

**AGENDA FOR THE ONE HUNDRED AND SEVENTY SIXTH BOARD MEETING**

**Date:** Thursday 28 September 2023

**Time:** 11:00 – 12:50

**Venue:** Hybrid meeting: MS Teams / Board Room, UHI House (formally the Centre for Health Science), Old Perth Road, Inverness, IV2 3JH

1. **11:00 Chair's introductory remarks**
2. **11:05 Apologies for absence**
3. **11:08 Declarations of interest**
4. **11:10 Draft Minutes of the One Hundred and Seventy Fifth Board Meeting 10 August 2023** NES/23/54  
For Approval
5. **11:15 Matters arising from the Minutes and notification of Any Other Business**
6. **11:16 Actions from previous Board Meetings** NES/23/55  
For Review and Approval
7. **Chair and Chief Executive reports**
  - a. **11:20 Chair's Report** NES/23/56  
For Information and Assurance
  - b. **11:30 Chief Executive's Report** NES/23/57  
For Review and Assurance
8. **Strategic Items**
  - a. **11:50 Draft Transformation Route Map** NES/23/58  
For Review and Approval (K. Reid)

## 9. Annual Items

- |    |   |           |
|----|---|-----------|
| a. | <b>12:05 Information Governance and Security Annual Report 2022-23</b><br>For Assurance (C. Wroath)   | NES/23/59 |
| b. | <b>12:15 Feedback, Comments, Concerns and Complaints Annual Report (including Participation Standard &amp; Annual Stakeholder report) 2022-23</b><br>For Approval (R. Coward) | NES/23/60 |
| c. | <b>12:25 Caldicott Guardian: Annual Report 2022-23</b><br>For Approval (D. Felix)   | NES/23/61 |
| d. | <b>12:35 Annual Delivery Plan 2023-24</b><br>For Final Approval (C. Bichan)   | NES/23/62 |

## 10. Governance Items

- a. **Significant issues to report from Standing Committees:**
- i. **12:40** Staff Governance Committee held on 17 August 2023 (A. Currie, verbal update)
  - ii. **12:43** Technology and Information Committee held on 29 August 2023 (D. Garbutt, verbal update)
  - iii. **12:46** Education and Quality Committee held on 14 September 2023 (A. Gunner Logan, verbal update)

## 11. Items for Homologation or Noting

- |    |  |           |
|----|--|-----------|
| a. | <b>12:50</b> NES Standing Committee Minutes:       |           |
|    | • Staff Governance Committee 4 May 2023            | NES/23/63 |
|    | • Education and Quality Committee 11 May 2023      | NES/23/64 |
|    | • Technology and Information Committee 26 May 2023 | NES/23/65 |

## 12. 12:50 Any Other Business

## 13. 12:50 Date and Time of Next Meetings:

**Board Development:** 26 October 2023 at 10:15 (TEAMS)

**Public Board:** 23 November 2023 at 10:15 (Hybrid)

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

## NHS Education for Scotland

### DRAFT MINUTES OF THE ONE HUNDRED AND SEVENTY-FIFTH BOARD MEETING HELD ON 10 AUGUST 2023, 10:15 – 12:20

\*\*\* This public Board meeting was held in hybrid format via Microsoft Teams and in-person at the NES Westport office in Edinburgh.\*\*\*

**Present:** David Garbutt (DG) (Chair)  
Jim Boyle (JB), Executive Director of Finance  
Olga Clayton (OC), Non-Executive Director  
Anne Currie (AC), Non-Executive Director  
Jean Ford (JF), Non-Executive Director  
Lynnette Grieve (LG), Non-Executive Director / Employee Director  
Annie Gunner Logan (AGL), Non-Executive Director Nigel Henderson (NH), Non-Executive Director  
Douglas Hutchens (DH), Non-Executive Director / Vice Chair  
Gillian Mawdsley (GM), Non-Executive Director / Whistleblowing Champion  
Karen Reid (KR), Chief Executive & Accountable Officer  
Emma Watson (EW), Executive Medical Director  
Karen Wilson (KW), Executive Director of Nursing / Deputy Chief Executive (Clinical)

**In attendance** Tracey Ashworth-Davies (TA-D), Director of Workforce / Deputy CEO (Corporate)  
Tracey Baxter (TB), Associate Director (NTS (to observe))  
Christina Bichan (CB), Director of Planning & Performance  
Colin Brown (CBr), Head of Strategic Development (CE Office)  
Lindsay Donaldson (LD), Deputy Medical Director  
David Felix (DF), Postgraduate Dental Dean  
Nick Hay (NH), Public Affairs Manager (to observe)  
Kevin Kelman (KK), Director of NHS Scotland Academy, Learning & Innovation  
John MacEachen (JMacE), Head of Corporate Communications  
Rak Nandwani (RN), Non-Executive Director, Public Health Scotland (to observe)  
Ryan Reed (RR), Head of Programme, NHSSA, Learning & Innovation (to observe)  
Emma Scatterry (ES), Digital Learning Specialist (Digitally Enabled Learning), Workforce (to observe)  
Greg Thomson (GT), Associate Director, NTS (to observe)  
Della Thomas (DT), Board Secretary / Principal Lead Corporate Governance  
Lizzie Turner (LT), Finance Principal Lead (for Item 8a)  
Simon Williams (SW), Principal Educator, Planning & Corporate Resources (for Item 8ci)  
Christopher Wroath (CW), Director of NES Technology Services  
Christopher Duffy (CD), Senior (Admin) Officer, (Minute Taker)

#### 1. Chair's Introductory Remarks

- 1.1. The Chair welcomed everyone to the meeting and extended a particular welcome to Rak Nandwani who is attending this Board meeting to observe as part of the Aspiring Chairs programme. The Chair also welcomed Tracey Baxter, Ryan Reed, Greg Thomson and Emma Scatterry who are all attending as observers, as part of their induction to their new

roles in NES.

- 1.2. The Chair noted that this meeting marks Douglas Hutchens' final attendance at a Public Board meeting before he retires from the Board on 31 August 2023. Douglas was appointed to the NES Board in 2015, reappointed in 2019 and his second term was extended in March 2023 for a period six months in order to support the Board during the appointment of four new non-executive board members. Douglas was appointed to the role of Vice Chair in 2021. During his time on the Board, Douglas has been a tireless and committed member who has brought his considerable governance experience to the Board. He has been a member of the Education and Research Government Committee since his appointment and became Committee Chair during its transition into becoming the Education and Quality Committee. He has also served as a member of the Technology and Information Committee and was a member of the Finance and Performance Committee until the work of that Committee was subsumed into the main Board's agenda. Douglas also chaired the Remuneration Committee following his appointment as Vice Chair.
- 1.3. The Chair remarked that Douglas has been an invaluable support to him personally, particularly during the challenges of the COVID-19 pandemic when he was equally supportive to his executive colleagues. Douglas has a forensic eye for detail and brings expert scrutiny and pragmatism to every Board and Committee meeting. He has made a very significant contribution to NES during his time on the Board and will be greatly missed by his colleagues on the NES Board and its governance Committees. On behalf of the Board, the Chair thanked Douglas for his service and contribution and wished him well for the future.
- 1.4. Douglas Hutchens thanked the Chair for his comments, stating that NES has a great future helping with the momentum for progressing Health and Social Care and focusing on the outcomes for the people of Scotland. Douglas thanked the Chair, fellow Non-Executive Directors, the Chief Executive and wider Executive Team, the Governance Team and the Secretariat.

## **2. Apologies for absence**

- 2.1. Apologies for absence were received from the following Board member: Ally Boyle.
- 2.2. Apologies for absence were received from the following regular Board meeting attendees: Gordon Paterson, Judy Thomson and Anne Watson.

## **3. Declarations of interest**

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

## **4. Draft Minutes of the One Hundred and Seventy-Fourth Board Meeting (NES/23/44) 25 May 2023**

- 4.1. The Board reviewed the draft minutes of the meeting that took place on 25 May 2023 and highlighted two amendments. Firstly, under section 7.7g, it was agreed that the text should be updated to reflect an action to read, "In response to a suggestion from the Board, the NES Executive Team will consider how the trauma-informed justice framework could support individuals involved in giving evidence to the COVID-19 public inquiries. David Felix, in his role as the executive lead for the NES response to the COVID-19 public inquiries will ensure this suggestion is embraced as appropriate if and when any NES staff are called as witnesses."
- 4.2. Secondly, under section 10.3b, it was agreed that the text should be updated to reflect an action to read, "In future Risk Register reports the Gross and Net Score columns will be

shaded for clarity and additional context and information will be provided within the control ratings.”

- 4.3. The draft minutes will be updated before being taken to final approved version. The action log will also be updated to capture and reflect these changes.

## **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/23/45)

- 6.1. The Board received the rolling Board action list for review and agreement. The Board noted that all the action points are now completed with the exception of one.
- 6.2. The Chair invited Kevin Kelman to provide any further update on the progress against the open action relating to delivering widening access and apprenticeship programmes to increase the attractiveness of health and social careers and the associated Strategic Key Performance Indicators (SKPIs). Kevin Kelman reported that progress is being made in this area and it is currently anticipated that this work will span across two SKPIs. Kevin Kelman gave the Board assurance that work is continuing on the development of the indicators, and this will be brought back to the Board in due course.
- 6.3. The Action list was agreed.

## **7. Chair & Chief Executive Updates**

### **a. Chair's Report** (NES/23/46)

- 7.1. The Chair presented a paper outlining his recent meetings and activity since the 25 May 2023 Board meeting, in his roles as Chair of the NES Board and a member of the NHS Scotland (NHSS) Board Chairs Group (BCG).
- 7.2. The Chair invited questions from the Board. As there were no questions, the Board noted the report and the Chair moved onto the next item on the agenda.

### **b. Chief Executive's Report** (NES/23/47)

- 7.4. Karen Reid introduced this report and began by giving her personal thanks to Douglas Hutchens for his valued, considered and thoughtful contributions to the Board.
- 7.5. Karen Reid then highlighted the following items within the report for the Board's information:
  - a. The announcement of the appointment of Dr Andrew Sturrock as NES's new Director of Pharmacy/ Postgraduate Pharmacy Dean. Andrew Sturrock will join NES from 18 September 2023.
  - b. The announcement of NES recently being recognised by Carers Scotland as a Carer Positive Established Employer. The whole Board added their congratulations as this is a significant achievement and a prestigious award to receive.
  - c. NES has been positively referenced within the Chief Medical Officer (CMO) for Scotland's 2022-23 Annual Report (Realistic Medicine: Doing the Right Thing). The CMO also referenced NES when he formally launched his annual report at the NHS Scotland conference held on 19 June 2023.

- d. The launch of the electric vehicle scheme which has already proven to be popular with staff. Karen Reid noted her thanks to Jim Boyle and Human Resource colleagues for their work on this.

7.6. Karen Reid invited executive colleagues to highlight any other particular aspects for the Board's information:

- a. Karen Wilson mentioned work that was progressing with a wide range of key stakeholders to develop a national framework for clinical supervision for all nurses and midwives. She commented that it is vitally important that nurses and midwives feel valued and are encouraged to stay in their roles and remarked that good clinical supervision is a way to promote staff retention.
- b. Emma Watson drew attention to a report from the General Medical Council (GMC) on National Trainee Survey data. She reported that this is one way of measuring how NES are performing and that it was pleasing to note that Scotland ranks in first place across the four nations for doctor satisfaction. Scotland has the top ranked programmes in the UK for 31 of the programmes. Also, in relation to Enhanced Monitoring, Scotland now has 7 sites on Enhanced Monitoring rather than 12, this reflects an overall improvement. The Board thanked Emma Watson for this update and Karen Reid commended Emma Watson and her team for all the work they had progressed to achieve these results.
- c. Tracey Ashworth-Davies referenced the excellent achievements of the NES workforce in taking forward enrolment for the national trainee service and succession planning for a cohort of priority roles (NES executive roles and other senior roles identified as business critical). A risk rated succession plan will be available by end August 2023 and will provide a RAG (red/amber/green) status for each role within scope.
- d. Kevin Kelman highlighted the work of the National Ultrasound Training Programme (NUTP). The programme commenced with 9 learners, who have delivered over 3,800 ultrasound (US) supervised procedures as part of training lists whilst participating in immersion training at NHS Golden Jubilee (NHS GJ). Each learner is able to access 5 weeks of immersion training through this programme. The Boards with longest waiting times have been prioritised to be offered US appointments at NHS GJ and this is already having a positive impact across NHSS.

7.7. The Chair thanked Karen Reid for her introductory remarks and executive colleagues for their additional opening comments and opened the report for questions. During discussion, the following points were raised:

- a. The Board thanked Karen Reid for the huge amount of excellent work she had personally contributed towards the progression of the recent junior doctors and dentists in training employee relations negotiations.
- b. The Board invited Jim Boyle to provide more information on the Electric Vehicle Scheme. Jim Boyle reported that NES had been asked to develop and lead on this scheme and then share this with other Boards. Since the launch of the scheme there have been over 100 enquiries from NES staff with 10 applications to the scheme and 4 orders have been placed for new vehicles. Now the scheme is shown to be working, it is available for other Boards to take advantage of. Jim Boyle remarked that the scheme is an incentive for recruitment and retention and will make a contribution towards the net zero targets.
- c. The Board asked for further information in relation to Realistic Medicine. Karen Reid updated the Board that work is currently underway with the CMO, to identify how to embed realistic medicine, values-based healthcare and early intervention to reduce inequalities across all programmes of learning and education. She advised that negotiations relating to funding with Scottish Government (SG) are ongoing and any further progress updates will be brought to the Board in due course, as appropriate.
- d. The Board asked if there was any transferable learning for the Social Care workforce in relation to the previously reported Clinical Supervision Framework for nurses and

midwives. Karen Wilson confirmed that Angella Fulton (Associate Director, Social Care) is involved in major pieces of NMAHP (Nursing, Midwifery and Allied Health Professions) work to explore transferability.

- e. The Chair congratulated the executive team for bringing forward 9 new trainees in healthcare science. He remarked that this is excellent work within the fiscal constraints.

- 7.8. The Chair thanked Karen Reid and the executive team for the report and the Board moved onto the next agenda item.

## **8. Performance Items**

a. Quarter 1 Financial Report (NES/23/48)

- 8.1. The Chair welcomed Lizzie Turner to the meeting in support of this item. The Chair invited Jim Boyle to introduce the report which informs the Board of the financial position at the end of Quarter 1 (Q1) of financial year 2023/24, including the year-end forecast of the financial position.
- 8.2. Jim Boyle reported an underspend position of £0.7m year to date and a full year forecast underspend £0.3m. He highlighted that this is dependent on the receipt of all anticipated funding allocations from SG. Jim Boyle remarked that the report also highlights ongoing work around funding which continues to create some financial planning uncertainty for NES.
- 8.3. The Chair thanked Jim Boyle for his introductory remarks and opened the meeting to questions.
- 8.4. The Board referred to section 5.7 of the report which noted that Boards are required to engage with the SG led Sustainability & Value review which has asked Boards to identify savings of 3% in this financial year. The Board asked how we will find these savings and if some of the funding NES receives will be out of scope. Jim Boyle reported that all NHS Boards have been asked to find the 3% savings. He confirmed that Medical Training Grades (MTG) and Additional Costs of Training (ACT) are out of scope. He confirmed that we are currently working towards how we will achieve the savings, across the whole of the remaining budget. As part of monthly returns to SG it will be highlighted where savings are achieved or planned. There is agreement with SG that if NES manages to achieve savings over 3% this financial year, then this will go towards TURAS redesign and refresh.
- 8.5. The Board referred to section 6.2 of the paper and asked if there are any further updates on the receipt of confirmed allocations. Jim Boyle reported that allocation letters were expected in July, but it is now hoped that some baselining and bunding will link to the allocations and this will be by the end of August. Jim Boyle assured the Board that the Finance team continue to raise this issue with the sponsor team. As soon as the allocations are received, the this will be discussed at the Executive Team and will be reported to the Board at the earliest opportunity.
- 8.6. The Board asked for further information relating to paragraph 6.6 of the paper and the reported increased engagement with SG in respect of Pharmacy funding. Jim Boyle reported that we have not received confirmation of funding from the SG Pharmacy team and therefore we have now highlighted this to the Sponsor Team.
- 8.7. The Board referred to section 6.18 of the report which covered the dental underspend from potential unfilled posts and asked if there are any particular reasons why these posts are unfilled. David Felix reported that the number of applicants across the UK is down this year.

He remarked that the posts that are unfilled relate predominantly to Dental Core Year 3 posts. He advised that in Scotland these posts are paid approximately £10,000 less than England for the equivalent post and therefore this may be a factor that explains the unfilled posts. David Felix went on to report that the other issue was geography, most posts in the central belt are filled with rural posts having more gaps.

- 8.8. The Board asked for further clarification on who carries the risk relating to the unfilled posts. David Felix advised that vacant posts are subject to local NHS Board recruitment and a final position is taken on 1<sup>st</sup> September. To better understand any NES associated corporate risk, David Felix and Jean Ford agreed to discuss this further outside the meeting. **Action: DF/JF**
- 8.9. The Board referred to section 6.7 of the report and asked what work has been undertaken so far in relation to SG asking Boards to identify options for reducing work associated with additional commissions. Jim Boyle confirmed that we were asked to progress this by SG on 1<sup>st</sup> August and therefore we are currently still in the data gathering phase. The Executive Team will consider and determine the impact and respond to SG by the 18th of August deadline. It was noted that there will be follow up through the NHS Chief Executives Group and also the NHS Board Chairs Group.
- 8.10. The Board noted in section 6.7 of the report that NTS generates around £0.7m income from commercial agreements to provide NES software products to different organisations and asked if this is something NES could do more of. Karen Reid responded to advise that we would examine this on a case-by-case basis to ensure the cost of progressing this does not outweigh the benefits.
- 8.11. The Board highlighted the change in return relating to the dental levy and asked what the dental levy was and if this change was a result of COVID-19. David Felix explained that the dental levy relates to funding received for overseas dental students. He reported that the funding comes into NES from the Chief Dental Officer (CDO) and what is not used is returned to CDO. There are elements of the funding that can be used for specific projects, but NES does not have control over what the money is spent on. Emma Watson added, after negotiations with Universities, an agreement has been reached that the medical overseas levy surplus funding would be reinvested in medical education so that Boards and future students would benefit. The Board commented that perhaps this approach could also be applied to Dentistry.
- 8.12. The Board asked that in future reports the commentary and the material in the appendix 1 should match in order to improve the presentation/grouping and flow of the report. An example of 6.3 and 6.14 was provided. Jim Boyle agreed to make these changes for the next finance report that comes to Board. **Action: JB**
- 8.13. The Board confirmed the report provided satisfactory assurance and the Board Chair thanked Jim Boyle, Lizzie Turner and Finance colleagues for the papers and Lizzie Turner left the meeting.
- b. Quarter 1 Risk Report (NES/23/49)
- 8.14. Jim Boyle introduced this report which presented the Board with an update on the Strategic Risk Register in the new reporting format. The report includes the 14 strategic risks approved by the Board on 23 March 2023. Jim Boyle highlighted that the report provides a summary of strategic risks in appendix 1, detailed risks in appendix 2 and the current Board Risk Appetite Matrix in Appendix 3. The content of the report is regularly updated, the scores are reviewed as well as the gross and net controls. He remarked that additional actions have been included which may lead to additional controls. Jim Boyle reported that an appointment has been made to a dedicated Risk Manager position, this has bolstered the resource in the risk area and will help with continuous improvement. The



Board Chair thanked Jim Boyle for the report and opened the meeting for questions.

8.15. The Board referred to Strategic Risk 14 relating to Board Governance and questioned if it was categorised correctly as red. It was remarked that the Board and Committee governance was robust. Jim Boyle noted that this risk is only very marginally above NES' risk tolerance. Karen Reid suggested that we may not have the right risk appetite in place for this strategic risk and proposed a change to the risk appetite to cautious. The Board agreed with this and Jim Boyle will prepare a revised risk appetite proposal to bring to the next Board meeting. **Action: JB**

8.16. The Board commented that overall, the new risk report format was excellent and suggested an improvement would be the addition of a risk heatmap for future risk reports. The Board discussed the benefits of this would be that members could then view a one-page document showing where the big areas of risk are compared to others. It was agreed this will be included in future risk reports. **Action: JB**

8.17. The Board discussed some further formatting suggestions. Firstly, a request to put the reds and the greens on the columns with the scores and take the red and green off the appetite column. Secondly, an improvement to assessing the control effectiveness would be helpful by stating this is the control, this is the position and then adding the actions below, in order to give more visibility. Thirdly, on Appendix 3 the risk appetite, a suggestion that this could also include the ratings and the scorings. Jim Boyle agreed to consider all these changes when producing future risk reports. **Action: JB**

8.18. The Board approved the Quarter 1 Risk Report

c. Quarter 1 Performance Management

i. Quarter 1 Key Performance Indicator (KPI) Report (NES/23/50)

8.19. The Chair welcomed Simon Williams to the meeting to support this item and invited Christina Bichan to introduce the report. Christina Bichan delivered a short PowerPoint presentation which set out the new format and reporting process for the Quarter 1 SKPI Report. The Board were asked if the content of the performance report provided sufficient assurance and if the amendments made in respect of definitions met with their approval. The Board were also invited to provide feedback on the presentation style of the report.

8.20. The Board commented that the format of the report was very good and made the observation that a lot of the data that is not yet available sits under the Education and Quality Committee. The Board asked how this Committee should proceed until the data is available. Karen Reid advised that firstly there is a need to baseline, capture and gather the data. This will take a little bit of time but there are other mechanisms in place to report in terms of performance, the GMC National Training Survey being a good example. Karen Wilson confirmed work is underway in the executive group that supports the Education and Quality Committee (EQC) to develop this infrastructure, and this will be brought to the EQC over the next year, until then we have an existing reporting and governance process in place to service the EQC.

8.21. The Board highlighted that the narrative could be improved in some areas for example SKPI13 and SKPI14. It was agreed that contextual narrative will be included in the next SKPI report to the Board, an explanation of terminology will also be included in the next report. **Action: CBI**

8.22. The Chair thanked Christina Bichan, Simon Williams and all those who contributed to this work, he remarked that this is a big step forward in terms of reporting and the Committees will now focus on their specific remits and delegated SKPIs in more detail. The Board approved the Quarter 1 SKPI report.

8.23. Simon Williams left the meeting.

ii. Quarter 1 Delivery Report

(NES/23/51)

8.24. Christina Bichan introduced this report which provides an update on delivery performance using RAG exception reporting against the NES 2023/24 Annual Delivery Plan for Quarter 1 of 2023/24. Christian Bichan reported that the Annual Delivery Plan remains a draft document and it is intended that the final version will be submitted for Board approval at the September 2023 meeting, following any necessary amendments being made in response to awaited SG feedback. She advised that the 2023/24 Annual Delivery Plan contains 141 deliverables, 114 of which (81%) are green at the end of quarter 1. She went on to report that 25 (18%) of the deliverables are amber and 1% (2) are marked blue as these are now complete. Christian Bichan reported that there are no deliverables with a red status at quarter end.

8.25. The Chair thanked Christian Bichan for her introductory remarks and opened the meeting for questions.

8.26. The Board asked if there was a reason for the extended timescale for NES to achieve credit rating status. Karen Wilson responded to explain that the Corporate Improvement Programme have been reviewing this area and it is important all quality systems and processes are in place first. It was realised that the initial target was unrealistic. Ryan Reed added that the external application process and the turnaround time in the Scottish Credit and Qualifications Framework (SCQF) Partnership has had to be included within our timeline. Once an application is made it is scheduled through the SCQF Quality Committee and the SCQF Board. The timescale for NES to achieve credit rating has been extended to allow for these external quality control steps in the process to take place.

8.27. The Board highlighted the key milestone box within the report and commented that it was difficult to fully understand what the milestone meant without referring to the detail of the plan. Christina Bichan agreed to make the key milestone section more meaningful so the report can link back to the original milestone. This change will be included for the next quarterly report to Board.

**Action: CBI**

8.28. The Board noted that it would be useful if the report could clarify which impacts are internal and which are external. Christina Bichan will add this to the next version of the delivery report.

**Action: CBI**

8.29. The Board approved the Q1 Delivery Report and thanked Christina Bichan and colleagues for the report.

## 9. Governance Items

### a. Vice Chair Appointment

9.1. The Board Chair formally announced the appointment of Annie Gunner Logan as NES Vice Chair from the 1<sup>st</sup> September 2023 and her role as Chair of Remuneration Committee also from 1 September 2023

9.2. The Board homologated these appointments.

## **b. Significant issues to report from Standing Committees**

### Audit and Risk Committee held on 15 June 2023

Jean Ford, Chair of the Audit and Risk Committee (ARC) gave a brief verbal report of the ARC meeting held on 15 June 2023. Jean Ford advised that there were no significant issues or concerns to report from the meeting, which considered Internal Audit Reports; the 2022-23 Annual Reports of the Board Standing Committees and the NHS Scotland Academy Joint Strategic Programme Board; Service Audit Reports; Procurement Reports; the Audit and Risk Committee Self-Assessment, the Draft Annual External Audit Report and Draft Letter of Representation 2022-23 Board Annual Report and Annual Accounts and the Climate Emergency and Sustainability Update.

## **10. Items for Noting or Homologation**

### **a. NES Standing Committee Minutes**

#### **i. Audit and Risk Committee, 27 April 2023 (NES/23/52)**

10.1 The Audit and Risk Committee minutes were homologated.

## **11. Any Other Business**

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

## **12. Date and Time of Next Meetings**

- **Board Development:** 24 August 2023 at 10:15 – 13:30
- **Public Board:** 28 September 2023 in Inverness and via TEAMS at 10:15 – 12:45

13. The Chair thanked everyone for their attendance and closed the meeting at 12:20.

NES  
August 2023  
CD/DT/KR/DG  
v.02

**Actions arising from Board meetings: Rolling list**

Minute	Title	Action	Responsibility	Date required	Status and date of completion
<b>Actions agreed at Board meeting on 10 August 2023</b>					
8.8	Q1 Financial Report	The Board asked for further clarification on who carries the risk relating to the unfilled posts. To better understand any NES associated corporate risk, David Felix and Jean Ford agreed to discuss this further outside the meeting.	DF	15 Aug 2023	<b>Complete – 15<sup>th</sup> August 2023.</b> Through correspondence David Felix and Jean Ford clarified there was no associated corporate risk.
8.12	Q1 Financial Repot	The Board asked that in future reports the commentary and the material in appendix 1 should match, in order to improve the presentation/grouping and flow of the report. Jim Boyle agreed to make these changes for Q2 finance report.	JB	23 Nov 2023	<b>In Progress</b> In progress for Quarter 2 reporting.
8.15	Q1 Risk Report	The Board suggested that the risk appetite relating to Strategic Risk 14 (Board Governance) could require to be amended from adverse to cautious. Jim Boyle to explore this.	JB	23 Nov 2023	<b>In Progress</b> A paper is scheduled to 5 October 2023 Audit and Risk Committee for consideration and will be brought onwards to 23 November 2023 Board for approval
8.16 – 8.17	Q1 Risk Report	The Board suggested that a risk heatmap could be included in future risk reports and suggested other improvements relating to controls and risk appetite to be included in the ratings and the scorings.	JB	23 Nov 2023	<b>In Progress</b> In progress for Quarter 2 reporting.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
8.21	Q1 KPI Report	A contextual narrative will be included in the next Strategic Key Performance Indicator report to the Board, an explanation of terminology will also be included in the next report.	CBi	23 Nov 2023	<b>In Progress</b> Action is underway and appropriate context and explanation will be included in the Quarter 2 report.
8.27 – 8.28	Q1 Delivery Report	The key milestone section of the report will be made more meaningful to link back to the original milestone and clarify on which impacts are internal and which are external will be incorporated for the next quarterly report to Board.	CBi	23 Nov 2023	<b>In Progress</b> In progress for Quarter 2 reporting.
<b>Actions agreed at Board meeting on 25 May 2023</b>					
7.7g	Chief Executive's Report	The NES Executive Team will consider how the NES trauma-informed justice framework could be used to support individuals if and when they may be called as witnesses to the COVID-19 public inquiries.	DF	TBC	<b>In Progress</b> Ongoing
8.10d	Draft Strategic Key Performance Indicators	The Board discussed the importance of NES delivering its widening access and apprenticeship programmes and increasing the attractiveness of health and social care careers. The Board also acknowledged the complexity of reporting in this area, particularly in relation to population demographics and noted the role of the NHS Scotland Academy, Youth Academy Karen Wilson and Kevin Kelman will consider how the development of these measures can be taken forward within the context of the NES locus of control.	KW/KK	28 Sep 2023	<b>Recommended for closure</b> This will be picked up by ongoing KPI work.
10.3b	2022/23 Quarter 4 Risk Register Report	Ensure that future Risk Register Reports include shaded Gross and Net Score	JB	23 Nov 2023	<b>In Progress</b> In progress for Quarter 2 reporting.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		columns and additional context and information within the control ratings.			



**NES/23/56**

**CHAIR'S REPORT**

David Garbutt, Chair of NES Board

22<sup>nd</sup> September 2023

**September 2023**

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

### **August 2023**

1. I attended the Board Meeting of The Promise Scotland where there was a detailed discussion about the Promise Oversight Group's Annual Report, highlighting their concern about a perceived lack of progress with The Promise goals over the preceding year. I outlined the difficulties some sectors were having with identifying specific actions to take. I shared with the Executive Team a paper I had submitted to NHS Board Chairs providing a framework for action.
2. I attended a Board Chair's meeting held at NHS Golden Jubilee, where we considered opportunities to develop the Public Health Agenda as well as the drive for recovery performance. In the afternoon the Board Chairs Group (BCG) met with the Cabinet Secretary and Scottish Government Officials. The Letby case was discussed, and the Cabinet Secretary announced that he would be circulating a letter to Boards seeking assurance on Board processes. Performance was also discussed with a commitment to publishing details of the waiting time review during September. It was also announced that winter planning arrangements would be in place for October with a planning checklist being issued to all Boards. The Minister gave an update on widening the scope of Mental Health to include wellbeing and prevention, stressing the need for more to be done.
3. I chaired the Board Development Reference Group where we considered an ambitious future development plan and had an update on the Aspiring Chairs Programme.
4. Together with the Chief Executive, I attended an 'Improving Wellbeing and Workforce Cultures and Leadership' Strategy Board meeting where we began to scope out the work involved in these areas and how they might be tackled. The current structure is complex, and we advocated more traction from the individual groups existing under this umbrella organisation.

### **September 2023**

5. I chaired the first National Performance Management Committee Meeting of the year when we reviewed the initial evidence submitted by the Boards in relation to their Executive appraisals. A number of Boards are to be contacted for additional evidence to support their gradings.
6. I attended the National Board Chairs Forum and discussed the Public Health Agenda and the re-introduction of Action Learning Sets for Board Chairs. The previous iteration of these were very successful.



7. I attended the Scottish Police Memorial Day as Patron of the Memorial Trust and had the opportunity of discussing shared development with the newly appointed Assistant Chief Constable for Training.
8. I was invited to speak at the final residential of the Scottish Qualifications Safety Fellowship at NHS Golden Jubilee. Again, this was an inspiring event where the fellows had put so much energy into their projects and posters.
9. The Board Chairs Group had a two-day meeting at NHS Golden Jubilee where we discussed items of concern around the following areas: Finance, Population Health, Workforce and Sustainability, particularly in clinical areas. We had Director level input from Scottish Government Departments. Caroline Lamb (Chief Executive of NHS Scotland and Director-General Health and Social Care) attended on day two, to hear the outcome from the discussions and note action points. MSPs, Maree Todd and Jeni Minto also joined the Board Chairs Group and held a wide-ranging discussion on the agendas covered.
10. I attended a development day for the Scotland Deanery Training Programme Directors (TPDs), in Dundee and had a good discussion about the future direction of NES.
11. I spoke at the Scottish Improvement Leaders Graduation event for Cohorts 39 and 40. This was another inspiring event where the energy and enthusiasm of participants was obvious. I emphasized the importance of them continuing to utilise their skills following their return to their respective workplaces.
12. I attended the Global Citizenship Advisory Board where we signed off the new framework and discussed the forthcoming announcements from the First Minister about additional funding for this work.
13. I met, with colleagues and some Board members from the Public Standards Commission to discuss common areas of concern and the place of regulation in the current environment. This was a fruitful meeting and we have arranged for other meetings to take place in future.

**David Garbutt**  
**Chair**

**NES**  
**Item 7b**  
**28 September 2023**

**NES/23/57**



## **CHIEF EXECUTIVE'S REPORT**

Professor Karen Reid, Chief Executive

**September 2023**

## 1 INTRODUCTION

- 1.1 The agenda for our September Board meeting includes a key strategic item for the NES Board to approve. The Draft Transformation Route Map has been developed to set out the expectations over the next three years and provide a guide to staff of the many elements of the transformation. It sets out the key stages and positive impact this will deliver to the people of Scotland and our partners. The route map strongly illustrates the links between the NES strategy, our Strategic Key Performance Indicators, the Organisational Development Plan, and the Corporate Improvement Programme.
- 1.2 The Board will also receive a number of annual and governance items for review and approval including the Information Governance and Security Annual Report 2022-23, Feedback, Comments, Concerns and Complaints Annual Report, Caldicott Guardian: Annual Report 2022-23 and the Annual Delivery Plan 2023-24,
- 1.3 Along with the Chair I am very pleased to welcome Annie Gunner Logan to her first NES Board meeting as the Vice Chair of NES. Annie Gunner Logan's tenure as Vice Chair commenced on 1 September 2023.

## 2 ANNOUNCEMENTS

### 2.1 **Postgraduate Dental Dean/Dental Director**

Board members are aware of Professor David Felix's retirement from his role as NES Postgraduate Dental Dean & Director of Dentistry in April 2024. The advertisement for this role went live on 18 September 2023. The successful candidate will have a significant leadership role in the development and delivery of future dental education and training to the NHS Scotland workforce.

### 2.2 **Dr Andrew Sturrock, Director of Pharmacy/Pharmacy Postgraduate Dean**

In the August Chief Executive report to the NES Board, I confirmed the appointment of Andrew Sturrock. I am pleased to confirm that Andrew joined us on the 18 September 2023. Andrew will bring a wealth of experience, expertise and leadership to NES from his extensive experience in pharmacy education and training.

### 2.3 **Fiona Fraser, Associate Director for Innovation and Workforce Diversification**

I am pleased to announce Fiona Fraser recently commenced as Associate Director, innovation and workforce diversification within the NHS Scotland Academy, Learning and Innovation directorate. Fiona has mixed discipline undergraduate and post graduate educational experience in varied contexts including clinical skills, simulation and digitally enabled learning and education. The role of associate director takes forward a focus on strategic collaboration and partnership activity, horizon scanning and enabling 'different people to apply different tools and do different things at various points of a care pathway'.

This collective activity speaks to shaping and influencing innovation, with an increasingly diverse workforce and responsive education offer to positive effect.

#### **2.4 Gareth Hill, Associate Director,**

I am happy to confirm that Gareth Hill joined NES on 4 September. Gareth has responsibility for Mental Health, Learning Disability & Dementia programme, and the Practice Education/Pre-Registration programme. Gareth qualified as a Therapeutic Radiographer in 2007 from Cardiff University, and after qualification worked clinically and in academia in the Northwest of England and Scotland. Having worked as a programme leader in Radiotherapy at Queen Margaret University, Edinburgh, he then became the Head of Therapeutic Radiography in NHS Tayside. In May 2022 he progressed to be Deputy of Director of Evidence and AHP Lead at Healthcare Improvement Scotland. Gareth is research active with expertise in person-centred care and is a Fellow of The Higher Education Academy. He recently completed a PhD examining LGB people's support needs related to cancer and holds an MSc in Radiotherapy from Sheffield Hallam University.

#### **2.5 Mobile Skills Unit, 2023 UCI Cycling World Championships**

NES were delighted that our Mobile Skills Unit (MSU) was present at the UCI Cycling 2023 World Championships, as part of our partnership with SportScotland. Using the MSU, NES colleagues were on hand to raise awareness of the issue of concussion and provide information on the resources available, including the Scottish Sports Concussion guidance and the recently released UK-wide concussion guidelines for grassroots sport.

#### **2.6 NES Annual Bereavement Conference**

The NES Annual Bereavement Conference entitled “The Grief We Carry” will be taking place virtually on Tuesday 28th November 2023. Sessions in the morning will focus on providing bereavement support in different circumstances and the theme of the afternoon will be staff wellbeing and bereavement in the workplace. The full programme can be found on the NES Events website: [NES Annual Bereavement Conference 2023](#).

### **3 STRATEGIC UPDATES**

3.1 The health and social care system continues to remain under significant pressure, both in the context of frontline service delivery and the challenging fiscal environment. Board Chief Executives (BCEs) continue to meet frequently with Scottish Government (SG) to continue to discuss future planning and service priorities in relation to the NHS recovery plan.

#### **3.2 Programme for Government**

The Programme for Government (PfG) was published on the 5<sup>th</sup> of September. This year's PfG, 'Equality, Opportunity, Community' sets out the aims and ambitions of

the Scottish Government (SG) over the coming year. It focuses on SG's three stated missions, equality: tackling poverty and protecting people from harm, opportunity: building a fair, green, and growing economy and community: delivering efficient and effective public services. A briefing was shared with Board Members on 8 September 2023.

### **3.3 National Centre of Excellence in Remote and Rural Health and Social Care**

- a. The Scottish Government have commissioned NES to be the strategic delivery partner for the National Centre for Remote and Rural Health and Social Care (the Centre), due to be launched in Autumn 2023.
- b. The Centre, which will be both virtual and local and so available to all communities, will deliver improvements to rural workforce and retention, developing a more highly skilled workforce and developing innovative delivery models that drive reform and deliver better results for patients. The National Centre was proposed by the Remote and Rural GP Working Group in their Shaping the Future together report in 2020 and adopted as a Programme for Government Commitment in 2021. The group Chaired by Sir Lewis Ritchie identified key rural enablers to address the specific issues in rural areas.
- c. The Centre will work to improve the capability of remote, rural and island Primary Care and community-based service delivery, providing a resource to support Health Boards and Health and Social Care partnerships in their responsibilities and drive essential improvements in sustainability.
- d. Scottish Government have committed £3.03m over 2023 – 2026 focussing initially on Primary Care as an initial proof of concept, with scoping work being carried out during the first 2 years of the Centre to lay the ground for the potential expansion to include Social Care.
- e. NES will work closely with stakeholders to develop the Centre in a way that serves all Scotland's remote, rural and island populations, is innovative, avoids adopting a one-size-fits-all solution to remote and rural healthcare challenges and one that makes use of virtual networks as well as having physical presence in existing community spaces.
- f. The Centre will support delivery of improved care for remote, rural and island communities across Scotland. It will reduce remote, rural and island health and wellbeing inequalities through focused work to improve the sustainability, capacity, and capability of the remote, rural and island primary care and community-based healthcare workforce and the vital services they deliver to people living in remote, rural and island communities across all of Scotland “.
- g. The work of the Centre will position Scotland as a world leader in delivering and sharing excellence in supporting the existing and future remote and rural multi-disciplinary workforce with the additional skills to meet the health needs of their communities, manage future scenarios and make the changes necessary to deliver improved service for remote, rural and island communities.

- h. This excellence in the design, delivery, and evaluation of services will be achieved through investment in improved research, education, leadership, practice, recruitment, and retention programmes for remote and rural healthcare that make a real difference.
- i. The NES delivery plan outlines a cost effective yet adaptable approach to address priority areas through partnership working and co-creation with communities. It offers value for money, reduces duplication of effort and provides a mechanism for achieving tangible results and maximising efficiencies. It takes a whole system view to improvement and change. It builds on the excellent learning and legacy of previous remote and rural healthcare programmes of work, innovation, research and resources produced by various partners - all aimed at attaining the desired health improvement outcomes in a sustainable and measurable way.
- j. The delivery and development of the Centre will address current priority areas and lay the foundations for longer term change across Scotland. It will occur in three phases. Each phase will undergo rigorous evaluation for impact before the priorities are agreed for the next phase.

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

- a. The Scottish Parliament agreed in June that consideration of the National Care Service (Scotland) Bill at Stage 1 would be extended to 31 January 2024. This was to allow the Scottish Government to undertake widespread engagement with people with lived experience, workforce representatives, unions, local government, and providers. During summer, a total of 9 in person regional forums have taken place, with an additional five online events. Three further regional co-design sessions will take place in autumn, with the second National Forum due to take place in Glasgow on 30 October.
- b. In July, the Scottish Government reached an initial agreement with local government and the NHS about accountability arrangements for the National Care Service (NCS). The agreement aims to establish who will be responsible for people's care once the NCS is established. Overall legal accountability will be shared between Scottish Government, the NHS and local government. Staff will continue to be employed by local authorities, and councils will still be responsible for assets like buildings and the delivery of services. New governance arrangements will be introduced to ensure consistently high levels of service across the country, while building the flexibility to meet varying community needs at a local level.
- c. In the recently published Programme for Government, the Scottish Government signalled its intention to deliver the NCS legislation within the coming year, subject to the agreement of Parliament, to ensure consistency of provision and improvements in social care, social work, and community health support, working in partnership with people who access and deliver services, trade unions, Local Government and the third sector.

## Sponsorship

NES's engagement with the Scottish Government Sponsor Team has continued constructively during August and September 2023. Twice monthly meetings have focused on social care, NES funding, planning, including a regular Annual Delivery Plan update. The NES and the SG Sponsor Teams also conduct regular business in between meetings on specific ad hoc issues. The team has also been responsible for arranging the next NES Annual Review, scheduled to take place as a hybrid meeting on 5<sup>th</sup> December 2023.

## COVID-19 Public Inquiry

- a. NES has not received any formal requests to submit evidence to either the Scottish Inquiry or the UK Inquiry since our last Board meeting.
- b. The Scottish Inquiry started with a two-day scene setting presentation on 26 and 27 July 2023 on the epidemiology of Covid-19 by Dr Croft, expert Epidemiologist and Consultant in Public Health. On Monday 28 August the Scottish Inquiry held its first public hearing.
- c. [Let's Be Heard](#) is the Inquiry's listening project and the main way that the public can contribute to the Inquiry. It aims to give a voice to as many people as possible across Scotland. The national engagement period for Let's Be Heard will run until 20 December 2023. This has been communicated to all staff *via* the NES intranet.

## Climate Change Emergency and Sustainability

- a. The most recent meeting of the NES Climate Emergency & Sustainability (CE&S) Forum on 21 August 2023 received an update on activity that is currently in progress across directorates in this policy area. That update set out that directorates are already engaged in a significant range of activities in raising awareness of the importance of CE&S in the work of NES. However, the challenge will be to make sure that all programmes of education and training contain elements of sustainability awareness raising and design in the delivery of sustainable healthcare practices across NHS Scotland and the use of quality improvement methodology in supporting this. This will be the principal focus of the work of the Forum.
- b. The NES CE&S Forum will be split into two separate workstreams, one to monitor and support the reduction of emissions through our direct activities eg. (buildings operation and staff travel.), and a separate workstream aimed at CE&S activity through our education & training activities. The update to the Forum also highlighted:
  - Sustainability and sustainable value materials have been incorporated into the QI Zone [Sustainability and Quality Improvement | Turas | Learn](#)

[nhs.scot](https://www.nhs.uk)) and with QI training programmes. The QI Zone includes example projects and case studies and links to other resources.

- Sustainability and sustainable value has been incorporated into the project charter resource that supports the internal QI Network.
  - Activities are ongoing to promote Quality Improvement and Sustainability (recent presentation at the NES annual conference, SusQI Showcase Event and the NHSScotland Sustainable Care Event on 4 September 2023).
- c. NES provided attendees, including the Board Champion at the NHS Scotland Sustainability Action Programme Sustainable Care Workstream event at the Golden Jubilee on 4 September 2023. That event covered a range of clinical developments in areas such as Green Theatres, medical gases use, respiratory prescribing and sustainable prescribing.

### **NES Corporate Improvement Programme**

- a. The Transformation Group continues to meet monthly. The Corporate Improvement Programme (CIP) have continued to make progress in a number of areas.
- b. The Ways of Working & Property project has made significant progress in gathering data on our future space needs. The project has collected information on what a robust refreshed wellbeing framework might look like and how that would directly support staff and learners, and options are now being developed.
- c. The Learning & Education Quality System project now has established workstreams with clear role responsibilities along with clearly identified deliverables.
- d. The Turas Refresh project is working towards the submission of an Outline Business Case for future development of the platform by March 2024. To support this, external procurement is underway to ensure organisational stakeholder needs are understood, and architecture and capability of the existing platform is recognised. A project board has been established to oversee delivery of the project, with Scottish Government representation. Angus McCann, Non-Executive Director, NHS Lothian will chair the board.

### **Whistleblowing – Delegated Executive Lead Report**

- a. Under the NHSS Scotland National Whistleblowing Standards, NES received no whistleblowing concerns between 01 April 2023 to 30 June 2023 (quarter one 2023-2024).
- b. With respect to other activities, an updated induction resource (PowerPoint presentation) was produced for newly appointed NHS Scotland Non-Executive



Directors. This presents a high-level source of whistleblowing information and signposts to other learning resources.

- c. Following the NES Board meeting on 25 May 2023, we published our second annual whistleblowing report (in May 2023). This outlined our whistleblowing performance and activities undertaken throughout 01 April 2022 to 31 March 2023.
- d. In May 2023, the NES confidential contacts – Karen Wilson, Director of NMAHP and Deputy Chief Executive (Clinical) and Graham Paxton, Principal Lead – produced an all-staff video communication about their role and willingness to provide a safe space for information and assistance to anyone seeking advice about whistleblowing (and related issues). Amongst other updates, they reiterated their independence from investigating any formal whistleblowing concerns and provided a summary of the October 2022 all-staff survey responses. In addition, the definition of business-as-usual concerns and some fictional examples were provided. Other existing processes for resolving business-as-usual concerns were highlighted. A reminder of the TURAS Learn line manager training offer was also provided (As of 30 June 2023, 273 line managers (77%) have completed their required learning, with 80 (23%) yet to complete). The video communication was a result of the responses from the all-staff questionnaire (distributed during last year's 'Speak-up week'; 03-07 October 2022). The video is available on the NES intranet newsfeed and on whistleblowing intranet page and will serve as an ongoing and useful learning resource for interested parties. Work is currently underway to increase the pool of available Confidential Contacts and our Whistleblowing Steering Group continues to meet regularly to deliver on planned activities.

## 4 DIRECTORATE UPDATES

### 4.1 Dental (including Healthcare Science & Optometry)

- a. We have been working with the Scottish Qualifications Authority (SQA) to create two new qualifications which have been approved and launched as Professional Development Awards (PDA):
  - **PDA in Education, Training and Assessment (SCQF 8)** - The qualification will maximise the use of existing resources, for example 'Foundations of Adult Education' and the suite of e-learning modules within Technology Enhanced Learning (TEL) Design and Facilitation of Learning Programme. A link outlining further information is [here](#).

- **PDA in Dental Practice Management (SCQF 8)** - Following consultation with stakeholders the previous SQA qualification for Dental Managers has been updated to meet the needs of the current needs of the Dental Practice Manager and dental teams. The structure of the new qualification will enable NES to offer a range of flexible education and training opportunities for Practice Managers and those in leadership roles within the dental setting. The first cohort is planned to commence early 2024. Further information on the qualification can be found [here](#).
- b. **Modern Apprenticeship in Dental Nursing** - The 68 trainee dental nurses undertaking the modern apprenticeship are reaching completion and will progress to register with the General Dental Council. A further 74 trainees will be commencing the 2023-2024 apprenticeship programme in September 2023.
- c. **Dental Nurse Induction – New Online Learning Programme** - In collaboration with the NES Corporate Improvement and Digital teams, the Dental Care Professional workstream have created a new sustainable educational solution hosted on Turas. Access to the learning programme can be found here - [Dental Nurse Induction | Turas | Learn \(nhs.scot\)](#).
- d. **NES SQA Approved Centre - 2023 External Verification Outcomes** - The NES SQA Programmes (Dental (8) & Psychology (1)) externally verified by SQA achieved 'High confidence in the maintenance of SQA standards across all quality criterion'. In addition, five areas of Good Practice were acknowledged by the External Verifiers.

## Healthcare Science

- a. Working with NHS colleagues and partners at Glasgow Caledonian University, we welcome the prospect of an intake of around 15 clinical physiology trainees to the NHS-only programme, for audiology, cardiac physiology and neurophysiology. Trainees are funded by service. This programme runs biennially and is particularly timely as it coincides with the publication of the National Review of Audiology Services that identified workforce shortages as a cause for concern over service quality.
- b. The [Audiology Independent National Review](#), published in August 2023 included recommendations proposed for education and training of the workforce. This element of the review was chaired by Rob Farley, NES Associate Director for Healthcare Science. We await Scottish Government's implementation response.
- c. Public Health Scotland have approached NES Healthcare Science for advice on training and recognition of consultant clinical scientists. We have suggested learning from other healthcare science groups that train by equivalence programmes, and a conversation with the Academy for Healthcare Science concerning its [Higher Specialist Scientist Register](#) We have signalled that we are unable to fund higher specialist scientist training.

- d. We continue to field enquiries from service for 2023 and 2024 clinical scientist training posts. We expect to have a sense of affordable numbers for 2024 by early October.
- e. We have circulated to our Healthcare Science Advisory Group an early draft of a guide for Healthcare Support Worker Staff. This is part of phase 3 of an SG commission to NMAHP Directorate. We will discuss next steps with Chief Nursing Office (CNOD) shortly.
- f. We are exploring the use of 360-video as an engagement tool for careers promotion. Helpful advice has been supplied by NES Medicine and the Technology Enabled Learning team. We hope to pilot a demonstrator of the technology for service shortly.

#### 4.2 NES Technology Service (NTS)

- a. **NTS Delivery Plan** - The first draft of a 2023/24 delivery plan against the outcomes defined in the Digital Health and Care Strategy reviewed by Scottish Government Digital Health and Care. NTS are working with NES Directorates and NES Executive Team to prioritise work against the Annual Delivery Plan and Scottish Government commissions. These priorities will be incorporated into the overall NTS delivery plan alongside Scottish Government major programmes to be shared for review and approval by NES Executive Team and Scottish Government Digital Health and Care.
- b. **Digital Front Door (DFD)** - Work is progressing to recruit a Head of Programme for DFD alongside a recruitment plan for other roles identified. Key deliverables for DFD have been agreed for 2023/24 and include, prototype potential identity and verification solutions, prototype view and edit of individual health & care data, carry out any preliminary assurance activities associated with any prototypes, prototype and agree design system, architectural blueprint, signed off by the Digital Health and Care Technical Design Authority and the development of a prototype is in progress to support assessment and informed decision on an Identity Service for DFD.
- c. **OpenEyes** - Successful rollout of version 6 to all 9 sites for Hospital Eye Service in NHS Greater Glasgow & Clyde on 3rd June 2023. Feedback from users has been positive and work ongoing on final pathway (Cataracts). Version 6 will now be rolled out nationally to those boards who are keen to adopt, with Forth Valley being the next board followed by either Lanarkshire or Golden Jubilee National Hospital, depending on board readiness.
- d. **SCI Diabetes** - National Inpatient Audit (NaDIA) is an audit which sets out to measure the quality of diabetes inpatient care. NaDIA has been run in England and Wales for a number of years and this has been undertaken across NHS Scotland for the first-time using SCI-Diabetes. This resulted in 2026 full Inpatient patient reviews across 14 Boards. The next release of SCI-Diabetes

(2023.3) will include NaDIA reporting for NHS Boards, reflecting NHS Board results compared to Scotland overall.

### 4.3 Medicine

- a. **Medical Additional Cost of Teaching (ACT)** - The Scottish Government have given St Andrews University permission to take forward a new medical programme (ScotCOM). Subject to approval from the General Medical Council, existing St Andrews BSc Students will be offered the option of transferring to the new programme in academic year 2025/26, which will see students completing their primary medical qualification in 5 years. The medical directorate is working to identify and provide start-up costs to NHS Fife and partner Boards in advance of students arriving.
- b. **Academic Training** - We are recruiting for a strategic Associate Postgraduate Dean post which will review and update arrangements for clinical academic training pathways in Scotland. In addition, this post will also develop training routes for teaching/scholarship-intensive careers. This complements the work coordinated by Dundee Medical School under the auspices of the Scottish Medical Schools Board to identify, explore and address a number of issues in clinical academia in Scotland.
- c. **Foundation School** - A new 4-nation approach has been introduced for UK Foundation Programme recruitment from 2024. Extensive modelling strongly suggests that this will be a fairer system. The high-level intention of the change is to break the link between undergraduate performance and allocation. The Scottish Foundation School opinion is that if an applicant puts Scotland first on their ranking, they have a very high chance of being placed in Scotland, and that this should help reduce the number of unfilled posts in areas that historically have been hard to fill (e.g., North of Scotland).
- d. **Recruitment to Whole Time Equivalent numbers and population need training post allocation** - NES medical are working with Scottish Government colleagues to propose a move to Whole Time Equivalent (WTE) rather than head count based recruitment. The need to review how we recruit has been driven by the increase in less than full time working, out of programme opportunities and supporting a positive work life balance for doctors in training. This process would seek to deliver a whole-time equivalent workforce matched to workload, population need and population location.
- e. **Moray Maternity Services** - NES medical continue to work closely with NHS Grampian and NHS Highland to support their planning for the delivery of the Model 6 obstetric care model at the Dr Grays Hospital site. At present this support is via a request to Scottish Government for an expansion in training posts in obstetrics and gynaecology and paediatrics to deliver a consultant-based service.

### 4.4 Pharmacy

- a. **Naloxone (education development)** -The NES Pharmacy team is working in collaboration with Scottish Drugs Forum (SDF) to provide training in preparation for a new community pharmacy service to allow the emergency supply of Naloxone. This service will allow community pharmacy teams to supply Naloxone, so that it can be used to reverse the effects of an opioid overdose. This training includes e-learning resources and webinars, which will be delivered before the service is launched in November 2023.

#### 4.5 Nursing, Midwifery & Allied Health Professions (NMAHP)

- a. **Get the guidance in your pocket: Preventing Infection in Social Care Settings** - Health and social care staff will always have the latest infection prevention and control (IPC) guidance in their pocket thanks to a new app was launched on Monday 24 July 2023. The app is based on the pocketbook Preventing Infection in Social Care Settings and aligns with national IPC guidance, in particular the National Infection Prevention and Control Manual and the Care Home Infection Prevention and Control Manual.
- b. The app was developed in partnership between the Scottish Social Services Council (SSSC), NHS Education for Scotland (NES) and the Digital Health & Care Innovation Centre (DHI). Developed specifically for the social care workforce, the app builds on existing knowledge and good practice and enables workers to have national guidance at their fingertips when they need it. This app has been shaped by social care staff to support and enhance their practice and ultimately improve care for people they support and is an example of the collaborative working between NES and other agencies; to develop a user-friendly resource for social care staff, ensuring the latest infection prevention and control guidance is at their fingertips.
- c. Preventing infection in social care settings is available for mobile devices and on the web. It will continue to be developed in line with guidance and feedback from people using it.
- d. "The preventing infection in social care app is a welcome addition to the suite of current support tools, alongside the [Decision Support for Adult Support and Protection app](#) and information available to frontline social care staff delivering services."

#### 4.6 NHS Scotland Academy, Learning and Innovation

- a. NHS Scotland Academy (NHSSA) continues to deliver at pace across its suite of projects, whilst also exploring several potential new workstreams. The NHS Scotland Youth Academy healthcare pathway has begun with approximately 60 S4-S6 students registered across four health boards and 15-18 schools. Some NHSSA projects are now delivering significant patient benefits in addition to educational outcomes by enabling people who have been waiting for a long time for access to diagnostic tests to have their test as part of a training programme.

- b. **Learning Strategy and Collaboration** -The NES Learning and Education Strategy has now been subject to an internal consultation. Amongst a range of questions, respondents were asked to describe the Strategy in three words. The most popular description was 'ambitious', the next most common descriptors were 'clear', 'collaborative' and 'inclusive'. The overwhelming majority of respondents strongly agreed or agreed with the learning and education principles and priority themes detailed within the draft document. There were also a range of constructive reflections and practical suggestions for improvement. These are being analysed and incorporated into a new draft, that will then be subject to external consultation. The Learning and Education Strategy will be the focus of a Board Development session in October and will come to the NES Board for final approval on 23 November 2023.
- c. **Innovation and Workforce Diversification** - Recruitment to this new team is now complete and capacity is in place. The NES Innovation Reference Group has been established to develop NES's first Innovation Strategy by the end of Quarter 4. The team is nurturing strategic collaborations and activity with lead partners and increasing NES's representation in the health and social care innovation sphere. NES is now a key partner supporting the Chief Scientist Office's Innovation Fellowship activity. NES is also a key partner in the Accelerated National Innovation Adoption (ANIA) activity, focusing on workforce and education considerations, alongside specifics of digital enablement, and fostering Once for Scotland approaches.
- d. NES continues to respond to the Medical Associate Professions (MAPs) commission from Scottish Government, with NES recommendations informing the next phase. This includes the recent endorsement by the Cabinet Secretary for application of these roles to greater effect in Scotland's workforce. Next steps align with preparation for General Medical Council regulation of Physician Associate/Anaesthesia Associate roles by late summer 2024. Discussion continues with lead agencies regarding alternative approaches to provision of a new degree award for Operating Department Practitioners.
- e. **Turas Refresh** - The first Turas Refresh Project Board meeting is planned for 15 September 2023 to include Scottish Government representatives. The identification of workstream leads and detailed project and resource planning continues. Programme and Project Managers are now in place, and Head of Programme interviews took place on 8 September 2023. The Turas Refresh Programme has met procurement milestones for the user research tender to be issued, and a tender to undertake a technical review is going to be issued imminently.

#### 4.7 Psychology

- a. **Enhanced Psychological Practice Programme** - NES Psychology have developed an Enhanced Psychological Practice training programme. This is a new certificate level training scheme designed to develop psychological practitioners capable of delivering high-quality, evidence-based interventions for

mild to moderate psychological difficulties in a way that can be efficiently brought to scale.

- b. The programme has two courses: one focuses on adults Enhanced Psychological Practice Adult - (EPP-A) and one for Enhanced Psychological Practice Children and Young People (EPP-CYP). Both courses are certified, and quality assured by the Scottish Qualification Authority (SQA). The programme uses a blended learning approach to provide a thorough grounding in the theory, evidence-base and clinical application of enhanced psychological interventions. Learners receive clinical skills and case management supervision by appropriately qualified staff in their health board placement.
- c. The Scottish Qualifications Authority (SQA) recently undertook an External Verification visit for the Psychology Directorate's Customised Award in Enhanced Psychology Practice - Children & Young People (EPP-CYP), which involved the EPP-CYP Programme team and colleagues within the NES SQA Centre.
- d. The formal feedback received from the SQA following the External Verification visit identified high levels of confidence in the maintenance of SQA standards in relation to the resources developed for and delivered on the EPP-CYP Programme, the support offered by the Programme team to candidates, and the internal assessment and verification processes used within the Programme.
- e. Using a recognition of prior learning route, learners on the initial cohort of the EPP-CYP, which commenced prior to formal SQA accreditation, have now been awarded their SQA customised award. This provides clarity and quality assurance for both learners and employers.
- f. The first CPD events for completed learners from both courses are scheduled for the Autumn to maintain and extend skills in delivering enhanced level psychological interventions for common mental health problems.
- g. The fourth cycle of national recruitment for the EPP programme is currently underway for the next cohort of learners who will commence on the two courses in November 2023. This will be the fourth intake of learners for the EPP-CYP course and the fifth intake on the EPP-Adult course.

#### **4.8 Planning & Performance**

- a. **Communication and Engagement** - Engagement sessions with partners to raise awareness of the new NES Strategy and learn more about how we can best support them and meet their needs continue to progress. Since the last update meetings have been held with NHS Fife, NHS Orkney and NHS Highland with follow up calls being arranged to explore some of the opportunities raised in more detail.
- b. **Monitoring and Management of Performance** - Following approval of the Board's Strategic Key Performance Indicators (KPIs) in May 2023, work is progressing on developing measurement definitions and reporting mechanisms

for the second phase of metrics to build on those reported to Board at their August meeting. This is involving engagement with and participation by all Directorates. Communication and engagement activities are continuing to raise awareness of the KPIs and encourage consideration of the alignment of existing NES workstreams to the metrics outlined. A short animation has also been prepared to support those involved in data handling and reporting.

- c. **Board Services** - A Board Development session took place 24 August 2023 to discuss the draft NES Transformation Route Map and the Simulation Training offered by NES. We continue to participate in the Aspiring Chairs Programme and progress induction for our 4 new non-executive directors as well as induction for new Committee Chairs. Board and Committee meetings have progressed as scheduled.

#### 4.9 Social Care

- a. The Social Care Directorate are actively participating in the NES Transformation Programme. Gordon Paterson, Director is the organisation lead for the 'Co-production and Lived Experience Workstream', which is part of the wider Quality Systems transformation work. This aims to establish a NES-wide approach to the ways in which we engage with people who use social care and health services to inform the design, development and delivery of our education and learning resources. In addition, the Angella Fulton, Associate Director is contributing to the Transformation Programme through her involvement in both the Turas Refresh Short Life Working Group and the Learning and Education Strategy writing group.
- b. The Social Care Directorate are providing social care perspectives to the following NES internal groups: Transforming Roles; Leading 2 Change Social Care and Social Work Group; NES Innovation Group; and Realistic Medicine and Value Based Health and Care. We have also facilitated the involvement of social care representatives in the development of Equality and Diversity and Cultural Humility resources.
- c. External engagement continues to be an important aspect of the Directorate's activity and over recent weeks the Director and Associate Director have engaged with: SSSC; HIS; DHI; Open University; Skills Development Scotland; Macmillan Cancer Care; Erskine Veterans Charity; Scottish Care; and the Deputy Director for Social Care and National Care Service at the Scottish Government. These engagement opportunities are strengthening partnership working and helping to promote NES resources and activities to the social care sector.
- d. Reflecting the challenges impacting on social care and recognising that the operating conditions are different to the NHS, the Social Care Directorate and the SSSC have provided a joint response to inform the work on Skills for Health and Care led by Scottish Government. This is part of a whole system approach



to improving entry routes to and apprenticeship opportunities for health and social care roles in Scotland.

- e. The Associate Director has joined the group that is now overseeing the implementation of the 'Healthcare Framework for People Living in Care Homes'. This framework was published in 2022 and sets out standards for the healthcare for adults living in care homes. The framework report sets out recommendations and NES has been identified as an influencing organisation to support Health Boards, HSCPs, Care Home Providers and other organisations to support the implementation of the framework.
- f. Working with NMAHP, the Social Care Directorate have facilitated discussion with colleagues to inform NES's response to the consultation on the Health and Care Staffing Act guidance chapters.
- g. Gordon Paterson, Director of Social Care has been asked to join the new Joint Social Services Taskforce. This group, co-chaired by the Minister for Mental Health and Social Care and the COSLA Spokesperson for Health and Social Care will have an overview of workforce activity already underway, will identify priorities for the social services workforce and will make recommendations to improve progress, for example through identification of gaps in activity, improved scope for coherence, or changes in timescales.

#### **4.10 Workforce**

- a. Succession Planning for a cohort of priority roles (NES executive roles and other senior roles identified as business critical) has been completed. A risk rated succession plan providing a RAG status for each role within scope has been produced. Those staff identified within the succession plan are now working with their line manager to produce an Individual Development Plan. This will be regularly reviewed as part of the annual personal review and planning process and the succession plan formally reviewed annually. NES has provided nominations to the NHS Scotland Aspiring Chief Executives programme led by Scottish Government.
- b. The Scottish Government led Aspiring CEOs programme has commissioned NES to manage development centre events for those staff nominated by NHS Scotland Health Boards as part of CEO succession planning activity. A Board Workshop: Leading in a Digital Age targeted at Executive and Non-Executive Board members has been designed by the Digitally Enabled Workforce team and is being rolled out from Q3 2023 for use widely across the health and care sector.
- c. Since April 2023, 509 Certificates of Sponsorship (CoS) have been issued to DDITs requiring a Skilled Worker visa to work in the UK (posts commencing August/September 2023). This is similar to the number issued in the same period in 2022 (510). Whilst the Home Office processed the majority of visa applications within stipulated timescales, 82 trainees waited beyond 8 weeks

for Home Office processing. PVG applications were processed for 1,478 DDITs commencing August/September 2023. NES is one of 4 Employing Boards under the Lead Employer arrangements and employs 1792 (26.54%) of Junior Doctors in NHS Scotland. Dental Core and Specialty trainees (120) are also directly employed. Karen Reid, NES CEO, chaired the NHSS Employers Reference Group as part of the 23/24 pay negotiations. A pay offer of 12.4% for 2023/24 was accepted in August following a vote for strike action in June. Coupled with a pay rise of 4.5% for 22/23 this amounts to a cumulative 17.7% over 2 years. The agreement also included a commitment to future years pay, contract and pay bargaining modernisation.

- d. An Organisation Development Plan, aligned to the NES Strategy, has been approved by the NES Executive Team in August and endorsed by the Partnership Forum. It has 3 areas of focus: culture; capabilities; connect and collaborate.
- e. The Widening Access Team has worked with directorate representatives from across NES to develop a NES Widening Access Framework, which will provide strategic oversight and governance for widening access programmes.
- f. The Centre for Workforce Supply, commissioned by Scottish Government, has developed a Workforce Modelling Tool which is being tested with Board regional workforce planners and HR Directors and is being considered for incorporation within national workforce planning processes by the Scottish Government. The Centre is also supporting international recruitment by NHSScotland Boards through co-ordination and support whilst also supporting a pilot in social care.
- g. The Armed Forces Talent Programme (previously Supporting Armed Forces Employment Programme) has launched with a programme of initiatives being delivered. Dedicated placement programmes are soon to be advertised with several NHS Boards.

## **Calendar**

This section of the report provides an overview of the meetings I have attended since 4 August 2023. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

### **NES Executive Team (ET), Transformation Group (TG) and Strategic Implementation Group (SIG)**

The NES Executive Team (direct reports to the Chief Executive) meets formally on a twice-monthly basis to focus on and consider strategic matters, collective strategic decision-making, strategic scrutiny, and cross-organisational leadership.

The Transformation Group (TG) chaired by the Chief Executive continues to meet and lead and oversee transformation activity in NES that is being taken forward to underpin the delivery of NES strategy. The group will ensure clarity of direction and a focus on our people, partnerships, and performance. Membership comprises the NES Executive Team and other senior leaders within the organisation. TG meetings take place monthly.

The Strategic Implementation Group (SIG) meets for a business meeting once a month. SIG meetings are chaired by Karen Wilson (Executive Director of Nursing / Deputy Chief Executive (Clinical)) and Tracey Ashworth-Davies (Director of Workforce / Deputy Chief Executive (Corporate)).

### **NHS National Board Chief Executives (BCEs)**

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

### **NHS BCEs + Scottish Government**

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

NHS Scotland Board Chairs and Chief Executives meet monthly for a System Pressures and Recovery Meeting with the Cabinet Secretary NHS Recovery, Health and Social Care.

## **NES**

I continue to enjoy meeting with a range of NES staff either to discuss key NES programmes and initiatives or as part of their induction. In recent weeks I led an all-staff webinar on the Transformation Route map. I have also met with colleagues to discuss the TURAS refresh.

## **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 NHS24, NHS Highland, Public Health Scotland and the Scottish Ambulance Service.

## **External Stakeholders**

I continue to meet with a wide range of key stakeholders across health and social care. Since the last Board meeting, I have met with Chief Executives and senior representatives from the General Medical Council, Royal College of Nursing, Health Education and Improvement Wales, Universities Scotland, CLD Standards Council, University of Dundee and the University of St Andrew's.

I attended the Mental Welfare Commission Event on 23 August 2022; this event shared highlights from their 2022-23 annual report. Senior mental health and social work/social care leaders from across Scotland had the opportunity to discuss national issues and challenges. I had the pleasure of meeting Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport at the event.

## **Scottish Government (SG)**

I have met with a number of SG colleagues since the last Board meeting including Fiona Hogg (Chief People Officer), Stephen Gallagher (Director Digital Health and Social Care), Donna Bell (Director of Social Care and National Care Service Development), Gillian Russell (Director of Health Workforce), John Burns (NHSS Chief Operating Officer), Dame Anna Dominiczak (Chief Scientist), Richard McCallum (Director of Health and Social Care Finance & Governance) and Caroline Lamb (Chief Executive of NHS Scotland / Director-General for Health and Social Care)

Emma Watson and I met with Richard Lochhead at Dr Gray's Hospital.

In terms of wider SG meetings, I joined an introductory meeting with the Scottish Partnership Forum. I have attended the Improving Wellbeing and Workforce Cultures Strategy Board, Leading to Change Programme Board, General Practice Task Group – Roundtable, Innovation Design Authority and the NCS Discussion with COSLA/SG and NHS colleagues.

## **Board Paper**

### **1. Title of Paper**

Draft Transformation Route Map

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

Laura Allison, Associate Director / Workforce  
Christina Bichan, Director of Planning and Performance  
Janice Gibson, Associate Director / Workforce  
John MacEachen, Head of Corporate Communications

### **3. Lead Director(s)**

Karen Reid, Chief Executive & Accountable Officer

### **4. Situation/Purpose of paper**

The Board is asked to review and approve the NES Transformation Route Map.

### **5. Background and Route to Meeting**

5.1 Following approval of the 2023-26 NES Strategy at the May 2023 Public Board meeting, work commenced on the development of a 'Transformation Route Map' to articulate responses to the following questions:

- How will we deliver our three-year strategy?
- What are the milestones for our transformation programme and each of our priority projects?
- What difference will these make for us and our stakeholders?

5.2 An early version of the draft Transformation Route Map was presented to the Board at the August 2023 Board Development Session for comment and discussion, ahead of being issued to NES staff for their review and feedback. The final draft has been prepared and informed by the feedback received.

5.3 The development of the Transformation Route Map has been led by the Director of Planning and Performance, Associate Director, Workforce (Quality Improvement), Associate Director, Workforce (Organisational Development, Leadership and Learning) and the Head of Corporate Communications with frequent input from the NES Executive Team and colleagues involved in delivery of the NES Corporate Improvement Programme.

## 6. Assessment / Key Issues

- 6.1 The Transformation Route Map sets out how NES intends to deliver on our strategic intent over the next three years and the changes people will see and experience within Scotland's health and social care system as we deliver our priorities. It builds on our corporate documentation by setting out the significant change programmes being progressed across NES to transform our organisation and underpin the delivery of our strategic objectives and medium-term priorities.
- 6.2 NES's transformation journey is founded on four key commitments:
- **Co-Design Quality and Excellence**, by working with our partners and those with lived and living experience of health and social care services to shape our education, training and resources.
  - **Connect and Collaborate**, by building relationships and extending our reach nationally and internationally to innovate and learn, adding value where it is most needed.
  - **Cultivate Capabilities**, to build careers and a sustainable workforce which is fit for the future, both within NES and wider health and social care system
  - **Create our Culture**, by being inclusive and reflecting our values and behaviours in all that we do to support, empower, and value our staff, partners and learners.
- 6.3 An initial set of corporate improvement programmes have been established to support the early phases of our transformation journey. The Route Map will evolve as we progress and deepen our understanding of what is most important to our staff, learners, trainees and partners and how we can maximise our impact on our health and social care system.
- 6.4 Over the next three years, we will measure and report publicly on the success of our change activities through our strategic Key Performance Indicators and progress reports against our Annual Delivery and Medium-Term plans.

## 7. Recommendations

Board members are asked to review and approve the NES Transformation Route Map.

---

### 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 [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

- 1. People Objectives and Outcomes
  - 2. Partnership Objectives and Outcomes
  - 3. Performance Objectives and Outcomes

**d) Have key strategic risks and mitigation measures been identified?**

- Yes
- No

**e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?**

- Yes
- No

**f) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?**

- Yes
- No

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

- Yes
- No

LA / CB / JG / JM  
NES  
September 2023

# DELIVERING OUR STRATEGY

## A Transformation Route Map







## Foreword from Karen Reid, Chief Executive

---

NHS Education for Scotland operates in a unique and privileged position within Scotland's health and social care system.

We provide education, training, workforce development, data and technology for health and social care. The work we do affects everyone who works in and with health and social care services, as well as every person in every community in Scotland.

We design and deliver education, ensure quality and standards, and use technology to enable staff to be skilled, confident, and motivated to provide better outcomes. Through our NES Strategy 2023–26 we outlined a bold ambition to create a workforce that meets people's needs, as well as the needs of staff, carers, and the people of Scotland by working in partnership with our staff, learners and stakeholders.

*This transformation route map sets out how we intend to deliver on our strategic intent over the next three years and the changes people will see and experience as we deliver on our priorities.*

Our transformation consists of many elements, each individually important. When brought together, these will deliver the significant step-change we seek, to maximise our contribution and the positive impact we can make to the people of Scotland, our partners and in the performance of our organisation.

As we embark on our transformation journey, I invite you all to engage with us, to help shape tomorrow's NES so we can support a healthier, wealthier, and more sustainable future for all.



## Introduction

**Our purpose in NES is to be a collaborative, innovative and inclusive learning organisation providing high quality education, training, workforce development, workforce data and technology for Scotland’s health and social care workforce. Our strategic vision is to support better rights-based quality care and outcomes for every person in Scotland through a skilled, capable, and resilient health and social care workforce.**

*By attracting people to careers in health and social care, we can create jobs and boost the economy.*

We are adaptable, creative, and responsive to the needs of the workforce and the communities we serve. We are firmly committed to improving population health, reducing health inequalities, and working nationally and locally with partners to make a positive and lasting impact to improving the wellbeing of the people of Scotland.

We work with the Scottish Government, local government, NHS, Health and Social Care Partnerships, social care providers, academia, regulators, and other strategic partners to create new roles and services and develop new and exciting career pathways for future generations.

Our work programmes ensure that those who work in health, social care and social work are skilled, confident, and motivated to continually improve outcomes for people. We promote and uphold human rights through our education and training and provide challenge where these are not being upheld.

We work closely with the Scottish Government to help shape health and social care policies. We use our expertise to help improve care and reduce inequalities through supporting health and social care reform programmes, such as the Scottish Government’s Care and Wellbeing Portfolio, and the Scottish Government’s commitment to human rights and the delivery of a National Care Service.

In May 2023, we published our corporate strategy for 2023–26, outlining our strategic intent, centred around the themes of People, Partnership and Performance. We have articulated our delivery intentions through our 3 year Medium Term Plan and Annual Delivery Plan and how we will measure the difference we make through a set of strategic key performance indicators. This transformation route map builds on our corporate documentation by setting out the significant change programme being progressed across NES to transform our organisation and underpin delivery of our strategic objectives and medium term priorities. Through this routemap we set out what our staff, learners and partners can expect, how they can work with us to co-create the future and key milestones on our transformation journey.

Over the next three years we will work with our staff, learners, partners and stakeholders to deliver our ambitious change programme, using technology and innovation to improve education and learning and create a better and more sustainable future for health and social care. Our focus is, and will remain, improving people’s health and care outcomes through a competent, confident and skilled workforce while supporting Scottish Government’s policies.



## Why do we need a transformation programme?

NES operates within a continually changing environment and a health and social care system which is facing unprecedented challenges.

As the statutory education and training body for NHS Scotland, and with an equally important role in social care and social work, we are proud to be an organisation which constantly strives to deliver high-quality public services for the people of Scotland.

Our health and social care system is facing unprecedented challenges and it is crucial we focus our attention on the areas where we can maximise our contribution. We recognise that to be successful in delivering the NES Strategy and achieving our intended impact and outcomes, we must embrace new ways of thinking and doing, and work differently as an organisation. We also recognise that people are at the heart of our organisation and the health and social care system so the environment we create is crucial to achieving our strategic ambitions in respect of contributing to improved population health and a reduction in health inequalities.

Our transformation programme is designed to support and enable change across our organisation, increasing our agility, efficiency and responsiveness to the needs of our staff and those we serve. Through embracing

innovation and advances in technology, such as artificial intelligence, we will be enabled to work differently as an organisation, enhancing our impact across communities and the health and social care workforce. The cultural change needed to support our transformation will be enabled through the delivery of our Organisational Development Plan, which focuses on the attraction, retention, support, development and nurturing of our talented workforce so they can deliver with confidence, competence, curiosity, and creativity.

Our employees are our best asset and advocates for NES, what they do and how they are supported to deliver is crucial to achieving our organisational outcomes. Building on our solid foundation as an education and training body and highly regarded employer, we are committed to evolving, with our people and partners at the heart of our transformation to ensure we can support the health and social care workforce of tomorrow to deliver sustainable services and improved outcomes for our population.



## Tomorrow’s NES – our transformation journey

Transformation describes radical change that goes beyond day to day service improvement, and shifts the way we work as an organisation. NES will achieve this through consistent measured progress and positive outcomes from smaller incremental change, creating the environment, culture and readiness to embed transformation.

Our NES transformation journey is founded on our commitment to:

- > **co-design quality and excellence**, by working with our partners and those with lived and living experience of health and social care services to shape our education, training, and resources.

---

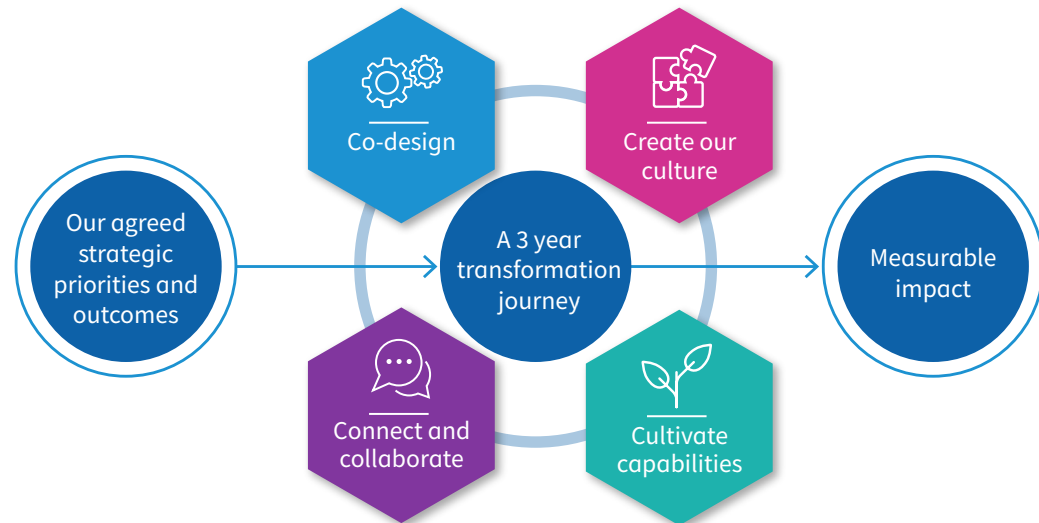
- > **connect and collaborate**, by building relationships and extending our reach nationally and internationally to innovate and learn, adding value where it is most needed.

---

- > **cultivate capabilities**, to build careers and a sustainable workforce which is fit for the future, both within NES and the wider health and social care system.

---

- > **create our culture**, by being inclusive and reflecting our values and behaviours in all that we do to support, empower, and value our staff, partners and learners.



*Through our transformation journey we will create significant and sustainable long-term change by harnessing the energy, motivation and capability of our NES workforce and partner organisations and taking a holistic and integrated approach to service redesign.*



## Our Corporate Improvement Programmes

To support our transformation, we have developed an initial set of corporate improvement programmes, in the context of our NES Strategy and our Medium-Term Plan for 2023–26.

*As we progress through our transformation, these programmes will be added to and built upon to deliver our strategic intent.*

They are cross-cutting areas of work which impact on all three of our strategic themes – People, Partnership and Performance – and require participation and engagement from all NES Directorates.

The evolution of our transformation route map will be informed as we progress and deepen our understanding of what is most important to our staff, learners, trainees, and partners and how we can maximise our impact on our health and social care system.

They contribute to the achievement of a number of our strategic objectives and underpin the delivery of many of our medium term priorities as articulated within our Medium Term Plan.

Over the next three years, we will measure and report publicly on the success of our change activities through our strategic Key Performance Indicators (Appendix 1) and progress reports against our Annual Delivery and Medium-Term plans. We will also measure and report on the realisation of benefits at a project and programme level.

As part of our transformation programme every area will be considered in conjunction with technical and digital opportunities which exist for improving our systems and how we work.

Each programme will be underpinned by a number of workstreams with collective management of our corporate improvement programme being facilitated through our Programme Management Office and overseen by our Transformation Group.

Our initial corporate improvement programmes and their core components are set out in the following pages.



## Ways of Working and Property Milestones

### What is it about?

- > To make sure the space we have meets our future business and learner needs.
- > To develop a NES Wellbeing Framework that supports learners and staff working in a hybrid way.
- > To adopt a consistent approach to hybrid working.

### What will it deliver?

- > A reconfiguration of space availability and usage in a financially and environmentally sustainable way for learners and staff.
- > A NES Wellbeing Framework that demonstrates care for learner and staff wellbeing.
- > Hybrid working guidance that reflects ‘Once for Scotland’ flexible working policies and will support first line managers to implement the guidance.

### The difference our people will see

- > Improved employee engagement and learning experience.
- > Staff have the time and resources available to support their work and development.
- > Reduced Co2 emissions (buildings and travel).

### The difference our partners will see

- > Learning and collaboration environments that are flexible, adaptable and accessible for a range of learner needs.

#### Year 1 (2023–2024)

- > Guidance and Support for Hybrid working within NES.

#### Year 2 (2024–2025)

- > NES Wellbeing framework launched.
- > Reconfiguration of office space to meet learner requirements and future business needs.

#### Year 3 (2025–2026)

- > Not applicable.



## Ways of Working and Property

---

### Aligned Key Performance Indicators

---

- › Employee Engagement Index.
  - › Proportion of staff who report having the time and resources to support their learning and growth.
  - › % of learners who rate their learning experience as 80% or above.
  - › Net Promoter Score for stakeholders who rate themselves likely to recommend NES to colleagues and associates.
  - › CO2 emissions (Estates).
  - › CO2 emissions (Staff and business travel).
-



## Learning and Education Quality System Milestones

### What is it about?

- > Develop a ‘Once for NES’ Learning and Education Quality System supporting development of high-quality learning and education.
- > To provide our staff, learners, partners, and service users with a consistent best experience now and in the future.

### What will it deliver?

- > Easily accessible, co-designed and consistently quality assured learning resources which meet the needs of the health and social care workforce.
- > A learning offer that is focused on both learners and educators, their pathways and their improved skills and practice.
- > Confidence for the people of Scotland that the health and social care workforce have the right skills to support their needs.

### The difference our people will see

- > More learners who report a great learning experience.
- > More active involvement of learners and people with lived or living experience in the development of educational resources.

### The difference our partners will see

- > An improvement in learners practice and the care they deliver.
- > Access to more credit rated programmes of learning and enhanced skills and career development opportunities across health and social care.

#### Year 1 (2023–2024)

- > Co-production Framework launched.
- > Development of NES Educator Quality Standards

#### Year 2 (2024–2025)

- > Adoption of NES Educator Quality Standards.
- > Adoption of quality system for development and delivery of education programmes and learning resources.

#### Year 3 (2025–2026)

- > NES Educator career skills pathway launched.
- > NES achieves credit rating body status as an organisation.





## Learning and Education Quality System

---

### Aligned Key Performance Indicators

---

- > % of learners that tell us their education and training will improve their practice.
  - > % of learners who rate their learning experience as 80% or above.
  - > Funded trainee placements fill rate.
  - > Funded trainee placements completion rate.
  - > Number of NES programmes of education and training which are SCQF credit rated.
-



## Turas refresh Milestones

### What is it about?

- > To have a sustainable digital learning and development environment for health and social care which is user-centred at all levels. This will provide resilient learning technology which will address requirements of learners, users, partners and our own organisational processes.
- > It will also encompass the data and management information needs of the health and social care workforce together with wider stakeholders and partners.

### What will it deliver?

- > An open and personalised learning and development environment, where our workforce can easily find and undertake learning relevant to them, regardless of training provider.
- > Our offer meets the needs of our users because we have understood their requirements and worked collaboratively.
- > An ability to use learner activity data to better enable workforce planning and allow the health and social care system to understand skills gaps.

### The difference our people will see

- > Staff have the time and resources available to support their work and development.
- > Improved platform functionality and more efficient ways of working.

### The difference our partners will see

- > Increased access to consolidated learning resources by the health and social care workforce.
- > Portable learning records for individuals, appropriate reporting of learning and development for organisations on elements like essential learning.
- > Improved experience of our services from users and partners, for example on Turas Appraisal.

#### Year 1 (2023–2024)

- > External review of Turas.

#### Year 2 (2024–2025)

- > Personalised learning interface on Turas.
- > Digital Learning Prospectus delivered.

#### Year 3 (2025–2026)

- > Support for statutory/mandatory training available on Turas for health and social care workforce.



## Turas refresh

---

### Aligned Key Performance Indicators

---

- > Proportion of staff who report having the time and resources to support their learning and growth.
  - > Total number of accesses to NES learning products.
  - > Number of health and social care staff accessing NES learning products as a % of the health and social care workforce.
  - > % of learners who score their learning experience as 80% or above.
  - > Uptake of learning products by sector as a % of total reach.
  - > % of learners and trainees from the 20% most deprived data zones in Scotland (Scottish Index of Multiple Deprivation (SIMD)).
  - > Net promoter score for stakeholders who rate themselves likely to recommend NES to colleagues and associates.
  - > % of service providers who report utilising NES provided data workforce data.
-



## How we will achieve our ambition

The first year of our transformation will be critical to inspiring our people, instilling confidence in our stakeholders and creating the momentum to move projects at pace.

*This routemap presents a summary of all key milestones relating to our change journey over the next three years, bringing together both our corporate improvement programme activity and critical enabling works.*

Business transformation, research and innovation developments form a crucial part of our change infrastructure and alongside the development of key strategic documents will be critical to the future shape and operations of our organisation.

During the first six months we will focus on defining our change story and engaging people with it, building the capacity and capability for change in the organisation and delivering critical building blocks in our strategic journey such as a new Learning and Education Strategy and Organisational Development Plan. The key components of our organisational development approach are outlined in the following pages.





## Create our culture

### What is it about?

---

- › Being clear about the culture that will enable us to most effectively deliver our vision and purpose.
- › Our culture reflects our beliefs, values and motives and is visible through what we do, the way we do it, and the way we work together and with all our stakeholders.

### What will it deliver?

---

- › Staff feel part of an inclusive organisation that values them for their contribution.
- › We integrate behaviours and culture into how we recruit, induct, develop, and manage.
- › We engage with our learners in a person-centred way to develop and deliver quality learning.
- › We reach out to others to understand the outcomes that matter most to them.

### The difference our people will see

---

- › Improved employee engagement.
- › More staff who experience NES as an inclusive organisation.

### The difference our partners will see

---

- › Improved experience of our services from learners and partners.
- › Greater opportunities for collaboration with NES and to work in partnership to support the health and social care system.

---

### Aligned Key Performance Indicators

- › Employee Engagement Index.
  - › Experience of Doctors and Dentists in Training.
  - › % of staff who experience NES as an inclusive organisation.
  - › % of learners who score their learning experience as 80% or above.
  - › Net promoter score for stakeholders who rate themselves likely to recommend NES to colleagues and associates.
  - › Number of education, research and strategic collaborations.
  - › % of technology, data and digital developments which are shaped by staff, learner and partners feedback.
-



## Cultivate our capabilities

### What is it about?

---

- > Being clear on the capabilities needed to deliver our vision and purpose.
- > Recruiting and supporting talented, inquisitive, colleagues who understand the skills and knowledge needed for NES to be successful and are supported to proactively and continuously develop them.
- > Learning new things and sharpening our knowledge, skills and capabilities to build our current and future workforce talent pipeline and capability.

### What will it deliver?

---

- > An improved ability to include our learners and those with lived or living experience in design and delivery of our work.
- > A range of resources, planning and support to develop our leaders and managers in NES.
- > A structured set of development supports and opportunities for all staff aligned to individual pathways, with accreditation for those who want it.
- > Clear and easily accessible routes are in place to learn, develop and build on existing and new skills and knowledge.

### The difference our people will see

---

- > Our high reputation as an employer enables us to attract and retain a talented and motivated workforce.
- > More staff feel they have the time and resources available to support their work and development.

### The difference our partners will see

---

- > More learners and those with lived or living experience are involved in the design and delivery of our work.
- > The way that we work increases our flexibility to respond quickly to meet changing needs and expectations.

---

### Aligned Key Performance Indicators

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>&gt; Proportion of staff who report having the time and resources to support their learning and growth.</li> <li>&gt; Staff retention rate (voluntary leavers).</li> <li>&gt; Vacancy rate.</li> <li>&gt; Pay equality.</li> <li>&gt; Diversity of the workforce.</li> </ul> | <ul style="list-style-type: none"> <li>&gt; % of staff who experience NES as an inclusive organisation.</li> <li>&gt; % of health and social care workforce who report being confident in using digital ways of working.</li> <li>&gt; Number of NES programmes that can demonstrate active engagement of people with lived or living experience in the development of educational resources designed to support interaction with those who use health and social care services.</li> </ul> |
|---|---|
-



## Connect and collaborate

### What is it about?

---

- › We have the most effective means of communication and collaboration to act as ‘one team’ across NES, ‘bringing it all together’ so that colleagues understand the whole picture, are enabled to most effectively contribute, are up to speed on our progress, and celebrate our success.
- › We move on the journey together through regular and authentic engagement with each other.
- › We use simple language and methods to engage with others.
- › Connecting and collaborating is a way of being internally and externally to achieve the best outcomes across the system.

### What will it deliver?

---

- › Internal and external communities of practice and interest to support collaboration.
- › Short term project-based attachments to support collaborative working internally and externally.
- › Create clear engagement channels to gather workforce, learner, and partner feedback through a range of routes.

### The difference our people will see

---

- › Colleagues have an excellent understanding of their role, its contribution to our strategy, and the impact they are making as an employee of NES.
- › Colleagues understand our plans, our measures of success and our progress in achieving them.
- › Increased engagement and involvement of our workforce, learners, partners, and joint trade unions in shaping what we deliver and how we work together.
- › More involvement in innovation initiatives.

### The difference our partners will see

---

- › Improved experience of working with us and of the services we provide.
  - › Greater opportunities for education, research, and strategic collaborations.
  - › More young people participating on a school-based pilot pathway.
-



## Connect and collaborate

---

### Aligned Key Performance Indicators

---

- > Net Promoter Score for stakeholders who rate themselves likely to recommend NES to colleagues and associates.
  - > Number of education, research and strategic collaborations.
  - > Number of innovation initiatives invested in, including in collaboration with other stakeholder organisations.
  - > Number of young people participating on school-based pilot pathway.
-





## Co-design quality and excellence in all that we do

### What is it about?

---

- > We actively seek opportunities to co-design our delivery around lived experience.
- > We are proactive in sharing our experience and looking for ways to shine a light on good practice.
- > What we co-design and deliver makes a positive difference and achieves the intended impact for all stakeholders.
- > We are inclusive and create the conditions where co-design is actively encouraged in all we do.

### What will it deliver?

---

- > A greater understanding of the needs of our learners and the communities they work in.
- > Meaningful engagement with our learners, the wider workforce and the communities they serve.
- > A broadened reach across the health and social care sector focused on improving the outcomes that matter most to all of our partners.

### The difference our people will see

---

- > More learners tell us their education and training will improve their practice.
- > More learners rate their learning experience as 80% or above.
- > More staff, learner and partner feedback that states technology, data and digital developments meet their needs.

### The difference our partners will see

---

- > More NES programmes that can demonstrate active engagement of people with lived or living experience in the development of educational resources.

---

### Aligned Key Performance Indicators

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>&gt; % of learners that tell us their education and training will improve their practice.</li> <li>&gt; % of learners that score their learning experience as 80% or above</li> <li>&gt; Funded trainee completion rates.</li> <li>&gt; % of learners and trainees by protected characteristics as compared to the population of Scotland.</li> </ul> | <ul style="list-style-type: none"> <li>&gt; Number of NES Programmes that can demonstrate active engagement with people with lived or living experience in the development of educational resources designed to support interaction with those who use health and social care services.</li> <li>&gt; % of technology, data and digital developments that are shaped by staff, learner and partners feedback.</li> </ul> |
|--|--|
-

## What you will see

Through our change activities you will see our current strengths being preserved and built upon, and people at all levels of our organisation being developed and involved.

We will follow a clear and structured methodology and engage proactively with all involved to encourage collective ownership and management as we seek to streamline processes and systems, cutting across functional boundaries and creating a ‘Once for NES’ approach.

The key milestones on our transformation journey are shown in the following tables:



### People

#### Year 1 (2023–2024)

- › NES Wellbeing Framework launched.
- › Guidance and support for hybrid working within NES.
- › Refreshed NES Stars awards launched.
- › Refreshed behaviours and culture.
- › Recruitment and staff development refreshed to further integrate behaviours and culture.
- › Workforce development fund refocused in alignment with NES annual capabilities plan.

#### Year 2 (2024–2025)

- › Adoption of NES Educator Quality Standards.
- › Personalised learning interface on Turas.
- › Personalised view for NES staff on Intranet.
- › National eRostering solution implementation.

#### Year 3 (2025–2026)

- › NES Educator career skills pathway launched.
- › NES Project Support career skills pathway launched.



## Partnerships

### Year 1 (2023–2024)

- › Publication of NES Learning and Education Strategy.
- › Co-production Framework launched.
- › Communities of practice and interest created to support and enable collaboration.

### Year 2 (2024–2025)

- › Reconfiguration of office space to meet learner requirements and future business needs.
- › Publication of Research Strategy.
- › Publication of Innovation Strategy and framework to harness innovation and creativity for improvement.
- › Digital Learning Prospectus delivered.

### Year 3 (2025–2026)

- › Career skills pathways for health and social care workforce delivered.
- › NES achieves credit rating status as an organisation.
- › Support for statutory/mandatory training available on Turas for health and social care workforce.



## Performance

### Year 1 (2023–2024)

- › New NES planning process implemented.
- › External review of Turas functionality.
- › Project-based development opportunities.

### Year 2 (2024–2025)

- › New NES HR service delivery model implemented.
- › Adoption of quality system for development and delivery of education programmes and learning resources.
- › NES line manager’s dashboard.

### Year 3 (2025–2026)

- › Adoption of national Agenda for Change non-pay policy.
- › Implementation of new NES integrated planning platform.



## Getting involved

**As part of launching our transformation activity we have developed a communications approach which will ensure our staff and stakeholders understand how we are improving services through our Corporate Improvement programme, how they can be involved in our transformation activities and what impact it will have on them.**

*We are keen to explore how working collaboratively, with partners at local, regional and system levels we can broaden our reach and contribution to improve outcomes for the people of Scotland.*

In May 2023 we published our corporate Communication and Engagement Strategy and set out our intention to reach beyond traditional NHS stakeholders, to social care providers and to public, private and voluntary bodies more generally, developing relationships and working collectively to maximise the societal impact that we make and our role in building careers, lives and the future sustainability of the health and social care workforce.

We are embracing this intention through the communication and engagement approach adopted for our corporate improvement programme which will ensure our staff and stakeholders understand the work we are doing to improve services, how they can be involved in and shape our activities and the impact our change programme will have on them and their experience of working with us.

We are committed to co-design to engage stakeholders, including people with lived experience and carers in the planning and shaping of our products through initiatives such as our Co-production Framework and our Bright Ideas scheme. We will seek to use the right channels for the right audiences and to listen to what people tell us about what is important to them so we can adapt accordingly.

Our communication mechanisms will allow us to work in partnership, engaging and involving people in an ongoing dialogue as well as sharing updates and key messages. A “Tomorrow’s NES” intranet page has been developed to act as a centralised source of information for our staff, which will be supported by regular interactive webinar sessions and video updates.

In the spirit of collaboration, we are keen to explore how through working with partners at local, regional and national levels we can broaden our reach and contribution to improve outcomes for the people of Scotland. To support this intent our communication and engagement activities at a programme level will be bolstered by corporate developments in strategic engagement and collaboration which foster, build and maintain effective relationships with key stakeholders and delivery partners.

If you would like to be involved in our transformation journey, please contact our Corporate Improvement Team at: [nes.PMO@nhs.scot](mailto:nes.PMO@nhs.scot) for more information.

## Appendix 1: NES Strategic Key Performance Indicators





# OUR STRATEGY 2023–26

People, Partnership, Performance

## ALTERNATIVE FORMATS

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



## NHS EDUCATION FOR SCOTLAND

Westport 102

West Port

Edinburgh EH3 9DN

[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

© NHS Education for Scotland 2023

You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.

NESD1845 | Produced by the NES Design Service

**NHS Education for Scotland**  
**Item 09a**  
**28 September 2023**

**NES/23/59**

**NES Board**

1. **Title of Paper** – Information Governance & Security 2022-2023 Annual Report

2. **Author(s) of Paper** – Tracey Gill

3. **Lead Director(s)** – Christopher Wroath

4. **Situation/Purpose of paper**

4.1 The purpose of this report is to provide an annual overarching update on Information Governance and Security to the NES Board.

5. **Background and Route to Meeting**

5.1 The Assurance Forum receives a quarterly Information Governance and Security Report, providing both assurance and highlighting key issues that the forum needs to consider.

5.2 The annual Information Governance Report was endorsed at the July Assurance Forum.

5.3 The annual Information Governance Report once endorsed by the Assurance Forum should be submitted to the Technology & Information Committee and NES Board as per the agreed NES governance process.

6. **Assessment/Key Issues**

(Include narrative relating to a-g checklist by exception)

6.1 2022-2023 NES saw a 27% increase on the number of FOI requests received compared to 2021-2022. There continues to be a year-on-year increase in the number of FOI requests that receives, with a 144% increase over the past five years from 2018-2019.

- 6.2 The Scottish Health Competent Authority (SHCA) conducted the final three-year progress audit under the NIS regulations. NES's compliance status has been raised from 43% in 2020 to 83% in 2023.
- 6.3 The Information Commissioner's Office (ICO) undertook an audit of all NHS Scotland boards (except for NSS) in 2022-2023. NES was audited in March 2023, and has received a draft audit report from the ICO stating that NES achieved a "High" assurance rating with only limited scope for improvement in existing arrangements.
- 6.4 99 incidents were recorded on the IG&S incident log for 2022-2023. A breakdown of 50 security incidents, 40 privacy incidents, 5 incidents of policy breach, and 4 security issues were registered. A full breakdown of incidents will be recorded within both the Information Governance and Information Security Annual Reports.

## 7. Recommendations

This report is submitted to the NES Board for assurance purposes.

Author to complete **checklist**.

**Author to include any narrative by exception** in Section 6 of the cover paper.

**a) Have Educational implications been considered?**

- Yes  
 No

**b) Is there a budget allocated for this work?**

- Yes  
 No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes  
 2. Partnership Objectives and Outcomes  
 3. Performance Objectives and Outcomes

**d) Have key strategic risks and mitigation measures been identified?**

- Yes  
 No

**e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and **Corporate Parenting** as per the [Children and Young People \(Scotland\) Act 2014](#)?**

- Yes



No

**f) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?**

Yes

No

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

Yes

No

Author name: Tracey Gill

Date: 31 August 2023

NES

# **INFORMATION GOVERNANCE & SECURITY 2022-23 ANNUAL REPORT**

**CONTENTS**

- 1. Executive Summary ..... 4
- 2. Information Governance & Security Audits: ..... 5
  - 2.1 NIS Regulations Compliance Review:..... 5
    - 2.1.1 Overall Compliance:..... 6
    - 2.1.2 NIS Progress Summary:..... 6
    - 2.1.3 Audit Action Tracker:..... 7
    - 2.1.4 Audit Cycle 2023-2025: ..... 7
  - 2.2 Data Protection – ICO ..... 8
    - 2.2.1 Scope: ..... 8
    - 2.2.2 Audit Summary: ..... 8
    - 2.2.3 Areas for improvement identified:..... 8
    - 2.2.4 Best Practice Identified: ..... 9
- 3. Information Requests: ..... 9
  - 3.1 Freedom of Information Requests:..... 9
    - 3.1.1 Request Statistics: ..... 9
    - 3.1.2 Compliance with statutory response timescales: ..... 11
  - 3.2 Subject access requests:..... 11
    - 3.2.1 Compliance with statutory response timescales: ..... 13
    - 3.2.2 Complaint to ICO: ..... 13
- 4. Incidents / Data Breaches: ..... 13
  - 4.1 information Governance & Security Issue/Incident Log: ..... 13
  - 4.2 Information Security Incidents ..... 13
  - 4.3 Incidents Reported to SHCA: ..... 14
  - 4.4 Personal Data Breaches:..... 15
  - 4.5 Data Breachs report to ICO: ..... 16
- 5. NES Business Continuity:..... 16
- 6. Penetration Testing: ..... 17
- 7. information governance assessments and agreements: ..... 17
- 8. training & Awareness:..... 19
  - 8.1 Essential learning module:..... 19



<b>8.2 Supplementary training:</b> .....	20
<b>9. National Information Governance:</b> .....	20
<b>9.1 Health and Social Care IG competency Framework</b> .....	20
<b>9.2 Support to National IG Programme</b> .....	21
<b>9.3 Provision of Additional Support</b> .....	21

## 1. EXECUTIVE SUMMARY

2022-23 was a busy and productive year for the Information Governance & Security Business unit, which is a sub-division of the NES Technology Services Directorate.

The business unit underwent two audits in 2021-2022, a Network & Information Systems (NIS) Regulation's compliance review by the Scottish Competent Authority, and a consensual audit under Section 129 of the Data Protection Act 2018, by the Information Commissioners Office.

NES saw an overall 40% increase on compliance against the NIS requirements from the first compliance audit in 2020 to the review audit in 2022. The 2022 compliance review audit saw NES achieve an 83% compliance rate.

NES achieved a high level of assurance that processes and procedures are in place and are delivering data protection compliance from the ICO audit. The audit identified only limited scope for improvement in existing arrangements and as such it is not anticipated that significant further action is required to reduce the risk of non-compliance with data protection legislation.

NES continues to see a year-on-year increase in the number of information requests received by the organisation, with a 188% increase in the number of FOI requests in the last five years. NES received 95 FOI requests in 2022-2023, with all request's responded to within the statutory timescale.

One Subject Access Request (SAR) was referred to the Information Commissioners Office as a complaint by the requestor. The requestor was concerned that NES was not disclosing all information held about the individual. NES was able to evidence that the appropriate steps had been taken, and the ICO responded that no further action was required by NES.

Three incidents were reported to the Scottish Health Competent Authority (SHCA): one reportable, and two for awareness. An availability outage regarding the Atlassian JIRA Service Management system was reported to the ICO for awareness only.

90 Information Governance Project Initiation Templates were received from Directorates during 2022-2023 (this is only one method to request IG support), and there are currently 96 programmes/projects on the Information Governance & Security workplan. This is only a snapshot in time of workload and capacity across the team, as new requests for information governance support come in on a weekly basis. The NTS organisational change process will ensure that the Information Governance & Security team is appropriately resource to meet the ongoing and increasing ask on the business unit.

As of 11 May 2023, 76% of NES staff had completed the Safe Information Handling essential learning module. The Information Governance & Security business unit continues to work with Workforce to ensure that all staff complete the module as required.

The Information Governance & Security business unit continues to provide support and resource in support of the Scottish Governance Health & Social Care Directorate national

information governance programme as part of the Digital Health and Care Strategy (2021). In particular NES has been commissioned to support the review and update of the NHSScotland Information Governance Competency Framework (2011).

## 2. INFORMATION GOVERNANCE & SECURITY AUDITS:

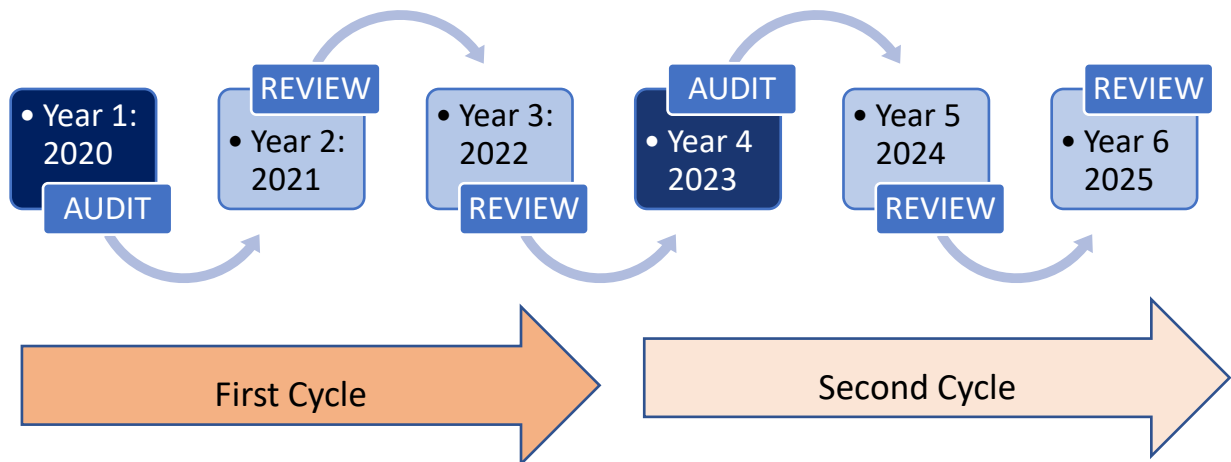
The Information Governance and Security business unit were audited by the Scottish Health Competent Authority (SHCA) and the Information Commissioners Office during 2022-2023, providing assurance that NES has the appropriate internal and governance controls in place ensuring regulatory and legislative obligations are met.

Audit Date:	Audit Scope:	Audit Body:
16 November 2022	Network & Information Systems Regulations – Review	Cyber Security Scotland on behalf of the Scottish Health Competent Authority
16 – 20 March 2022	Compliance with Data Protection	Information Commissioners Office

### 2.1 NIS REGULATIONS COMPLIANCE REVIEW:

In 2020 the Scottish Competent Authority commissioned a three-year programme of audits and reviews of NHSScotland health boards to evaluate compliance with the Network & Information Systems (NIS) regulations. The initial audit programme was completed in 2020, and audits will be conducted every third year thereafter. In intervening years, Compliance Reviews will be undertaken.

The audit undertaken in November 2022 was the last compliance review audit of the three-year cycle.



The primary objective of the compliance review is to establish progress on implementing recommendations from the initial audit and progress on the control requirements since the audit.

A compliance review on NES's progress was conducted by the Scottish Health Competent Authority on the 16 November 2022. The [NES NISR Review Report 2022](#) was received 09 December 2022.

### 2.1.1 OVERALL COMPLIANCE:

OVERALL COMPLIANCE STATUS	2022	83%
	2021	77%
	2020	43%

NES saw an overall 40% increase on compliance against the NIS requirements from the first compliance audit in 2020 to the review audit in 2022. Core key messages identified by the Auditor within the 2022 Compliance review report were:

- The board is commended for the exceptional progress over the past three years in both the overall compliance status and the reduction of the board risk exposure.
- Improvements since 2021 have been made in 10 categories, such that now 15 of the 17 categories have achieved a compliance level of 60% or more.
- There has been a significant progress in the controls implementation with 91% achieved or partially achieved.
- The board risk profile has seen a concomitant reduction in risk exposure as only one of the 76 subcategories has a compliance level of <30% (this is regarding Business Continuity/Disaster Recovery Testing Policies & Procedures).
- The board has almost achieved all there 60-60-0 Key Performance Indicators cited in the 2021 Annual Report. This significant achievement gives the board the opportunity to be an early adopter of the 80-80-0 target, especially as one of the KPIs in this advanced target has already been achieved.

### 2.1.2 NIS PROGRESS SUMMARY:

CATEGORY STATUS RATING	DEFINITION	PROPORTION OF CONTROL REQUIREMENTS FULFILLED
BLACK	Critical	Compliance analysis <10%
RED	Urgent	Compliance analysis ≥ 10%
AMBER	Important	Compliance analysis ≥ 30%
YELLOW	Attention	Compliance analysis ≥ 60%
GREEN	Guidance	Compliance analysis ≥ 80%
BLUE	Complete	Compliance analysis = 100%

CATEGORY STATUS	2020	2021	2022
1. ORGANISATIONAL GOVERNANCE	AMBER	YELLOW	GREEN
2. RISK MANAGEMENT	AMBER	YELLOW	GREEN
3. SUPPLIER MANAGEMENT	RED	AMBER	AMBER
4. ASSET MANAGEMENT	AMBER	YELLOW	GREEN
5. INFORMATION SECURITY MANAGEMENT	YELLOW	YELLOW	GREEN
6. PEOPLE	AMBER	GREEN	GREEN
7. SERVICES RESILIENCE	AMBER	BLUE	BLUE
8. ACCESS CONTROL	AMBER	GREEN	GREEN
9. MEDIA MANAGEMENT	RED	GREEN	GREEN
10. ENVIRONMENTAL SECURITY	BLUE	BLUE	BLUE
11. PHYSICAL / BUILDING SECURITY	BLUE	BLUE	BLUE
12. SYSTEM MANAGEMENT	AMBER	GREEN	GREEN
13. OPERATIONAL SECURITY	YELLOW	GREEN	GREEN
14. NETWORK SECURITY	AMBER	GREEN	GREEN
15. INCIDENT DETECTION	AMBER	YELLOW	GREEN
16. INCIDENT MANAGEMENT	AMBER	YELLOW	YELLOW
17. BUSINESS CONTINUITY	RED	AMBER	AMBER

### 2.1.3 AUDIT ACTION TRACKER:

A audit tracker was developed following the 2020 NISR audit to provide oversight of audit actions identified and status of the remedial actions to the ISF - [NISR – Action Tracker 2021/2022 Audit](#).

### 2.1.4 AUDIT CYCLE 2023-2025:

2023 sees a new three-year audit cycle for compliance audits against the NIS Regulations. As per the 2020-2022 audit cycle, NHSScotland Health Boards audits will be aligned to the Scottish Government Public Sector Cyber Resilience Framework. The framework has recently been updated - the key changes which will impact on all boards are:

- The structure of the framework has been segmented to reflect areas of responsibility. This is to emphasise that information/cyber security is an organisation-wide responsibility and not just a technical matter.
- The controls are split into two tiers rather than three tiers as the previous framework. Both Tier 1 and Tier 2 are in scope for health boards.
- There are 427 Controls (reduced from 435); 11% of which are new or have been revised.
- New subcategories on Cloud and IoT (Internet of Things) have been introduced and these collectively have 26 controls.



2023 has seen the timescale of NHS Scotland board audits restructured, with the NES audit being brought forward from November to May 2023.

## Data Protection – ICO

### 2.2

#### 2.2.1 SCOPE:

The Information Commissioners Office (ICO) undertook a consensual audit under Section 129 of the Data Protection Act 2018, of all NHSScotland Health Boards (with the exception of NSS who will be audited separately). The intention of the audit was to provide an independent assessment of whether the processing of personal data within NES, follows good data protection practice and whether effective policy and procedures are in place and being followed.

The audit scope addressed governance, accountability and data sharing, analysing the extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation.

#### 2.2.2 AUDIT SUMMARY:

Audit Scope Area	Assurance Rating	Overall Opinion
<b>Governance &amp; Accountability/Data Sharing</b>	High	There is a high level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified only limited scope for improvement in existing arrangements and as such it is not anticipated that significant further action is required to reduce the risk of non-compliance with data protection legislation.

#### 2.2.3 AREAS FOR IMPROVEMENT IDENTIFIED:

- All Data Processing Agreements should have review dates clearly documented so that the Board can undertake regular, formal reviews of the compliance of the processors with their contracts. Without regular review there is a risk that data may no longer be processed in accordance with the original contract which risks possible data breaches.
- There is currently no single overarching document which outlines the universal standards for policies to follow. Implementation of this 'policy on policies' would

mean that the process for ratification, renewal and dissemination of policies is formally documented and help ensure that policies remain fit for purpose.

- There should be a process in place to determine the training needs of all staff in regard to information governance, so that specialised roles with data protection responsibilities receive additional training beyond the basic level to all staff, in order to reduce the risk of breaches caused by lack of appropriate knowledge.

These three areas of improvement identified resulted in seven core actions for NES. Progress against these actions will be monitored by the NES Assurance Forum on a quarterly basis.

#### **2.2.4 BEST PRACTICE IDENTIFIED:**

The ICO audit was an exception-based audit, and it was not the intention of ICO to list areas of good practice unless there was something that they specifically thought worth noting. NES did receive a 'best practice' comment regarding our Privacy Triage Questionnaire. The questionnaire is designed to determine whether a full Data Protection Impact Assessment (DPIA) is required to be completed. NES has amended the national triage template to incorporate additional questions where it is considered that a DPIA is not required to ensure that there is the provision of assurance in regard to the data processing to be undertaken.

The ICO best practice comment was:

- If proposed new or changed processing is found not to require a DPIA, there are still a number of questions posed to provide assurance around other requirements of processing. This could highlight the need for a Data Processing or Data Sharing Agreement, and prompt consideration of whether a specialised Privacy Notice needs to be in place.

### **3. INFORMATION REQUESTS:**

#### **3.1 FREEDOM OF INFORMATION REQUESTS:**

NES has a statutory obligation to respond to freedom of information requests within 20 working days. A statistical report, on the number of requests, compliance rate and exemptions used is submitted to the Scottish Information Commissioner on a quarterly basis.

##### **3.1.1 REQUEST STATISTICS:**

In 2022-2023, NES saw a 27% increase on the number of Freedom of Information (FOI) requests received compared to 2021-2022.



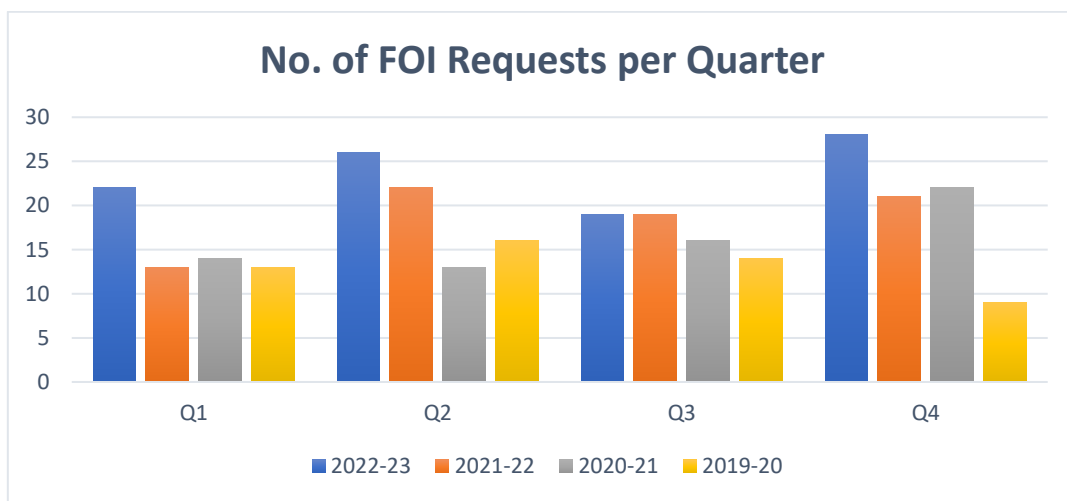
FOI Requests – 2022/23					
	Q1	Q2	Q3	Q4	Total
Number of FOI requests received	22	26	19	28	95
% response within statutory timescales	100%	100%	100%	100%	100%
% breached statutory timescales	0%	0%	0%	0%	0%
Number of requests for review of original response	0	0	0	0	0
Number of reviews by the Scottish Information Commissioner	0	0	0	0	0

FOI requests by Directorate	Number of requests
Dental	1
Finance & Procurement	7
Finance & Procurement - PFM	2
Medical	21
NMAHP	3
NTS	9
NTS – Data Group	23
Pharmacy	2
Psychology	2
Planning & Corporate Resources	2
Workforce	5
Multiple Directorates*	18
<b>Total</b>	<b>95</b>

\*Multiple Directorates includes any FOI request which required a coordinated response from more than one NES Directorate.

In the last four years NES has seen a steady increase in the number of FOI requests received across the organisation. Comparing the number of requests received in 2018-2019 with 2022-2023, there has been a 188% increase over the past five years.

Financial Year:	Number of requests received:
2022-2023	95
2021-2022	75
2020-2021	65
2019-2020	50
2018-2019	33



### 3.1.2 COMPLIANCE WITH STATUTORY RESPONSE TIMESCALES:

The current 2022/23 year, all FOI requests were responded to within the statutory 20 working days timescales.

### 3.2 SUBJECT ACCESS REQUESTS:

NES has a statutory obligation to respond to all individual personal data requests within one calendar month, under GDPR and the UK Data Protection Act 2018.

Individuals have the right to make a request to an organisation on the following bases:

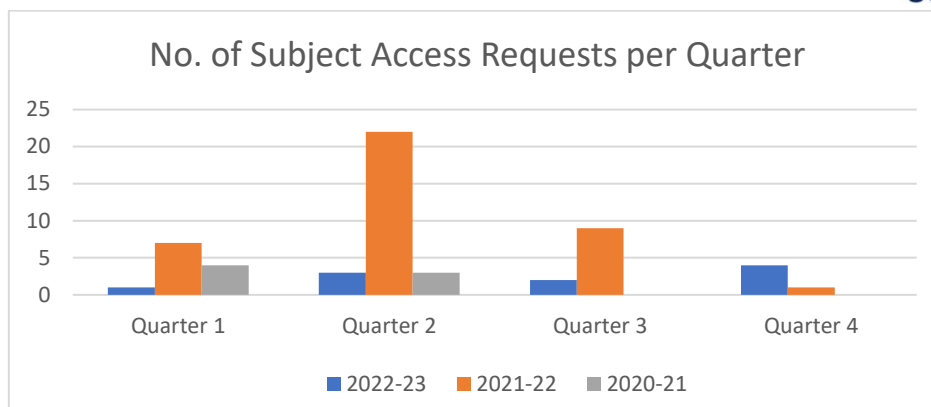
<b>Subject Access Request (SAR):</b>	to obtain a copy of their personal data as well as other supplementary information
<b>Rectification:</b>	to have inaccurate personal data rectified
<b>Erasure:</b>	to have personal data erased. This is not an absolute right and only applies in certain circumstances
<b>Restrict Processing:</b>	to restrict the processing of their personal data in certain circumstances
<b>Data Portability:</b>	to receive personal data, they have provided. This only applies in certain circumstances

<b>Object:</b>	to object to the processing of an individual's personal data at any time. This only applies in certain circumstances
<b>Automated Decisions:</b>	to request human intervention or challenge a decision made by automated means

NES is on average seeing a continue increase on the number of SAR requests received over the last five years. This is with exception to 2021-2022 where there was a significant spike in the number of SAR's received due to the number of requests for proof of Covid-19 vaccination and rectification of incorrect or incomplete vaccination records within the National Vaccination Management Tool managed by NES, or the National Vaccination Scheduling System managed by NHS National Services Scotland.

<b>Data Subject Requests under Individual Rights – 2021-22</b>					
	Q1	Q2	Q3	Q4	Total
Number of subject access requests received	1	3	1	4	9
Number of requests to rectify data	0	0	1	0	1
<b>Total number of requests</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>10</b>
% response within statutory timescales	100%	100%	100%	100%	100%
% breached statutory timescales	0%	0%	0%	0%	0%
Number of requests for review of original response	0	0	0	1	1

<b>Financial Year:</b>	<b>Number of requests received:</b>
2022-2023	10
2021-2022	39
2020-2021	7
2019-2020	5
2018-2019	3



### 3.2.1 COMPLIANCE WITH STATUTORY RESPONSE TIMESCALES:

The current 2021/22 year, all Subject Access requests were responded to within the statutory 20 working days timescales.

### 3.2.2 COMPLAINT TO ICO:

The ICO received one complaint from an individual regarding NES and its handling of a SAR. The individual was concerned that NES had not released all personal data requested, however as the data related back to 2009 NES no longer held the data in line with our NES Document Retention Policy.

NES was able to evidence that the appropriate steps were taken, including a full review undertaken of the individual's original SAR request. The ICO responded that there was no further action required to be taken by NES.

## 4. INCIDENTS / DATA BREACHES:

### 4.1 INFORMATION GOVERNANCE & SECURITY ISSUE/INCIDENT LOG:

[The Information Governance & Security Issue/Incident Log](#) provides a detailed breakdown of all NES incidents, and can filter incidents by the following categories:

- Incident – Security (where a security incident has occurred)
- Issue – Security (where an issue has occurred but is not defined as an actual incident)
- Data Breach (breach to personal identifiable data)
- Breach of Policy/Procedure (breach to a NES Information Governance & Security policies and procedures)

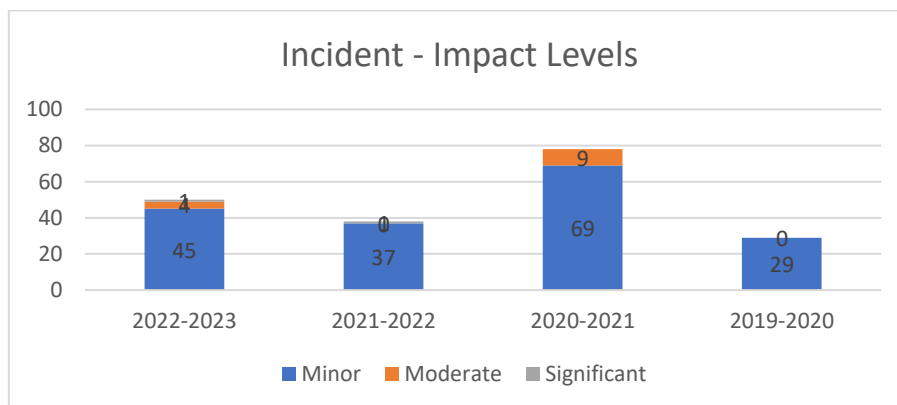
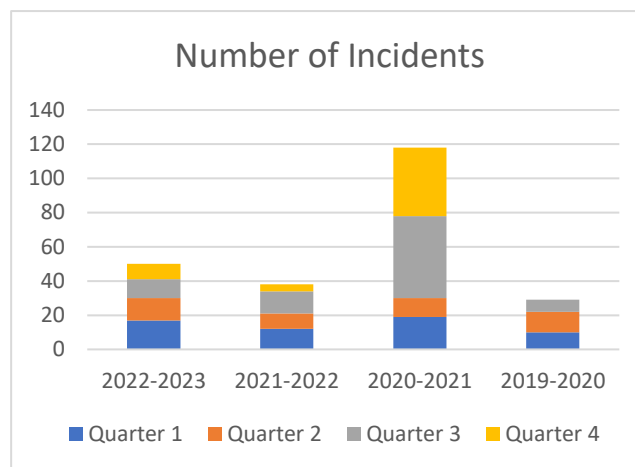
### 4.2 INFORMATION SECURITY INCIDENTS

An Information Security incident is “*an event that could lead to loss of, or disruption to NES’s operations, services or functions*”.

Details of all recorded Information Security Incidents are detailed in the Information Governance & Security Issue/Incident Log.

Incidents – 2022 - 2023					
<a href="#">Impact Level*</a>	Q1	Q2	Q3	Q4	Total
Minor	17	12	7	9	45
Moderate	0	1	3	0	4
Significant	0	0	1	0	1
	Total				50

[\\*link to impact level descriptors](#)



### 4.3 INCIDENTS REPORTED TO SHCA:

NES has an obligation to report information security and cyber security incidents that meet a reporting threshold to the Scottish Health Competent Authority (SHCA) under the requirements of the Network & Information Systems (NIS) Regulations.

NES reported one incident to the SHCA, and two incidents for awareness.

Date	Ref No	Incident Title	Level of Reporting
07/2022	<a href="#">2022-Q3-041</a>	Azure Networking Issue	Reported
10/2022	<a href="#">2022-Q4-067</a>	National Digital Platform Integration service outage	Awareness
10/2022	<a href="#">2022-Q4-071</a>	Microsoft Azure Front Door incorrectly directing traffic to UK west app services for the VMT application	Awareness

#### 4.4 PERSONAL DATA BREACHES:

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”<sup>1</sup>*

Personal data breaches can include:

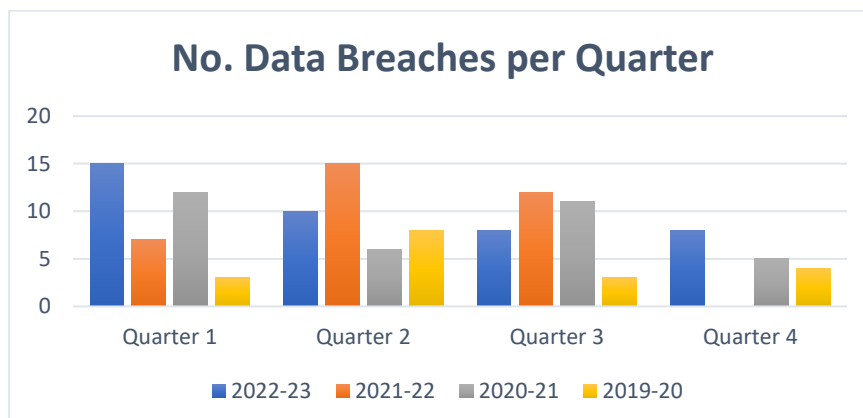
- access by an unauthorised third party.
- deliberate or accidental action (or inaction) by a data controller or data processor.
- sending personal data to an incorrect recipient.
- computing devices containing personal data being lost or stolen.
- alteration of personal data without permission, and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

Under Data Protection legislation, a notifiable data breach of personal identifiable information that is likely to result in a high risk to the rights and freedoms of an individual, is required to be reported to the Information Commissioner’s Office within 72 hours of NES becoming aware of it.

---

<sup>1</sup> <https://ico.org.uk>





Type of Data Breach	Number of Breaches
Inappropriate sharing of data	14
Email – sent/received by wrong recipient	18
Inappropriate access to data / incorrect merger of accounts	2
Incorrect data used / incorrect data codes / error in data entry	4
Inappropriate storage / deletion of data	3
<b>Total</b>	<b>41</b>

Details of all recorded personal data breaches are detailed in the [Information Governance & Security Issue/Incident Log](#).

#### 4.5 DATA BREACHS REPORT TO ICO:

2022-2023 saw one incident reported to the Information Commissioner's Office (ICO). It was recorded as a security incident, rather than a data breach on the NES Incident log.

In April 2022, NES discovered an outage on the Atlassian JIRA Service Management system, impacting on the Digital Service Desk, Workforce Service Desk and Turas Service Desk. The outage was caused by maintenance work undertaken by Atlassian. Users were unable to raise tickets during this period. The incident was reported to the ICO for awareness only.

#### 5. NES BUSINESS CONTINUITY:

[Immersive Labs delivered a cyber incident exercise](#) to the NES Executive Team in February 2023, which enabled the evaluation of the Cyber Security Incident Response Plan, and Business Continuity Plan.

The exercise focused on an attack on the Turas Vaccination Management Tool (VMT). This was selected to demonstrate the growing threat to healthcare organisations, and how such an incident would impact on NES as a provider of a digital service to NHS Scotland Territorial Boards. The Executive Team were required to handle the attack whilst working within the limitations of managed services while minimising the impact on patient care.

## 6. PENETRATION TESTING:

Commissum Ltd are contracted by NES to carry out independent external Penetration (Pen) Testing, ensuring security assessments are undertaken on all key information processing systems. The aim is to annually test each system, and where additional testing will be carried out after major changes to its infrastructure or functionality. The status of testing and links to assessment reports can be found in the [Penetration Testing Tracker](#).

All systems identified for penetration testing in 2022-2023 were completed, and there are no outstanding tests to be completed.

## 7. INFORMATION GOVERNANCE ASSESSMENTS AND AGREEMENTS:

The core Information Governance and Security assessments and agreements are:

<b>Data Protection Impact Assessment (DPIA):</b>	A DPIA is legally required where there is high risk processing to assess to identify potential risks that may arise when processing personal identifiable information, and to minimise and mitigate against those risks as early as possible.
<b>Data/Information Sharing Agreement (DSA/ISA):</b>	A DSA/ISA is an agreement between data controller to data controller setting out the lawful basis for the use of personal data, including a common standard for the processing and handling of the information shared, including quality, retention and security considerations.
<b>Data Processing Agreement (DPA):</b>	A DPA is a legally required and binding agreement between a data controller and a data processor and sets out the rights and obligations of each party concerning the protection of personal data.
<b>System Security Policy (SSP):</b>	A SSP is a document that sets out how the organisation plans to protect its physical and information technical assets, defining security requirements for that system to ensure the secure management of data.

Governance Document Type:		No. Approved 2022-2023
DPIA	DPIA Triage	44
	DPIA Basic (low risk)	12
	DPIA Standard	16
DSA/ISA		10
DPA		23
SSP		14
	<b>Total</b>	<b>119</b>

From the beginning of 2022 NES Directorates have been asked to complete and submit an Information Governance Project Initiation Template when requesting Information Governance support. It should be noted that does not cover requests for support from the majority of NES Technology Services programmes of work. 2022-2023 saw 90 Information Governance Project Initiation Templates submitted to the team.

The Information Governance & Security business unit utilises Azure DevOps to manage programmes of work that team is supporting. An Epic is created for each programme or project allowing the team to have a comprehensive overview of the team's workload. It should be noted that an Epic will then be broken down into specific tasks that may be required to be completed. These tasks include:

- Data Protection Impact Assessment
- Data Processing Agreement
- Data/Information Sharing Agreement
- Security Assessment
- Privacy notice
- Information Asset Register

A programme/project may require governance documentation completed regarding all the above tasks, or only for some of the tasks. Where for example where a governance document is not required, a justification is required to be provided to why not providing a robust and comprehensive audit trail.

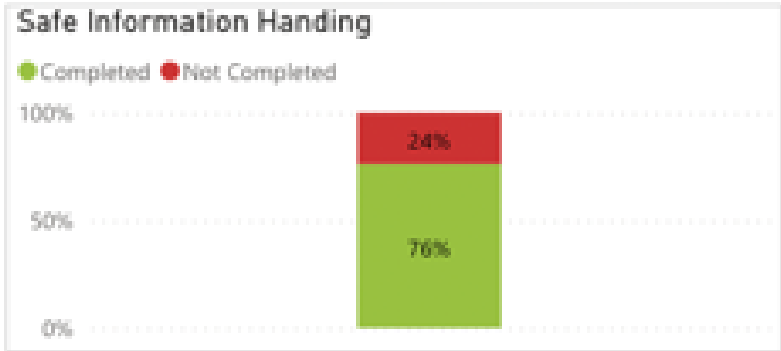
IG&S Workload - Current number of Programme/Project Epics				
Directorate	No. Active (currently working on)	No. Backlog (not started)	No. On Hold (projects put on hold)	Total
Dental	3	2		5
Dental – Optometry & Healthcare Science	1	2		3
Finance	1			1
Finance – Procurement	1			1
Finance – Properties & Facilities	1			1
Medical	3	2		5
Medical – Pharmacy		3		3
NMAHP	5			5
NMAHP – Psychology	4			4
NTS – Data Group	3	3	1	7
NTS – Education, Training & Workforce	11	2	2	15
NTS – Health & Social Care	8	2		10
NTS – National Digital Platform	13	4		17
NTS – Operations	5	1	1	7
Social Care	2			2
Workforce	7	2	1	10
<b>Total</b>	<b>68</b>	<b>23</b>	<b>5</b>	<b>96</b>

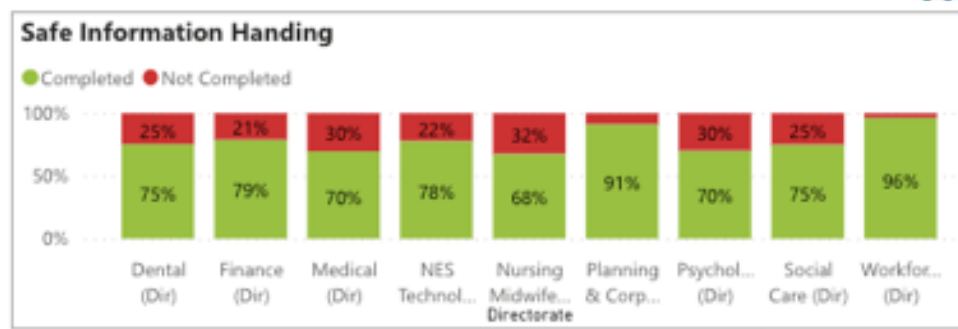
**8. TRAINING & AWARENESS:**

**8.1 ESSENTIAL LEARNING MODULE:**

The ‘Safe Information Handling’ e-learning module is part of a suite of NES core essential e-learning modules that all new employees should complete within the first month of joining NES. Staff are then asked to refresh completion on an annual basis.

As of 11 May 2023 76% of staff had completed the Safe Information Handling module, compared to 57% at the same point in 2021-2022.





## 8.2 SUPPLEMENTARY TRAINING:

Information Governance & Security Training – 2022-2023		
Webinar Topic	No. Sessions Held	No. Staff Attended
Data Protection – What You Need to Know	12	70
Information Security – What You Need to Know	12	85
Records Management & Information Requests – What You Need to Know	10	61
Information Asset Owner (new course from February 2023)	2	14
Ad-hoc Training (at Directorate request)	7	64

## 9. NATIONAL INFORMATION GOVERNANCE:

### 9.1 HEALTH AND SOCIAL CARE IG COMPETENCY FRAMEWORK

NES has been commissioned by the Scottish Government (SG) to support the review and update of the NHSScotland Information Governance Competency Framework (2011). This programme of work is part of the Digital Health and Care Strategy (2021).

There are three core deliverables that NES is leading on in regard to this programme of work:

- Review and update of the Information Governance Competency Framework:** The aim of the programme of work is to produce a high quality, engaging, usable resource that matches the needs and expectations of data and digital users across Health and Social Care. The framework will inspire and direct people in an accessible way to training and resources within key information governance dimensions, including information/cyber security and resilience, data protection, freedom of information, records management, and confidentiality.



- **Review of training resources:** This will involve a training analysis with an initial focus on the identification of training for key IG roles.
- **Information Governance career pathways:** The framework will signpost information about the breadth of roles and pathways available for people interested in a career in any of the IG disciplines (data science, security, privacy, compliance, information risk management, information systems etc) or simply for personal development within the scope of their roles. This programme will analyse career development, early recruitment strategies and career options available via tertiary education.

The Information Governance & Security business unit have recruited a Band 8a post on an FTC basis to manage and deliver this programme of work. This post is fully funded by Scottish Government.

## 9.2 SUPPORT TO NATIONAL IG PROGRAMME

NES provided support to the SG H&SCD IG Team with the provision of a PR and Engagement professional to support the National Information Governance Programme as part of the Digital Health and Care Strategy (2021). This post was funded by SG for a period of nine months, from August 2022 until the end of April 2023, and was recruited on an agency contract basis. The post is now directly employed by SG rather than through NES as from 01 May 2023.

## 9.3 PROVISION OF ADDITIONAL SUPPORT

The NES Information Governance & Security team will continue to support the SG H&SCD IG team throughout the next financial year. The team will also continue to look for opportunities to support the delivery of information across health and social care in a more effective and efficient way, particularly in regard to data sharing.

**May 2023**

**Tracey Gill**  
**Principal Analyst – Information Governance & Security**  
**Data Protection Officer (DPO)**

## **NES Board**

### **1. Title of Paper**

Feedback, Comments, Concerns and Complaints annual report 2022-23

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

Rob Coward, Principal Educator, Planning & Corporate Resources

### **3. Lead Director(s)**

Christina Bichan, Director of Planning and Performance

### **4. Situation/Purpose of paper**

Feedback, comments, concerns and complaints are considered by the Scottish Government as an important performance indicator, and a mechanism for driving continuous improvement. This is reflected in the requirement for all NHS Boards to publish an annual Feedback, Comments, Concerns and Complaints (FCCC) report as specified by the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions and national complaints guidance. This states that relevant NHS bodies should prepare an annual report summarising action taken as a result of feedback, comments and concerns received. NHS Boards are also required to provide an annual return to NHS National Services Scotland (NSS) confirming complaints figures which are included in the NHS Complaints Statistics publication.

Following consideration by the Education & Quality Executive Group, the report was approved by the Education & Quality Committee. The Board is invited to approve the report prior to publication on the NES website and sending to the Scottish Public Services Ombudsman and Scottish Government. The report is due to be published by 30 September 2023.

## **5. Background and route to meeting**

The report, which was reviewed by the Education & Quality Executive Group on 28 August, provides a summary of the feedback and complaints reported via our directorates, or directly received by our Planning and Corporate Resources team. It also outlines how we have used complaints and feedback to evaluate and improve our programmes and services and is based on information supplied by each directorate. This report will be available on our website by the end of September 2023 and will also be submitted to the Scottish Government and the Scottish Public Services Ombudsman (SPSONHS).

## **6. Assessment/Key Issues**

### **6.1 Complaints received**

NES continues to receive a limited number of complaints requiring investigation using the agreed corporate complaints handling process. There were 17 such complaints received during the year (up from 13 in 2021-22), plus two expressions of concern which were investigated by the Complaints Team. Of these, seven were fully upheld with a further five partially upheld. Seven complaints were not upheld. None of the complaints covered by the report were whistleblowing cases.

### **6.2 Feedback and comment**

The draft report includes information on the different ways in which we encourage feedback and comment from our service users and partners in our work. This is designed to provide assurance that our education and training is informed by a range of important perspectives including those of end service users, trainees and other learners and service partners. Case studies have been used to illustrate the different approaches to engagement and feedback collection methods used by our directorates.

The draft report emphasises that partnership working with stakeholders and service users is a key feature of all our developments and that the collection and use of learner feedback is a vital aspect of educational governance arrangements for all directorates and programme teams.

As required by the Patients Rights Directions, the report includes commentary on methods used to engage with equalities groups (Part 1, section 2). The report details several of the ways in which equality and inclusion is considered in the context of our education and training activities.

### **6.3 Positive feedback**

The report includes a selection of positive comments received from learners and other individuals. While NES receives a significant amount of positive comment and



feedback, we have no systematic arrangements for collating this information at a directorate or corporate level.

## 7. Recommendations

The Board is asked to approve the annual FCCC report before it is published and submitted to the Scottish Government and Scottish Public Services Ombudsman.

---

Author to complete **checklist**.

a. **Have Educational implications been considered?**

Yes

b. **Is there a budget allocated for this work?**

Yes

c. **Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes
2. Partnership Objectives and Outcomes
3. Performance Objectives and Outcomes

d. **Have key strategic risks and mitigation measures been identified?**

Yes

e. **Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?**

Yes

f. **Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?**

Not applicable

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

No

Author name: Rob Coward  
Date: 7 September 2023  
NES

NHS Education for Scotland

# Feedback, Comments, Concerns and Complaints Annual Report 2022-2023

**September 2023**

NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. We are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development. We are a national NHS Board, which works in partnership with the Scottish Government, NHS Health Boards, local authorities and a host of other stakeholders to support health and social care services in Scotland. We do this by providing education, training and workforce development; supporting recruitment and strengthening career pathways. NES also supports health and care providers through the development and maintenance of digital infrastructure.

The summary table below precedes the full Feedback, Comments, Concerns and Complaints report and provides brief details of the complaints and expressions of concern we received between 1 April 2022 and 31 March 2023.

**Table 1: Summary of complaints received and outcome 2022-2023**

Subject of complaint	Outcome of Complaint	Lessons learned
1. Failure to provide a P45 for tax purposes for former employee	Partially upheld	Not applicable
2. Insufficient reasonable adjustments made during training & poor communication	Partially upheld	Review of communication around medical trainee health declaration; review of support available regarding mental health issues; review of retention policy of medical and personal records; recommendation that ARCP requirements in a repeat year are documented in a trainee's portfolio.
3. Failure to provide pension refund to former employee	Fully upheld	Finance to work with payroll provider to improve understanding of the issues raised within this complaint.
4. Selection criteria and process for NES funded programme is unfair	Not upheld	NES Psychology to facilitate a review of the entrance criteria across NES-funded courses
5. Failure to provide refund for Approved	Fully upheld	Review application process to ensure contact details are up-to-date

Medical Practitioner course		
<b>Subject of complaint</b>	<b>Outcome of Complaint</b>	<b>Lessons learned</b>
6. Inter-deanery transfers and allocation of placements	Not upheld	Not applicable
7. Unnecessary global emails sent to trainees	Partially upheld	NTS liaising with NHS NSS to ensure correct technical alignment of medical trainees regarding emails.
8. Unsuitable placement for Foundation Year medical trainee	Fully upheld	Not applicable – frontline resolution
9. Removal from Approved Medical Practitioner Course	Not upheld	Review the flexibility of arrangements for the AMP course
10. Poor communication regarding pharmacy grievance and failure to take account of supervisor perspective	Fully upheld	Review of designated supervisor status in this case; gather evidence relating to this case before devising action plan; review draft bullying procedure to ensure a right to reply and consult with trainees and supervisors.
11. Delayed results from the Scottish Practice Management Development course and poor communications	Fully upheld	Review of assessment arrangements
12. Delays in processing Tier 2 Sponsorship application from medical trainee	Fully upheld	Processes reviewed and improved; staff resourcing reviewed and improved.
	Partially upheld	Improved communications regarding NES Pharmacy funding policy

13. Access to Pharmacy Independent Prescribing course		
<b>Subject of complaint</b>	<b>Outcome of Complaint</b>	<b>Lessons learned</b>
14. Dissatisfaction with response to information given at exit interview by former employee	Partially upheld	Improved processing relating to exit interviews
15. Breach of confidentiality relating to Health Care Science vocational trainee	Not upheld	Verbal agreement for information sharing will be supported by explicit written approval before sensitive information is shared.
16. Failure to provide pension contribution refund to GP Specialty Trainee	Fully upheld	Finance will liaise with NHS NSS around improvements based on the issues raised within this complaint.
17. Process for evaluating Dental Vocational Trainer application was unfair	Not upheld	Review documentation for DVT recruitment process
CONCERN: Lack of diversity in NES funded psychology course	Not applicable	Not applicable – issue out with NES's remit
CONCERN: Suspected breach of confidentiality in NES document	Not applicable	Not applicable

## **Contents**

### **Introduction**

#### **Part 1. Feedback, Comments and Concerns**

- 1. Methods for gathering and using feedback**
- 2. Engaging with equalities groups**
- 3. Supporting service users in providing feedback**
- 4. Systems for collecting and using feedback, comments and concerns**
- 5. Using feedback alongside other information to identify opportunities for improvement.**

#### **Part 2. Managing and using complaints**

- 1. Learning from complaints (Indicator 1)**
- 2. Complaint process experience (Indicator 2)**
- 3. Staff awareness and training (Indicator 3)**
- 4. Complaint outcomes (Indicators 4, 5, 6, 7, 8 and 9)**
- 5. Accountability and governance**

#### **Part 3. Positive feedback and compliments**

### **Further information**

## **Introduction**

Welcome to our annual report on feedback, comments, concerns and complaints for 2022-2023. The report is a requirement of the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions which specifies that relevant NHS bodies should prepare an annual report at the end of each year summarising action taken as a result of feedback, comments and concerns received in that year.

The first part of the report provides summaries of our progress in collecting and using feedback from our service users. The summaries include case study materials to illustrate our diverse approaches to feedback collection and the difference this information has made to our work. Part 2 comprises a summary of the complaints and concerns expressed by our service users during the year and the outcomes from these complaints. It also provides brief information regarding our progress in handling and learning from complaints in accordance with the nine indicators set out in the Scottish Government's guidance to health boards.

The report also includes brief details about some of the positive feedback and comments received from our service users – including trainees and other health service staff.



## Part 1. Feedback, Comments and Concerns

### 1. Methods for gathering and using feedback

All our services are planned, developed and reviewed in partnership with stakeholders, including health care professionals in training and other health and care staff who rely on NES educational support to provide excellent patient care. Our approach to collecting feedback focuses on the 'user experience' of our diverse training programmes and products, ensuring they are accessible and fit for purpose. We are aware that feedback on learner/service user satisfaction provides a key metric for the engagement of learners, which provides valuable predictive insight into the impact of our educational programmes and resources. Learner feedback is also essential in enabling us to improve the accessibility and quality of our training. The case studies featured in this report provide some examples of how feedback has been used to identify opportunities for improvement. The collection and use of learner feedback is a key focus for our quality management activities, which are monitored at senior levels within the organisation.

Feedback from health care professionals in training forms an essential component of our approach to quality management at NES. This feedback is invaluable in enabling us to evaluate educational quality, identify opportunities to improve learner experiences, and provide stakeholders with vital assurance that Scotland's significant investment in training for healthcare is effective. We organise regular feedback activities, such as the annual Scottish Training Survey in postgraduate medical education, or support UK surveys including the General Medical Council's annual Training Survey and the General Dental Council's annual surveys of Dental Foundation/Vocational Training and Dental Specialty Training. As described in section 5 below, the data collected through these trainee surveys is analysed closely and forms an important part of a rich dataset used to improve education quality.

In addition to our Educational Governance processes, a *Contact Us* page on our website provides an online form for feedback (positive or negative) about any aspect of our work. Further information, including examples of these processes and how we use feedback is provided below.

#### **Case study 1: Acute Care - Medical Associate Professions/Non-Medical Endoscopy/Scottish Trauma Network**

NES leads the development and implementation of a range of educational solutions to support the development of staff in medical associate professions (MAPs) and non-medical clinical roles. These include education programmes in non-medical endoscopy, cystoscopy and trauma care.

Our Acute Care team, based in the Nursing, Midwifery and Allied Health Care Professions Directorate, developed opportunities to improve education resources by eliciting feedback from live events and encouraging comment on published education resources. To this end a range of tools were used to gauge participant experience and learning, to understand what went well, what could have gone better, how could we improve. We monitor learner experience questionnaires with a view to maintaining user satisfaction with the quality of NES designed or commissioned programmes, and to inform future developments. In this way, the use of learner feedback forms an important part of the educational

governance/improvement approach. Specific methods used to gather user and stakeholder feedback included the following:

- Feedback forms on the perioperative, critical care and deteriorating adult resources
- Invitation to provide feedback by email on MAPs, perioperative and non-medical endoscopy and cystoscopy Turas Learn pages (this invitation emphasised in all delivered events/workshops)
- Feedback/evaluation questionnaires for all delivered events (e.g. MAPs workshops, Perioperative event, non-medical endoscopy event) – tailored evaluation opportunity for presenters as well as participants
- In 2022, the non-medical endoscopy/cystoscopy faculty team engaged in confidential exit interviews with learners and service managers in regions where attrition had taken place. This provided an opportunity to explore lessons learned/seeks ways to improve the educational environment/process

The above methods for gathering feedback complemented other measures for engaging with stakeholders, including a review by subject matter experts and a stocktaking exercise undertaken by the national Workforce Diversification Group.

### **Case study 2: Health Care Support Worker programme**

Our Nursing, Midwifery and Allied Health Professions team was commissioned by the Chief Nursing Officer to develop a knowledge and skills framework for career level 2-4 NMAHP support workers. We used engagement with a broad range of stakeholders to coproduce the framework. This consisted of a steering group and several subgroups that met regularly by Microsoft Teams. This virtual approach maximised engagement by enabling representatives from all geographical areas to be involved and minimised time out of practice for practitioners. The draft framework was circulated even more widely for consultation and the responses informed the final version of the framework which is now published on our [Turas Learn site](#).

Stakeholders were included at the very start of the project and so were involved in the development of the workplan and in all decisions. Terms of reference for each group clearly identified the role and expectations of members and a communications plan put stakeholders at the centre. This aimed to show how much we genuinely valued their engagement and was evidenced in their commitment to working with us, e.g. we always had excellent attendance at meetings, a willingness to take on tasks that contributed to the outcome and to provide very relevant comment and feedback. The Jamboard app was used extensively and very effectively during meetings, and this gave opportunity for all to give feedback anonymously on key questions and draft statements. The Jamboards were kept live for stakeholders to add any later reflections. Comments were then collated and fed back for further discussion.

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

Our service users play an important part in reviewing and improving education initiatives by providing informed feedback. In this respect learners and trainees are uniquely placed to

provide expert insight into their experience. The development, commissioning and quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, Health Boards and others. The importance we attach to this aspect of our work is reflected in our efforts to publicise and encourage feedback from learners and others involved in our work.

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

- Recruitment of doctors in training to assist in our Quality Management of training programmes
- Scottish Training Survey – an opportunity for doctors in training to reflect on their training experience at the end of each posting.
- Notification of concern process for doctors in training - Managed by the Deanery, this is process by which doctors in training, trainers or other staff can report concerns outwith the usual survey processes.
- Quality Management pre-visit questionnaires for trainers and doctors in training - Coordinated by the Postgraduate Medical Deanery within the six weeks before a quality management visit is conducted.
- Dental Care Professionals (DCP) – Collection of feedback data from participants and employers following induction, study days and at the end of the programme.
- Pharmacy – The use of focus groups to gather user insights on new e-learning modules and ‘exit questionnaires’ for learners completing education programmes. In addition to these feedback sources, the Pharmacy team embeds feedback tools on each e-learning resource to gather user views on completion.
- Psychology – The use of a single Training Acceptability Rating Scale (TARS) tool to collect feedback from learners attending training

### **Case study 1: Pharmacy simulation training**

The NES Pharmacy team offered a range of training opportunities that enable participants to learn in simulated clinical environments. Feedback collected from learners/trainees after each learning event was designed to provide insight into their experience of the simulation event and their ability to take learning on into future practice. Feedback was encouraged by allowing participants easy access to the feedback forms immediately after each simulation event to allow for ease of completion. This was either through the use of printed feedback to be completed by hand or via QR codes for completing on a mobile device.

Questions included a) *how realistic was the simulation session?* 2) *how confident do you feel about managing similar situations in real life?* 3) *do you think the simulation session will change your practice in any way?* 4) *overall, how satisfied are you with the simulation session?* 5) *do you have any suggestions for how the simulation session could be improved?* 6) *any other comments?*

For each question more information was encouraged to justify their answer. The information gathered informs our quality improvement action plan for future pharmacy simulation events.

Feedback was also obtained from pharmacy staff involved in sending participants (employers and Health Board E&T staff) and pharmacy faculty supporting the simulation events. This was carried out using a de-brief model at the end of each simulation training event and by other methods of communication.

## 1.2 How we publicise opportunities for providing comments

Given the importance of feedback for our work, we use several different methods to encourage comment from trainees and other learners. These range from targeted communications for training grades in Medicine, to the provision of an open comments mailbox for Health Care Science trainees and the use of social media to invite feedback from Pharmacists. In eliciting feedback, we observe the key principles of preserving the anonymity of individuals submitting comments and being prompt to act on specific suggestions. Where possible we provide named contacts for communications, but also offer generic contact email addresses.

### Case study 1: Developing Senior Systems Leadership Programme

The Developing Senior Systems Leadership (DSSL) Programme aims to develop a community of 60 senior systems leaders over 3 years from Social Care, Social Work and Health with Director level or equivalent leadership capability.

This is a cross-sector programme, comprising a mixed cohort of circa 20 senior leaders from Social Care, Social Work and Health who are:

- Currently operating at a senior level within a Social Care, Social Work and Health setting.
- Aspiring to move into a senior system, executive or director level role in the Social Care, Social Work and Health environment in the next 18-24 months.
- Sponsored to apply for a place by a Director, Chief Officer, Chief Executive, or equivalent senior leader. There are both [general and sector specific criteria](#) to guide potential applicants.

Feedback and continual evaluation are a key feature of the delivery of DSSL. Ongoing engagement with sponsors, participants from cohort 1 and potential future cohort participants and sponsors informed our more tailored, targeted engagement plans to recruit to Cohort 2.

Examples of the ongoing feedback/engagement since January have included;

- Learning from sponsor perspectives from the final shared learning event for Cohort 1
- Informal feedback obtained via the online sponsor and participant community sessions (Dec-March 2023)
- Mid-point evaluation feedback from cohort 1 participants about their learning and experience of the programme so far captured on video and written feedback.

- Ongoing dialogue with key stakeholders, especially social work.

Our contact details for the programme are published at every opportunity. Our practice is to respond to all feedback and to continually engage with stakeholders from across the system to enable DSSL to firmly take root as a high quality learning experience for developing senior systems leaders.

### **Case study 2 – Postgraduate Medical Education and Training, Notification of Concerns process**

Most doctors in training have a positive experience in their placements on their training programme. However, from time to time some will encounter a problem or issue that causes concern. The Medical Deanery has established a process to enable doctors to notify concerns to enable responsive investigation and rapid resolution.

The subject of concerns raised cover:

- Patient safety concern
- Training experience concerns, ie, meeting competencies
- Undermining and bullying

From August 2022 – July 2023 we have received 6 Notifications of Concern. Following the receipt of a notification, Quality Improvement Managers undertake the following review of data:

Concerns database – To ascertain if it is the first one or has been raised before

Review data to ascertain if it is the first one or has been raised before

NTS - To check for any relevant information including red flags.

STS - To check for any relevant information

TPD report - To check whether issues has been raised/mentioned

LEP (DME) report - To check whether issues have been raised/mentioned

APD/GP Director -To check for any local intelligence QM To check any recent QM visit reports with regard to the issue.

The Notification of Concern process is well promoted on the Deanery website and communications with doctors in training posts. Support from Associate Deans for Quality is available and this is communicated to anyone raising a concern. If further support was needed contact with colleagues within the Medical directorate and the wider NES would be made.

## **2. Engaging with equalities groups**

We actively collect feedback on equality, diversity and inclusion, at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups.

Several of the case studies presented in this report illustrate how we engage with diverse stakeholders when developing our educational programmes and resources. The extent and impact of the diversity of this engagement is a focus for discussion of Equality & Human Rights Steering Group meetings and reviews, which seek to share intelligence and learning from programme and directorate-level feedback and engagement. The Steering Group discussed the need to disaggregate feedback data by protected characteristics to improve our understanding of how different equalities groups access our education programmes, differences in satisfaction, educational attainment, etc. It is anticipated that new approaches to feedback and evaluation will help us to identify any specific barriers to inclusion. This is part of our commitment to inclusive learning as highlighted in our recently updated Inclusive Education and Learning Policy.

Our complaints log enables us to code complaints and concerns thematically as being relevant to equality and diversity at both directorate and corporate level. Complaints and concerns are reviewed annually by the Steering Group within the context of our equalities review, providing another source of data which can be triangulated to inform policy and strategy development and to measure our progress delivering our equality outcomes and equality mainstreaming priorities.

### **Case study: Equality Learning Needs Assessment**

The NHS Education for Scotland (NES) Equality, Diversity and Human Rights Team was a new team in NES in 2022. Part of the team's remit is to work with organisations to provide high quality and relevant training and educational resources on equality and inclusion for the health and social care workforce. We wanted to hear from health boards and our stakeholders to understand their current approach to training, use of the Equality and Diversity Zone on Turas, and how NES can best support meeting equality and inclusion learning needs within health and social care.

This information once analysed was used to determine the priorities for the team for the externally focused education work over the next 2-3 years.

The team used a variety of approaches to engage with stakeholders and its service users in health and care organisations. These approaches included:

- A survey of all health boards via learning and development leads and equality leads networks.
- Inviting health boards and stakeholders to meet to better understand their views and support needs for equality and inclusion learning.
- Attending various relevant professional networks to meet our stakeholders, inform, and provide further opportunities for engagement.
- Report including survey results, themes from discussions and suggested priorities shared with all survey respondents and stakeholders.
- Summary of the learning needs assessment sent to stakeholders and presentations given at various networks.

The team engaged stakeholders via professional networks including the NHS Scotland Equality Leads Network. This highlighted the need for learning resources to raise awareness and promote understanding of specific groups or issues, for example:

- Increased understanding of how discrimination presents in the workplace
- Training on reasonable adjustments
- Updated resources for LGBT+ awareness and understanding the needs of Gypsy/Travellers

The team also met with expert organisations: CRER (anti-racism resources), Close the Gap (sexual harassment resources) and the BDF (reasonable adjustments training) and established links with the NES staff networks and attending meetings to talk about the learning needs assessment and offer opportunities to feedback.

The team continues to engage to understand learning needs/ specific topics (e.g. Gypsy/ Travellers steering group and social care meetings).

### **3. Supporting service users in providing feedback**

Given the high value that we place on our service-user feedback, we encourage comment in a variety of ways (as described at 1.2 above). While there are no formal mechanisms for supporting the provision of feedback, we offer a wide range of access points for comment. These include generic mailboxes to provide named or anonymous feedback, online questionnaires or named contacts within each of our programme teams. We advertise the opportunity to provide comments on our products and services in our learning resources and websites, including the 'Contact Us' webpage on the NES corporate website. For all our trainee surveys, regular reminders are circulated to emphasise the importance of providing feedback. This is reflected in the high response rates from trainees.

#### **Case study: Children and Adolescent Mental Health - 1 Year Development Programme**

As set out in the Children and Young People's Mental Health Taskforce (2019) recommendations, a one-year development plan (1YDP) delivers training at enhanced level to support the transition into Child and Adolescent Mental Health Services (CAMHS) of clinicians whose core professional training does not provide extensive CAMHS experience. Since 2019, 166 clinicians, predominately nurses and allied health professionals across all health boards have attended the 1YDP. Places are allocated using the network of CAMHS Learning Co-ordinators, across two cohorts per year.

A range of information was collected from learners, service users, employers and others. Learners were asked for their reaction to the training, (using the REACTs form), and were encouraged to provide free-text comments. They were also asked to self-report their knowledge and skills for the intended learning outcomes (ILOs), at each workshop provided by NES. At the end of the programme, learners receive an overall evaluation form. Feedback from services is sought from the CAMHS Learning Coordinators (CLCs) at our regular network meetings, and via questionnaire. Workshop facilitators also stay online after the workshop which gives the learners an opportunity to provide feedback and ask any questions. Learners and CLCs can also contact the facilitators via email.

The importance of feedback is discussed during the learner induction to the programme. Rating of knowledge and skills is viewed as compulsory, however, comments are not. We explain that feedback is used to influence future training (and adaptations have been made in relation to feedback). During induction learners practice accessing the feedback form (Feedback is collected by MS Teams form). Learners are prompted to complete the form at the beginning and end of each workshop. At the end of the programme, the learners are asked to complete the evaluation form to receive their certificate.

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

NES employs a range of systems and processes for collecting and using feedback and comment from our service users as described in the case studies below. These systems include the collection of feedback using online tools such as Questback questionnaires and Microsoft Forms. These tools enable us to easily share examples and good practice between directorates and programme teams.

NES's systems for collecting feedback from learners, faculty and other stakeholders are currently under review and enhancement is expected in this important area of our practice.

#### **Case study – Medical Professional Development workstream**

Our Medical Directorate has established a comprehensive Professional Development workstream to support the ongoing training of doctors and other healthcare professionals. This comprises the CPD Connect programme of validated short courses, the General Practice Nurse Education Pathway, Practice Manager Programmes, Staff and Associate Specialist (SAS) Doctor and Dentists Development Programme, Approved Medical Practitioner (AMP) programme, Faculty Development Alliance, Leadership and Development Programme (LaMP), Medical Appraisal training, Supporting Scottish Grief and Bereavement Care.

Feedback is systematically collected from learners and others across the Professional Development programmes using electronic surveys on in-person discussion. This is designed to provide insights in the following areas of enquiry:

- Did the course/resource meet the intended learning outcomes?
- Did the course/resource provide them with new knowledge/skills?
- Did it increase their confidence?
- What was the impact of the learning on patient care?
- Was the event well organised and did the method of delivery suit the learning?
- What could be done to improve the course/ training event in future?
- What further training would be useful?
- What worked well/ what could be even better/ what was missing for each session or speaker How will the learning from this session impact on your future practice?
- Learner perceptions of learning experience on the GPN Education Pathway – issued at stages throughout the duration of the course.



QR codes are being used more regularly to gain more instant feedback at the end of events, both face to face and online. This does improve response rates, as everyone usually has a smartphone to hand, and they can complete the short questionnaire before they move on to their next piece of work. Evaluation of the impact of learning on patient care is being looked at in more depth and using existing data in the form of quality improvement projects and gaining new data from specific survey questions. We are also embedding evaluations into eLearning programmes to gather more detailed feedback than is standard on the Turas Learn platform. Additionally, longitudinal evaluations of the participants provide a view of how training has influenced their practice.

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

Feedback from trainees and other learners is one of many elements that contribute to quality improvement at NES. On occasions this feedback is a trigger for further investigation, as with the data from our trainee surveys. In other contexts, feedback is used as part of wider evaluations encompassing use of analytic data, peer review, site visits (now in virtual formats) etc. In our Dental and Medical directorates, feedback forms an important component of our comprehensive Quality Management Framework and the annual review process for Training Programmes. This supports decision making on any required Quality Management activities such as a Training Programme enquiry, training location visit etc.

### **Case study 1: Medicine – The Scottish Training Survey**

We created a Scottish Training Survey (STS) to support decision-making regarding the quality of postgraduate medical education and training in Scotland. Our Postgraduate Medical Deanery's Data team survey doctors in training towards the end of each training post and invite them to make freetext comments related to patient safety or bullying and undermining issues. These comments are then shared with the Deanery's Quality Team for review and action.

For the STS, the data is uploaded on to the STS dashboard which each Training Programme Director (TPD) can access at any point. The data is also collated and shared with both the Director of Medical Education in each Health Board and TPDs in their respective reports each year in which we ask them to provide feedback on it. That data is then reviewed each year at our Quality Review Panels and a decision is taken around the action for each site/specialty, which can be:

- 1 Visit recommended
- 2 Enquiry recommended
- 3 Continue monitoring through Specialty Quality Management Group
- 4 Good practice recognition
- 5 No action required

Response rates for the STS were high in 2022-2023, reflecting the efforts made by the Quality Team to send reminders to doctors in training and the high levels of trust in the process, which has been used for a number of years. The specific response rates to the survey in 2022 are as follows:

<b>Survey</b>	<b>Surveyed</b>	<b>Completed</b>	<b>Response rate</b>
Nov 22	2271	1585	70%
Jan 23	2367	1655	70%
Mar 23	2318	1674	72%

## **Part 2. Complaints Performance Indicators**

### **1. Learning from complaints (Indicator 1)**

As in previous years, NES received a limited number of complaints or expressions of concern, but each one was used as an opportunity to learn and improve. Information about each complaint or expression of concern is held centrally by our Planning and Corporate Resources Team. Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by the corporate Complaints Team in the Planning & Corporate Resources department. The table contains brief information about the responses to complaints, which range from reviews of process, to staff training and enhancements of communications practice. Enhancements were made or reviews conducted following complaints, including several where the complaint was not upheld, only partially upheld or where NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken forward. Recommendations for enhancement related to specific programmes or areas of business and were therefore not considered applicable to wider organisational quality improvements.

A total of 17 complaints were handled by the corporate Complaints Team, with two further expressions of concern considered. This is a small increase on the previous year (13 complaints with one expression of concern). These concerns were fully investigated and led to an apology or corrective action where NES was found to be at fault. Investigations of concerns do not lead to a final judgement.

### **2. Complaint process experience (Indicator 2)**

Individuals and organisations dissatisfied with NES services or staff can communicate with us through a variety of routes. These include the Feedback, Comments, Concerns and Complaints mailbox on the NES corporate website, directly to the NES Chief Executive or Director of Planning and Corporate Resources by email or through local directorate staff, such as educational supervisors or quality management staff. The Medical Directorate also reviews expressions of concerns from medical trainees through its Notification of Concerns process. In addition to these processes, NES reviews the Care Opinion website, which is

used by service users to comment and complain about health and care services. Although education and training was mentioned in some of these posts, there were no specific references to NES warranting investigation and response.

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

Complainants are invited to provide us with feedback on their experience of the NES complaints process. This invitation asks complainants to comment on issues such as the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report. Only one of the complainants in the reporting year took advantage of the opportunity to feedback comments and views about the complaint investigation process.

### **3. Staff awareness and training (Indicator 3)**

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). Several NES staff have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All four members of our corporate Complaints Handling team (plus the Director of Planning and Corporate Resources who had executive responsibility for complaints during the year) hold the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

Members of the corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance.

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

The outcomes from each of the complaint investigations conducted in 2021-2022 are summarised in Tables 2 to 5 below. This indicates that seventeen complaints were received during the year, plus a further two expressions of concern, which were investigated. None of the complaints received were whistleblowing cases. Of the seventeen complaints received, seven were fully upheld, five were partially upheld and five were not upheld.

In addition to the 17 complaints and two concerns, NES also received 27 emails from individuals expressing dissatisfaction with clinical or care services. These individuals were referred to the relevant complaints contacts with health boards or social care providers. The number of this type of enquiry represents a notable increase on previous years.

There were a further nine email enquiries from doctors who lost access to their 'nhs.scot' email accounts without notice on completion of training.

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

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

Beginning in 2023-24, we will be reporting to the NES Board against the following strategic Key Performance Indicator on : "*Number of complaints or concerns upheld and partially upheld.*" This report will go to the Board on a quarterly basis.

**Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2023**

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution ?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
Previous employee	Failed to receive a P45 for tax purposes	20220411 Ongoing Tax	Yes	11/04/22	11/04/22 11/04/22	Partially upheld	Yes	n/a
NHS Staff	Insufficient reasonable adjustments made during training & poor communication.	20220420 Foundation Training	No	20/04/22	20/04/22 07/06/22	Partially upheld	n/a	Review of communication around medical trainee health declaration; review of support available regarding mental health issues; review of retention policy of medical and personal records; recommendation that ARCP requirements in a repeat year are documented in a trainee's portfolio.
Previous employee	Failure to receive pension refund	20220612 Pension refund	No	26/11/22	29/11/22 14/12/22	Fully upheld	n/a	Finance to work with payroll provider to improve understanding of the issues raised within this complaint.
NHS Staff	Shortlisting process for a NES funded course is unfair.	20220612 Psychology access	Yes	05/10/22 (and escalated 29/11/22)	05/10/22 14/10/22 and 30/11/22 20/12/22	Not upheld	No - escalated	NES Psychology to facilitate a review of the entrance criteria across NES-funded courses.
NHS Staff	Failure to give refund for Approved Medical Practitioner course.	20220616 AMP Training Course	No	16/06/22	16/06/22 23/06/22	Fully upheld	n/a	Review application process to ensure contact details are up-to-date.
NHS Staff	Inter-deanery transfers and allocation of placements	20220617 Medical trainee placements	Yes	16/06/22	17/06/22 23/06/22	Not upheld	Yes	n/a

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution ?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
NHS Staff	Unnecessary global emails sent to trainees	20220624 Distribution list	Yes	24/06/22	24/06/22 24/06/22	Partially upheld	Yes	NES NTS liaising with NHS NSS to ensure correct technical alignment of medical trainees regarding emails.
NHS Staff	Change of placement	20220704 FY2 Rotation Placement	Yes	04/07/22	05/07/22 07/07/22	Fully upheld	Yes	n/a
NHS Staff	Removal from Approved Medical Practitioner Course	20220803 AMP course	Yes	28/06/22 (& escalated 04/08/22)	03/08/22 03/08/22 And 04/08/22 01/09/22	Not upheld	No - escalated	Recommendation that the flexibility arrangements for the AMP course are reviewed.
NHS Staff	Poor communication regarding pharmacy grievance & failure to take account of supervisors perspective.	20220816 Pharmacy process	No	15/08/22	17/08/22 31/08/22	Fully upheld	n/a	Review of designated supervisor status in this case; gather evidence relating to this case before devising action plan; review draft bullying procedure to ensure a right to reply and consult with trainees and supervisors.
NHS Staff	Delayed results and poor communication	20223008 Delayed results	Yes	30/08/22	30/08/22 31/08/22	Fully upheld	Yes	Apology given and results shared.
NHS Staff	Delayed Sponsorship Team response	20221710 Tier 2	Yes	17/10/22	18/10/22 28/10/22	Fully upheld	Yes	Apology given; processes reviewed and improved; staff resourcing reviewed and improved.
NHS Staff	Access to Independent Prescribing course	20221006 Pharmacy IP Course	No	15/12/22	15/12/22 13/01/23	Partially upheld	n/a	Improved communication around Nes Pharmacy funding policy.
Previous employee	Turas Learn	20221215 Turas Learn	No	15/12/22	15/12/22 13/01/23	Partially upheld	n/a	Improve our processes regarding exit questionnaires.

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution ?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
NHS Staff	Breach of confidentiality	20230207 Dental confidentiality	No	13/01/23	07/02/23 15/03/23	Not upheld	n/a	Verbal agreement should be supported by explicit written approval before sensitive information is shared.
NHS Staff	Failure to receive pension refund	20230228 Finance pension correction	No	28/02/23	28/02/23 08/03/23	Fully upheld	n/a	Finance will liaise with NHS NSS around improvements based on the issues raised within this complaint.
NHS Staff	Process for evaluating Dental Vocational Trainer application was unfair.	20230323 Dental DVT	No	20/03/23	21/03/23 06/04/23	Not upheld	n/a	Review documentation for DVT recruitment process.
NHS staff	CONCERN: Lack of diversity in NES funded psychology course		n/a	10/08/22	10/08/22 19/08/22	n/a	n/a	None required.
NHS staff	CONCERN: suspected breach of confidentiality in NES document		n/a	29/08/22	29/08/22 29/08/22	n/a	n/a	None required.

*NHS National Services Scotland (NSS) Guidance Notes:*

(1) Source: Indicate the status of the person e.g. “FYI Trainee”, “External Contractors”, “Educational Institution”, “and Professional Organisation”. For the purposes of logging, returns should be anonymous with the proviso that further information may be sought as necessary.

- (2) Summary: Provide a brief outline covering the core substance of the feedback indicating whether it is a comment, a concern or a complaint.
- (3) File Reference: Use your local identifier such that each case can be found as necessary.
- (4) Outcome: Indicate current status if the issue has not been resolved, or indicate, in the case of complaints, whether it has been upheld, partially upheld or rejected and the grounds for that outcome.
- (5) Improvements: Outline learning opportunities or improvements identified as a result of issue raised, either locally or corporately.



**Table 3: Total number of complaints closed by NES during the period<sup>1</sup>**

<b>Number of complaints closed by the NHS Board</b>	<b>Number</b>	<b>As a % of all NHS Board complaints closed (not contractors)</b>
<b>5a. Stage One</b>	6	35%
<b>5b. Stage two – non escalated</b>	9	53%
<b>5c. Stage two - escalated</b>	2	12%
<b>5d. Total complaints closed by NHS Board</b>	17	100%

---

<sup>1</sup> Does not include expressions of concern.

**Table 4. Stage One complaints by outcome**

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	3	50%
Number of complaints not upheld at stage one	1	17%
Number of complaints partially upheld at stage one	2	33%
<b>Total stage one complaints outcomes</b>	6	100%

**Table 5. Stage Two complaints by outcome (non-escalated)**

	Number	As a % of all complaints closed by NHS Boards at stage two
<b>Non-escalated complaints</b>		
Number of non-escalated complaints upheld at stage two	4	44%
Number of non-escalated complaints not upheld at stage two	2	22%
Number of non-escalated complaints partially upheld at stage two	3	33%
<b>Total stage two, non-escalated complaints outcomes</b>	9	100%

**Table 6. Stage Two complaints by outcome (escalated)**

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
<b>Escalated complaints</b>		
Number of escalated complaints upheld at stage two	0	0
Number of escalated complaints not upheld at stage two	2	100%
Number of escalated complaints partially upheld at stage two	0	0
<b>Total stage two escalated complaints outcomes</b>	2	100%

## 5. Accountability and Governance

This draft annual FCCC report is submitted to our Executive Team for comment and to the Education and Quality Committee for comment and approval. Recommendations arising from complaints are followed up by our corporate Complaints Team. The [annual report](#) is published on our website each year and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

During the 1 April 2022 – 31 March 2023 period, the Education & Quality Committee (EQC) met regularly to monitor and review our educational activities. A key focus for assurance is the collection and use of learner feedback to enhance education quality. A formal minute of EQC meetings was reported to the Board as a routine and regular agenda item.

### Part 3. Positive feedback and compliments praise

NES has no formal, corporate or local systems specifically designed to elicit and report positive feedback and compliments from our service users. Despite this, we regularly receive endorsements of our work from a range of individuals and organisations. These are usually received through our processes for collecting feedback from learners and others, or through other quality management activities. On occasions we have received unprompted commendations as described in the examples below.

#### Case study 1: Health Care Support Worker programme

A range of positive feedback was received from participants in the HCSW programme, practice educators and senior managers as follows:

##### Learners

*I think it is well laid out and easy to find the relevant section. Very easy to read and to identify different areas based on pillars of practice. I think it will be useful both for HCSWs and for management/supervisors to use in the appraisal process. I could see myself using this as a way to identify areas for development.*

*It gives clear structure of the different levels of HCSWs and the competencies required to do each level, this gives clear indication for the delegation of tasks for healthcare professionals to ensure patient safety and competence levels of their individual support staff. This also gives a clearer guidance to assist with TURAS and ongoing training requirement evidence for HCSWs, the indication that there should be evidence of HCSWs working towards recognised qualifications is also an advantage for HCSWs to work towards in order to progress their knowledge and career as they wish.*

*I think there is a lot of information for each level within each pillar which gives a good understanding of the expectation at initial level and how you can progress to the next level using prior learning and being given and taking learning opportunities when they arise. I also like that the abbreviations have been clarified. I think it has also highlighted that there are a lot of learning opportunities out there, if you know where to find them. I do think that over the years more and more responsibility has been placed on support workers and maybe this gives a bit more clarity on what is expected of you from the start.*

### **Practice Educators**

- *Excellent resource for HCSW which shows the differences and requirements for progression within the levels. Easy to read, liked the RPL information and links.*
- *I like the fact that the framework is clearly set out and user friendly. I also like that it gives consistency across Scotland and levels of practice. It also gives a clear structure for development either within the individuals level of practice or to progression through the career framework. Linking each level to an educational qualification I think is excellent and gives greater clarity.*

### **Senior managers**

- *It is clear and comprehensive.*
- *Well thought out, clear understanding of the required needs and progression*
- *Clear and straightforward in terms of development structure*
- *simplicity and easy to read and understand*
- *basic and simple.*

### **Case study 2 – Acute Care support programme**

- Response to MAPs recorded update posted on Turas (received by email Sept 2022) from an executive colleague in NHS Scotland Academy: *“Just watched the MAPs & ACCPs update – a superb overview of progress and next steps, presented in a very accessible, succinct and engaging style – well done!”*
- *“Through being involved in the making of the major trauma development framework we have been able to find common learning needs across NMAHP professions and settings and build relationships by understanding other roles in major trauma”*
- Key strategic partners in the Workforce Diversification Group have actively commented during the stocktake on the value of this group and the style of engagement “this group, under your chair has allowed us to focus and involve key stakeholders to work collaboratively on matters which are of interest to us all”. One key partner noted the opportunity to enhance function and strength of the group through reflection and an arising opportunity to shape key aspects.

### **Case study 3 – Health Improvement, Psychology Directorate**

1. Supervisor comments on the trainees’ contribution to the health board within the NES THP programme:

- a. [Trainee] *has gone above and beyond his competency in achieving the above outcomes and he has been essential to the new and evolving service. He has promoted and demonstrated the role and value of health psychologist within all the work he has done.*
  - b. [Trainee] *contributed significantly to excellent outcomes in our Type 2 diabetes prevention and early intervention programme, and similarly to NAFLD service. The coaching work she delivered was very well received and will now be rolled out by NHS [Board] as part of our commitment to being a coaching organisation.*
2. Comments on the most useful aspects of MAP training:
- a. *Listening to others in the practice sessions, reflecting on the skills used and feedback from facilitators*
  - b. *Actually getting to speak to the person [role/real play] and listen to what they thought was the action to be taken, which may have differed from what I thought would be needed.*
  - c. *The workshop events and practising scenarios using the MAP tool was the most helpful to me personally.*
  - d. *The sample videos were informative and the practical sessions were insightful.*
  - e. *Seeing in it practice/ role play examples and using the sheets.*
  - f. *I found the section on action planning helpful, particularly the opportunity to role play and see how my colleagues would have responded to a more complex behaviour change.*

#### **Case study 4 – Psychology one-year development programme**

All the learners that completed the overall evaluation would recommend the 1YDP to other learners.

Some of the positive quotes from learners from individual workshops include:

*“Amazing presentation”*

*“Excellent training”*

*“This was a really useful and well-run workshop”*

*“Thank you. It really is always such a joy to be present and learn from everyone in the cohort”*

*“Very informative and well delivered training which I felt improved my understanding of the intervention”*

*“Everything excellent – videos, support and learning. Thanks!”*

For each workshop delivered, there has been a statistically significant improvement in knowledge and confidence on each of the intended learning outcomes.

CLCs consistently nominate staff for the programme and is always oversubscribed. We are currently piloting expanding the size of the cohorts.

## Case study 5 – Pharmacy simulation-based education

Feedback has been very positive overall with the main message being that learners want more simulation-based education and a larger variety of scenarios.

Feedback from learners asked to comment on the realism of simulation events:

- *“felt like I was in real patient consultation”*
- *“felt like the scenarios were an accurate representation of everyday practice”*
- *“each scenario presented a different patient which was a strong representation of the diverse patient types you see in community especially their personalities, expectations and individual needs”*

Feedback from learners asked to comment on how they will change their practice going forward after attending a simulation event:

- *“I have discovered gaps in my knowledge and learned from other trainees”*
- *“it will make me more open minded when I am going into a consultation and not just assume information about the patient”*
- *“I think I will be more responsive to what my patients are telling me by listening carefully and asking them open-ended questions to ensure I get all the information I need”*
- *“Highlighted the importance of using my professional judgement”*
- *“I have learned how to stick to a plan, be assertive, know my limitations and refer when necessary”*
- *“making sure communication is really clear...what you can offer as a pharmacist...promote pharmacists role within the multidisciplinary team”*
- *“when the ward round is happening...if I ever feel the need to speak up...do it at the time”*
- *“really good for learning and building confidence...a safe environment to have a really stressful situation...so feel better if that happened in real practice”*

## Further information

For further information about NHS Education for Scotland's processes and performance in collecting feedback and handling complaints please contact:

Rob Coward, NHS Education for Scotland, Westport 102, Edinburgh EH3 9DN

Tel: 07794218816, [rob.coward@nhs.scot](mailto:rob.coward@nhs.scot)

To make a specific complaint or comment about any of our products and services please contact our corporate Complaints Team at: [complaints@nhs.scot](mailto:complaints@nhs.scot) or use our [Complaints Mailbox](#).

**NHS Education for Scotland**  
**Item 09c**  
**28 September 2023**

**NES/23/61**

**NES Board**

1. **Title of Paper** – Caldicott Guardian 2022-2023 Annual Report
2. **Author(s) of Paper** – Tracey Gill on behalf of David Felix
3. **Lead Director(s)** – David Felix
4. **Situation/Purpose of paper**
  - 4.1 To provide the NES Board with assurance in regard to NES compliance with the Caldicott Principles.
5. **Background and Route to Meeting**
  - 5.1 The Caldicott Guardian has responsibility for reflecting patients' interest 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.
  - 5.2 The Caldicott Guardian 2023-2024 Annual Report was reviewed by the Technology and Information Committee at the 29 August 2023 meeting and approved for onward sequencing to the Board.
6. **Assessment/Key Issues**  
(Include narrative relating to a-g checklist by exception)
  - 6.1 The Caldicott Guardian reports that no new patient data processing was undertaken in 2022-23.
  - 6.3 It also provides an overview of incidents and information breaches that involved patient identifiable data.
  - 6.4 The report offers a review of activity across NES Directorates with regards to the management and processing of patient identifiable data.

## 7. Recommendations

The NES Board is asked to approve this report.

---

Author to complete **checklist**.

**Author to include any narrative by exception** in Section 6 of the cover paper.

**a) Have Educational implications been considered?**

- Yes  
 No

**b) Is there a budget allocated for this work?**

- Yes  
 No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes  
 2. Partnership Objectives and Outcomes  
 3. Performance Objectives and Outcomes

**d) Have key strategic risks and mitigation measures been identified?**

- Yes  
 No

**e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and **Corporate Parenting** as per the [Children and Young People \(Scotland\) Act 2014](#)?**

- Yes  
 No

**f) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?**

- Yes  
 No

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

- Yes  
 No

Author name: Tracey Gill



Date: 31 August 2023  
NES



# **Caldicott Guardian 2022-2023 Annual Report v1**

# Contents

---

<b>Introduction:</b> .....	<b>3</b>
<b>New patient identifiable data processing – 2022-2023:</b> .....	<b>3</b>
<b>Incidents involving patient identifiable data:</b> .....	<b>4</b>
<b>Directorate Updates:</b> .....	<b>8</b>
<b>All Disciplines:</b> .....	<b>8</b>
<b>Technology Services</b> .....	<b>9</b>
<b>Medicine</b> .....	<b>17</b>
<b>Dental</b> .....	<b>18</b>
<b>Pharmacy</b> .....	<b>20</b>
<b>Psychology:</b> .....	<b>22</b>

## 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.”<sup>1</sup>*
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. 2022-2023 saw a continued expansion 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 2022-2023;
  - 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.

## New patient identifiable data processing – 2022-2023:

---

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 programmes of work detailed in this report.

---

<sup>1</sup> [NHSScotland Caldicott Guardian’s Principles into Practice](#)

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 a '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..."*<sup>2</sup>
- 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."*<sup>3</sup>
9. There were no new systems or applications within NES for 2022/2023 which resulted in new processing of patient identifiable data.

## **Incidents involving patient identifiable data:**

---

10. 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"*<sup>4</sup>

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.
11. NES had 41 personal data breaches recorded in 2022/23. Compared to 2020/21, this is a 1% increase. Of those 41 personal data breaches nine involved patient identifiable data. Non-patient breaches are reported to the Information Security Forum and Audit and Risk Committee on an annual basis.
12. 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 which 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.

---

<sup>2</sup> GDPR Article 4(7)

<sup>3</sup> GDPR Article 4(8)

<sup>4</sup><https://ico.org.uk>

Personal Data Breaches Involving Patient Identifiable Information – 2022-2023				
Ref No:	Date of Breach	Description	Reported to ICO	Notes
2022-Q2-010	11 April 2022	A suspected defect within the code for the Turas FNP applications meant that a small sub-set of clients were incorrectly attached to additional sites. This manifested itself within data reports for which supervisors only have access to clients attached to their own site. This defect resulted in supervisors seeing incorrectly attached clients within the reports.	No	Discussed with FNP data controllers and agreed that this breach did not meet the reporting threshold to the ICO.
2022-Q2-015	21 April 2022	A source file for Shingles cohort contained anomalies. The files was uploaded to backfill Shingles information and the anomalies were noticed. The file was reloaded addressing the anomalies.	No	Following investigation, it was determined that the breach did not meet the reporting threshold to the ICO.
2022-Q2-020	28 April 2022	A drilldown option was included in some Power BI reports displayed in the Turas FNP England application. This drilldown allowed national users to view client data, for which they do not have the permission rights.	No	Breach was deemed to be of low risk of harm to individuals. ICO self-assessment completed and outcome was that breach was not reportable. Confirmed with FNP England data controllers.
2022-Q3-049	3 August 2022	Two records on the OpenEyes User Acceptance Testing environment contained real live patient data. NHS Greater Glasgow & Clyde discovered the records and following investigation it was identified the breach was caused by NHS GG&C uploading patient data during the upgrade and testing of TrakCare.	No	As data processor, NES worked with NHS GG&C (data controller) to investigate and implement remedial actions.

2022-Q3-055	3 September 2022	One client record in Turas FNP was made available to all uses of Turas FNP. This was due to the client and the assigned keyworker both moving Boards at the same time and a previously known bug in the system (although it was not known that the bug was present until this happened).	No	<p>Bug was known to FNP England following an incident recorded previously. The fix was only applied to FNP England at that time rather than both systems.</p> <p>Incident did not meet reporting threshold. All Turas users who were shown the record in their caseloads are FNP nurses, and would therefore be authorised to view the record where the client in their Board area.</p>
2022-Q3-064	26 September 2022	Staff member reported receiving 6 mis-directed emails from another health board. Some of the emails contained patient data.	No	This was not a NES data breach. The health board DPO contacted.
2022-Q3-082	25 November 2022	<p>At the point of receiving medical care, a patient needed a pneumococcal vaccine before a medical procedure could be carried out. NCDS records stated the patient had received two pneumococcal vaccinations in the past, one of which was administered less than 6 months earlier. The patient didn't recall having received the pneumococcal vaccination.</p> <p>The patient's vaccination history in NCDS was historical backfill data from GPIT/external systems and was introduced to NCDS by the backfill process. Incorrect backfill data had been generated for the patient.</p>	No	The breach was not caused by NES, however NES was informed as a data processor of the vaccination management tool.

2023-Q1-003	17 January 2023	Staff member reported receiving two emails which were Child Protection Alerts from NHS Lothian. Each contained baby plans with patient and personal data. Following investigation, the staff member appeared to have been added to an internal NHS Lothian child protection alert email distribution list in error.	No	The breach was due to error within NHS Lothian and as such, was not a NES breach.  Responsibility for the investigation, mitigation and reporting sat with NHS Lothian. NES took all appropriate action to contain the breach and informed the NHS Lothian DPO.
2023-Q1-005	24 January 2023	A patient consultation was recorded by a learner (General Practice Nurse) in an incorrect channel on Teams. The NES managed channel was accessible to 8 NES staff and 39 General Practice Nurses based across NHSScotland. The recording contained personal data including details of health issues. The learner was not aware at the time that they were recording in the wrong channel, and not the private channel which they should have used.	No	The learner realised the recording was in the wrong channel as soon as the patient consultation ended and notified a NES staff member in the Medical Directorate. The recording was deleted from the channel within 5 minutes of the consultation ending. Due to the swift remedial action taken, there was no unauthorised access to the recording. A reminder was sent to all staff and learners to remind them of the process and to check that they are recording in the correct channel.



## Directorate Updates:

Function/Activity:	NES use of, exposure to, patient data	Controls	Planned Actions 2023/2024
<b>All Disciplines:</b>			
<b>ePortfolios and Significant Event Analyses</b>	Risk 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>	<p><u>Dental:</u> Continue to explore opportunities to reduce exposure to PII. For example, this can be easily incorporated into guidance given to the VDPs at the beginning of training. To be taken forward in the VT workstream.</p>
<b>Sessional and seconded clinical staff in NES</b>	There is no additional access to PII by sessional staff (access to shared files is restricted).	<p>Management and use of patient data are governed by the Caldicott and Information Governance controls of relevant Health Board.</p> <p>Clinicians are subject to professional ethical codes including relevant patient confidentiality</p>	
<b>Trainees in Clinical Environments</b>	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.	<p><u>Dental:</u> As VDPs are now NES employees, there is merit in requesting details of Information Governance arrangements from training practices in which they will work, prior to commencement of training. A SOP is to be created for the management of this.</p>

<b>Technology Services</b>			
<b>Turas – FNP Scotland</b>	<p>Two members of NES Technology 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. One member of staff also produces analytical reports in response to ad hoc information requests from NHS Boards delivering the programme.</p> <p>A very limited number (2) NES Technology staff developing the application or providing technical responses to the most complex helpdesk requests have access to the live database.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>2) The system administrator role can only view patient records</li> <li>3) All helpdesk tickets requiring technical staff to view or make changes to patient records are logged as items on Microsoft Azure DevOps – NES Technology’s work tracking system.</li> <li>4) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.</li> </ol>	<p>The Associate Director for NES Technology 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.</p> <p>Development activity in FY23/24 will include incremental improvements to the system based on customer feedback and requests from Scottish Government.</p>
<b>Turas – FNP England</b>	<p>Two members of NES Technology 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.</p> <p>A very limited number (2) NES Technology staff developing the</p>	<ol style="list-style-type: none"> <li>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.</li> <li>2) The system administrator role can only view patient records</li> <li>3) All helpdesk tickets requiring technical staff to view or make changes to patient records are</li> </ol>	<p>The Associate Director for NES Technology 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.</p> <p>Development activity in FY22/23 will include incremental improvements to the system based on customer feedback and</p>

	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 response to a logged request from the FNP England Programme.	logged as items on Microsoft Azure DevOps – NES Technology’s work tracking system. 4) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.	requests as part of our contractual agreement.
<b>Turas Clinical Assessment Tool</b>	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.	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 make changes to patient records are logged as items on Microsoft Azure DevOps – NES Technology’s work tracking system. 4) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.	This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES must retain all data until this is concluded.
<b>Turas Clinical Assessment Tool for Care Homes (TCATCH)</b>	The purpose of TCATCH is to provide a consistent and structured symptom checking and	1) This was a limited scope pilot project with three sites and a restricted number of users.	This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data

	<p>assessment tool, which provides guidance on symptoms and informs local operational decision-making, aiding communication in situations where external clinical support is required.</p> <p>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.</p> <p>TCATCH provides:</p> <ul style="list-style-type: none"> <li>• Safe, consistent and timely assessment and decision-making about care of suspected or confirmed COVID-19 cases in care homes.</li> <li>• Early detection of deterioration, and appropriate management, monitoring, and escalation of suspected or confirmed COVID cases.</li> <li>• Consistent, timely provision to GPs (and in NHS GG&amp;C, participating Advanced Nurse Practitioners (ANP)) of the</li> </ul>	<p>2) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.</p>	<p>however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES must retain the data until this is concluded.</p>
--	--	---	--

	full range of relevant information they require to give advice and make recommendations about escalated, suspected or diagnosed COVID-19 cases.		
<b>Turas Vaccination Management Tool</b>	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.	<ol style="list-style-type: none"> <li>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.</li> <li>2) All helpdesk tickets requiring technical staff to view or make changes to patient records are logged as items on Microsoft Azure DevOps – NES Technology work tracking system.</li> <li>3) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.</li> </ol>	<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>The management of vaccination programmed moved to PHS as of 01/04/2023; the future direction of the programme is still to be confirmed, in the interim NES continues to support the VMT application as it remains in use across NHSS.</p>
<b>National Clinical Data Store – Vaccinations</b>	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.	<ol style="list-style-type: none"> <li>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.</li> <li>2) All helpdesk tickets requiring technical staff to view or make</li> </ol>	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

		<p>changes to patient records are logged as items on Microsoft Azure DevOps – NES Technology’s work tracking system.</p> <p>3) All NES Technology staff interacting directly with patient data are required to 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>Assurance teams will be involved throughout this work.</p> <p>New vaccinations will continue to be added to NCDS, thus widening 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>
<b>Shielding for vulnerable citizens</b>	<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>This service is no longer active and there will be no PII access in 22/23. There are no plans to reactivate the service in 23/24.</p> <p>All data collected and processed during the running of the Service has been retained in case required by the Scottish and/or UK Covid Inquiries.</p>
<b>Eyecare</b>	<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</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 Technology staff interacting directly with patient data are required to 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.</p> <p>NES Assurance Forum will remain involved throughout this process</p>

	were noted as vital to eliminating irreparable sight-loss by patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface.	annual IG training plus additional annual advanced IG training.	to ensure patient data is handled correctly by the new system.
<b>Emergency Anticipatory Care Planning</b>	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.	N/A	This system was decommissioned in 22/23.
<b>ReSPECT</b>	The eACP product is being replaced by the ReSPECT application. The application is based on <a href="https://www.resus.org.uk/respect">the Resuscitation Council UK's process and form</a> <sup>5</sup> .	<ol style="list-style-type: none"> <li>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.</li> <li>2) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus</li> </ol>	<p>ReSPECT Patient data will be passed to GPs via the NDP Routing service to their local Docman instance. Patient data also returned to the Health Boards to display in their Clinical Portals (via the ReSPECT API).</p> <p>In 23/24 ReSPECT data will also be shared with the Care Summary API</p>

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

		additional annual advanced IG training.	NES Assurance are working with the development team as well as NSS and local eHealth to ensure that patient data remains secure.
<b>Nextgate EMPI*</b>  *Enterprise Master Patient Index	The Nextgate 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).  Applications access this resource by calling the NDP EMPI Service.	1) Access to the Nextgate EMPI is governed by the NES quarterly updates to CHIAG. 2) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.	A decision was made to continue holding a copy of national CHI in this NES instance of Nextgate EMPI at least in the short to medium term.  Discussions are taking place about using an alternative source such as “new CHI” operated by NSS. Timelines are not known.
<b>NDP EMPI Service</b>	The NDP EMPI Service provides a gateway for products using the National Digital Platform to access demographic data from the NextGate EMPI deployed within NES AWS infrastructure. The Service only allows read access to the data stored in the NextGate EMPI.	1) Calls to the Service are logged by the NDP Audit Service. 2) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.	Expected that more applications will use this Service to access patient demographics during 2023/24.
<b>SCI Diabetes</b>	SCI Diabetes provides a comprehensive clinical support tool for the management of diabetes and for reporting of national diabetes care outcomes.	3) 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. 4) All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus	There are three planned releases in the year, the first scheduled for June. The SCI-Diabetes Oversight Group and the Scottish 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.



		additional annual advanced IG training.	
<b>NDP Routing Service</b>	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 service providers and from third party service providers to Health Boards.	<ol style="list-style-type: none"> <li>1) Health Boards and NSS are sighted on use of the NDP Routing Service.</li> <li>2) Applications making use of the service are required to have updated all of their compliance documentation before sending patient data.</li> </ol>	In 2023/24 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.
<b>Severe Acute Respiratory Infection (SARI)</b>	<p>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 (QEUH), 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.</p> <p>The Turas SARI application will act as a data collection tool in the clinical areas for a six month research project being undertaken</p>		This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES must retain all data until this is concluded.

	<p>between October 2021 – March 2022; the research team are staff members of NHS Greater Glasgow &amp; Clyde, the University of Glasgow and Public Health Scotland (PHS).</p> <p>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 of final analysis and write up.</p>		
<b>Weight Management Tool</b>	<p>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.</p> <p>The data collection is for statistical and public health reporting. It is not intended that the data are used for clinical purposes.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. All NES Technology Staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.</li> </ol>	<p>There are plans to undertake very limited development of the Tool during the 2023/24. The scope of the development is dependent on available Scottish Government funding.</p>
<b>Medicine</b>			
<b>General Practice Training – Consultation Peer Review</b>	<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.</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</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</p>

	<p>It has been incorporated into both Scottish Prospective Educational Supervisor Course (SPESC) and is a component of the NES Returners to General Practice Scheme.</p> <p>Consultations are viewed in the surgery, but occasionally these files are taken to district training sessions or calibration meetings elsewhere.</p> <p>GP returners are required to submit 4 consultations to the National GP Peer Review process.</p>	<p>delete their consultation at any time thereafter.</p> <p>The data files are encrypted and delivered for peer review by a trusted hand or sent by registered post.</p> <p>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.</p> <p>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.</p> <p>Practice data protection policies are reviewed as part of practice approval on a 3-yearly basis.</p>	<p>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>
<b>Dental</b>			
<b>Dental Care Professionals: Orthodontic Therapy</b>	<p>Video recordings of a range of clinical orthodontic procedures being provided to patients by the dental team.</p>	<p>DPIA completed by the IG team and approved by NES DPO June 2021.</p> <p>Patient Information Leaflet created. Written consent obtained from patient and staff involved in video using NHS Consent Form.</p>	<p>DPIA to be reviewed annually.</p>

		<p>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.</p> <p>Videos removed after three years or removed earlier if requested by patient.</p>	
<b>Significant Event Analyses</b>	<p>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.</p>	<p>Significant event analysis does not require the presentation of identifiable information, and only very rarely would such a situation occur.</p> <p>Reviewers/advisers would return such projects to the author, suggesting modification to the content which would eliminate identifiable information.</p>	<p>Senior Admin Officer from CPD workstream provides guidance to SEA reviewers on examples of potential identifiable information, and to outline the process for returning such submissions for modification.</p>
<b>Trainees/dentists in Clinical Environments</b>	<p>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 discussions have the potential to identify a patient.</p> <p>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.</p>	<p>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 illustrate points made.</p>	<p>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 other person facilitating a teaching event at which these types of discussion would be likely.</p>

	<p>Transport of such materials to the event should be through encrypted media or secure email (e.g. nhs.scot)</p> <p>Orthodontic Therapy trainees: Case Presentations include photographic images (including extra oral images). Written Patient Consent is obtained, and documentation is reviewed during the Practical Appraisal process. Cases are accessed via the OT MS teams private channel, so they are secure. They are then submitted to RCSEd via a secure link as a component of the summative assessment.</p>		
<b>Presentations in CPD Events</b>	A significant number of CPD/VT/DCT/Optomety 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 professional registrants (e.g. GDC, GOC) and are already aware of their responsibilities in relation to protection of sensitive information, but issues may arise through innocent mistakes. CPD, VT and DCT Advisers, along with Optometry Postgraduate Tutors, 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. Any handouts shared with trainees are in PDF format and have PII removed.
<b>Pharmacy</b>			
<b>Trainees in Clinical Environments</b>	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

		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.	processes as part of FTY Trainee training pathway.
<b>Pharmacist Consultations with patients</b>	<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 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> <p>NOTE: Peer review video consultations are no longer required, and have not been in use, as part of the delivery of the Independent Prescribing delivery.</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.	

<b>Psychology:</b>			
<b>Psychology of Parenting Project (PoPP)</b>	<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. The hosting, security and maintenance of the database is via an SLA between NES and NSS/PHS. 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>
<b>Physical Health</b>	<p>Videos of staff interviewing patients are embedded within a suite of PATH and BASU e-learning modules. We also have videos on Vimeo of a patient volunteer who plays an actor in our suite of AsSET Videos.</p>	<p>Filming and consent procedures for both projects were fully approved by Business staff and Information Governance staff. The consent forms are stored in the Restricted drive on the Physical Health Workstream SharePoint site, as per protocol.</p>	
<b>Multisystemic Therapy (MST)</b>	<p>A single member of staff employed by NES but works in partnership</p>	<p>NES and MST UK&amp;I have Information Sharing Protocols in</p>	<p>Due to parental leave there is no MST activity in 23/24 that is</p>

	<p>with MST UK &amp; 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 &amp; 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"> <li>• 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.</li> <li>• Accesses clinical paperwork (limited PII) via internet-based system administered and upheld by MST UK&amp;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</li> </ul>	<p>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 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>happening in relation to NES staff. MST UK will be covering the activity and using their own governance arrangements between local authorities and MST-UK and Ireland.</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>the office is permitted via confidential waste.</p> <ul style="list-style-type: none"> <li>• Develops and stores supervision development plans with staff identifiable information on OneDrive.</li> </ul> <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&amp;I and immediately deleted from NES laptop.</p>		
<p><b>EPP Consultations with patients</b></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>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>Learners are advised to follow local health board guidance in relation to obtaining informed consent as well as the correct procedures, when making, storing, and submitting recordings for review.</p> <p>Patients sign a consent form (based on NES guidance) before the consultation and verbally confirm consent on the recording. An information leaflet is provided informing clients of their right to withdraw consent at any time. The recording is then deleted.</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>Caldicott requirements and Code of Conduct on Confidentiality are elements of the EPP education programme (Module 1 Engagement &amp; 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>The NES Digital and Information Governance guidance is adhered to by the EPP programme team.</p> <p>EPP trainees are provided with clear guidance in a handbook and 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>	
<b>CYP-EPP Course</b>	<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 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</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>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 data protection, confidentiality and privacy.</p>	
<b>Trainees in Clinical Environments</b>	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>	Continue current controls.

		(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.	
<b>Portfolio</b>	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.

**NHS Education for Scotland**  
**Item 9d**  
**28 September 2023**

**NES/23/62**

## **Board Paper**

### **1. Title of Paper**

2023-24 Annual Delivery Plan

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

Alison Shiell, Planning and Corporate Governance Manager

### **3. Lead Director(s)**

Christina Bichan, Director of Planning & Performance

### **4. Situation/Purpose of paper**

- 4.1 As per Scottish Government (SG) requirements for all NHS Scotland Health Boards, NES submitted its 2023-24 Annual Delivery Plan (ADP) in draft form in June 2023.
- 4.2 NES's draft 2023-24 ADP has now been reviewed by SG policy teams and feedback has been provided. This paper provides the Board with an overview of this feedback along with the amendments made as a result and presents the updated version for Board approval.

### **5. Background and Route to Meeting**

- 5.1 The Board approved the submission of the draft 2023-24 ADP to Scottish Government, at the 25 May 2023 Private Board meeting. Further amendments were identified before the 8 June 2023 submission deadline and the Board received a note of these further amends at the 29 June Private Board meeting.
- 5.2 Further amendments have now been made to respond to Scottish Government feedback and the updated ADP has been reviewed by the Executive Team ahead of presentation to Board.

### **6. Assessment/Key Issues**

- 6.1 Feedback on the ADP was positive with only minor amendments required. Table 1 provides a summary of the actions requested via the feedback process and the amendments made as a result.

Table 1: Summary of ADP Feedback and Amendments

<b>Deliverable</b>	<b>Feedback</b>	<b>Amendment Made</b>
5761	Milestones did not reflect deliverable description.	Addition of accurate milestones related to topic.
5616	Unclear if consideration has been given to option of retire and return.	<i>“Consideration of potential retire and return arrangements in relation to specific roles.”</i> added as a control.

- 6.2 Once approved by the Board, the ADP will be re-submitted to our Scottish Government Sponsors and supported by quarterly reporting against deliverables.
- 6.3 As the ADP is a live document which reflects the delivery intent of the organisation there may be subsequent requirements to update the document to reflect movement in year in respect of delivery priorities. A governance process is in place to support this through the Executive Team and reporting to the Board.

## 7. Recommendations

- 7.1 The Board is asked to note the amendments made and approve the final version 2023-24 ADP for submission to Scottish Government.

Author to complete **checklist**.

**a) Have Educational implications been considered?**

Yes

No

**b) Is there a budget allocated for this work?**

Yes

No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes

2. Partnership Objectives and Outcomes

3. Performance Objectives and Outcomes

**d) Have key strategic risks and mitigation measures been identified?**

Yes

No

e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?

Yes

No

f) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?

Yes

No

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

Yes

No

A Shiell  
September 2023  
NES

## Approved Minute

NHS Education for Scotland

NES/SGC/23/35

### **Minutes of the Eightieth Meeting of the Staff Governance Committee held on Thursday 4<sup>th</sup> May 2023 via Microsoft Teams**

**Present:** Anne Currie, Committee Chair, Non-Executive Director, Equality, Diversity, and Human Rights Champion  
Jean Ford, Non-Executive Director (intermittently present due to connection problems)  
Lynnette Grieve, Non-Executive Director and Employee Director  
David Garbutt, Board Chair and acting as a Committee member for this meeting  
James McCann, Ex-Officio member, Staff Side (Unison)

**In attendance:** Tracey Ashworth-Davies, Deputy Chief Executive (Corporate)/ Workforce Director  
Ameet Bellad, Senior Specialist Lead, Workforce (For item 11)  
Christina Bichan, Director of Performance and Planning (For items 8 and 9)  
Stuart Caulfield, Specialist Lead, Education and Management Development (For item 12)  
Nancy El-Farargy, Manager, Planning and Corporate Resources (For items 8 and 9)  
Janice Gibson, Associate Director, Organisational Development, Leadership and Learning (ODLL) (For item 12)  
Ann Gallacher, Planning and Corporate Governance (Minute-Taker)  
Patricia Matheson, Associate Director HR/Workforce (For item 14)

#### **1. Chair's welcome and introduction**

- 1.1 The Committee Chair welcomed all to the meeting and highlighted that Jean Ford was having connection issues and may not be able to guarantee presence for the whole of the meeting. The Chair, therefore, proposed that to remain quorate the meeting would utilise section 9.4 of the Board Standing Orders, allowing a temporary member to be nominated to enable the meeting to go ahead and be quorate. David Garbutt agreed to take on a membership role to allow this meeting to go ahead as quorate.
- 1.2 The Chair reported that three new Non-Executive Directors joined the Board on 01 May 2023. Nigel Henderson will join the Staff Governance Committee from 01 June 2023 and was invited to observe today's meeting but unfortunately, he was not available. The Chair commented that she



looks forward to seeing him at the 17 August 2023 meeting. Jean Ford will move on from Staff Governance Committee and take up membership of the Remuneration Committee from 01 June 2023. As this is Jean's last meeting, the Chair thanked Jean on behalf of the Committee for all her contributions and wished her well.

- 1.3 The Committee were informed that the Workforce Plan and the Widening Access Framework for NES reports have been moved from the May SGC agenda and will come to the August SGC meeting due to a change in the Scottish Government (SG) timeline. The Succession Planning report will now be circulated to members for approval by correspondence.

## **2. Apologies for absence**

- 2.1 Apologies were received from Committee member Gillian Mawdsley, Non-Executive Director, Whistleblowing Champion; Karen Reid, Chief Executive; Della Thomas, Board Secretary and Principal Lead (Corporate Governance).

## **3. Notification of any other business**

- 3.1 There was no notification of any other business.

## **4. Declaration of interests**

- 4.1 As per the new Model Code of Conduct, the Committee Chair asked the Committee members if there were any declarations of interest in relation to the business of today's meeting and if so, to declare which item this was in relation to.
- 4.2 There were no declarations of interest.

## **5. Draft minutes of the Staff Governance Committee meeting held on 2<sup>nd</sup> February 2023**

- 5.1 The Committee Chair asked members if there were any comments or amendments in relation to the draft minutes of the last meeting.
- 5.2 Nancy El-Faragy referred to point 11.3 of the minutes and reported that the Whistleblowing Steering Group is not new. A previous whistleblowing group was in place prior to the current format.
- 5.3 With this amendment, the Committee confirmed the minutes were an accurate record of the meeting and approved the minutes.

## **6. Action Status Report and other matters arising**

- 6.1 The Committee agreed to mark the Revised NES Partnership Agreement and Partnership Forum Terms of Reference (ToRs) action as complete.

6.2 The British Medical Association (BMA) have nominated Matt Newman to join the Partnership Forum (PF) as a member and his nomination for Ex-Officio member of the SGC will be taken forward at the 08 June 2023 PF meeting. The Employee Director assured the Committee that Matt Newman is aware of the commitment and will attend SGC, PF and other necessary meetings. Matt Newman is a member of NES staff.

6.3 The Committee approved the action status report.

## **7. Director of Workforce Report**

7.1 The Committee Chair invited Tracey Ashworth-Davies to introduce the Director of Workforce Report.

7.2 Tracey Ashworth-Davies introduced the report and highlighted the following key topics to the Committee: continue to support hybrid working, the increase in iMatter score, organisational development, recruitment audit, succession planning, lead employer, trainee services, Staff Governance Monitoring Return feedback from Scottish Government, widening access framework and workforce planning.

7.3 The Committee asked if junior doctors rotations should be less frequent to improve employee satisfaction. Tracey Ashworth-Davies responded that this had been identified as a potential issue by Emma Watson and Lindsay Donaldson and discussed at the four nations group meetings.

7.4 The Committee discussed the monitoring of the success of Widening Access and questioned how this was resourced. Tracey Ashworth-Davies responded that a paper would be presented to a future committee explaining how this was being managed across NES and proposing any necessary changes. Janice Gibson reported that it must be aligned to the new NES Strategy and priorities.

7.5 The Junior Doctors pay ballot closes on 05 May 2023 and NES is involved in the negotiations. Patricia Matheson reported there are weekly operational meetings in place to discuss and agree the support required for business continuity. The Lead Employers have issued a Frequently Asked Questions (FAQs) document to support staff, managers and Placement Boards through this process. The Employee Director confirmed the FAQs had been signed off by British Medical Association (BMA).

7.6 The Committee asked if doctors and dentists in training (DDiT) were financially tied in to stay in Scotland or the UK and Tracey Ashworth-Davies responded that they are not tied in to remain in Scotland or in the UK.

7.7 The Committee asked if additional human resource could be made available to support the international visas work. Patricia Matheson

responded that additional temporary resource had been recruited and work was joined up internally to seek any further resource necessary.

7.8 The Employee Director reported she had met with Janice Gibson to discuss the cultural impacts of working in a hybrid way. She remarked that building relationships over MS TEAMS can be difficult and that she welcomed the work that the NES Workforce team are progressing. Tracey Ashworth-Davies responded that we want to be as resourceful as possible with our offices and virtually in order to support the building of relationships.

7.9 The Chair thanked Tracey Ashworth-Davies for the detailed report, she appreciated and applauded the team for all the work they have done. The Chair asked if a log should be created on the feedback from SG on the Monitoring Report. Tracey Ashworth-Davies agreed to include how we are addressing the points in the monitoring return.

**Action: Tracey Ashworth-Davies**

7.10 The Committee agreed to share the detailed Director of Workforce report with John MacEachen, Head of Communications so that he could identify areas of work to take forward from a comms perspective.

**Action: Ann Gallacher**

7.11 The Committee approved the Director of Workforce report and confirmed it provided assurance.

## **8. Quarter 4 Whistleblowing Report**

8.1 Christina Bichan introduced this report which provides an update on the whistleblowing activities for the quarter four period from 01 January 2023 to 31 March 2023.

8.2 During this period one formal whistleblowing concern was received which related to the education and training requirements of a senior position within NES. The concern was not upheld.

8.3 A review of the process was undertaken in respect of the handling of the concern and was supported by the Non-Executive Director / Whistleblowing Champion.

8.4 The Chair shared the Non-Executive Director / Whistleblowing Champion comments that the concern allowed for the process to be reviewed. She reported the process is working well, was consolidated, transparent, and the development of learning was achieved successfully and has been adopted into future practice.

8.5 The Committee asked for clarity on how events are recorded and if an event is categorised as a whistleblowing concern, does it always remain a whistleblowing concern. Christina Bichan responded that they have 5 days to decide how an event will be investigated and once they decide the

route, it does not change. Tracey Ashworth-Davies added that identification of staff grievances vs whistleblowing events seems to be causing issues for other Boards.

- 8.6 The Chair asked if the person raising the concern had completed whistleblowing training. Christina Bichan responded that it was an external person that raised the concern.
- 8.7 The Committee asked if the reports could be reduced from quarterly to bi-annual. Christina Bichan responded that the SG require quarterly reports and all Boards require quarterly assurance from the Committee.
- 8.8 The Committee thanked Christina Bichan and Nancy El-Faragy for their work on the report and the Committee noted the report and confirmed it provided assurance.

## **9. Whistleblowing Annual Report 2022/23**

- 9.1 Christina Bichan introduced the second annual report under the new National Whistleblowing Standards which provides an update on the whistleblowing activities from 01 April 2022 to 31 March 2023.
- 9.2 The Chair shared the Non-Executive Director / Whistleblowing Champion comments that the report reflects the good and effective work that has taken place throughout the year. The new Director, Christina Bichan has brought a change in leadership, energy and enthusiasm for this work and has taken full accountability and responsibility leading this work. Speak up week and the Steering Group reflects this. Training continues to be a concern and she welcomes the commitment from the Chief Executive and Deputy Chief Executives to move this forward and their efforts need to continue but progress is recognised (74% of line managers have completed training). She suggested if there is an opportunity to review training provision at some point this should be done to reduce its length, this work is not a priority. Tracey Ashworth-Davies said that the training in question is a national package.
- 9.3 The Committee commented that whistleblowing training has helped to alert staff to all that is going on. Christina Bichan responded that a video is scheduled to be recorded with the new confidential contacts which will be shared with staff when available. Another confidential contact is still to be identified.
- 9.4 The Committee confirmed the report provided assurance and approved the report for onward scheduling to the May Board for final approval.
- 9.5 Ameet Bellad joined the meeting at 11:15am.

## **10. Non-Executive Whistleblowing Champion 2022/23 Annual Report**

10.1 The Chair shared the comments she had received from the Non-Executive Director / Whistleblowing Champion, noting that all the hard work and commitment from Christina Bichan's team was greatly appreciated. The highly positive report commends the good practices and work that has taken place since the standards came into place. NES has worked well to ensure the routes to deal with whistleblowing have been established and can see how they have worked in practice. Had the system not been in place this would not have happened. NES does not want concerns, but the crucial point is the learning that needs to be taken from the concerns. It is important assurance that if a whistleblowing concern arises, they are handled effectively as per the standards. NES under its current Executive Leadership is going forward. Christina Bichan is building on the steps taken earlier to embed systems and is seeking out opportunities to raise awareness with NES of whistleblowing and the standards. NES is also seeking a more strategic role in consolidating the learning and is working on the standards within Independent National Whistleblowing Officer (INWO).  
The Non-Executive / Whistleblowing Champion recommended the report provides the Committee with assurance and should progress to the May Board.

10.2 There were no questions raised from members.

10.3 Tracey Ashworth-Davies thanked Nancy El-Farargy for all her hard work over the last year and for the work on the report. The Committee Chair agreed, and the Committee confirmed the report provided assurance and approved it for progression to the May Board for final approval.

10.4 Nancy El-Farargy left the meeting at 11:21am.

## **11. People & Organisational Development (OD) Dashboard**

11.1 The Committee Chair welcomed Ameet Bellad to the meeting and asked him to introduce the People and OD Dashboard report.

11.2 Ameet Bellad introduced the quarter four report which provides assurance that the staff governance standard is being applied in NES and shows the progress made during the last quarter against the NES People and Organisational Development Strategy 2021-24. The report provides a quarterly update on organisational performance in relation to the current agreed Key Performance Indicators (KPIs) and insights based on the data. He highlighted the new format of the report, and that the data is now broken down into sections to make it clearer to understand.

11.3 The Committee welcomed the report and the improvements and asked if KPIs would be aligned to the strategy. Tracey Ashworth-Davies responded that she is working with Christina Bichan on that.

11.4 The Committee noted the business case activity and asked if we were trying to get the reduction of agency workers to zero. Tracey Ashworth-

Davies responded that due to the nature of funding we will always have agency workers. Ameet Bellad added that the reduction of agency workers was due to the new Post Prioritisation Process and funding.

- 11.5 The Committee noted the reduction in sickness absence and commented that the new layout enabled this information to be seen clearly.
- 11.6 The Committee had no further questions and approved the report.
- 11.7 Stuart Caulfield joined the meeting at 11:24am.
- 11.8 Ameet Bellad left the meeting at 11:32am.

## **12. Essential Learning Update**

- 12.1 The Committee Chair invited Janice Gibson to introduce the Essential Learning Update report.
- 12.2 Janice Gibson introduced the report which outlined the progress on essential learning and the work undertaken to increase the uptake of learning modules from 31 December 2022 to 31 March 2023. She reported that two corporate objectives will be included in all staff 2023/24 Objectives and Development plans in Turas Appraisal. Communications will go out to staff highlighting the two objectives for all staff on “essential learning” and “anti-racism, equality, diversity and inclusion” and the importance of embracing these objectives.
- 12.3 The Committee Chair congratulated Janice Gibson, Stuart Caulfield and the team for the detailed report and opened up the meeting for questions.
- 12.4 The Committee noted the progress to date and asked if any essential learning has been completed when appointing to senior roles and if so, if this follows the person into a new role. Janice Gibson responded that essential learning will follow you if you move internally, but not externally and we do not check what essential learning has been completed when someone comes into post. The Committee suggested that this could be introduced, and Janice Gibson agreed to review this.

**Action: Janice Gibson**

- 12.5 The Committee asked about the Once for Scotland (OFS) approach to statutory and mandatory training. Tracey Ashworth-Davies responded that it is still to be confirmed what will be classed as mandatory training and the platform that will be used under the Once for Scotland approach.
- 12.6 The Committee agreed to note the improvements in compliance, the ongoing improvement work and endorsed the ongoing improvement actions.

## **Identification of any new risks raised at this meeting**

12.7 Two new risks were identified at the meeting. Tracey Ashworth-Davies highlighted that the potential Junior Doctors strike action may become a risk depending on the outcome of the pay ballot.

**Action: Tracey Ashworth-Davies/Patricia Matheson**

12.8 The Committee agreed that the Agenda for Change pay negotiations should be recorded as a risk. The change to a 36 hour working week may have implications for NES as staff must have protected time to do training, NES will have less time to deliver training and less time to do workload.

**Action: Patricia Matheson**

12.9 Stuart Caulfield left the meeting at 11:47am.

### **13. 2022/23 Annual SGC and 2022/23 Annual Remuneration Committee Report**

13.1 Tracey Ashworth-Davies introduced this report which invites the Staff Governance Committee to review the work of the Committee over the last financial year. It also invites the Committee to review and comment on the Remuneration Committee Annual Report. Both the Remuneration Committee Annual Report and the Staff Governance Committee Annual Report describe how the respective Committee's Terms of Reference have been discharged during the 2022/23 period and highlight aspects of key governance.

13.2 The Committee noted that the Remuneration Committee had only met once in the 2022/23 business year and had conducted the remainder of their business by correspondence. The Committee asked that this be reviewed for 2023/24 and if urgent business was emerging in year, a meeting should be convened to consider this.

13.3 The Committee raised a point in relation to paragraph 3 of the SGC report and suggested it might be shortened. There were no further points raised and the Committee Chair reported she will pass all comments on the reports to Della Thomas.

**Action: Anne Currie**

13.4 With the small amendment the Committee approved the Staff Governance Committee Annual Report and approved the Remuneration Committee Annual Report for onward progression to the 15 June 2023 Audit and Risk Committee.

**Action: Della Thomas**

### **14. Partnership Agreement, Partnership Forum ToRs and Joint Consultative Forum ToRs**

14.1 Patricia Matheson introduced this report which brings the Partnership Forum (PF) approved NES Partnership Agreement (PA); the revised and PF approved Partnership Forum Terms of Reference (PF ToRs) and the Joint Consultative Forum (JCF) ToRs approved by the JCF and the PF to the Staff Governance Committee (SGC) for assurance, as per the staff governance standard and in line with the SGC ToRs. She highlighted a

few key points including the reduction in the number of Partnership Forum meetings taking place per year, the correct reference that NES was a National Board, and the report makes it clear the Joint Consultative Forum is an operational subgroup of the Partnership Forum.

14.2 The Committee welcomed the report and asked in relation to point 3.5 of PF ToRs if full time employees of trade unions attend the meetings. The Employee Director responded that all meetings must be quorate to take place and have the required number of management and staffside in attendance. Unison and BMA attend and regional organisers from Royal College of Nurses (RCN) and Royal College of Midwives (RCM) have an open invitation.

14.3 There were no further questions raised.

14.4 The Committee noted the NES Partnership Agreement, reviewed the revised PF ToRs and the JCF ToRs and confirmed these documents and partnership working processes, provide sufficient assurance and governance line of sight.

## **15. Employment Tribunals**

15.1 The Committee noted the Employment Tribunals update.

## **16. Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee**

16.1 The Committee noted the Director Letters update.

## **17. Remuneration Committee items of business taken by correspondence**

17.1 The Committee noted the Remuneration Committee business by correspondence.

## **18. Change Management Programme Board minutes**

18.1 The Committee noted the Change Management Programme Board minutes.

## **19. Managing Health, Safety and Wellbeing Committee minutes**

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

## **20. Partnership Forum minutes**

20.1 There were no Partnership Forum minutes for noting.

## **21. Any other business**



21.1 There were no other items of business to discuss.

**22. Review of Committee Effectiveness**

22.1 The Committee Chair asked, do reports to the Committee communicate relevant information at the right frequency, time, and in a format that is effective? Has the Committee benefited from the right level of attendance from Lead Executive or Directors/Authors/Board Secretary/Others? Are there any areas where the Committee could improve upon its current level of effectiveness?

The Committee confirmed they were content with the level of Executive Team attendance at the meeting and were happy with the format and quality of the papers presented. They felt the level of strategic detail assists with good Committee scrutiny.

The Committee observed that there was some repetition in relation to the reporting of essential learning. Tracey Ashworth-Davies agreed, and she will review what items are on the agenda to prevent duplication going forward.

Janice Gibson thanked the Non-Executive Directors for their comments and remarked that the firm and fair approach when asking questions was appreciated.

22.2 The meeting closed at 12:03pm.

**23. Date and time of next meeting**

The next meeting of the Staff Governance Committee will be held on Thursday 17<sup>th</sup> August 2023 at 10:15am.

AG/DT/TAD/AC

NES

July 2023

## NHS Education for Scotland

**EDUCATION & QUALITY COMMITTEE**

**Approved minutes of the eleventh meeting of the Educational & Quality Committee (EQC) (which is the fiftieth meeting of the Educational and Research Governance Committee) held on Thursday 11 May 2023 via Microsoft Teams**

**Present:** Douglas Hutchens, Chair, Non-Executive Director  
Annie Gunner Logan, Non-Executive Director  
David Garbutt, Board Chair (Non-Executive Director member for this meeting)

**In Attendance:** Nigel Henderson, Non-Executive Director (Observing)  
Olga Clayton, Non-Executive Director (Observing)  
Emma Watson, Executive Medical Director and joint EQC Executive Lead  
Lindsay Donaldson, Deputy Medical Director  
Kevin Kelman, Director of Innovation, Learning and the NHS Scotland Academy  
Rob Coward, Principal Educator/Executive Secretary  
Alastair McLellan, Postgraduate Dean (For Items 7 and 8)  
Janice Gibson, Associate Director, ODLL (For Item 7)  
Lynn Welsh, Senior Educator (For Item 10)  
Darren Middleton, Senior Educator (For Item 10)  
Della Thomas, Board Secretary and Principal Lead for Corporate Governance  
Chris Duffy, Senior Admin Officer/Committee Secretary

<b>1.</b>	<b>Welcome and introductions</b>
1.1	The Committee Chair welcomed everyone to the meeting. He particularly welcomed Nigel Henderson and Olga Clayton who are two new Non-Executive Director members of the Board. They will be joining the EQC, as members from 1 June 2023 and are observing the Committee today. Section 9.4 of the Board Standing Orders allows for us to adopt a temporary member for this meeting and David Garbutt kindly agreed to take on a membership role to enable this meeting to go ahead and be quorate.
1.2	It was noted that this will be Alastair McLellan's last meeting before retirement. Alastair was thanked for all his input and contributions to the Committee. The Board Chair added his thanks on behalf of the Board.
1.3	The Board Chair noted that this will be Douglas Hutchens' last formal EQC before leaving the Board. He remarked that Douglas Hutchens has been a great support to the Board Chair as EQC Chair and Vice Chair of the Board. He has been a real asset to the Board as a non-executive member and the

	<p>EQC has evolved considerably due to all the contributions he has made over the years. He was once again thanked for all his help and support.</p> <p>The Chair of the Committee thanked everyone involved in the work of the committee and added that the work of the committee over the years has made a significant contribution to the work of NES, ultimately, the NHS in Scotland.</p>
<b>2.</b>	<b>Apologies for absence</b>
2.1	Apologies were received from Karen Wilson, Executive Director of Nursing, Midwifery and Allied Health Professions, Deputy Chief Executive (Clinical) and Joint Lead for EQC, Karen Reid, Chief Executive and Gordon Paterson, Director of Social Care
<b>3.</b>	<b>Notification of any other business</b>
3.1	There were no notifications of any other business.
<b>4.</b>	<b>Declarations of interest</b>
4.1	There were no declarations of interest in relation to the items of business on the agenda. However, Nigel Henderson noted a declaration of connection as his daughter is a General Practitioner (GP) trainee in Glasgow.
<b>5.</b>	<b>Minutes of the meeting held on 11<sup>th</sup> May 2023</b>
5.1	The Committee accepted the minutes as an accurate record of the meeting and the minutes were approved.
<b>6.</b>	<b>Action Status Report and other matters arising</b>
6.1	The action status report was presented, and it contained 5 completed actions with 2 actions in progress.
6.2	The Committee were content with the completed actions and the timescales of the in-progress actions.
6.3	The Committee approved the action report.
<b>7.</b>	<b>Education &amp; Quality Executive Lead Report</b>
7.1	Emma Watson introduced the report and highlighted to the Committee, section 5.4.1.2 Medical Associate Professions (MAPs) and Advanced Critical Care Practitioners (ACCP). The General Medical Council (GMC) will be the regulator for these professionals. The work that Fiona Fraser (Head of Programme, NMAHP) has delivered has resulted in a report that is almost ready to be shared with Scottish Government (SG). The report describes the gap these professionals could fill, to help remove work that doesn't add value to the system or the patient. Emma Watson reported that discussions have progressed with all NHS Boards, and they are very positive about these roles.
7.2	The Committee noted that the paper indicated that NHS Boards are finding it challenging to quantify predicted demand for these roles. The Committee

	<p>asked, how do these fit in with the apprenticeship approach being used in England, is this the same or something different? Emma Watson replied, because the role descriptor for MAPs has not been recognised or distributed, there has been a hesitancy amongst NHS Boards around investing in these alternatives. Emma Watson reported that there has been learning from England and there is an overlap on skillset and knowledge and there are boundaries on license to deliver. She remarked that it is key to progress the regulation and once regulated, MAPs will become responsible and recognised. She advised the Committee that she thought it was appropriate that Scotland paused rollout whilst we seek clarity on regulation.</p>
7.3	<p>The Committee discussed the apprenticeship scheme. Emma Watson remarked that the apprenticeship model does have benefits as it comes with income, people will be paid to be medical students and join the same programme as medical students. It is worth noting that Scottish students don't pay to be medical students in Scotland but do have large accommodation costs if they move out of their region. Kevin Kelman added that the NHS Scotland Academy work is looking across all job families in health and social care to provide coherent learning provision including school, foundation, apprenticeships and modern apprenticeships. He highlighted that the NHSS Academy aims to help people understand that some of those qualifications are of equal value, regardless of where they take place.</p>
7.4	<p>The Chair invited Rob Coward to cover any further key points. Rob Coward highlighted the revised education and learning policy is now live and linked in the report. He advised that the first directorate update on learning innovation is available, however that due to a recent retiral there was no update on Turas Learn. The Committee Chair then opened up the report for questions.</p>
7.5	<p>The Committee asked how section 5.4.1.1 "Discharge without delay" fits with the existing "Hospital at Home" approach. Emma Watson confirmed that they are different areas of work, "Hospital at Home" aims to enable people to stay within their home setting for their care. "Discharge without Delay" aims to move people already in hospital back to their home setting as swiftly as possible. She remarked that different NHS Board areas have different provision. The Committee noted the suggestion that a key issue might be the reluctance of people and their families to go home, but the larger problem is that there may be inadequate care or support for them when they get home. Emma Watson agreed to revise the language in the report to reflect this.</p> <p style="text-align: right;"><b>Action: Emma Watson</b></p>
7.6	<p>The Committee asked how the new enhanced monitoring processes are being established with NHS Boards. Alastair McLellan confirmed that the more supportive enhanced monitoring service is being received very well. Most NHS Boards have experienced at least one visit. Those NHS Boards who receive more visits have provided positive feedback in relation to the changes. He reported that the 8 Enhanced Monitoring cases haven't</p>

	<p>received any escalation, and that he viewed this as a success factor of the SMART objective process along with positive engagement. Alastair McLellan gave a recent example of a site with ongoing quality of training issues, applying the successful engagement and SMART objective discussions, had enabled the prompt introduction of safety measures.</p> <p>The Committee welcomed this positive feedback.</p>
7.7	<p>Janice Gibson provided an update on the Leading to Change Programme. She reported that the National leadership programme for the Health and Social Care workforce was launched in October 2022. She highlighted that the update in the lead executive report gives an overview of where the Programme is currently. She advised that a fuller report is scheduled to come to Committee in September 2023. She clarified that the update covers the offers given out to sectors, there is work in partnership with other organisations to make sure all the different offers are being collated, she highlighted the need for robust succession planning, good attraction strategy and an emphasis on social care. Janice Gibson reported that some feedback had received that some of the language is NHS or Health service focused but we are working to include non NHS and social care as much as possible.</p>
7.6	<p>The Committee noted the Lead Executive Report and confirmed that it provided satisfactory assurance and thanked all who contributed to it.</p>
<b>8.</b>	<b>Sharing Intelligence for Health and Care Group (SIHCG) – Update on approach</b>
8.1	<p>Alastair McLellan introduced this paper which details the proposed changes in a Situation Background Assessment Recommendation (SBAR) format. It was noted that Alastair McLellan co-chaired this group with Simon Watson (Medical Director, Healthcare Improvement Scotland). Emma Watson will take over the co-chair position after Alastair McLellan has retired. NES has held the position of co-chairing since inception due to the data and intelligence that NES gathers. Alastair McLellan reported that the primary purpose has been to ensure relevant intelligence is shared amongst partner organisations. He highlighted the other aspect of sharing awareness of concerns with partners and NHS Boards, and those accountable for risks. He reported that these main aims remain embedded.</p>
8.2	<p>Alastair McLellan reported that the key changes for Committee to be aware of are that the Group is proposing a move from the existing 7 partner members to add a further 9 health and care regulator organisations. He advised that partners will share awareness, each will identify and share emerging concerns with a sharper focus on direct issues and earlier sharing of awareness of issues. An important function will be to share information with Scottish Government, currently there is an informal 2 monthly sharing meeting.</p>
8.3	<p>Alastair McLellan stated that it's important that the Committee note that SIHCG doesn't have a role in performance management, it is for sharing</p>

	information/awareness. He remarked that the governance sits with partner organisations, and that it isn't an overarching group, as the governance remains with each individual organisation. Alastair McClelland highlighted that the Committee should also be aware there is ongoing commitment to be more alert to evaluating impact and sharing that.
8.4	The Committee noted that the acronym SHINE mentioned in the report seems to lose an important care aspect of the work of the group. Alastair McLellan agreed and confirmed that since the SBAR was written it has been agreed that acronym will not be used. The Committee noted that in the past the focus has been on secondary care, and noted the ambition to move beyond this and asked if the focus on care sector, Integrated Joint Boards (IJBs) and primary care was achievable? Alastair McLellan responded, to highlight that it would have been unachievable in the original model, however the aim is to bring concerns to the meeting through existing data radar systems. He advised that this route into the system will ensure SIHCG can deliver the ambition.
8.5	The Committee welcomed the positive changes and noted the report, looking forward to future updates on progress.
<b>9.</b>	<b>Scottish Foundation School</b>
9.1	Lindsay Donaldson introduced this item which is providing an update on the direction of travel of the Scottish Foundation School improvement work. She highlighted the key points to note were that NES, NHS Boards and Scottish Government are all working on this together, and that we are all in agreement that this is an important area. The paper covered what NES can do as an organisation, in terms of how trainees changeover and the logistics to stagger some areas. It aimed to identify what can NES do to help fill rota gaps and help posts on fragile rotas. She remarked that NES has a very important part to play to try and improve this experience.
9.2	The Committee thanked Lindsay Donaldson for the report noting it was pleasing to see that the outcomes are now identified. The Committee asked how will the it know when the outcomes have been achieved. Lindsay Donaldson confirmed that the surveys will continue to provide data and be used as a measure. The Committee asked how frequent the surveys are and how detailed the data is. Lindsay Donaldson explained the GMC National trainee survey, has multiple domains including supervision, wellbeing, teamwork and overall experience. The detail is outstanding, and it can look at specific posts and specific NHS Boards. The data leads into a Quality Review Panel, these are attended by Training Programme directors. The data is triangulated and the process then progresses to a visit, which in turn produces more data. The GMC survey is public facing. NES also has an internal Scottish Trainee Survey which is run quarterly and this produces better longitudinal data.
9.3	The Committee asked if when looking at changeover dates could they advocate for not having so many changeovers. Lindsay Donaldson replied

	that there is a 50/50 split of trainees who like the rotation length. Further work can be done with 4 nation colleagues to look at the length of rotations.
9.4	The Committee noted that the report contained a lot of acronyms. The Committee asked that acronyms need to be explained in papers that come to Committees and Board and that was especially important as we have new non-executive directors joined our Board. Della Thomas will prepare a reminder to Directors and regular authors. <b>Action: Della Thomas</b>
9.5	The Committee thanked Lindsay Donaldson and colleagues for this update, and it was noted. It was agreed that further updates on this valuable work will come to Committee as part of the Executive Lead report.
<b>10.</b>	<b>NHS Scotland Academy Education and Quality Governance Annual Report</b>
10.1	Kevin Kelman was joined by colleagues Lynn Welsh and Darren Middleton for this item. Kevin Kelman introduced the report, the EQC receive regular updates through the programme dashboard which is part of the Executive Lead report. Kevin Kelman remarked that this is the first EQC Annual Report from the NHS Scotland Academy (NHSSA). He highlighted that the report shows the education delivered and insight given into the quality governance, programme design and review. The report gives an overall outline of programmes, including evaluation and enhancements.
10.2	The Committee asked if there have been attempts to engage with Scottish Social Services Council (SSSC) in relation to the preparation for work in Health and Social Care module. Kevin Kelman confirmed the relationship with SSSC has really matured, NES are meeting with them on a regular basis, trying to ensure there is synergy in the products they're developing, and the products NES are developing.
10.3	The Committee asked about the governance of this report, and how it fits with any reports the NHSSA Joint Strategic Programme Board may have received, noting that the NHSSA Joint Strategic Programme Board is now dissolved. Della Thomas confirmed that the EQC has a delegated remit from what was the Joint Strategic Programme Board in terms of the education and quality governance of the work of the NHSSA. She highlighted that the NHS Golden Jubilee Standing Committee have been delegated other aspects of governance for the NHSSA and Kevin Kelman confirmed that he would be taking an Annual Report to that Committee for those elements. Della Thomas reported that the last stages in dissolving the NHSSA Joint Strategic Programme Board was an Annual Report of the work of that Joint Strategic Board. This will be taken to June 2023 Audit and Risk Committee along with the other NES Standing Committee annual reports as part of the annual Report and Annual Accounts process. She remarked that it could come through EQC for noting if the Committee would wish to see this.
10.4	The Committee asked if there have been any aspects that have impeded learners taking part in the programmes. Darren Middleton responded, there

	hasn't been a big issue with learner engagement or drop off. He remarked that this is helped by the process design providing learners with protected time to attend the programme. He advised that there have been occasions where the programme was highly reliant on clinicians coming out of practice to teach, but there is now a designated faculty. It was noted that all programmes are accelerated.
10.5	The Committee asked what the biggest successes and challenges of the programmes have been. Darren Middleton replied originally the perioperative programme was part of the National Training Centre programmes, but it is now spreading as part of the National Perioperative programmes and is meeting the needs of all the NHS Boards. He remarked that the biggest marker of success is that the programme has expanded to meet the learning need. Lynn Welsh also highlighted that the success of the preparation for work in health and social care resource was that this was created as a digital resource in very quick development time, it increased uptake and was user friendly. The team were able to respond to winter 2021 challenges. It has received very positive feedback with lots of user utility across many sectors.
10.6	The Committee asked about capacity and how the NHSS Academy is placed should more demand fall upon it. Kevin Kelman responded, with regards to face to face delivery the NHS Academy is currently at capacity, but are always open to expand and it is easier to build capacity through digital resources. He reported that the NHSS Academy is fundamentally open to meet the needs of broader workforce, with recognition there would be a need to build the team further.
10.7	The Committee approved the report and thanked Lynne, Darren and Kevin for the work contained in the report.
<b>11.</b>	<b>Education and Quality Annual Report 2022/23</b>
11.1	Della Thomas introduced the Annual Report of the Education and Quality Committee. Committee members are asked to provide any comments and then to approve the report, it will then go forward to the Audit and Risk Committee in June as part of the Annual Accounts and Annual Reporting process.
11.2	The Committee approved the report and gave thanks to all involved with its production.
<b>12.</b>	<b>Identification of any key risks emerging from this meeting</b>
13.1	The Committee identified no new risks emerging from the meeting.
<b>14.</b>	<b>Consultations Log and Parliamentary business update</b>
14.1	The consultations log was noted.
<b>15.</b>	<b>Scottish Government and NES Educational policies</b>
15.1	There is no policy to report at this meeting.



<b>16.</b>	<b>Committee Effectiveness</b>
16.1	<ul style="list-style-type: none"> <li>• Do reports to the Committee communicate relevant information at the right frequency, time, and in a format that is effective? Papers assisted governance and scrutiny. The Committee identified an issue with the use of acronyms in reports with the abbreviation of acronym being written out in full first and also during dialogue during the meeting. A reminder will be circulated to improve upon this.</li> <li>• Has the Committee benefited from the right level of attendance from Lead Executive or Directors/Authors/Board Secretary/Others? The committee felt that the level of attendance was helpful and it was good to see other members of staff accompanying lead Directors as appropriate and contributing to the meeting.</li> <li>• Are there any areas where the Committee could improve upon its current level of effectiveness? The Committee didn't highlight any areas for improvement of effectiveness at this meeting.</li> </ul>
<b>17.</b>	<b>Any other business</b>
17.1	There was no other business to discuss.
<b>18.</b>	<b>Date and time of next meeting</b>
18.1	The next meeting of the Education and Quality Committee will be held on Thursday 14 September 2023, 10:15 a.m.

CD/DT/DH  
May 2023  
V.02

**Approved Minutes of the Eighth NES Technology and Information Committee held on Friday 26 May 2023 13:00 – 15:30 via Microsoft Teams.**

**Present:** David Garbutt, Non-Executive Director and Chair of the TIC  
Ally Boyle, Non-Executive Director  
Jean Ford, Non-Executive Director  
Angus McCann, Non-Executive Director, NHS Lothian

**In attendance:** Jenn Allison, Senior Officer, Board / CEO Office  
Tracey Ashworth-Davies, Director of Workforce / Deputy Chief Executive (Corporate)  
Paula Baird, Principal Lead, Workforce (item 10)  
Jim Boyle, Executive Director of Finance  
David Felix, Director of Dental  
Heather Kilfara, Senior Finance Manager  
Jonathan Waldheim-Ross, Head of Service Product & Delivery, NTS (observing)  
Marisa Wedderspoon, Manger NES Technology Service (NTS)  
Christopher Wroath, Director of NTS

**1. Welcome and introductions**

- 1.1 The Chair welcomed everyone to the meeting, particularly Ally Boyle, who became a member of the Board, alongside two other new non-executive directors on 01 May 2023. All were to take up committee membership from 01 June 2023, but as apologies were received from Douglas Hutchens, Ally Boyle will take up his Technology and Information Committee (TIC) membership as of 26 May 2023, which allowed the meeting to go ahead as quorate.
- 1.2 Members and attendees welcomed Ally Boyle to the NES Board and TIC and introduced themselves.
- 1.3 Paula Baird was welcomed for item 10.

**2. Apologies for absence**

- 2.1 The Committee noted that apologies were received from Douglas Hutchens, Karen Reid and Della Thomas.

**3. Declarations of interest**

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

**4. Notification of Any other Business**

4.1 There was no other business raised for discussion.

**5. Minutes of the meeting 15 March 2023**

(NES/DI/22/13)

5.1 The minutes were approved as an accurate correct record, following correction of a minor typographical error and to clarify paragraph 8.10 in relation to the viewing and booking of appointments for the Digital Front Door work.

5.2 Further discussion took place regarding the Digital Front Door item and Christopher Wroath explained that due to Scottish Government's (SG) re-prioritisation, the Digital Front Door work has been pushed back to 2024. Timescales for the original due date for version one release meant that users would be able to view available appointments, however now the due date for version one release has been changes this should now allow for appointments to be booked in the first release version, as well as viewed.

**6. Committee Rolling Action Log**

(NES/DI/22/14)

6.1 The Committee noted that of the 9 actions, 4 have been marked as complete. Updates have been provided to 4 of the 5 'in progress' actions.

6.2 The Committee noted that work is ongoing to update Committee risk reports to align with new strategic risk format and that a review of all NTS risks is also in progress and will be available at the next TIC.

6.3 Christopher Wroath informed the Committee that the NTS Senior Leadership Team are in discussion regarding which data to collate in order to report the impact of NTS services on Territorial Boards.

6.4 Discussion took place regarding the action to raise the concerns of the TIC regarding the uncertainty of funding to SG and it was noted that this is an ongoing discussion that extends to the whole of NES and not just NTS. The Committee noted that further discussions are due to be held in July.

6.5 An update was requested regarding the action in relation to progress of the National Information Governance Agreement. Christopher Wroath informed the Committee that with the recent appointment of a new Information Governance officer at SG, it is expected that a National Information Governance Agreement should be published by the end of the year.

6.6 The Committee approved the completed actions and noted the updates regarding the actions in progress.

**7. Executive Lead Officer's Report**

(NES/TI/23/15)

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

7.2 Christopher Wroath highlighted that due to re-prioritisation of work by SG, first version implementation of Digital Front Door (DFD) will not be required until 2024,

work in relation to the project will continue and that a meeting with deputy directors of the Digital directorate at SG is due to take place on 06 June 2023.

- 7.3 The Committee noted that there is growing recognition and understanding across NHS Scotland of the requirement for sharing of Scottish Workforce Information Standard System (SWISS) data with NES in order to achieve key priorities of the National Digital Health and Care Strategy.
- 7.4 The Committee expressed their frustration in relation to the arrangements of SG Commissions. In addition to the uncertainty of funding and resources the Committee remarked that changes to timelines and requirements for Commissions can lead to work being delayed. Christopher Wroath informed the Committee that SG colleagues understand that investment in technology is vital to bring about transformational change across the Health and Care system.
- 7.5 The Committee asked if the uncertainty of clarity in relation to Commissions was covered in any of the strategic risks. Christopher Wroath informed the Committee he would review the risk in relation to uncertainty of funding and consider this.  
**Action: CW**
- 7.6 The Committee noted progress of the NTS Organisational Change. NTS Associate Directors have taken up posts in the NTS Senior Leadership Team and that they will revise structures against each delivery area.
- 7.7 A query was raised from David Felix, Caldicott Guardian, regarding if NES had adequate resources to deliver assurance in relation to Information Governance, given that NTS will be managing an increasing number of systems and therefore processing and increasing amount of data. Christopher Wroath assured the Committee that the data assurance group who have an oversight on information governance and security closely monitor this and would identify if/when any further resource in this area is required.
- 7.8 Further discussion took place regarding the importance of cyber security. Christopher Wroath reported that NTS are working closely with National Services Scotland (NSS) regarding security operations work which will ensure that there is an extra layer of security for technology. Christopher Wroath added that the result of the recent Network Information Systems audit showed excellent progress and significant improvements since the audit in 2020.
- 7.9 The Committee requested more information regarding the Business Continuity exercise with the NES Executive Team (ET). Christopher Wroath explained that the exercise, which was not known about by the ET prior to it taking place, was successful. It allowed the ET to further understand their roles and responsibilities in relation to cyber risks. Future tests will be held to test other areas of risk. Christopher Wroath noted he would circulate the Cyber Crisis simulation report for information.  
**Action: CW**
- 7.10 The Committee asked for further information regarding progress of work in relation to the National Digital Platform. Christopher Wroath informed the Committee that vital work in relation to the architecture is in place, gaining access to key data bases

continues. Work from SG in relation to identity management is vital in order for us to progress further and this is due to be complete in 2024. Once this work is complete, more service will be added to the platform, alongside the services already available. It was agreed that this would be a helpful topic to raise at the NHS Board Chairs meetings. **Action: DG**

7.11 The Chair thanked Christopher Wroath and his team for their work.

## **8. Cyber Security** (NES/TI/23/16)

8.1 The Chair invited Christopher Wroath to provide the Committee with a general update on Cyber Security.

8.2 The Committee noted that the annual cycle for the Network Information Systems (NIS) Audit has changed from November to April and asked how the new recommendations from the April 2023 audit will impact the open actions from the November 2022 audit. Christopher Wroath explained that April 2023 actions will incorporate and therefore supersede remaining open actions from November 2022.

8.3 The Committee asked for further information regarding the joiners, movers, leavers process. Christopher Wroath reported that people were informed via the MS Teams chat function. He advised that the functional areas involved in this process (HR, ODLL, PFM and Digital) have met twice to make any required adjustments to the joiners' process and map out what the movers process is prior to rolling out any communication. Finance will be included in this discussion. It is anticipated that the communication, including improved process will be rolled out by end of July 2023.

8.4 The Committee noted the update on work relating to Cyber Security in NES.

## **9. Digital Skills and Leadership** (NES/TI/23/17)

9.1 The Chair welcomed Paula Baird to the meeting and invited her to provide an update on progress of the Digital Skills and Leadership Programme.

9.2 Paula Baird informed the Committee that work is continuing well, on track and on budget and that governance structures relating to delivery of the Digital Health and Care Delivery Plan are currently under review by Scottish Government and information on the impact to governance of this programme is pending.

9.3 Discussion took place regarding the Leading in a Digital Age workshops for Board members which have been developed to encourage non-executives to think with a Digital mindset. The Committee remarked that they would look forward to future updates. It was noted that recent rounds of non-executive recruitment across NHS Scotland have focussed on bringing in digital expertise and that this has been challenging to attract those with the required skills and expertise. It was agreed that this would be a useful topic of conversation to bring to the NHS Chairs group. **Action: DG**

9.4 The Committee were pleased to see the uptake of numbers to the Leading Digital Transformation in Health and Care for Scotland Masters programme. Paula Baird confirmed that funding for this was initially for the first cohort and that a business case is in development to request funding for future cohorts.

9.5 The Committee requested more information regarding the Digital Champions. Paula Baird explained that a mapping process is underway to identify where current digital champions are across Health and Care, what their roles are and identify gaps, with the view to create a more cohesive and consistent approach.

9.6 The Committee thanked Paula Baird for the update.

## **10. NTS Risks**

(NES/TI/23/18)

10.1 The Chair invited Christopher Wroath to make any additional remarks in relation to the Strategic and Directorate Risk Register reports.

10.2 The Committee noted that no significant changes have been made to the NTS Risk registers since they were last submitted to the Committee in March and noted that a newly formatted report, in alignment with the new strategic approach.

10.3 The Committee reviewed the NTS risk registers and requested that timescales are included on all risks and noted the information regarding the mitigation of R0003 was incorrect.

**Action: CW**

## **11. Annual Technology and Information Committee report**

(NES/TI/23/19)

11.1 The Committee reviewed the TIC Annual report and were content to approve the report for submission to the Audit and Risk Committee, with no requested changes.

## **12. Identification of any new risks emerging from this meeting**

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

## **13. Any Other Business**

13.1 There was no other business discussed.

## **14. Review of Effectiveness of Meeting**

14.1 The Committee were satisfied with the effectiveness of the meeting however an improvement suggestion was made in relation to refinement of papers and ensuring that any errors are picked up on prior to submission to the Committee.

## **15. Date and time of next meeting**

15.1 The next meeting of the Technology and Information Committee will be held on Tuesday 29 August 2023 via Microsoft Teams at 10:15.

NES, May 2023, JA/DT/CW/DG