to work safely at home or from the office as required, including Safer Office Working Guidance, Return to Office assessments, relaunch of Our Way and the desk booker system.</p> <p>Control (2.5) Undertaking a questionnaire covering the first 90 days of hybrid working arrangements to gain insights on the impact on staff and to inform future ways of working.</p> <p>Control (2.6) Review and recommendations being progressed on First Aider and Fire Warden arrangements for NES offices in the future.</p>	AVERSE Score Range (1 – 3)

16. Cont'd)	Workforce Directorate	Failure to comply with legislative and statutory requirements	<ul style="list-style-type: none"> Failure to comply with legislative and statutory requirements these include employment legislation, Equality & Diversity legislation and Health & Safety reporting. 	<ul style="list-style-type: none"> 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. Inadequate staff governance and reporting. Failure to deliver the Directorate's operational plan. 	Primary 2 4 x 3	Contingency 3 x 3	<p>Control (1) Ensuring robust health and safety arrangements are in place for all NES employees, including those who work in placement organisations.</p> <p>Control (2) Continued access to sufficient HR expertise to support Directorates in any employee relations cases.</p> <p>Control (3) Maintenance of data across systems including eESS, SSTS and Turas to inform reporting and performance dashboard.</p> <p>Control (4) Ensuring compliance with Staff Governance Standard for NES employees across all settings: <u>Well Informed:</u> via regular Corporate, Directorate and line manager led communications, including Hub and intranet sites. <u>Appropriately trained and developed:</u> 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. <u>Involved in decisions which affect them:</u> 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. <u>Dignity and respect:</u> promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues. <u>Health, safety and wellbeing:</u> 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.</p> <p>Control (6) Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.</p>	AVERSE Score Range (1 – 3)
	Workforce Directorate	Failure to comply with legislative and statutory requirements.			Risk Owner (Lead Director): Tracey Ashworth-Davies	Primary 2 4 x 3		Contingency 3 x 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

COVID-19 Strategic Risks: August 2022

12	Workforce/ Digital/Finance	<p>(i) COVID-19 Accelerated Recruitment Portal</p> <ul style="list-style-type: none"> 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 <p>Risk Owner (Lead Directors): Tracey Ashworth- Davies/Christopher Wroath/ Janice Sinclair/Karen Wilson</p>			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.	12/1/22
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Board Paper

1. Title of Paper

2022/23 Quarter 1 Performance Report

2. Author(s) of Paper

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

3. Situation/Purpose of paper

This paper provides a summary of performance using RAG exception reporting against the NES 22/23 Detailed Operational Plan for Quarter 1 of 2022/23.

4. Background

- 4.1 Performance is reported quarterly to the NES Board using RAG exception reporting for the targets underpinning the 22/23 Detailed Operational Plan. This report covers Quarter 1 from 1st April 2022 to 30th June 2022.
- 4.2 During 2021/22 we started to review our strategic vision and future operating model. This includes improvements to our corporate performance framework by establishing strategic key performance indicators (KPIs), which will measure business outcomes rather than activities, using evidence-based performance measurement methodology (PuMP® – Performance Measurement Programme). This work is ongoing alongside further development of a refreshed Strategy and evolution of the Board's planning approach to better support outcome focused delivery.

5. Assessment/Key Issues

- 5.1 The 22/23 Detailed Operational Plan contains 548 targets, of which 5 are red, 41 are amber, and 502 are green. Of the 78 priority targets, 1 is red, 7 are amber and 70 are green. Figure 1 shows that when targets are reviewed by strategic theme, then strategic themes 1 (Quality Learning & Employment Environment), 2 (National Infrastructure for attraction, recruitment, training and retention) and 3 (Education and training for a skilled, adaptable and compassionate workforce) are all over 90% on track (97%, 91% and 93% respectively). While strategic theme 4 (National digital platform and analysis) and strategic theme 5 (High performing NES) are both 87% on track.
- 5.2 This year (2022-23), a new RAG rating (blue) will be included, to clearly show which targets are fully completed aligning with the approach utilised by Scottish Government in annual delivery planning. At Quarter 1, there are no blue targets.

6. Recommendations

The Board is asked to review and approve Quarter 1 performance against the 22/23 Detailed Operational Plan.

Author to complete

Have Educational implications been considered?

Yes

No

Is there a budget allocated for this work?

Yes

No

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

1. A high-quality learning and employment environment

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

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

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

5. A high performing organisation (NES)

Have key risks and mitigation measures been identified?

Yes

No

Have Equality and Diversity and health inequality issues been considered?

Yes

No

Have you considered a staff and external stakeholder engagement plan?

Yes

No

Karen Howe
July 2022
NES

NHS Education for Scotland – 2022/23 Quarter 1 Performance Report

1. Introduction

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

2. Summary of Performance

This report covers 2022/23 quarter 1 performance against the 2022-23 Detailed Operational Plan, which continues to focus on delivery of our 2019-2024 strategy. Progress against our strategy is based on the RAG (Red, Amber, Green) ratings, with an additional 'blue' category being added this year, to more clearly reflect the work that has been completed and align with the progress monitoring approach utilised by Scottish Government in Board's quarterly delivery returns. Overall, there are 548 individual targets, which are distributed across our 5 strategic themes. Of those 548 targets, 78 (14%) have been identified as priority targets.

RAG definitions used across the organisation are as follows:

- **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 on track and within timescales.
- **Blue** – work fully completed.

Following an audit recommendation, RAG ratings and updates are subject to a number of quality checks before they are finalised. Overall, 10 targets were followed up for further clarification, with 1 amber target moving to red and 8 amber targets moving to green. The remaining targets were unchanged.

There is also a final summary of the 2021-22 performance position, since targets rated amber in Q4 of 21-22 are updated one final time in Q1 of 22-23.

3. Performance Measurement against the 2019-2024 NES Strategy Q1 22-23

Figure 1 shows a summary of performance across all 548 targets, with 502 green (92%), 41 amber (7%) and 5 red (1%). Figure 2 shows a summary of performance across the 78 priority targets, 70 were green (90%), 7 amber (9%) and 1 red (1%). At Quarter 1, no targets were rated blue (work fully complete). A more detailed analysis of the performance under each strategic theme can be found in the following sections.

Figure 1 – Summary of Q1 22/23 (all targets, n= 548)

Performance (All Targets)

Targets by Directorate and RAG				
DirectorateName	Red	Amber	Green	Total
Dental	1	6	64	71
Digital Group		10	43	53
Finance			15	15
Medical	1	4	96	101
NDS		1	16	17
NMAHP	1	7	101	109
Planning & Corporate Resources	1	2	18	21
Psychology		2	87	89
Workforce	1	9	62	72
Total	5	41	502	548

Targets by Strategic Theme and RAG				
StrategicThemeName	Red	Amber	Green	Total
Digital and Data		8	54	62
High Performing NES	1	8	59	68
Quality Learning and Employment		3	86	89
Recruitment, Training and Retention	2	11	133	146
Skilled Workforce	2	11	170	183
Total	5	41	502	548

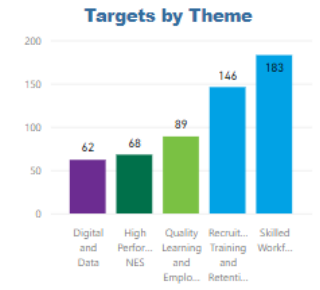
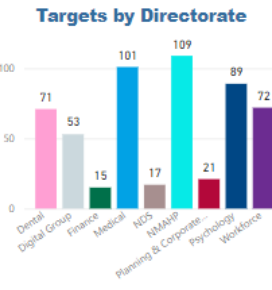
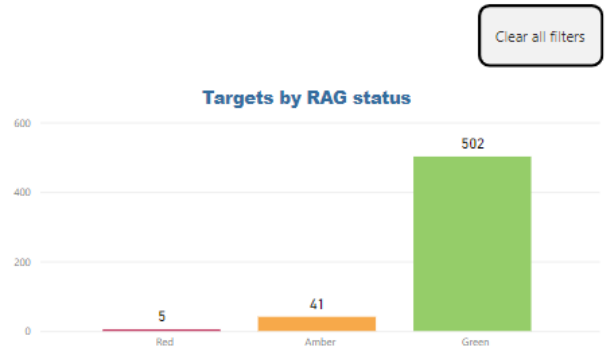
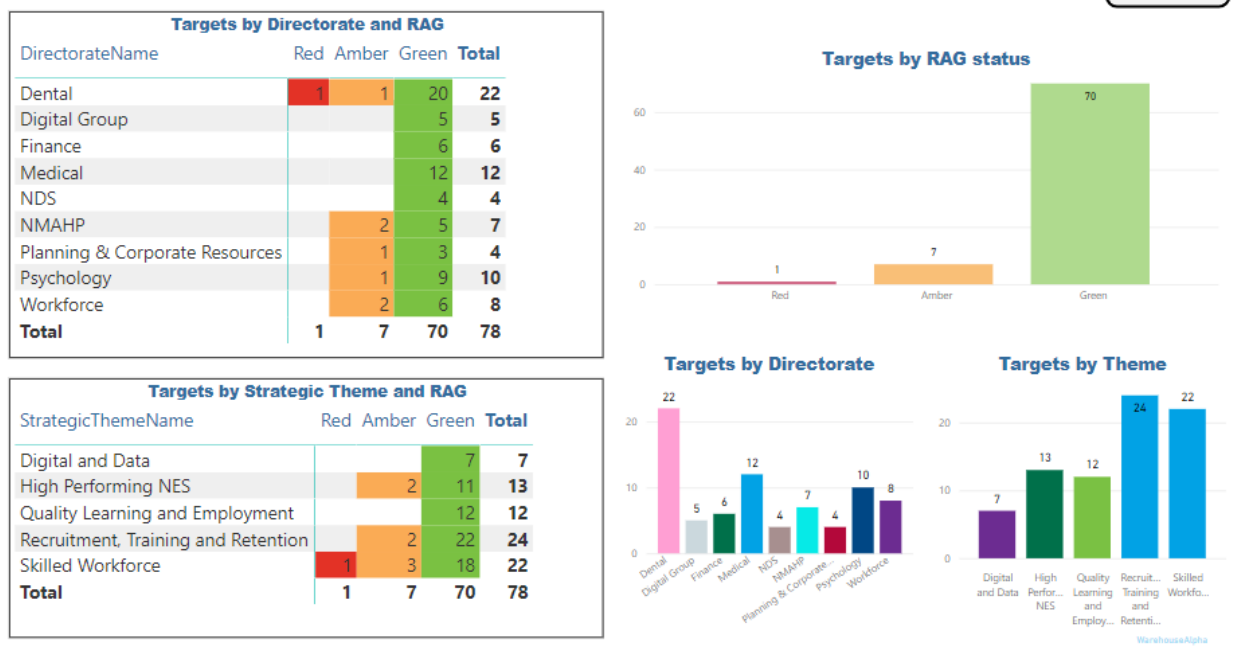


Figure 2 – Summary of Q1 22/23 (priority targets, n = 78)

Performance (Priority Targets)



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.

A spreadsheet with all 78 priority targets along with their quarter 1 updates and RAG status can be found [here](#).

3.1 A high quality learning & employment environment

In total, 89 targets (16%) contribute to the delivery of this strategic theme, with 0 red, 3 amber and 86 green at Q1 (there were no red or blue targets). Overall, 97% of targets under this strategic theme are on track.

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

3.1.1 Constraints

Progress at Q1 appears on track, with no constraints identified.

3.1.2 Action required to improve performance

No action necessary.

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

In total, 146 targets (27%) contribute to the delivery of this strategic theme, with 2 red, 11 amber and 133 green at Q4. Overall, 91% of targets under this strategic theme are on track. There were no blue targets this quarter.

There are 24 priority targets under this strategic theme, with 0 red, 2 amber and 22 green. Table 2 shows the amber priority targets under this theme.

Table 2 – Priority Amber targets Q1 2022/23 under Strategic Theme 2 (National infrastructure to improve attraction, recruitment, training and retention)

Target	RAG Rating	Update
Psychology - Support 3 trainee health psychologists to complete training by February 2023 and 1 trainee by April 2023. Support 5 trainee health psychologists to complete training by February 2024. Commission and recruit up to 4 trainee health psychologists to commence in February 2023. (TAR0004784)	Amber	3 trainee health psychologists on track to complete training by February 2023, with a further 1 to complete in June 2023. 3 trainee health psychologists on track to complete training by February 2024, with a further 1 to complete in March 2024. Recruitment planning for 2023 intake is underway.
NMAHP - Subject to funding by March 2023 we will develop a national service needs analysis tool and support each of the 14 allied health professions to pilot the tool in one priority service area. (TAR0005099)	Amber	Following promotion of the AHP Transforming Roles Model at NES Executive Team, Strategic Meetings such as Scottish Radiology Transformation Board, The Oversight and Subgroups of the Scottish Government AHP Workforce and Educational Review – there is a proposal to develop this model into a generic Workforce Transformation model to underpin service needs and learning needs analyses across all professional groups and for it to feature as part of the new NES Strategy. Dedicated funding for the AHP element of this work as originally envisaged has not yet been confirmed by SG CNOD, however given the universal acceptance of this approach by NES at Executive level, and to enable preliminary work to be progressed, an Expression of Interest is being drafted to bring in capacity to scope and identify the tools which currently exist that will support the implementation of the model and underpin a consistent approach to service needs analysis.

3.2.1 Constraints

No constraints identified.

3.2.2 Action required to improve performance

Work being closely monitored, no action required.

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

In total, 183 targets (33%) contribute to the delivery of this strategic theme, with 2 red, 11 amber and 170 green at Q1. Overall, 93% of targets under this strategic theme are on track.

There are 22 priority targets under this strategic theme, with 1 red, 3 amber and 18 green. Table 3 shows the priority red and amber targets under this theme.

Table 3 – Priority Red and Amber targets Q1 2022/23 under Strategic Theme 3 (Education & training for a skilled, adaptable and compassionate workforce)

Target	RAG Rating	Update
Optometry - Subject to funding. By end of Q4, to accredit a minimum of 75% of Optometrists enrolled in the third cohort of NES accredited training, Scottish Qualifications Authority level 11 course, to manage ocular hypertension and glaucoma in the community. To include online learning, training sessions, reflective practice, clinical placement, theoretical and clinical assessment. (TAR0004695)	Red	Scottish Government has not given permission to fund the third cohort. This target to be closed.
Optometry - To design, deliver and evaluate mentorship support for qualified NES Glaucoma Award Training (NESGAT) optometrists in the community. To deliver minimum 1 session face to face per NESGAT optometrist. To deliver minimum 4 interactive Continuing Professional Development online events/resources. To deliver report by end Q4 detailing quality improvement suggestions resultant from evaluation of delivery to end of Q3. (TAR0004696)	Amber	SG has updated that it cannot commit to proposed extension of mentoring work-stream. This extension was to accommodate NESGAT graduates utilising the support increasing from 16 to 50. Meetings still underway to determine how this target should be adjusted given financial constraints. It should be noted that all contracts associated with work-stream SG has directed to end September 2022, albeit asking us to assume it may receive funding to continue.

Target	RAG Rating	Update
<p>Workforce - Facilitate a community of practice of Equalities and Human Rights educators across Scotland's health and care community to share and develop local planning, resources and educational practice. (TAR0004745)</p>	Amber	<p>We have developed proposals for a NES staff community of practice on Equality, Diversity and Human Rights. This will be broad in scope to incorporate learning across a range of issues such as trauma and care experience. It will provide an opportunity to provide learning sessions, share practice across the organisation and identify learning needs. It has been held up due to what platform we should use but intend to progress during the summer.</p> <p>We are not as yet developing a community of practice externally for educators on equalities and human rights. This will be explored as part of the learning needs analysis work, we are undertaking with Health Boards over the summer. We recognise the need to expand this to the social care sector.</p>
<p>NMAHP - Subject to funding by March 2023, by hosting 20 workshops for a minimum of 300 participants, we will support the NMAHP workforce, who have a responsibility for practice education, to develop the skills and confidence around the Facilitation of Learning pillar of practice with a focus on Technology Enhanced Learning in alignment with the NES Technology Enabled Learning mission, aims and objectives. (TAR0005071)</p>	Amber	<p>Facilitation of Learning with NES design and TEL team developing modules which will support development of skills and confidence in using TEL. Planning underway to support delivery of this workstream.</p>

3.3.1 Constraints

The Optometry work is reliant on funding from Scottish Government and close liaison is being maintained to inform the future of this work.

3.3.2 Action required to improve performance

No further action required.

3.4 A national digital platform, analysis, intelligence and modelling

In total, 62 targets (11%) contribute to the delivery of this strategic theme, with 0 red, 8 amber and 54 green at Q1. Overall, 87% of targets under this strategic theme are on track.

There are 7 priority targets under this strategic theme, all of which are green.

3.4.1 Constraints

Several areas of work are awaiting confirmation of funding from Scottish Government and close liaison continues to define delivery intentions.

3.4.2 Action required to improve performance

No further action required.

3.5 A higher performing organisation (NES)

In total, 68 targets (12%) contribute to the delivery of this strategic theme, with 1 red, 8 amber and 59 green at Q1. Overall, 87% of targets under this strategic theme are on track.

There are 13 priority targets under this strategic theme, with 0 red, 2 amber and 11 green. Table 5 shows the amber priority targets under this theme.

Table 5 – Priority Amber priority targets Q1 2022/23 under Strategic Theme 5 (A higher performing organisation)

Target	RAG Rating	Update
Workforce - Deliver support to the organisation on implementing new ways of working, e.g. development of guidance, Frequently Asked Questions, interpretation of terms & conditions; Once for Scotland policies. (TAR0004734)	Amber	Once for Scotland policy on Flexible Working Arrangements is limiting clarity of advice available.
PCR (now Finance) - Prepare and implement a strategy to secure accommodation in both Glasgow and Inverness in advance of the lease events in 2023 using the data gathered from Directorates regarding technology enabled learning and workstyles during 2022 in order to ensure continuity of service provision in the 2022 – 2023 period and thereafter. (TAR0005276)	Amber	NES space needs remains unclear with current data available not clarifying future requirements for face-to-face training with much of the current data based upon provision within the covid environment. Work to clarify space needs for the future months and years and develop a plan which supports this in the context of hybrid working is being taken forward.

3.5.1 Constraints

Insufficient information to make the necessary decisions has led to delays across several areas under this strategic theme.

3.5.2 Action required to improve performance

Development of greater clarity on future office space requirements and Once for Scotland Flexible Working Arrangements.

4 Final summary of 21-22 targets

In Q4 of 21-22, 69 targets were rated amber. Following a final update, 43 targets moved to green; 15 moved to red; and 11 stayed at amber. This leaves the final 21-22 position as 87% green (n=501), 11% red (n= 64) and 2% amber (n=13).

DIGITAL AND INFORMATION COMMITTEE

NES/DI/22/14

Minutes of the Fifth NES Digital and Information Committee held on Monday 11 April 2022 10:15 – 12:45 via Microsoft Teams.

Present: David Garbutt (Chair)
Jean Ford
Douglas Hutchens
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)
Tracey Baxter, Associate Director, NDS (observer)
Jim Boyle, Director of Finance
Katy Hetherington, Equality and Diversity Principal Lead (for item 11)
Heather Kilfara, Senior Finance Manager
Karen Reid, Chief Executive (until 12:00)
Della Thomas, Board Secretary
Marisa Wedderspoon, Manager, Digital
Christopher Wroath, Director of NES Technology Service

1. Welcome and introductions

1.1 The Chair welcomed everyone to the meeting. Tracey Baxter, Associate Director of NDS, was welcomed to the meeting as an observer.

2. Apologies for absence

2.1 Apologies were received from Vicki Nairn and David Felix. Karen Reid had to leave the meeting at 12:00.

3. Declarations of interest

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

3.2 The Chair advised the Committee that NES will be adopting the New Model Code in due course and there may be some changes as to how members declare their interests and participate in the meeting if an interest is declared. This will be brought to the attention of the Board in due course before we adopt the new Code of Conduct.

4. Notification of Any other business

4.1 There was no other business raised for discussion.

5. Minutes of the meeting 28 February 2022

(NES/DI/22/06)

5.1 The minutes were approved as a correct record following agreement of a minor amendment in relation to a discussion regarding ensuring NES Committees are sighted on significant risks and issues as soon as possible, to add that, this would be built into new processes agreed as part of the Risk review in NES.

6. Committee Rolling Action Log (NES/DI/22/07)

6.1 The Committee noted that of the 7 actions, 5 have been marked as complete. 1 had been paused and 1 is in progress.

6.2 The Chair of the DIC updated the Committee that discussions with Scottish Government (SG) regarding a National Information Governance Agreement are still in progress and that he has also raised this issue with Ministers.

6.3 The Committee discussed the paused action to align Information Management aspects of the Assurance Framework with the Digital and Information Committee's terms of reference (ToR) and it was agreed this action should remain on the DIC action log until this work is complete. Della Thomas will provide narrative for the next update regarding the Audit and Risk Committee's (ARC) role in governing the updated NES Assurance Framework.

6.4 The Committee noted the completed actions and the update regarding the action in progress.

7. Executive Lead Officer's Report (NES/DI/22/09)

7.1 The Chair invited Christopher Wroath to make any additional comments in relation to his report.

7.2 Christopher Wroath introduced the paper to provide the Committee with an overview of progress on delivery since the last meeting in February 2022. This included an update on the status of commissions from Scottish Government (SG) and highlighted key areas of risk. The report provided a summary of expenditure to date and a current forecast of the end of year anticipated position, identifying significant over or under spends.

7.3 The Committee noted the updated template format to appendices 1 and 2 of the report, following agreement at the February Committee meeting to use SG reporting templates to highlighted key projects in relation to NES Strategy and the Digital Health and Care Strategy.

7.4 A stakeholder event has been arranged by NES with members of the Strategic Portfolio Board and sub-groups Enabling Technology Board and Digital Citizen Board to discuss acceleration of key areas of work to focus on this financial year in relation to the National Digital Health and Care Platform.

7.5 Christopher Wroath advised the Committee that the intention of the workshop is to drive focus towards delivering transformational change at pace, for example prioritising and enabling access to key data sets, such as General Practitioner Information Technology (GP IT) data. He added that specific requirements from

the Care sector will develop in due course, however the initial stages will focus on combining GP IT data with Vaccination data.

- 7.6 Christopher Wroath reported that the Organisational change to bring NES Digital and NES Digital Service (NDS) into one service was progressing well. A recent consultation paper regarding the senior team has received positive feedback and a paper will be submitted to the next Change Management Programme Board regarding next steps.
- 7.7 The Committee raised a question regarding financial management in relation to cloud technology and staff costs. Christopher Wroath informed the Committee that an interim agreement had previously been made with SG to provide £3m of funding to extend staff contracts, however it has recently been confirmed that £1.5m will be available for this. The Committee raised concern regarding this deficit. Karen Reid requested that a short paper would be produced to identify the delivery ask from SG, what we can deliver against funding of £3m and what the risks to delivery are with the funding of £1.5m. Karen Reid and Jim Boyle will raise this in discussions with SG. **Action: CW**
- 7.8 Christopher Wroath advised the Committee that he has a meeting with Microsoft Azure Cloud providers, Softcat, soon to discuss the need for detailed cloud usage reporting.
- 7.9 The Committee noted that the progress of programmes reported in the appendices were majority rated green and asked if there were any areas of concern that the Committee should be aware of. Christopher Wroath informed the Committee that the current progress reports are reporting against the 2021/22 plan, as such all areas are complete or on track for completion and he confirmed that they are correctly marked green. The next set of reports will be against the 2022/23 plan.
- 7.10 Discussion took place regarding the format of the Lead Executive report and it was agreed that the SG template used in appendices was helpful. The Committee asked that a summary position from the progress reports is included in the cover paper of the Lead Officer report. **Action: CW**
- 7.11 Jean Ford added that she had specific queries regarding aspect of the report and this could be dealt with off line. Christopher Wroath will arrange a meeting with Jean Ford to discuss. **Action: CW**
- 7.12 A query was raised regarding the Turas Learn programme and Christopher Wroath explained that this programme was in its infancy and that this will be reported on once the business-led project team are in place to identify requirements for this.
- 7.13 The Chair thanked Christopher Wroath and his team for their work.
- 7.14 The Chair welcomed Paula Baird to the meeting to provide an update regarding the Digital Skills Programme. Paula Baird offered a brief outline of her paper

and the Committee noted that the programme was on track against the workplan.

7.15 A query was raised regarding who the Leadership programmes are targeting. Paula Baird explained that the Digital Leadership course has been expanded to include all sectors. Tracey Ashworth-Davies added that it is hoped that the team will be made permanent to continue and expand this work. It was agreed that information regarding target audiences would be included in the next report.

Action: PB

7.16 Christopher Wroath noted the importance of Health and Care leadership having a good understanding of the technology that supports Health and Care services in Scotland.

7.17 The Chair thanked Paula Baird for the report and she left the meeting.

8. National Digital Health and Care Platform Delivery Plan

8.1 The Chair invited Christopher Wroath to offer an update on this item.

8.2 Christopher Wroath updated the Committee that a first draft of the National Digital Health and Care Platform Delivery Plan has been submitted to Scottish Government (SG), which will go through the governance group for formal approval.

8.3 A key element of the programme of work will be to merge GP IT data and current vaccination data and to make data available to parties across Health and Care in Scotland, including citizens. The Committee noted that a workshop has been arranged with key stakeholders to accelerate this aspect of the programme.

8.4 Discussion took place regarding governance groups in SG responsible for overseeing the delivery plan: Digital Health and Care Enabling Technology Board (DHCETB) and the Digital Citizens Board (DCB) and the overarching Strategic Portfolio Board. Christopher Wroath will forward the Committee information regarding the governance structure, including membership.

Action: CW

8.5 The Committee noted the update regarding progress of the National Digital Health and Care Platform Delivery Plan and noted that a draft will be submitted to the DIC meeting in June.

Action: CW

9. 2021 NIS Audit Update (NES/DI/22/10)

9.1 The Chair invited Christopher Wroath to present this item.

9.2 Christopher Wroath presented the paper to update the Digital and Information Committee on the outcome of the Scottish Government (SG) November 2021 Network Information Systems (NIS) Audit.

- 9.3 Each year all Scottish Public Sector bodies who run mission critical, national architecture are required to undergo a formal audit of their policies, procedures and implementation of cyber security.
- 9.4 The 2021 report indicates an Overall Compliance Status of 77%, the second highest rating in NHS Scotland. This is a 34% increase on the 2020 Overall Compliance Status.
- 9.5 The Committee noted the progress against the 12 outstanding critical rated recommendations from the interim 2020 NIS Audit, which included updated comments and renewed dates from Auditors as part of the 2021. A query was raised regarding the remaining 104 overdue actions from the 2020 NIS Audit highlighted in the 2021 NIS report and Christopher Wroath explained that only critical rated recommendations had been reported to the ARC in more detail. He added that since the report has been published 8 of the 20 critical actions had been completed and a number of the medium and lower-level risks had also been completed.
- 9.6 The Committee congratulated Christopher Wroath and his team on the improvements made since the 2020 NIS Audit and requested that updates on progress of the implementation of recommendations are submitted to the Committee. Christopher Wroath suggested that minutes of the NES Information Security Forum are included in the Executive Lead Officer report as an appendix. **Action: CW**
- 9.7 A question was raised as to why some of the documents required to be submitted as part of the audit, had not been submitted. Christopher Wroath explained that this is due to differences in NES' reporting structure and the pro-forma of the Audit. He assured the Committee that the Auditors were provided with the information required and that NES were therefore not marked down.
- 9.8 Christopher Wroath advised the Committee that he was confident that the remaining 2020 and 2021 recommendations could be implemented in within the agreed timescales and added that 2 additional staff will be joining the team in due course.
- 9.9 The Committee noted the content of the NIS 2021 update and progress against the outstanding 2020 overdue critical actions. The Chair thanked Christopher Wroath for the report.

10. NTS Risks (NES/DI/22/11)

- 10.1 The Chair invited Christopher Wroath to make any additional remarks in relation to the Risk Register reports.
- 10.2 Christopher Wroath introduced the NTS Strategic and NTS Operational Risk Registers. He explained that the NES Strategic Risk Register presents risks owned by NTS that are deemed to be at strategic level for the organisation and presented in the format currently used by the NES Board for all strategic risks. The NTS Operational Risks are presented in the current, NTS devised register

format which is subject to evaluation and change as part of the wider Risk Management improvement programme to commence soon, led by the NES Finance Director and to be implemented by the NES Risk Management Group (RMG).

10.3 The Committee noted that Directorate risks were reported on an exception only basis, where red or amber areas have been identified across the programme of work. It was suggested that it would be useful to re-order the report so show the scoring and narratives together as the first columns and to include risk number. Jim Boyle advised the Committee that format of reporting will be reviewed as part of the wider Risk Management improvement programme. **Action: CW**

10.4 The Committee noted the NTS Strategic risks which included risk in relation to Cyber Security, which was requested to be submitted to the DIC at the February meeting.

11. 2020/21 Annual Equality and Diversity DIC Outcomes Report

(NES/DI/22/12)

11.1 The Chair welcomed Katy Hetherington to the meeting. Katy Hetherington presented the report to provide the Committee with an end of year report on NES's progress with delivering its statutory equality duties, in relation to outcome 6 NES' approach to Digital design.

11.2 It was noted that this is the first time the DIC have received this report. Last year the Board reviewed the Digital Committee Equality and Diversity outcomes report, as the Committee was paused during COVID19 Governance.

11.3 Della Thomas explained that the Staff Governance Committee (SGC), Education and Quality Committee (EQC) and DIC are allocated Equality Outcomes to govern and monitor. To assist with the monitoring scrutiny process Committees have previously received a mid-year outcomes report. The Committee noted that this had been paused for Committees and the Board during 2021/22 due to staffing vacancies, however the mid-year reporting process will be re-established for 2022/23 and the 2021/22 end of year reporting process is in place. The Board will receive the full report for approval, to the 26 May 2022 Board meeting.

11.4 The Committee noted and were satisfied with the progress in working toward Equality Outcome 6, the emerging priorities to progress and mainstream work on equality and human rights and current policy and legislative updates.

11.5 The Committee agreed that it would be helpful to gain a better understanding of the impact of the work and suggested this should be a future improvement for the report. **Action: KH**

11.6 The Committee noted that an Equality, Diversity and Human Rights Board Development session will be scheduled.

11.7 The Chair thanked Katy Hetherington for her work and she left the meeting.

12. 2021/22 Annual Digital and Information Committee Report

(NES/DI/22/13)

12.1 Della Thomas introduced the report to review the work of the DIC over the last financial year, offer any amendments and approve the report for submission to the 06 June 2022 Audit and Risk Committee (ARC) as part of the Annual Reporting sequencing of the Board. She added that prior to submission to the June ARC meeting the 2022/23 DIC Schedule of Business will added to the DIC annual report.

12.2 Christopher Wroath acknowledged Della Thomas's work in the production of the annual report and Della Thomas thanked Jenn Allison for her help in producing the report.

12.3 Discussion took place regarding horizon scanning and it was agreed that an annual item for horizon scanning would be added to the Schedule of Business for the October 2022 DIC meeting. **Action: DT**

12.4 The Committee requested the following amendments to the report:

- Move 3 paragraphs after bullet points on p3 from section 4, Administration and Communication to section 3, membership and meetings.
- Amend 9.5 of table to note future plans to include horizon scanning on the SoB.
- Amend wording at point 9.8 of table that no business outside of the DIC remit has been escalated to the Board.
- Include information regarding ongoing work to improve format of lead executive report at 8.6, future developments. **Action: DT**

12.5 With the above amendments made, the Committee approved the annual report for submission to the ARC as part of the annual reporting process.

13. Identification of any new risks emerging from this meeting

13.1 No new risks were identified as a result of discussions during the meeting.

14. Any Other Business

13.1 There was no other business discussed.

15. Review of Effectiveness of Meeting

15.1 The Committee were satisfied with the effectiveness of the meeting.

16. Date and time of next meeting

16.1 The next meeting of the Digital and Information Committee will be held on Monday 06 June 2022 via Microsoft Teams.

NES, April 2022, JA/DT/CW/DG

AUDIT AND RISK COMMITTEE

**Minutes of the eighth Audit and Risk Committee held on Thursday 28 April 2022
via Microsoft Teams**

Present: Jean Ford, Non-Executive Director and Chair
Anne Currie, Non-Executive Director
Linda Dunion, Non-Executive Director
Sandra Walker, Non-Executive Director

In attendance: Jenn Allison, Senior Officer (minute taker)
Amanda Barber, Associate Director, Medical (for item 8b)
Jim Boyle, Executive Director of Finance
David Garbutt, NES Board Chair
Tracey Gill, Principal Analyst, NTS (for item 8a)
James Lucas, KPMG
Morag McElhinney, Head of Service, Human Resources (for item 8c)
Hannah McKellar, External Audit, Grant Thornton
Kenny McLean, Head of Procurement, Finance
Karen Reid, Chief Executive
Janice Sinclair, Head of Programme, Finance
Della Thomas, Board Secretary

1. Welcome and Introductions

- 1.1 The Chair welcomed everyone to the meeting, particularly Jim Boyle who was attending his first Audit and Risk Committee (ARC) meeting as Executive Director of Finance.
- 1.2 Hannah McKellar from Grant Thornton was also welcomed, deputising for Joanne Brown.

2. Apologies for absence

- 2.1 Apologies were received from Joanne Brown, Grant Thornton and Neil Thomas, KPMG.
- 2.2 Karen Reid informed the Committee that she had to leave the meeting at 12:00 for another meeting and David Garbutt informed the Committee that he had to leave the meeting for a short while at 10:30 for another meeting and would re-join.

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. Draft Minutes of the Audit and Risk Committee, 27 January 2022
NES/AR/22/12

5.1 The draft minutes were approved as a correct record.

6. Action list of the Audit and Risk Committee NES/AR/27/13

6.1 Members noted out of 14 actions, 11 were complete, 1 was in progress, 1 not yet due and 1 had been paused.

6.2 Discussion took place regarding the paused action from the 07 October 2021 meeting in relation to progress of the development of a Policy Framework to review dates and signing authorities for all policies. The action had been paused due to the impact of COVID-19. Karen Reid informed the Committee that she and Jim Boyle will be discussing this soon and an update will be provided at the next meeting.
Action: KR/JB

6.3 The Committee noted the updated figures for completion rates of the Whistleblowing training, as requested at the 07 October 2021 meeting. Karen Reid informed the Committee that the Extended Executive Team have re-emphasised the importance to Directorates of completing essential learning as soon as possible, particularly the Whistleblowing training and added that over the last six months, Directorates have been under significant pressure. The Chair reminded the Committee that essential learning rates are monitored by the Staff Governance Committee.

7. Matters arising

7.1 In relation to the Cyber Security Internal Audit report, the Chair updated the Committee that the Digital and Information Committee (DIC) received the Cyber Security Internal Audit report alongside the Strategic Overview paper, which was also distributed to the Audit and Risk Committee via correspondence, to their meeting in February 2022. The Chair further updated that the Digital and Information Committee also received an update regarding the 2021 Network Information System (NIS) Audit, which reported good progress against the outstanding actions and an updated plan for completion.

7.2 In relation to the Schedule of Business, the Chair informed the Committee that this has been updated to note that quarterly verbal financial reports will not be received by the Audit and Risk Committee as the Board will receive these directly.

8. Internal and External Audit

Internal Audit

a) Data Privacy and GDPR NES/AR/22/15

8.1 Tracey Gill was welcomed to the meeting.

8.2 James Lucas introduced the report which reviewed the approach to managing design and implementation of key Data Privacy and GDPR processes and controls.

8.3 The overall assessment of the arrangements is one of 'Significant assurance with minor improvements required' (green-amber). The report raised two low rated findings in relation to a review of the information asset management register and the records retention schedule and one medium rated finding in relation to updating the records management plan.

8.4 James Lucas was asked if he had any concerns that the records management plan had not been approved by the Keeper of Records since 2013. James Lucas confirmed that no issues in relation retention policy or records management plan were identified during the audit. Tracey Gill explained that NES had been one of the first Boards to update the Records Management Plan into a new format recommended by the Keeper of Records and although it had been due to be resubmitted in 2018, the Keeper of the Records informed NES that we would not be required to make further updates, to allow other Boards to reformat in line with the new format. Following this, submissions have not been required over the last few years due to system pressures due to COVID-19, however NES have decided to self-submit and submitted the Records Management Plan to the Keeper on 27 April.

8.5 David Garbutt left the meeting. The Chair thanked Tracey Gill and her team for their work and Tracey Gill left the meeting.

8.6 The Committee noted the report and assurance provided and were content with the agreed management actions. The Committee noted that this report will be submitted to the Digital and Information Committee for monitoring and further updates in relation to the progression of the management actions.

b) Trainee and Postgraduate Progression

NES/AR/22/16

8.7 Amanda Barber was welcomed to the meeting.

8.8 James Lucas introduced the report which reviewed the process in place for monitoring trainee and postgraduate progression of doctors in training. The overall assessment of the arrangements is one of 'Significant assurance with minor improvement opportunities'.

8.9 The report raised two medium rated findings in relation to defining minimum review requirements and clarity of actions in annual reporting, and two low rated finding

in relation to improvement of data to support reporting and update to standard operating procedures.

8.10 Discussion took place around the management action regarding defining minimum review requirements and the Committee requested that wording was strengthened in relation to the importance of local variations. **Action: JL**

8.11 Discussion took place regarding the language used in the report and it was felt that language could have been clearer to be more understandable for the lay person. Amanda Barber informed the Committee that the report makes sense for her and her team and that they found the whole processes very positive and helpful. However, it was acknowledged that the report audience should be taken into account and professional terminology clarified. It was noted that at a previous meeting the Internal Auditors had taken an action to ensure the wider context was included in future reports, where appropriate.

8.12 Following discussion, the Committee were content with the report and the agreed management actions. It was agreed that this report would progress onwards to the Education and Quality Committee (EQC) and to include a cover paper with progress on the actions and the improvements. **Action: AB**

8.13 Amanda Barber left the meeting.

c) Workforce Planning

NES/AR/22/17

8.14 Morag McElhinney was welcomed to the meeting. James Lucas introduced the report which reviewed the Workforce Planning Procedures in NES. James Lucas added that this was the second phase of a two-phase Audit, the first of which was conducted in Autumn 2021.

8.15 The overall assessment of the arrangements is one of 'Significant assurance with minor improvement opportunities'.

8.16 The report raised two medium rated findings in relation to updating workforce planning documents and staff training, and one low rated finding in relation to defining roles and responsibilities.

8.17 Discussion took place regarding the recommendation in relation to staff training and a query was raised about the October 2022 implementation due date and whether this should be brought forward. Morag McElhinney informed the Committee that timelines for training are realistic as training material is also required to be developed. She added that discussions regarding development of training have already begun and that if training can be delivered before October it will be.

8.18 The Committee were pleased to see progress in relation to governance structure for the production and review of the draft NES Workforce Plan and asked when the plan will be approved and become operational. Morag McElhinney informed the Committee that approval of the Workforce Plan is in hand and will go through the Extended Executive Team, the Partnership Forum and Staff Governance Committee in due course and to Board for final approval. She added that each Directorate have a target on their operational plans regarding development of workforce plans.

8.19 A query was raised regarding how much of the six-step methodology (SSM) was mandatory and if there were any learning points regarding implementation. James Lucas explained that the Scottish Government six-step methodology is mandatory, however as it is more suited to be used by Territorial Boards so some flexibility will be necessary for application in NES. Morag McElhinney added that application of the SSM will become more sophisticated through usage.

8.20 The Committee raised the question of the emphasis of workforce planning appearing to be at a Directorate level as opposed to across the whole of NES, enabling skills gaps to be addressed on a more corporate strategic basis. Morag McElhinney clarified that the development of the strategic planning process will move us much more fully into this space.

8.21 Discussion took place regarding the need to respond to emerging needs across Scotland as well as predicting future service. Karen Reid noted the difficulty in predicting service requirements into the future. James Lucas clarified that the recommendation is specifically regarding strengthening documents in relation to mapping service change. Karen Reid commented that it would be helpful for the recommendations to be pinned down much more succinctly.

8.22 Following discussion, the Committee were content with the report and the agreed management actions and asked for it to be scheduled on to the Staff Governance Committee for review and for reports on the progression of the actions.

8.23 Morag McElhinney left the meeting.

d) Property Transaction Monitoring

8.24 James Lucas informed the Committee that no Property Transactions took place in financial year 2021/22, therefore the annual Property Transaction Monitoring audit was not required.

e) Status Update and Follow up

NES/AR/22/18

- 8.25 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 actions.
- 8.26 8 of the 9 internal audit reports have now been reported to the ARC (including the reports provided today). The Property Transaction Monitoring internal audit included on the plan each year is not required for 2021/22 as no relevant transactions have taken place.
- 8.27 10 management actions have been marked as complete with a remaining 17 are not yet due and 4 partially implemented.
- 8.28 Karen Reid informed the Committee that the follow up report will be submitted to the Extended Executive Team where they will be asked to note the action due dates and progress the action update accordingly.
- 8.29 Following discussion, the Committee were content with the report and the assurance provided.

f) Annual Internal Audit Plan 2022/23

NES/AR/22/19

- 8.30 James Lucas introduced the Final draft of the Annual Internal Audit Plan for 2022/23. The initial draft was presented to the Audit and Risk Committee in January 2022.
- 8.31 Following feedback and subsequent further discussions with the Executive Management Team Medical Quality Management – Data Quality has been moved to the short list for consideration in 2023/24 and the NHS Academy Audit has been scheduled for quarter 3.
- 8.32 There are now seven substantive internal audits plus our routine follow up reporting included in the plan. This includes the internal audit over the Governance of the NHS Scotland Academy has been scheduled for Q3 2022/23.
- 8.33 Following discussion, the Committee approved the Internal Audit Plan for financial year 2022/23.

g) KMPG Charter

NES/AR/22/20

- 8.34 James Lucas introduced the KPMG Charter, which is 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.

8.35 The framework was previously reviewed and approved by the ARC in October, however as the Charter is representative of financial year the annual review cycle has changed to April.

8.36 The Committee approved the Charter.

9. External Audit

a) Follow up on External Audit Recommendations NES/AR/22/21

9.1 Jim Boyle introduced the paper which updated the Committee regarding progress against the External Audit Recommendations.

9.2 The Committee noted that actions in relation to Prepayments and Fixed Term accrual are almost complete. Work to identify strategic themes has been undertaken by the Executive Team and this will be used to develop the NES Strategy.

9.3 The Committee noted and were satisfied with the progress of implementation of the external audit recommendations.

b) Final External Audit Plan 2022/23 NES/AR/22/22

9.4 Hannah McKeller introduced the External Audit Plan for financial year ending 31st March 2022 was presented to the Audit and Risk Committee on the 27th January 2022.

9.5 Hannah McKeller informed the Committee that there were no significant changes to the audit risk assessment or plan and highlighted the following minor updates to the plan:

- Inclusion of our external audit fee, agreed with the Director of Finance of £61,750, being the baseline set by Audit Scotland (Page 15).
- Details of changes in the Fair Pay Disclosures within the remuneration and staff report required under the HM Treasury Financial Reporting Manual (FReM) (Page 12)

9.6 The Committee approved the External Audit Plan for financial year 2021/22.

c) ITARA (informing audit risk assessment inquires) NES/AR/22/23

9.7 Hannah McKeller introduced the paper which updated the Committee regarding the auditor risk assessment.

9.8 Hannah McKeller explained that International Standards on Auditing (UK), (ISA(UK)) emphasise the importance of two-way communication between the

auditor and the Audit and Risk Committee and also specify matters that should be communicated.

9.9 The Audit and Risk Committee considered and were content that the management responses to the external audit questions were consistent with their understanding.

10. Corporate Governance Developments: Update NES/AR/22/24

10.1 Jim Boyle presented the paper, which was requested by the Audit and Risk Committee Chair to provide some background to the corporate governance developments that have been progressed over the last 18 months.

10.2 The Committee noted that NES has taken forward some robust Board governance developments over the past 18 months and noted the further corporate governance developments highlighted in the report.

10.3 Discussion took place regarding ongoing risk review and Jim Boyle informed the Committee that the role of the Risk Management Group will be reviewed as part of this.

10.4 The Committee approved the current NES Board Assurance Framework and noted that work to refresh this is part of the future developments and scheduled to be submitted to the Committee for approval in October.

10.5 The Committee approved the paper for onward submission to the Board.

Action: JB

11. Strategic Financial Principles NES/AR/22/25

11.1 Jim Boyle presented the paper which updated the Committee on a set of Strategic Financial Principles for the management of the financial affairs of NES.

11.2 The Committee noted that these Principles should be seen as complementary and supportive to the operation of Standing Financial Instructions (SFIs), and the Principles set out the high-level expectations of those managing the financial affairs of the organisation.

11.3 The Committee supported the principles, which are set within the following domains: Accountability; Value for Money; Collaboration; Planning and Risk Awareness; Stewardship.

11.4 A question was asked about what measures are in place to ensure the principles are being adhered to. Jim Boyle emphasised that the principles describe

the set of behaviours that sit above financial activity and act as a guide to those with budget responsibility.

11.5 The Committee commented that the principles support the NES Standing Financial Instructions and align well with the behaviours and values set out in 'Our Way' The Committee congratulated the inclusive tone but suggested that in parts the language could be strengthened to state that colleagues 'must ensure' as opposed to 'should ensure' as there were aspects of mandatory compliance required. It was suggested that the summary page be made more succinct.

Action: JB

11.6 The Committee approved the Strategic Financial Principles for onward submission to the Board, subject to incorporation of the suggested changes made during the discussion of this item at this meeting.

Action: JB

12. Procurement Activity Update 2021/22

NES/AR/22/26

12.1 Kenny McLean introduced the Procurement Report which updated the Committee on procurement activity for the third and fourth quarter of 2021/22.

12.2 The Committee noted that the Procurement Team continue to meet their targets and have worked closely with Directorates to ensure procurement contracts are value for money.

12.3 Discussion took place regarding a resource contract for Information Technology (IT) services. Kenny McLean explained that this is for specialist IT services to support the various digital commissions in NES.

12.4 A query was raised regarding how information regarding climate change is included in staff inductions in relation to procurement. Kenny McLean explained that principles are built into the procurement process and that he and his team are currently planning a road show to promote to staff all aspect of procurement, including the importance of sustainability.

13. Risk Management - Corporate and COVID19 Risk Registers

NES/AR/22/27

13.1 Jim Boyle presented the NES Corporate Risk Register and COVID-19 Risk Annex as at 21 April 2022 and provided the Committee with an update on the progress of the Risk Management Group.

13.2 The Committee noted the highlighted changes to the Risk Registers, including the addition of a new strategic risk (Risk R20) discussed and agreed by the Extended Executive Team on 6 April 2022, in relation to the capacity of the corporate support infrastructure to assist in the delivery of the NES Strategy, particularly as a result of the difficulties in recruiting in sufficient numbers.

13.3 The Committee noted that Monthly RMG meetings have been extended to March 2023. A focus remains on consistency and clarity in development and content of risk registers, including risk identification and scoring, through the rolling peer review of Directorate risk registers.

13.4 The group have adopted enhancements to risk terminology, informed by KPMG pro forma. Development of a standardised risk template via Excel/Word is currently under consideration to support a common format for local review of risks.

13.5 The Committee noted the Corporate and COVID-19 Risk Registers and were content with the recent updates made to the register. The Committee also noted update in relation the Risk Management Group.

13.6 David Garbutt re-joined the meeting.

14. Inherent Primary 1 Risk Annual Report

NES/AR/22/28

14.1 Jim Boyle presented the report to provide the Audit and Risk Committee with visibility of all risks included in Directorate Risk Registers where the total gross (inherent) risk was scored with a priority level of Primary 1, that have been submitted to the relevant NES Committee. Each committee provides assurance to the Audit and Risk Committee, as part of their Annual Report, that this review has been carried out.

14.2 The Audit and Risk Committee reviewed and were satisfied with the mitigations and control assurances for risks with a gross scoring of Primary 1 priority level.

15. Counter Fraud

NES/AR/22/29

15.1 Janice Sinclair updated the Committee regarding activities underway in NES which are aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland and notified the Committee of a new case currently under investigation.

15.2 The Committee noted that there have been no declarations of gifts and hospitality since the October ARC meeting and noted the information provided regarding one active case and intelligence alerts, none of which have impacted on the organisation but act as a reminder of the risks.

15.3 The Committee noted the information contained in the report.

16. Annual Accounts Update

a) Review of Accounting Policies

NES/AR/22/30

16.1 Janice Sinclair presented the paper to inform the Committee of the processes applied to identify the policies chosen for the 2021/22 annual accounts.

16.2 The Committee approved the accounting policies for 2021/22, subject to a final review at the June Audit and Risk Committee.

b) Annual Losses Report

NES/AR/22/31

16.3 Janice Sinclair presented the paper which provided the Committee with information on the losses and special payments incurred for the financial year 2021/22.

16.4 The total value of the losses reported on the return is £517k (2020-21 £787k), of which £316k has been recovered in full with £156k expecting to be recovered in 2022/23.

16.5 The Committee noted the losses and special payments for 2021/22.

17. Audit Scotland Reports

15.1 The Committee noted the following Audit Scotland reports:

- a. Scottish Government Annual Audit Plan and Interim Audit Report 2020/21
- b. NHS in Scotland 2021

18. Date and time of next meeting

18.1 The next meeting of the Audit and Risk Committee will be held on Thursday 16 June 2022.

NES
May/June 2022
JA/DT/JB/JF

Approved Minute

NHS Education for Scotland

NES/SGC/22/29

Minutes of the Seventy-sixth Meeting of the Staff Governance Committee held on Thursday 05th May 2022 via Microsoft Teams

Present: Linda Dunion, Committee Chair, Non-Executive Director
Anne Currie, Non-Executive Director and Equality, Diversity, and Human Rights Champion
Jean Ford, Non-Executive Director
Gillian Mawdsley, Non-Executive Director and Whistleblowing Champion
Lynnette Grieve, Non-Executive Director/Employee Director
James McCann, Ex-Officio member, Staff Side (Unison)
David Cunningham, Ex-Officio member, Staff Side (BMA)

In attendance: Tracey Ashworth-Davies, Director of Workforce
Morag McElhinney, Head of Human Resources (HR)
Della Thomas, Board Secretary and Principal Lead Corporate Governance
Ameet Bellad, Senior Specialist Lead, Workforce
Donald Cameron, Director of Planning and Corporate Resources (For Item 9)
Ann Gallacher, Senior Admin Officer
Katy Hetherington, Equality and Diversity Lead, Workforce (For Item 11)

1. Chair's welcome and introduction

- 1.1 The Committee Chair welcomed everyone to the meeting.
- 1.2 The Committee Chair highlighted that all papers will be taken as read.

2. Apologies for absence

- 2.1 Apologies were received from Karen Reid, Chief Executive, David Garbutt, Board Chair and Janice Gibson, Associate Director, Organisational Development, Leadership and Learning (ODLL).

3. Notification of any other business

- 3.1 There were no notifications of any other business.

4. Declaration of interests

- 4.1 Non-Executive Director and Whistleblowing Champion highlighted that as a member of the Scottish Advisory Committee on Distinction Awards, she has a declaration of interest in relation to Item 16 on the business agenda.

5. Minutes of the Staff Governance Committee meeting held on 03rd February 2022
(NES/SGC/22/15)

5.1 The Committee Chair highlighted that an updated version of the draft Minutes had been issued in advance on 03rd May 2022. The Committee highlighted minor typographical errors on the minutes and the paragraph points have been emailed to Della Thomas for correction.

Action: Ann Gallacher

5.2 The Committee confirmed the minutes were an accurate record of the meeting and were happy to approve the minutes with the typographical errors amended.

6. Action Status Report and other matters arising
(NES/SGC/22/16)

6.1 The Committee agreed that the action list was complete and that an update on training and whistleblowing would be covered under other items on the agenda.

6.2 The Committee approved the completed action status report.

6.3 There were no matters arising.

Lead Executive Report

7. Director of Workforce Report
(NES/SGC/22/17)

7.1 Tracey Ashworth-Davies introduced her report and highlighted a number of key issues including hybrid working, staff survey, the growth of the Equality and Diversity Team, Trainee numbers, Job Packs, Campaign Plus, Essential Learning and the Staff Governance Monitoring Report.

7.2 Tracey Ashworth-Davies commented on the pressure that the Human Resource (HR) Team is under with the increase of recruitment across NES and the high volume of administration work that this generates. She reported that they are trying to stabilise the service by reviewing all temporary posts to make them permanent where appropriate, reviewing HR processes with finance colleagues and exploring ways to work differently and more efficiently.

7.3 Tracey Ashworth-Davies announced that Morag McElhinney will be leaving NES as she has a new role elsewhere and there is work underway to recruit an interim replacement for Morag McElhinney's role and with this an opportunity to review the structure of the Workforce Directorate and potentially add a new Associate Director role.

- 7.4 The Committee Chair thanked Tracey Ashworth-Davies for the report and opened the meeting for questions.
- 7.5 The Non-Executive Director/Employee Director noted that a fifth of the workforce are on short term contracts and welcomed the pilot to employ staff on a recurring basis and the emphasis on investing in our people.
- 7.6 The Committee welcomed all the work that is taking place to increase our inclusivity by the end of the 3 year period and the Equality and Diversity work that is taking place.
- 7.7 The Committee asked if more information could be provided in the report in relation to dates and timescales for example the Once for Scotland Home Working Policy. Tracey Ashworth-Davies responded to confirm that all dates are included in her report when they are known. Non-Executive Director/Employee Director added that work has started on the Once for Scotland working from home policy, however, there are a lot of complexities and work may take some time.
- 7.8 The Committee noted the high volume of work and potential low numbers of permanent staff currently within the Workforce Directorate and the numbers of Scottish Government (SG) Commissions and queried if this was sustainable. Tracey Ashworth-Davies responded to confirm that it is necessary to embed permanence into HR, streamline processes to increase efficiency and productivity and ensure that Workforce is correctly resourced to support the progression and growth of NES going forward. She added that there were plans in place to progress this, with a new Corporate Improvement area to manage Commissions.
- 7.9 The Committee noted that 20% of NES staff are currently on temporary employment contracts and, hence, not funded on a recurrent basis. Some of these roles are engaged in work which is permanent in nature with the lack of recurrent funding a retention risk. Tracey Ashworth-Davies reported that Christopher Wroath, Head of Digital and Jim Boyle, Director of Finance are liaising with Scottish Government colleagues to discuss non-recurring funding.
- 7.10 The Committee asked if an independent review of HR might be beneficial. Tracey Ashworth-Davies highlighted that Laura Allison in the Quality Improvement Team and Ameet Bellad will conduct a review and remarked that this will bring some degree of independence. Morag McElhinney added that a new Associate Director and a new Head of HR could also bring good independent insight to the review.
- 7.11 The Committee noted that when the return to office assessments stop, this should also alleviate administration pressure within the Workforce Directorate.
- 7.12 The Committee noted the aspect of the report covering recruitment of

16-24 year olds and asked what the NES involvement is in relation to this. Ameet Bellad reported that this is picked up through the Careers Campaigns work. He provided an update on some of the campaigns that NES is involved with, including Future Nurses and No Wrong Choice. Tracey Ashworth-Davies added that the NES Employability Team are working with the NHS Scotland Academy Youth Academy, to drive attraction from colleges and schools and highlighted the activity on social media career pathways and promoting equivalence rather than academic qualifications.

- 7.13 The Chair, on behalf of the Committee wished Morag McElhinney well in her new role and thanked her for all the excellent work.
- 7.14 The Chair thanked Tracey Ashworth-Davies and her team for the report and commented that it was an excellent, detailed and open report.
- 7.15 The Staff Governance Committee noted the Director of Workforce report.

Strategic Items

8. NES Workforce Plan 2022-2025 (NES/SGC/22/18)

- 8.1 Morag McElhinney introduced the report and highlighted there has been several changes to the timelines and a final report is due to Scottish Government by 31st July 2022. She highlighted that the plan follows the Skills for Health six steps methodology approach and has been discussed with several groups including the Extended Executive Management Team, Directorates, Senior Operational Leadership Group and focus groups. The Staff Governance Committee were asked to review and approve the Workforce Plan as it is scheduled for overall Board approval at the Board meeting on 30th June 2022.
- 8.2 The Chair thanked Morag McElhinney for the report and commented that the report was clearly written and captures where we are, where we want to be and how we hope to get there.
- 8.3 The Non-Executive Director/Employee Director confirmed that she was content with the report from a staff side perspective and that the Partnership Forum had commented.
- 8.4 The Committee asked if there should be an Equality and Diversity bullet point on Page 11 of the report as it is referenced throughout the plan. Tracey Ashworth-Davies agreed that this would be added.
Action: Morag McElhinney
- 8.5 The Committee enquired about the wording of our commitment to net zero on Page 7 of the report, advising that this and some other areas could be strengthened. These suggested amendments would be sent to Morag McElhinney following the meeting.

Action: Non-Executive Director and Equality, Diversity and Human Rights Champion/Morag McElhinney

- 8.6 The Committee enquired about a skills matrix to make the key deliverables clearer and suggested that a simple diagram highlighting the current workforce by directorate, key resources, skills compared to what we are aiming for could be created to make it easier to understand the information. It was agreed that this would be added.

Action: Morag McElhinney

- 8.7 The Board Secretary asked when the report will be published in the public domain. Morag McElhinney confirmed that the report is to go on the internet at the end of July. Della Thomas highlighted that 30th June 2022 is Private Board and will liaise with Morag McElhinney offline to discuss this further.

Action: Della Thomas/Morag McElhinney

- 8.8 The Chair thanked everyone for their hard work on the report and the Committee agreed to approve the Workforce Plan once the points made have been taken on board.

Governance Items

9. Whistleblowing Items

9.1 Q4 Whistleblowing Report (NES/SGC/22/19)

- 9.1.1 Donald Cameron introduced this item and highlighted the report completes the first year of the new process and the work implemented to embed the new Standards. The report has one open case that was raised in March regarding the appropriate and safe levels of educational and clinical supervision for trainees. As it is an “unnamed concern”, there is no obligation to follow the Standards, but it is good practice to do so. A plan of action, timescale and outcome was agreed with the whistleblower to investigate the issue and keep their anonymity. A meeting will take place with the Territorial Board involved on 17th May 2022 to help establish the facts of the case and to contribute to the report write-up. There is no conclusion date at this point.

- 9.1.2 The Committee Chair invited any questions before moving on to the Annual Whistleblowing Report.

- 9.1.3 The Non-Executive Director and Whistleblowing Champion thanked Donald Cameron for the report and confirmed she was aware of the “unnamed concern”. She advised the Committee that all the principal responsibilities of the concern were covered including timescales, assurance, continuity, remit of complaint, actions taken and working towards a completion date as quickly as possible. The concern enabled a

system check that the NES Standards in place work and reaffirmed roles and responsibilities.

9.1.4 The Committee Chair thanked Donald Cameron for the report and the Committee noted the Q4 Report.

9.1.5 **Annual Whistleblowing Report**
(NES/SGC/22/19)

9.1.6 Donald Cameron highlighted that the report covers the period from 1st April 2021 to 31st March 2022 and is the first annual report under the new arrangements. It outlines the actions that NES has taken to implement the new standards and the overall Whistleblowing Return. The report is scheduled to the Board meeting on 26th May 2022 for final approval and once approved will go to Scottish Government and Scottish Public Services Ombudsman (SPSO).

9.1.7 The Non-Executive Director and Whistleblowing Champion remarked that she now receives the report at the same time as all the other Committee members as per the changes in governance practice and made some general observations. NES is in a different position to the Territorial Boards. It is the first annual report that NES have prepared under the new Standards process and going forward we should aim to agree and streamline the annual reporting template.

9.1.8 The Non-Executive Director and Whistleblowing Champion asked that the report was updated to include as follows:

- Recognition of the change of staff as Donald Cameron retires and the plans in place for continuity.
- Strengthen the narrative in relation to the changes and improvements that have been put in place for the governance of Whistleblowing drawing on the outline role descriptor that has been developed for the Non-Executive Director and Whistleblowing Champion role.
- Strengthen the reference to the need to improve on the numbers of managers completing the whistleblowing essential learning and plans in place to increase the numbers.
- Improvements in relation to tone and terminology used.

9.1.9 The Non-Executive Director and Whistleblowing Champion commented that she would pass all of her comments and observations directly to Donald Cameron.

Action: Non-Executive Director and Whistleblowing Champion

9.1.10 Donald Cameron agreed to make the changes outlined at today's meeting and embrace any other comments and feedback received through correspondence from the Non-Executive Director and Whistleblowing Champion.

Action: Donald Cameron

- 9.1.11 The Non-Executive Director and Whistleblowing Champion commended all the hard work that Donald Cameron, Nancy El-Faragy and the team have done and the positive way they embraced the work.
- 9.1.12 The Committee discussed the frequency of the Whistleblowing reports for the 2022/23 business period and queried if the frequency could be reduced. Della Thomas confirmed that as per the Whistleblowing Standards, quarterly reports are required to the Board as well as an annual report. As whistleblowing is a delegated remit from the Board to the Staff Governance Committee, these reports are scheduled through the Staff Governance Committee first. She added that perhaps the quarterly reports do not need to be standalone reports and could be incorporated into the Director of Workforce report. It was agreed that this could be a helpful approach and Della Thomas would liaise with the Committee Chair, the Non-Executive Director and Whistleblowing Champion and Tracey Ashworth Davies to agree this change.

Action: Della Thomas

- 9.1.13 There were no further questions and with the changes highlighted, the Committee approved the report for onward scheduling to the 26th May 2022 Board meeting.

9.2 **Non-Executive Director and Whistleblowing Champion Report** (Verbal Report)

- 9.2.1 The Committee Chair invited the Non-Executive Director and Whistleblowing Champion to provide the Committee with their annual verbal report and to clarify if the report would be a verbal or a written report for the Board.
- 9.2.2 The Non-Executive Director and Whistleblowing Champion confirmed that it was likely that their annual report to the Board would also be a verbal report.
- 9.2.3 The Non-Executive Director and Whistleblowing Champion went on to report that her report should build on and not repeat the annual report the committee have already received from Donald Cameron. She commented that having an actual whistleblowing unnamed concern that was being progressing using the whistleblowing standards and process was enabling us to test the system we have in place and identify improvements and learning. It was also important to learn from any improvements that were shared at the National Whistleblowing Champion meetings once these meetings become more frequent further to COVID-19.
- 9.2.4 There were no questions in relation to this item.
- 9.2.5 The Committee Chair thanked Donald Cameron for all his hard work and input into the Staff Governance Committee over the years and for the great contribution he has made. The Committee wished Donald Cameron all the best and a very happy retirement.

9.2.6 Donald Cameron thanked the Committee and left the meeting at 11:38am.

10. Annual Staff Governance Committee and Remuneration Committee reports to the Audit and Risk Committee
(NES/SGC/22/20)

10.1 The Committee were asked to review the work of the respective Committees over the last financial year, offer any amendments and approve the reports so that they can be progressed through the Audit and Risk Committee meeting on 16th June 2022 as part of the Annual Reporting sequencing of the Board

10.2 The Committee Chair opened the discussion and invited any questions.

10.3 The Committee were happy with the content of the report but questioned if the Schedule of Business in section 7 was correctly formatted. Della Thomas responded that the Committee had already approved their 2022/23 Schedule of Business and the correct version would be included before the report progressed to the Audit and Risk Committee meeting.

Action: Della Thomas

10.4 The Staff Governance Committee approved the Annual Staff Governance Committee report and Remuneration Committee report.

10.5 Katy Hetherington joined the meeting at 11:40am.

Performance Items

11. 2021/22 Annual Equality and Diversity SGC Outcome(s) Report
(NES/SGC/22/21)

11.1 The Chair welcomed Katy Hetherington to the meeting. Katy Hetherington outlined that the report aims to provides assurance on the progress that NES has made during the last year delivering its statutory equality duties and specifically the outcomes delegated to the SGC for governance and scrutiny. The report highlights the emerging priorities for the organisation in the year ahead with the establishment of a new Equality, Diversity and Human Rights Team. The Committee were asked to discuss and approve the report so that it can be progressed as part of wider report to the 26th May 2022 Board meeting.

11.2 Katy Hetherington highlighted the progress of the staff networks as an effective employee voice and the importance of learning and development in NES staff. An equalities e-learning module has been developed and will be shared with committee members. She mentioned that they are looking forward to working with the Non-Executive Director and Equality, Diversity and Human Rights Champion.

Action: Katy Hetherington

11.3 The Committee enquired about Outcome 7 of the report and asked why this is not within the remit of the Staff Governance Committee. Katy Hetherington responded that this outcome is reported to the Education and Quality Committee. Tracey Ashworth-Davies added this outcome has a primary focus on leadership development, education and training and therefore falls within the delegated remit of the Education and Quality Committee.

11.4 In relation to Outcome One of the report, the Committee asked about inclusivity and if the numbers that NES hope to recruit are known. Katy Hetherington will confirm this information.

Action: Katy Hetherington

11.5 The Committee suggested that volunteers might be included in staff training and development and enquired if this was currently the case. Katy Hetherington will confirm this. They also highlighted that topics for future training and development may include external speakers.

Action: Katy Hetherington

11.6 The Committee highlighted the financial concerns that may be affecting NES staff, and suggested this is an area to look at in the future. Tracey Ashworth-Davies responded that workload and financial wellbeing are the two important issues for staff. Hybrid working is having a positive impact on staff as they can choose to work from home or go into an office.

11.7 In relation to staff networks, the Committee asked if the communication might be strengthened to enable staff to access relevant groups. It was agreed that this would be picked up during a meeting already scheduled between Katy Hetherington and Non-Executive Director and Equality, Diversity, and Human Rights Champion.

Action: Non-Executive Director and Equality, Diversity, and Human Rights Champion/Katy Hetherington

11.8 The Committee thanked Katy Hetherington for a helpful report and approved the report.

11.9 Katy Hetherington thanked the Committee and left the meeting at 11:55am.

12. People & Organisational Development Dashboard (NES/SGC/22/22)

12.1 This report provides assurance on the progress made during the last quarter against the NES People and Organisational Development (OD) Strategy. Ameet Bellad introduced this report and highlighted the low essential learning completion rates. Work is underway on the Health and Safety module, as it is out of date. Tracey Ashworth-Davies added it is disappointing the figures are below target. She highlighted they are updating modules when and where possible and are looking to reduce the number of sections in the whistleblowing module from 6 to 5.

- 12.2 The Committee asked if there is anything that they can do to support and encourage staff engagement on whistleblowing and if an awareness raising seminar would be a good. A meeting will take place offline to discuss this further.
Action: Non-Executive Director and Whistleblowing Champion/Tracey Ashworth-Davies
- 12.3 The Committee suggested that reminders or push notifications are sent to staff encouraging them to check and complete modules as staff may not be aware they have modules outstanding. Ameet Bellad agreed that more communications are needed. The Once for Scotland Policy may also impact on the number of modules that staff need to complete.
Action: Tracey Ashworth-Davies/Ameet Bellad
- 12.4 The Committee highlighted the role of the Line Manager is crucial and essential learning should be highlighted at 1-1 meetings. Ameet Bellad informed the committee they are bringing in Line Manager Reporting so that managers can see what modules their team have completed.
- 12.5 The Committee thanked Tracey Ashworth-Davies and Ameet Bellad for the report and noted the People & OD Dashboard.
- 13. Identification of any new risks raised at this meeting**
 (Verbal Update)
- 13.1 A new corporate risk has been added to the risk register to reflect the need to ensure corporate services are correctly resourced given NES's expanding remit and changes taking place.

Items for noting

- 14. Employment Tribunals**
 (NES/SGC/22/23)
- 14.1 The Committee noted the employment tribunal update.
- 15. Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee**
 (NES/SGC/22/24)
- 15.1 The Committee noted the DL update.
- 16. Remuneration Committee Minutes**
 (NES/SGC/22/25)
- 16.1 The Committee noted the Remuneration Committee minutes.

17. Change Management Programme Board minutes
(NES/SGC/22/26)

17.1 The Committee noted the change management programme board minutes.

18. Managing Health, Safety and Wellbeing Committee minutes
(NES/SGC/22/27)

18.1 The Committee noted the Managing Health, Safety and Wellbeing Committee minutes.

19. Any other business

19.1 There were no other items of business to discuss.

The Committee thanked Morag McElhinney for all her outstanding hard work over the years. The Committee wished her all the best in her new role at Glasgow School of Art.

19.2 The meeting closed at 12:13pm.

20. Date and time of next meeting

20.1 The next meeting of the Staff Governance Committee will be held on Thursday 11th August 2022, 10:15am.

NES
May 2022
AG/DT/TAD/LD
v.03

NHS Education for Scotland

Board Paper

1. Title of Paper

NES Annual Review Response Letter

2. Author(s) of Paper

Karen Reid, Chief Executive

3. Situation/Purpose of paper

For the Board to note Scottish Government's formal response to the NES Annual Review.

4. Background

4.1 The 2020 – 21 NES Annual Review took place virtually on 28 March 2022. David Garbutt (Chair of the NES Board) and Karen Reid (Chief Executive) met with Kevin Stewart (Minister for Mental Wellbeing and Social Care) and highlighted NES's response to the COVID-19 pandemic during 2020-21 and how NES can support the NHS Scotland recovery plan going forward.

4.2 The Board received this letter via correspondence on 21 June 2022 and it is now being submitted to the August Public Board meeting as part of the public record (Appendix 1).

5. Assessment/Key Issues

5.1 The letter highlights NES's very significant contribution during the COVID-19 pandemic, particularly in the utilisation of innovative and digital solutions to support the continuation of education and training across Scotland.

5.2 The Minister congratulated NES on its 2021-22 iMatter scores and noted that these were the highest of any NHS Scotland Board. The Minister also welcomed the range of support available to trainees and the specific focus on mental health and wellbeing.

5.3 The Minister also welcomes NES's future plans in support of the health and social care workforce and highlights the role of the NHS Scotland Academy, the Centre for Workforce Supply and work to support the development of senior leaders and positive cultural change.

5.4 The letter acknowledges the importance and value of NES's role going forward and is a very positive reflection of the contribution of NES staff. The development of our new strategy will enable us to strengthen our support of the health and social care workforce and position NES as a creative and innovative learning organisation.

6. Recommendations

The Board are asked to note the content of the letter from Kevin Stewart.

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

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

- Yes
- No

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

- Yes
- No

KR
August 2022
NES

David Garbutt
Chair, NHS Education for Scotland

Cc: Karen Reid

14 June 2022

Dear David,

NHS EDUCATION FOR SCOTLAND (NES) – ANNUAL REVIEW 2021/22

1. I am writing to you following the Annual Review held on 28 March 2022. I would like to extend my thanks to you, Karen and to all of your colleagues and staff who contributed to the meeting.
2. This letter summarises the main points discussed and the actions arising from the Review.

Performance and Reflections to end of 2021/22

3. It was helpful to discuss the performance of NES and noting the more streamlined approach to the 2021/22 Annual Review than was the case in previous years, I was glad that the session enabled you to reflect on the performance of NES over the reporting period.
4. I very much welcome NES' contribution to the pandemic response and the flexibility shown by the Board to ensure that priorities were appropriately adjusted to ensure the education and training needs of the system continued to be met during a challenging time.
5. The transitioning of the majority of education and training to online/virtual format was clearly a critical step to ensure continuity. I note the way in which NES has embraced some of the digital capabilities work – and it is reassuring to see the skillset and experience of NES utilised during the pandemic. That sets a good foundation to build on your future work which I know has been discussed with the Scottish Government.
6. I note that during the pandemic, all speciality training was disrupted to facilitate NHS staff redeployment to the Covid-19 response. Dentistry training was particularly affected and as a result was suspended. NES had to make substantial contingency arrangements to allow medical doctors and trainees to graduate.

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7. It is without doubt that NES has adapted and performed extremely well in response to the pandemic. There have been a number of areas where fast paced changes have been implemented to support the education and training needs across Scotland, most notably;
- The transferring of all learning packages to TURAS, allowing c.80,000 nurses across the NHS and care homes full access to learning and education resources throughout the pandemic.
 - Supporting 7,000 undergraduates in clinical placements during COVID-19 with training.
 - Aiding the deployment of 2,000 nurses into hospitals and care homes during the pandemic, developing packages to assist with the transition.
 - Developing the COVID Data Collection App.
 - Supporting the delivery of one million food packages through the shielding service.
 - Releasing 70 members of staff to assist with the Vaccination Delivery Programme.
 - Delivering a Dental Practice Recovery Tool to support Dentists as dental care began to resume.
8. Against the backdrop of the Covid-19 response, I appreciate NES delivered a normal service as far as possible in terms of training & development.
9. You highlighted the I-matter scores in NES were the highest of any in the NHS, an impressive achievement during a highly stressful period. I note that an extensive range of support has been put in place for trainees and there are a range of offers around mental health and wellbeing, including hosting the mental health hub.
10. I also note that the Executive team are regularly meeting with Directors of Medical Education to ensure all training continues to be provided to a suitable standard which meets the requirements of regulation. You highlight the main area of concern for staff has been in regards to practical learning – due to a lack of procedures taking place throughout Covid-19. NES have taken this on board and, although services are picking up, are looking into simulation training and other virtual methods to offset these challenges.
11. In terms of training, some of the key outcomes for 2021/2022 are as follows:
- Undergraduate placements
 - 1,200 in pharmacy
 - 285 in Dental
 - 261 in Psychology
 - 76 Healthcare Scientists
 - 100 Optometrists
 - Post-Graduate placements
 - 5,300 in Medicine
 - 940 in Dental
 - 760 in Pharmacy

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- NES have Supported 86 new Family Nurses into the Family Nurse Partnership programme, and have recently become the only organisation in the world to educate FNP Nurses to SCQF Level 11.
- 437,000 people registered on TURAS Learn and approximately 224,000 on TURAS Appraisal.

12. In terms of quality assurance, NES have worked to improve the training for those undertaking appraisals and are working with the BMA, The Academy of Medical Colleges, GMC and the Scottish Government to continue to improve appraisal and revalidation for the medical workforce. 519 visits took place and ensured a quality assurance approach across 2292 Acute care and primary care sites.

Forward look

13. I note your ambitious goals for NES moving forward and I welcome the fact that the Board anticipates playing an important and pivotal role in supporting delivery of our plans for the recovery of NHS Scotland. The effective implementation of the National Workforce Strategy for Health and Social Care will be critical to our success and NES will be a crucial delivery partner in that regard. In a similar vein, I know that the organisation has made it clear it stands ready to assist the Scottish Government with the National Care Service in whatever form that may take.

14. You have highlighted the role of the NHS Scotland Academy (a joint venture between NES and NHS Golden Jubilee) in providing accelerated training across healthcare disciplines. I note the recent work with the SSSC to develop an “Induction into Health and Social Care” and the work around the Youth Academy, in particular new apprenticeship programmes. I am pleased to hear NES are working with Skills Development Scotland and the Nursing & Midwifery Council to progress Nursing and Midwifery apprenticeships. Moving forward, the Academy will play an important role in providing our workforce with the skills they need to support the operation of Scotland’s network of new National Treatment Centres.

15. There are clear opportunities for NES and its Centre for Workforce Supply in terms of Nursing and Midwifery international recruitment and we must capitalise on these. Alongside this, we would like to see the focus of the Centre expand so as to provide better labour market intelligence while supporting collaboration and the dissemination of best practice in relation to recruitment activity across the country.

16. I’m very keen to create new opportunities for people to access, adapt and change jobs within the service. Our shared work around workforce diversification and role transformation will be essential as we work to improve care pathways and ensure a sustainable system for the future. The work NES is taking forward around the utilisation of medial associate professions is a good example of the innovation we require.

17. Good leadership will be absolutely critical in driving the change that we need to see so the work being taken forward by the Board to develop senior leaders and support cultural change across the entirety of Health and Social Care must be prioritised.

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Conclusion

18. In light of the learnings from Covid-19, I am pleased to hear of your plans to refresh your current Strategy. It will be critical to ensure that the content of that Strategy flows from, and so is fully aligned with, the Scottish Government's overarching priorities for our health and social care system and the workforce that delivers it. In this context, I know that work is underway to consider medium-term priorities for all national Boards including NES and I would encourage early dialogue with your sponsor team to ensure appropriate synergy across these pieces of work.
19. The vast scope of discussion at the Annual Review highlights the importance of NES's role in supporting NHS Scotland and the Scottish Government priorities. I would like to take this opportunity to extend thanks myself and on behalf of the Scottish Government to all of the NES employees for their hard work and commitment over the year.

Yours Sincerely,



KEVIN STEWART

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