

## NHS Education for Scotland

NES/21/26

### AGENDA FOR THE ONE HUNDRED AND SIXTY-FIRST BOARD MEETING

**Date:** Thursday 25 March 2021  
**Time:** 11.10 – 13.00  
**Venue:** In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

1. **11.10 Chair's introductory remarks**
  2. **11.12 Apologies for absence**
  3. **11.12 Declarations of interest**
  4. **11.13 Minutes of the One Hundred and Sixtieth Board Meeting** NES/21/27  
11 February 2021 For Approval
  5. **11.15 Matters arising from the Minutes and notification of Any Other Business**
  6. **11.15 Actions from previous Board Meetings** NES/21/28  
For review
  7. **11.18 Chair and Chief Executive reports**
    - a. **11.18 Chair's Report** (verbal report)
    - b. **11.30 Chief Executive's Report** NES/21/29
  8. **Strategic Items**
    - a. **11.50 NHS Scotland Academy** NES/21/30  
For Approval (K. Reid)
  9. **Performance Items**
    - a. **12.00 Financial Report** NES/21/31  
For Assurance and Approval (A. McColl)
    - b. **12.10 Risk Register Report** NES/21/32  
For Assurance and Approval (A. McColl)
- 12.20 Comfort Break**

## 10. Annual Items

- a. **12.30** Equality and Diversity Statutory Reports For Approval (T. Ashworth-Davies) NES/21/33
  - i. Equality Outcomes and Mainstreaming Progress Report
  - ii Proposed Equality Outcomes, 2021 – 2025

## 11. Governance Items

- a. **12.40** COVID-19 “Governance Light” – Next Steps For Approval (D. Garbutt) NES/21/34
- b. Significant issues to report from Standing Committees:
  - **12.45** Educational & Quality Committee held 04 March 2021 (D. Hutchens, verbal update)
- c. **12.47** Re-commencement of Digital and Information Committee For approval (D. Garbutt) NES/22/35
- d. **12.52** 2021/22 Draft Board Schedule of Business For approval (D. Thomas) NES/22/36

## 12. Items for Noting

### **12.58** Standing Committee Minutes

- a. Education & Quality Committee 10 December 2020 For Noting NES/21/37

### **12.58** Other items for noting

- b. **12.58** Strategic COVID-19 Decision/Action Log (January – March 2021) For Noting NES/21/38
- c. **12.59** Everyone Matters Pulse Survey Report For Noting NES/21/39

## 13. **13.00** Date and Time of Next Meeting

27 May 2021 at 10.15 a.m.

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NHS Education for Scotland (NES)  
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These minutes have been prepared using a 'Governance Light' approach

Draft for Board approval

NES/21/27

## NHS Education for Scotland

### DRAFT MINUTES OF THE ONE HUNDRED AND SIXTIETH BOARD MEETING HELD ON THURSDAY 11 FEBRUARY 2021, 11:40 – 13:20

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

- Present:**
- Mr David Garbutt (DG) (Chair)
  - Ms Anne Currie (AC), Non-Executive Director
  - Mrs Linda Dunion (LD), Non-Executive Director
  - Mrs Jean Ford (JF), Non-Executive Director
  - Ms Lynnette Grieve (LG), Non-Executive Director/Employee Director
  - Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
  - Mr Douglas Hutchens (DH), Non-Executive Director
  - Prof Stewart Irvine (DSI), Director of Medicine
  - Ms Audrey McColl (AMcC), Director of Finance
  - Mrs Vicki Nairn (VN), Non-Executive Director
  - Ms Karen Reid (KR), Chief Executive
  - Dr Doreen Steele (DS), Non-Executive Director (Vice Chair)
  - Ms Sandra Walker (SW), Non-Executive Director
  - Mrs Karen Wilson (KW), Director of NMAHP
- In attendance:**
- Ms Tracey Ashworth-Davies (TAD), Director of Workforce (joined during item 7a)
  - Mr Colin Brown (CB), Head of Strategic Development, Chair's Office
  - Mr Donald Cameron (DC), Director of Planning & Corporate Resources
  - Dr David Felix (DF), Postgraduate Dental Dean
  - Dr Sandra Ferguson (SF), Associate Director - Psychology (for item 12b)
  - Ms Mary-Jo O'Brien (MJ-O'B), Associate Manager, Corporate Communications
  - Dr Judy Thomson (JT), Director of Psychology (for item 12b)
  - Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)
  - Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance

#### 1. Chair's Introductory Remarks

- 1.1. The Chair welcomed everyone to the meeting. He extended a particular welcome to Karen Reid who was attending her first public Board meeting since joining NES as Chief Executive on 1 February 2021. The Chair noted that as this is Karen's second week, Stewart Irvine kindly offered to provide chief executive continuity for this meeting, with Karen observing and offering comments if she should so wish.
- 1.2. The Chair noted that Judy Thomson and Sandra Ferguson would join the meeting for item 12b (Mental Health and Trauma Informed Care report).
- 1.3. As a result of the ongoing COVID-19 pandemic, the Chair reminded the Board that NES is currently working within a 'governance light' approach. The February Board agenda and papers were prepared in line with this approach and all papers would be taken as read.

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## **2. Apologies for absence**

- 2.1. Apologies for absence were received from Christopher Wroath (Director of NES Digital and the NES Digital Service) and John MacEachen (Head of Corporate Communications), who are usually regular attendees at the Board.

## **3. Declarations of interest**

- 3.1. Vicki Nairn declared her previously registered interest as Vice Principal of Robert Gordon University. No other declarations of interests were made.

## **4. Minutes of the One Hundred and Fifty-Ninth Board Meeting** (NES/21/08)

- 4.1. The minutes of the Board meeting held on 26 November 2020 were approved.

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

- 5.1 An update on the development of the NHS Scotland (NHSS) Academy proposal (minute 7.1b) was requested. The Chair noted this would be picked up under item 6.
- 5.2 In relation to minute 10.6c, the Board asked whether the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) product had been delivered as planned in January 2021 and queried the links with the National Digital Service's (NDS) work on Anticipatory Care Planning (ACP). Karen Reid advised that Christopher Wroath had recently met with the ReSPECT team in NDS to discuss current deliverables. It is not anticipated that ReSPECT will include ACP, however it is recognised that there is overlap. Further details will be provided in the Digital Progress Report submitted to the 25 March Board. **Action: CW**

## **6. Actions from previous Board Meetings** (NES/21/09)

- 6.1 The Board received the rolling Board action list for review and agreement. The Board noted that all action points are now complete, with the exception of two.
- 6.2 The following points were discussed:
  - a. 26 November 2020 Board meeting, Minute 7.1b: As a result of 'governance light' arrangements the 25 February Board Development Session has been cancelled. Karen Wilson advised that a Technology Enabled Learning presentation will now be given at the 4 March Education and Quality Committee.
  - b. 26 November 2020 Board meeting, Minute 7.8g: In relation to Gillian Mawdsley's point under item 5, the Chair highlighted that the Chairs and Chief Executives of NES and NHS Golden Jubilee are holding a joint meeting with their Scottish Government sponsor teams on 17 February 2021. The draft Outline Business Case for the Academy will be discussed at this meeting.
- 6.3 The Action List was agreed with the amendment noted above.

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

### **a. Chair's Report**

- 7.1 The Chair gave a verbal update on recent meetings and activity since the November 2020 Board in his roles as Chair of the NES Board and Chair of the NHSS Board Chairs Group. The following meetings were highlighted:
  - a. The Chair was involved in the successful recruitment of a new Chief Executive of NHS Scotland and Director-General Health and Social Care at Scottish Government.

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Caroline Lamb, previously Chief Executive at NES, took up post on 11 January 2021. As Chair of the NHSS Board Chairs Group, the Chair has met with her to discuss current and future priorities.

- b. The Chair met with the Chairs of the Integrated Joint Boards (IJBs) to discuss NHSS and IJB governance and the Independent Review of Adult Social Care report, which was published on 3 February 2021.
- c. The Chair, Stewart Irvine and members of the NES Executive Team have continued to meet monthly with Gillian Russell (Director of Health Workforce) and other Scottish Government (SG) colleagues as part of NES's sponsorship arrangement.
- d. The Chair updated the Board on the work of the Active Governance Reference Group and confirmed that the design work for the initial Active Governance model is now complete. NHS Lanarkshire recently participated in a successful trial and plans to deliver the model within territorial health boards will be developed in April.
- e. The Chair has continued to attend meetings of the Mobilisation Recovery Group chaired by the Cabinet Secretary for Health and Sport. Recent meetings have considered how the NHSS could return to normality whilst recognising the need to work to realistic performance targets.
- f. The Chair, Karen Reid and members of the NES Executive Team have met with colleagues from NHS Golden Jubilee to discuss the NHSS Academy.
- g. The Chair and Gillian Mawdsley attended two half-day Whistleblowing onboarding sessions. The Chair noted that Whistleblowing modules had recently been published on Turas Learn.
- h. Along with the other NHSS Chairs and Chief Executives, the Chair and Karen Reid attended a meeting led by the First Minister to discuss the delivery of the COVID-19 vaccination programme.
- i. The Chair attended a meeting of the NHS Global Citizenship Programme Board which has previously been stood down due to the COVID-19 pandemic.
- j. The Chair met with colleagues from Public Health Scotland to discuss potential opportunities in relation to health inequalities.

7.2. There were no questions in relation to the Board Chair's report. The Chair thanked Board members for their attention and moved onto the next item on the agenda.

b. Chief Executive's Report (NES/21/10)

7.3 Stewart Irvine presented the Chief Executive's report to the Board for information.

7.4 The Board recognised the ongoing work of NES directorates in response to the COVID-19 pandemic and recognised the difference NES has made. The Board asked if there was any capacity to take forward any external media work to promote the excellent contribution NES have made.

7.5 The Board discussed vaccinations of frontline workers employed by NES, with particular reference to the advice given to trainees who are pregnant. It was confirmed that NES is following Scottish Government guidance and communicating directly with trainees who have had queries. NES have also been providing written advice and guidance to all trainees regarding the delivery of their vaccinations.

7.6 The Board also discussed NES's responsibilities as a Lead Employer in relation to the health and safety of individuals supporting the frontline COVID-19 response. The importance of risk assessments was highlighted, particularly for those in vulnerable groups. Stewart Irvine and Tracey Ashworth-Davies confirmed that the respective responsibilities between NES and the employing Board are clearly set out in Employer Responsibility Agreement documentation.

7.7 The Board asked how NES has been affected by re-deployment to territorial boards. Stewart Irvine confirmed that NES undertook a review in early January 2021 to identify any clinical

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and administrative staff that could be redeployed to support the Territorial Board COVID-19 response. The number of NES staff that have been redeployed is currently less than ten and the urgency and demand for NES to provide staff to the territorial Boards is now in abeyance.

7.8 In response to a query regarding the ongoing disruption to Dental undergraduate and vocational training, David Felix confirmed that discussions with SG were ongoing and that a formal announcement would be made on 12 February 2021. David Felix agreed to send an update email to the Board confirming the arrangements. **Action: DF**

7.9 The Chair thanked Stewart Irvine for his report and the Board moved onto the next agenda item.

## **8. Governance Items**

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

#### Educational & Quality Committee held 10 December 2020

8.1. Sandra Walker chaired this meeting on behalf of Douglas Hutchens, who had submitted his apologies. This was the first meeting of the Education & Quality Committee (EQC) under NES's new governance arrangements.

8.2 The Committee received its first Lead Officer's report, which provided a useful strategic overview of EQC issues across the NES directorates and also discussed the 2021-22 EQC workplan and Risk Register.

#### Audit & Risk Committee held 28 January 2021

8.3. Doreen Steele gave an overview of the key issues discussed at the most recent meeting of the Audit & Risk Committee:

- a. The Committee considered the Standing Financial Instructions (SFIs) and considered the merit in reviewing section 9.4 of the SFIs and ensuring this aligns with the Remuneration Sub Committee ToRs, given the updated SG process for settlement agreements and early retirements. She confirmed that the NES Remuneration Sub Committee ToRs were correct at this stage.
- b. The Internal Auditors provided an update on the 2020-21 internal audit (IA) process. The pandemic has meant that the full 90 days of IA will not be completed, however a final update will be presented to the June A&R Committee meeting as planned. The 2021-22 IA plan is in the process of being completed and will be presented at the April meeting.
- c. The External Auditors are currently following due process and are on track to present the outline annual accounts plan. Their fee will remain as per the baseline fee and it has been confirmed that materiality will not change.

8.4 The Chair noted that both the Committee ToRs and SFIs had come to this Board meeting for approval and asked Doreen Steele and Audrey McColl to propose any amendments required to these documents. **Action: DS/AMcC**

#### Staff Governance Committee held 4 February 2021

8.5 Linda Dunion gave a brief overview of the key issues discussed at the most recent meeting of the Staff Governance Committee (SGC):

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- a. The Committee considered the 2021-24 NES People and Organisational Development (OD) Strategy. It was agreed that an amended version would come back to the SGC for further discussion and then be submitted to the Board for noting.
- b. The Committee received an update on Whistleblowing and that there are on-going discussions in relation to the new National Whistleblowing Standards planned will go live from 1 April 2021.
- c. The Committee received four statutory Equality & Diversity reports, two of which will come to the Board for noting in due course.
- d. The Committee welcomed the positive results of NES's iMatter Pulse Survey, which was undertaken in December 2020. The Board will receive this report for noting in March.

b. Board Committee Terms of Reference (ToRs) (NES/21/11)

8.6 The Board recognised the work through individual Committees and the Audit & Risk Committee on behalf of the Board and approved the Committee ToRs with the caveat that the Chair of the Audit & Risk Committee and Audrey McColl will discuss the SFIs and Remuneration (Sub)-Committee ToRs to ensure parity and propose any necessary changes as per minute 8.4

8.7 The Board noted that the next stages of Board and Committee governance improvement work are currently paused until NES emerges from its current 'governance light' environment.

8.8 The Chair thanked Committee Chairs, Executive Leads and the Board Secretary for their work.

c. Standing Financial Instructions (SFIs) (NES/21/11.1)

8.9 The Board received the SFIs for approval. The Chair noted that the SFIs had previously been updated in May 2020 and no further amendments had been made since that time.

8.10 Audrey McColl confirmed that the SFIs will be amended as per minute 8.4 and 8.6. The amendments will be presented to the Audit & Risk Committee and then reported to the Board.

8.11 The SFIs were approved with the planned amendments noted above.

## 9. Annual Items

9.1 There were no items for discussion under this agenda item.

## 10. Performance Items

a. Financial Report (NES/21/12)

10.1 The paper was taken as read and the Board noted this is the first condensed version of this report. The Board also noted that the Audit & Risk Committee received a more detailed version of this Financial Report at the January 2021 meeting.

10.2 Given this report had been discussed extensively and in more detail at the January Audit & Risk Committee, there were no further questions from the Board. The Board approved the financial results to 31 December 2020.

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b. Risk Register Report (NES/21/13)

10.3 The Board received the NES Risk Register and associated COVID-19 Risk Annex for assurance and approval.

10.4 The Board discussed the content of the COVID-19 Risk Annex and considered whether the number of measures could be reduced. Audrey McColl confirmed that the updates to the Risk Register and COVID-19 Risk Annex followed an iterative process. Both documents will be reviewed as part of the establishment of the Risk Management (Executive) Group. A draft ToRs is in the process of being developed and membership is being agreed. The Chair noted that the next stages of Board and Committee governance improvement work are currently paused until NES emerges from the its current 'governance light' environment.

10.5 The Chair thanked Audrey McColl for her work and the Board approved updates to the NES Corporate Risk Register and COVID-19 Risk Annex.

c. 2020/21 'Q3' Performance Report (NES/21/14)

10.6 The Board considered the Quarter 3 2020/21 Performance Report for assurance and approval and noted that this is the first performance report for the 2020/21 year, as performance reporting was previously paused due to COVID-19.

10.7 Donald Cameron highlighted the high number of red and amber Digital targets. NES had hoped to deliver these targets as part of recovering the original 2020-21 Annual Operational Plan, however these have now been delayed or de-prioritised due to COVID-19. During discussion, the Board recognised the importance of standing the Digital & Information Committee back up for the Board's assurance. The Chair confirmed that a proposal will be brought to the March Board meeting.

10.8 Audrey McColl confirmed that the next Digital Progress Report will update the Board on current NES Digital and NDS deliverables. **Action AMcC/CW**

10.9 The Board considered whether the Quarter 4 report could include a new category to highlight red targets that NES have consciously chosen to stop as a result of COVID-19. Karen Reid agreed it would be helpful for future reports to clarify this information and will discuss with Donald Cameron and Audrey McColl around how this can be achieved.

**Action: KR/DC/AMcC**

10.10 The Chair thanked Donald Cameron for his work and the Board approved the Quarter 3 2020-21 performance report.

## 11. Items for Noting

### Standing Committee Minutes

a. Audit and Risk Committee 3 November 2020 (NES/21/15)

11.1. The Board received and noted the minutes of this meeting.

b. Educational & Research Governance Committee 17 September 2020 (NES/21/16)

11.2 The Board received and noted the minutes of this meeting.

c. Staff Governance Committee 5 November 2020 (NES/21/17)



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11.3 The Board received and noted the minutes of this meeting.

### **Other Items for Noting**

d. 'Our Health, Our Rights, Our NHS' Agreement between NHS Scotland and Scotland's Gypsy / Traveller community (NES/21/18)

11.4 The Board received, noted and endorsed this agreement. All NHSS Board Chairs are required to sign this agreement and the Chair confirmed he had completed this on behalf of the NES Board.

## **12. Ministerial Reply to the NES Annual Review**

a. Annual Review Response Letter/Actions (NES/21/19)

12.1 The Board received and noted a formal response to NES's 2019-20 Annual Review from the Minister for Mental Health, Clare Haughey. The Chair highlighted that the letter was a positive one which acknowledged the significant amount of work that NES delivered during 2019-20, during the COVID-19 pandemic and acknowledged the positive difference this has made in NHS Scotland. On behalf the Board, the Chair thanked NES staff for their work and continued contribution during these extraordinary times.

b. Mental Health and Trauma Informed Care Report (NES/21/20)

12.2 The Chair welcomed Judy Thomson and Sandra Ferguson to the meeting for this item. The 2019-20 Annual Review response letter highlights NES's contribution to Mental Health specifically and as such Judy Thomson and Sandra Ferguson were asked to attend this Board meeting and brief the Board on the work being taken forward across NES directorates.

12.3 Judy Thomson gave a short PowerPoint presentation on NES's contribution to Mental Health (MH). She advised that NES makes a significant contribution in three main areas: training MH disciplines, training wider healthcare disciplines in MH and through the delivery of multidisciplinary and multi-sectoral programmes.

12.3 Judy Thomson also highlighted NES's contribution to the COVID-19 pandemic, particularly in relation to the development of resources that have supported the entire NHSS workforce.

12.4 Sandra Ferguson then presented one area of NES's contribution to MH in more depth. NES's National Psychological Trauma Training Programme was established in 2016 to support the SG's ambition of a trauma informed workforce. The NES Psychology directorate has led the development of a national approach to trauma training in order to introduce 'trauma informed' approaches to service delivery and trauma specific interventions that reduce the impact on individuals where possible.

12.5 In the context of the COVID-19 pandemic, the increased exposure to traumatic experiences, and reduced capacity for social support, has highlighted the ongoing need for a trauma informed workforce. Sandra Ferguson advised that NES has produced generic training resources for use across all practice levels as well as the Scottish Trauma Informed Leaders Training (STILT) which support leaders in the implementation of trauma informed approaches in their areas of responsibility.

12.6 The Board welcomed the update paper and presentations and acknowledged the positive impact that NES's contribution to MH continues to have in NHS Scotland and the wider health and social care system. During discussion, the Board praised the cross-directorate

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approach to the delivery of MH programmes and the focus on psychological trauma in the context of COVID-19.

12.7 In conclusion, the Chair thanked Judy Thomson, Sandra Ferguson and the NES Psychology directorate for their work. The Board agreed that it may be useful to discuss NES's contribution to MH in more detail at a future Board development session.

### **13. Date and Time of Next Meeting**

13.1 The next Public Board meeting will take place on 25 March 2021.

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

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**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 11 February 2021</b>					
5.2	Matters arising from the minutes and notification of Any Other Business	Include further details on the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) product and any links to Anticipatory Care Planning in the Digital Progress Report for 25 March Board.	Christopher Wroath	March 2021	<b>Complete</b> Information included in report submitted to 25 March 2021 Private Board.
7.8	Chief Executive's Report	Confirm future Dental Vocational Training arrangements to the Board via email	David Felix	February 2021	<b>Complete</b> – briefing issued on 23 Feb 2021.
8.4	Significant issues to report from Standing Committees – Audit & Risk	Discuss and propose any amendments to the Standing Financial Instructions and/or Remuneration Sub-Committee Terms of Reference in relation to settlement agreements and early retirees	Doreen Steele & Audrey McColl	March 2021	<b>Ongoing</b> – meeting scheduled for 24 March 2021.
10.8	Quarter 3 2020-21 Performance Report	Include information on current NES Digital & NES Digital Service deliverables in the Digital Progress Report for 25 March Board.	Christopher Wroath & Audrey McColl	March 2021	<b>Complete</b> Information included in report submitted to 25 March 2021 Private Board.
10.9		Discuss presentation of future performance reports in relation to targets NES have consciously chosen to stop as a result of COVID-19	Karen Reid, Donald Cameron & Audrey McColl	March 2021	<b>Complete</b> – updated process for future performance reports agreed as follows: Red/Amber targets that have been delayed/had to be stopped as a result of COVID-19 will be highlighted

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					and presented in separate tables within the performance report.
<b>Actions agreed at Board meeting on 26 November 2020</b>					
7.8g	Chief Executive's Report	Decide how the Board should receive information relating to the NHS Scotland Academy.	Chair & Stewart Irvine	January 2021	<b>Complete</b> A paper outlining the NHSS Academy joint governance and accountability approach appears as an agenda item 8a on 25 March 2021 NES Board agenda. The NHSHS Academy is scheduled as a Board Development session on 22 April 2021.
10.6	Digital Progress Report	Include calendar of future digital outputs in future Digital Progress Reports	Audrey McColl / Christopher Wroath	March 2021	<b>Complete</b> Developmental plans for 2021/22 are included in the final section of the report submitted to 25 March 2021 Private Board. Throughout the paper reference is given to the current status of projects and future projected timelines. This aspect of governance will be taken forward by the Digital and Information Committee from 1 April 2021 onwards.

**NES  
Item 7b  
25 March 2021**

**NES/21/29**



## **CHIEF EXECUTIVE'S REPORT**

Karen Reid, Chief Executive

**March 2021**

## **1. INTRODUCTION**

- 1.1. As with the February Board, the agenda for our March Board meeting has been prepared using a 'Governance Light' approach in line with the ongoing COVID-19 pandemic and the challenging environment that NHS Scotland continues to work in. However, the Board will also note that this agenda includes a paper on 'Governance Light' next steps and a plan to move to a 'Re-design whilst Recovering' phase of governance from 1 April 2021.
- 1.2. The Board will receive a strategic update on the development of the NHS Scotland Academy and the proposed approach to the Academy's collective governance and accountability. The work of the Academy will be a key priority for NES going forward and the Board are asked to formally approve its development as a joint venture between NES and NHS Golden Jubilee.
- 1.3. The Board is also receiving an annual statutory equality progress report and NES's proposed equality outcomes for 2021-25. The reports evidence how NES is mainstreaming the equality duty in our work and set out future improvements that we wish to deliver in line with NES's 2019-24 Strategic Framework, whilst also recognising the ongoing impact of the COVID-19 pandemic.
- 1.4. Governance items on the agenda include papers on the recommencement of the Digital & Information Committee and the 2021/22 draft schedule of Board business. The Board will also receive the strategic COVID-19 Decisions Log and the Everyone Matters Pulse Survey Report for noting as part of the public record.

## **2. ANNOUNCEMENTS**

### **2.1 NES Deputy Chief Executive**

I am pleased to announce that Stewart Irvine (Director of Medicine and NES Acting Chief Executive from 1 December 2019 – 31 January 2021) has agreed to fulfil the role of Deputy Chief Executive for NES, with effect from 15 March 2021.

### **2.2 Director of NHS Scotland Academy**

- a. Board members received a communication on 3 February 2021 confirming that Kevin Kelman has been appointed as the first Director of the NHS Scotland Academy; the new, national joint venture between NES and NHS Golden Jubilee (NHS GJ). Kevin is now in post and is working with NES and NHS GJ colleagues to lead the development of this critical new national initiative which will offer value added accelerated training for a wide range of subjects and professions and complement both organisation's activities.
- b. Kevin was previously Chief Operating Officer and Chief Education Officer, at Stirling Council and has over 30 years of experience working in the public sector. Along with Jann Gardner (Chief Executive, NHS GJ), Kevin will be

joining the NES Board Development session on 22 April to discuss the work and planned impact of the Academy in more detail.

### **2.3 Colin Brown**

- a. The Board will wish to note that Colin Brown returned to Scottish Government (SG) on 18 March after a 19 month secondment to NES. Colin joined NES in June 2019 on secondment from the Health and Social Care Directorates and has made a significant contribution to NES in many areas, including invaluable support to the NES Board.
- b. Colin has returned to SG to lead a two year programme working with the Scottish Government's Non-Executive Director cohort. I would like to take this opportunity to formally thank Colin for his contribution to NES and wish him well in his new role.

### **2.4 Nicole Kelly**

Board members will already be aware of the very sad news regarding Nicole Kelly, who tragically passed away in early February 2021 following a recent cancer diagnosis. Nicole was a member of the Workforce Directorate and was instrumental in work on the Workforce Service Desk and CARP (COVID-19 Accelerated Recruitment Portal). Nicole will be remembered for her positive energy and caring personality and will be very much missed by her colleagues. Our thoughts and condolences remain with Nicole's partner, mum and family.

## **3. STRATEGIC UPDATES**

- 3.1. The Board will be aware that we continue to operate in a challenging environment as a result of the ongoing COVID-19 pandemic. Alongside 'business as usual' directorates continue to respond to the pandemic via the production of educational resources and digital support. Further detail is provided in the directorate updates below.

## **4. MEDIA INTEREST & COMMUNICATIONS ACTIVITY**

- 4.1 Internally, we have continued to create and promote communications around COVID-19 priorities, service developments and the 'Recovery and Renewal' theme. Weekly video updates continue to be well watched and received. Both the questions in the all-staff webinar we conducted and from our staff feedback app 'Trickle' show an interest in future working arrangements and the home/office balance. We are also providing support to promote National Whistleblowing Standards which launch on 1 April.
- 4.2 Externally, we are working, predominantly through social media, to promote national updates and messages, and also NES resources. These include a new Technology Enabled Care learning programme, GP Rural Fellowship and Pre-Registration Pharmacy Scheme recruitment. We are also undertaking comms planning around the NHS Scotland Academy, and have also been

tasked by Scottish Government to coordinate national comms work around the rollout of a new NHS rainbow badge.

- 4.3 The Events and Conferences team has conducted two recent virtual events – Healthcare Science Trainees and Nurse Endoscopy, both of which were well received. Planning continues for our major event of the year, the NES Annual Conference on 27/28 May. The Design team remains particularly busy, dealing with a high volume of ‘business as usual’ requests before year-end, as well as COVID-19 resources.

## 5. DIRECTORATE UPDATES

### 5.1 Dental

- a. SARS-CoV-2 infections continue to have an impact on delivery of dental training across the undergraduate/postgraduate continuum. Following the decision to extend contracts of Dental Vocational Trainees to 31 July 2022 we hosted a webinar for trainees to reiterate the rationale behind this decision and to address any questions. Informal feedback indicates that the webinar was well received and the overwhelming majority of trainees and trainers support the decision to extend training. We have a planned webinar for trainers in April.
- b. The Chief Executive and Registrar of the General Dental Council (GDC) has written to all Heads of Dental Schools and Therapy Schools to outline the approach they will take in Quality Assuring programmes planning to graduate students in 2021. The work is designed to provide assurance to the GDC that each graduate applying to join the register will have met the relevant standards. There is an acknowledgement that the heads of schools are the primary custodians of those standards for individual schools and the Chief Executive and Registrar relies heavily on their certification. However the GDC must form its own view about whether standards are being maintained. The GDC has signalled that, if necessary, they will not hesitate to use their power to invite the Privy Council to remove the entitlement to register for graduates of a particular course if they remain concerned that standards have been compromised and that there would be a risk to patient safety if they were to join the register.

### 5.2 NES Digital & NES Digital Service

- a. **Scottish Government (SG) COVID-19 Response**  
Vaccination Management has recorded over 1 million patient vaccination records since it was rolled out nationally in December 2020. The team continue to deliver new features to support the ongoing delivery of the Vaccination Programme including functionality to support the split screener/vaccinator service delivery model and product and dose check warnings to support the safe delivery of the second dose. New features coming soon include the creation of a new record management user role enabling this user to amend or delete incorrect vaccination episodes. Finally, we have just recently updated the ‘Sign in’ Page to better signpost links to our User Guide and FAQs



- b. **Knowledge Management and Discovery partnership working with Social Services / Third Sector Organisations**  
NES negotiates access to the digital library subscription resources for all health and social care staff in Scotland via The Knowledge Network and Social Services Knowledge Scotland (SSKS). Scottish Government Office of the Chief Social Worker has funded 1.6 Band 5 posts in the Knowledge Management and Discovery Business Unit for about 10 years.
- c. The team works closely with national social services organisations to promote access to the evidence in the published literature by offering demos and training sessions. We promote the principles of using evidence to support practice. We also deliver health literacy skills training.
- d. Online webinars are promoted via our monthly SSKS Newsletter and Twitter account. Examples of the work include that with the Care Inspectorate - Maintenance of content and embedded links on Care Inspectorate Hub website, provide information skills training to promote the Care Inspectorate Hub and SSKS to demonstrate how the content complements each other, knowledge management projects with the Quality Improvement Teams, training for teams of inspectors and others.
- e. **NDS Showcase videos**  
We have produced a number of videos which highlight the work of each team in the NES Digital Service (NDS) and have included the links below:
- [NES Digital Eyecare Team](#)
  - [NDS Vaccinations Team](#)
  - [NDS SCI-Diabetes](#)
  - [NDS Mercury \(ReSPECT\) Team](#)
  - [NDS Cancer Treatment Summaries](#)
  - [NDS Bootstrap Team](#)

### 5.3 Medicine

- a. **Credential in Rural and Remote Health**  
NES is in the advanced stages of preparing the formal submission to the Curriculum Advisory Group of the General Medical Council for the next stage of approval for the credential in Rural and Remote (R&R) Health. Our submission is anticipated in late April. Discussions have also been held with SG colleagues and our sponsor team to make sure that NES has the legislative authority to accredit.
- b. It is increasingly likely that NES, as the R&R credential developing body, will be tasked with: overseeing the sign-off of doctors undertaking the credential; hosting and coordinating UK processes around the credential maintenance; and potentially develop “second wave” R&R credentials, aimed at doctors working in other parts of R&R health. The level of resource that would be required to service these activities (and funding stream) will depend on the final position that the GMC adopts in its credentialing framework.

## 5.4 NMAHP

### a. Highlights from the Public Health Programme

#### i. Webinars

NES, ARHAI (Antimicrobial Resistance and Healthcare Associated Infection) Scotland and the Scottish Government invited all staff working in health and social care settings to attend a webinar on 'Infection Prevention and Control during the COVID-19 Pandemic - Supporting, Valuing and Listening to Health and Social Care Workers' on 9/17 March 2021.

The two 90-min live webinars gave staff the opportunity to put any concerns and questions to a panel of clinical experts and frontline staff. They provided the latest information on infection prevention and control measures and the scientific base that underpins them.

#### ii. Immunisation update - COVID-19 vaccination programme

The Public Health Team within NMAHP (working in close collaboration with Public Health Scotland (PHS) and stakeholders) continues to lead the workforce education workstream of the COVID-19 vaccination programme. Recent work includes the production of a short learning resource on intramuscular injections, intended to support practitioners administering COVID-19 Vaccines, and a webinar to update practitioners on current guidance and recommendations relating to pregnant and breastfeeding women.

- iii. The Chief Nursing Officer Directorate (CNOD) has also commissioned NES to explore, develop and pilot appropriate resources for Healthcare Support Worker (HCSW) Vaccinators (without 2-year Health and Social Care experience) to support the COVID-19 vaccination programme and ensure the sustainability of the Scottish Immunisation Programme.

### b. Midwifery Workforce & Education Review

- i. NES was commissioned by CNOD in July 2020 to 'review the current and future national midwifery workforce and pre-registration education requirements, to ensure that Scotland has the right midwifery workforce, in the right place, with the right skills and competencies to support current and future service reform and sustainability'.
- ii. The review set out to ensure that key demographic and workforce characteristics were understood and addressed and taken forward in the light of the key underpinning policy in maternity services for Scotland - '[The Best Start](#)'. The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) was also central to the review's context.

- iii. The review's recommendations set a direction of travel for future actions, rather than detailed proposals for activity within defined timelines. NMAHP will take a lead in supporting a National Implementation Board which will ensure progress against the recommendations. The main risk to NES is the recommendation that education provision should be reviewed to ensure delivery supports equitable recruitment across all areas of Scotland and NES will work closely with Higher Education Institutions to support and monitor progress.

**c. Nursing Midwifery & Health Professions (NMaHP): Perioperative & Endoscopy**

Two recent national events have helped to set the scene for mixed discipline engagement: the [National Perioperative event: Strength in Sharing](#) and second NES [National Nurse Endoscopy event: Making Progress](#). Debate within both events have helped inform response within the new National Endoscopy and Urology Diagnostic Elective Care group which focuses on enhancing service response.

NMAHP continue to explore options ongoing to appropriately accelerate Nurse endoscopy learner progression, including sourcing access to alternate training lists where local/in-house access is challenging. The Scottish Access Collaborative has recently identified education for Nurse cystoscopy function as a priority area. NMAHP and the [Clinical Skills Managed Educational Network](#) (CSMEN) are collaborating to develop this with key stakeholders. Further detail will be provided in the next Chief Executive's report.

NES is pleased to be collaborating with the [Scottish Trauma Network](#) to develop new career and education development frameworks for mixed discipline trauma teams. The post progressing this work is hosted within NMAHP, with engagement across NES. A statement regarding expected timescales and work progression will be available in April 2021.

## **5.5 Pharmacy**

**a. NES New Initial Education and Training Standards for Pharmacists**

In January 2021 the General Pharmaceutical Council (GPhC), formally published new standards for the initial education and training (IET) of pharmacists. The implementation of these standards will transform the education and training of pharmacists, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including prescribing medicines.

- b. The new standards will be gradually introduced in Scotland in a series of planned stages between 2021- 2026. The current Pre-registration training programme within the IET is currently managed by NES and will become known as the Foundation training year from August 2021 with GPhC interim learning objectives.

- c. These initial education and training years will then link to a continuum of development into post-registration. NES currently manages a Post-

Registration Programme for newly qualified pharmacists across hospital and primary care which will expand to include the community pharmacy sector from September 2021. A prescribing qualification will also be introduced into this `bridging` Post-Registration programme from September 2021 until 2026. These exciting changes will require an uplift in the prescribing and clinical skills resource for NES, and will result in a significant increase in the number of qualified pharmacist prescribers in Scotland and will shape their role in future healthcare provision.

## 5.6 Psychology

There are a range of workstreams in NES Psychology and in the last 3 months some key updates include:

- a. **Adult Services**  
Responding to future expansion of mental health services and developing training that supports the supervision of brief or high-volume psychological interventions along with the opportunities provided by technology to provide supervision in group formats.
- b. Recently completed a large systematic review on the 'Economic Evaluation of Psychological Interventions and Therapies in Physical Health settings', which supports managers and clinicians in making evidence-based decisions with service planning.
- c. NES Psychology and NMAHP have commissioned the Institute of Health Visiting to train 60 Perinatal and Infant Mental Health Champions across Health Visitors and Midwives, the first cohort of 20 have received their initial training.
- d. We have worked with Scottish Government and COSLA/IS colleagues to deliver a Scottish Trauma Informed Leaders Training (STILT) webinar to 158 senior leaders most of whom have Trauma Champions roles in Health Boards, Local Authorities, IJBs or other partner organisations.
- e. **Children, Young People & Families**  
This month we will launch the Early Intervention Framework, a web-based resource that has been designed to support services to make informed investment decisions about interventions for improving CYPs mental health and wellbeing.
- f. We have also completed a Children and Young People's Mental Health and Wellbeing Knowledge and Skills Framework for the Scottish Workforce. This resource developed in partnership with over 50 staff from across children's services in Scotland will be launched on Turas Learn by end March 2021. We will now develop a process to quality assure and map training resources to our framework document.

- g. New education and training resources have been developed including a suite of awareness-raising sessions for paediatric staff, the development of skill demonstrations films to complement existing core training modules for paediatric staff, and a module on working with infants in hospital. A newly developed Risk Management training (for staff working with higher risk young people) has been combined with our Compassion Fatigue and Self-Care training module, in response to need expressed by school staff.
- h. We are also developing plans for a new certificate level training for psychological practitioners to delivering brief, evidence-based interventions for mild to moderate mental health difficulties.

## 5.7 Workforce

- a. The Workforce Directorate has continued to provide expertise to trainee recruitment across professional groups as recruitment and selection to training programmes continues to be impacted by the pandemic resulting, for example, in online assessments an/or virtual interviews. Recruitment to the NHS Scotland Management Training Scheme, managed on behalf of all Boards, was launched in March with similar process adaptations. Given the pandemic impact on the dental workforce pipeline, work is underway with stakeholders to refresh the timeline for the transition of dental core and specialty trainees onto lead employer arrangements (later in 2021) and into NES employment.
- b. In support of the national COVID-19 vaccinations programme, the Workforce Directorate has been communicating with Doctors in Training, and worked closely with occupational health and Placement Boards seeking to ensure access to vaccinations, in alignment with the prioritisation framework, and to provide contact points for any individual concerns. Communication on vaccinations has also been made available to non-training grade employees, who were also prioritised in accordance with the framework, of whom the majority will receive their vaccine in the community.
- c. With the potential end to current COVID-19 related restraints in sight, a process to arrive at how NES might manage the location of resources, taking into account individuals' preferences, is being piloted in the Workforce Directorate. The learning will be used to inform decision-making by the Executive on organisation-wide future practice, alongside national policy.
- d. NES is continuing to work closely with Scottish Government's Health and Social Care Workforce Directorate to develop national strategy for leadership development and succession planning for health and social care with specific reference to the recommendations of the Independent Review of Adult Social Care (Feeley Report).
- e. The NHS Careers Scotland website has had c. 40,000 visits from 29,000 users between 1 January and end February 2021. The campaigns driving traffic to the website include: Scottish Apprenticeship Week 1 – 5 March 2021 and Healthcare Science Week with the launch of a podcast series.

- f. NES continues to support the health and care sector on digital workforce capability. This includes providing high priority training design and education support on remote monitoring pathways. A Technology Enabled Care (TEC) learning module (accessible via Turas Learn) has been integrated into the University of West of Scotland nursing undergraduate programme and also within the Honours module on eHealth with 351 student nurses accessing the module in February 2021. Applications for a Professional Development Award in Technology Enabled Care SCQF Level 7 have been circulated for a first cohort funded by NES.

## **CALENDAR from 1 February 2021 – 18 March 2021**

This section of the report provides an overview of the meetings I have attended since 1 February 2021. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

### **NES Executive Team**

The core Executive Team meet on a monthly basis to discuss strategic and governance issues in detail.

### **NES [Extended] Executive Team (EET)**

The EET continue to meet to share directorate updates and take any decisions as required. The EET met twice a week during Dec 2020 – Feb 2021 and as of mid-March meet weekly on a Friday.

### **NHS National Board Chief Executives**

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

### **NHS Board Chief Executives (BCEs) + Scottish Government**

All Board CEs meet with the senior team from Scottish Government to discuss the COVID-19 response. The frequency of these meetings have now reduced from fortnightly to once a month.

### **4 Nations (NES, Health Education England, Health Education & Improvement Wales and Northern Ireland Medical & Dental Training Agency)**

The Chief Executives of the 4 Nation statutory Education and Training organisations meet fortnightly to discuss and co-ordinate our ongoing response to COVID-19, with a focus on our shared responsibilities for education and training in the UK.

## **Meetings since 1 February 2021 – 18 March 2021**

### **NES meetings**

I have enjoyed meeting with a wide range of NES staff virtually since I took up post, both on an individual basis and via team/directorate meetings. I aim to attend as many team meetings as I can over the next few months to hear about current priorities and future opportunities that we can take forward. I have also met with or have future meetings arranged with Non-Executive Board members.

## **NHS Scotland**

I have now had introductory meetings with the majority of the National Board Chief Executives and a number of their Executive colleagues. We have discussed potential opportunities for future collaboration and how we can continue to support the health and social care workforce. I have also had a number of meetings regarding the NHSS Academy both with NHS GJ and Scottish Government colleagues.

## **External Stakeholders**

I have met with a number of key stakeholders over the last few weeks including representatives from COSLA, the Care Inspectorate, the Scottish Social Services Council (SSSC), the General Medical Council (GMC), Enable Scotland and the Equality & Human Rights Commission.

## **Scottish Government**

I have met with a number of SG colleagues including Caroline Lamb (Director-General Health & Social Care and CE, NHS Scotland), Amanda Croft (Chief Nursing Officer), Donna Bell (Director of Mental Health & Social Care Directorate) and Gillian Russell (Director of Health Workforce Directorate). Along with David Garbutt and Executive Team colleagues I have also attended monthly meetings with our sponsorship team.

In terms of wider SG meetings, I have attended my first Management Steering Group and National Workforce Planning Group meetings, both of which comprise representatives from across health and social care. I have also recently joined the Board CEs and Chairs sub-group looking into the findings of the Independent Review of Adult Social Care.

## **Recent article / publications for Board member interest**

Scottish Government and NES: Trauma-Informed Practice: [A Toolkit for Scotland](#) (15 March 2021)

NES Digital Service Blog: [SCI-Diabetes: supporting diabetes care across Scotland](#) (15 March 2021)

NES Digital Service Blog: [The National Clinical Data Store](#) (12 March 2021)

NES Psychology – [Supporting children returning to school](#) (February 2021)

NES NMAHP - [Launch of Quality Standards for Practice Learning](#) (February 2021)

Chief Medical Officer for Scotland [2020-21 Annual Report](#) (17 March 2021)

## **NHS Education for Scotland**

### **Board Paper**

**1. Title of Paper**

NHS Scotland Academy

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

Karen Reid, Chief Executive

**3. Situation/Purpose of paper**

3.1 This paper sets out the rationale for the NES partnership with NHS Golden Jubilee to establish the NHS Scotland (NHSS) Academy. It seeks formal NES Board approval for NES to progress with the NHSS Academy, as well as NES Board approval for the collective governance and accountability proposals.

**4. Background**

4.1 The NHSS Academy is a partnership between NES and NHS Golden Jubilee (NHS GJ) with an ambition to provide “excellence in learning to enable the development of a highly skilled NHS Scotland workforce of the future”, through the provision of a range of accelerated training experiences on various subjects for different professions.

4.2 This will connect with, and add value to, existing clinical and simulation training across Scotland.

4.3 The NHSS Academy aligns with the NES vision of “a skilled and sustainable workforce for a healthier Scotland” and our mission of “enabling excellence in health and care through education, workforce development and support” and fits with the NHS GJ vision of “delivering care and education through collaboration”.

4.4 The NHSS Academy will build on the respective skills and facilities of both organisations, bringing together NES’s experience in workforce development and digital learning with NHS GJ’s clinical and patient experience outcomes and NHS GJ’s training and hotel facilities.

4.5 Both organisations will shape the NHSS Academy over time. The next steps will be for NES and NHS GJ to establish a joint governance structure. Once this is agreed and in place, the business case; detailed financial planning and performance reporting can progress.

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

5.1 The NHSS Academy is not intended to impinge on the statutory functions of NES or NHS GJ. NES will remain responsible for the education and training of all those who work in NHS Scotland, including doctors in training, as this is a Reserved Matter for the NES Board. The NHSS Academy is not intended to



duplicate existing provision of the already well established clinical and simulation training environments and structures across Scotland. The development of a clear and agreed governance and accountability structure for the NHSS Academy will be a very important mitigation measure to ensure governance line of sight, transparency, effective scrutiny, strategic overview, risk management and impact reporting.

### **Joint Governance and joint accountability**

- 5.2 The accountability of the NHSS Academy will be to Scottish Ministers through the parent organisation Boards.
- 5.3 The arrangements for this joint accountability will be developed through joint Scottish Government sponsor division meetings with NES and NHS GJ.
- 5.4 The NHSS Academy will be jointly governed by the parent organisations (NES and NHS GJ) and held to account to ensure:
  - the strategic intention is jointly developed and agreed
  - the financial, operational and quality performance of the NHSS Academy reported and scrutinised against key strategic performance indicators
  - risk appetite is set and agreed in line with parent Boards and strategic risk identified and mitigated
  - key strategic partners and stakeholders identified and set out in a strategic engagement strategy (for example Scottish Government, Royal Colleges, regulators, industry and academia)
- 5.5 The NHS Board Model Standing Orders (DL 2019 02) states “Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to Committees, individual Board members, or other Board employees”.
- 5.6 The joint governance arrangement will be accommodated through the NES and NHS GJ’s existing Standing Orders.
- 5.7 It is proposed that an “NHSS Academy Strategic Programme Board” be created following agreement by both parent Boards. This will be co-chaired by the NES and NHS GJ Board Chairs.
- 5.8 Terms of Reference (ToRs) will be developed in line with both partner Board’s Standing Orders; Standing Financial Instructions; Schemes of Delegation and Codes of Conduct.
- 5.9 The NHSS Academy Strategic Programme Board ToRs will set out the constitution and context; the role; membership, quorum, attendees, private member meetings; frequency of meetings; authority; responsibilities and duties; reporting arrangements; review and conduct of business.
- 5.10 An “NHSS Academy Executive Programme Group” will be established for the initial set up phase of the NHSS Academy. This Executive Group intend to meet regularly in the first phase, (as permitted by the challenging COVID-19 pandemic context). It will include Chief Executives (Co-Chairs) and Executive Directors from both parent organisations and the jointly appointed Director of the NHSS Academy. This Group will need to establish ToRs which sets out context; role; membership; quorum; attendees; frequency of meetings;

authority; responsibilities and duties; reporting arrangements; review and conduct of business.

5.11 The NHSS Academy Strategic Programme Board will provide an annual report to each parent Board.

5.12 It is proposed that each parent Board will delegate the regular quarterly governance oversight and scrutiny to one of their already established Standing Committees as follows:

- The NES Education & Quality Committee will govern the educational quality provision, including the evaluation of impact.
- The NHS GJ Strategic Portfolio Governance Committee will scrutinise the enabling plans, implementation progress and delivery.

5.13 The Board received the joint correspondence circulated to both the NES and NHS GJ Boards from the respective CEOs on 2 February 2021. This notified of the intention to hold a briefing session with both Karen Reid and Jann Gardner with Board Members. The NES Board have a Board Development session scheduled for 22 April 2021 and the NHSS Academy is proposed as part of this session.

5.14 The Board will note that an indicative budget has been allocated to this work and submitted as part of the NES Phase 3 Remobilisation Plan for Scottish Government approval.

## 6. Recommendations

6.1 The Board are invited to:

- Approve the NHSS Academy as a joint venture between NES and NHS GJ.
- Approve the creation of the NHSS Academy Strategic Programme Board chaired jointly by the NES and NHS GJ Board Chairs, and the Executive Programme Group as described above.
- Approve the delegation of the regular quarterly governance oversight and scrutiny of **educational quality provision, including the evaluation of impact** to the NES Education & Quality Committee.
- Note the delegation of the scrutiny of the **enabling plans, implementation progress and delivery** to the NHS GJ Committee Strategic Portfolio Governance Committee.
- Note the proposal to arrange a briefing session for the NES Board at the forthcoming Board Development Session.

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### Author to complete

a) Have Educational implications been considered?

- Yes  
 No

b) Is there a budget allocated for this work?

- Yes  
 No

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Karen Reid, CEO  
March 2021  
NES

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

Finance Report as at 28<sup>th</sup> February 2021

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

Lizzie Turner, Head of Finance Business Partnering  
Janice Sinclair, Head of Finance  
Audrey McColl, Director of Finance

#### 3. Purpose of Paper

The purpose of this paper is to present the key information relating to the financial results for the first 11 months of the year to 28<sup>th</sup> February 2021 and to indicate the current forecast outturn as at 31<sup>st</sup> March 2021.

#### 4. Background

4.1 This report focuses on key new information which has become available since the report presented to the Board on 11<sup>th</sup> February which was based on actual data as at 31<sup>st</sup> December 2020. The overall position is in line with the anticipated year end forecast we provided in that report however paragraphs 5.3 to 5.6 detail the underlying movements that have occurred within that corporate position.

#### 5. Assessment/Key Issues

5.1 As shown in the table below the overall current year-end forecast is an underspend of £0.3m against an anticipated budget of £539m as the Medical Training Grade Salaries (MTGS) overspend of £1.6m is underwritten by Scottish Government (SG) and therefore will be funded. The underspend of £0.3m within the non-Medical Training Grades element of the budget is detailed by directorate in Appendix 1.

MONTHLY REPORTING FOR FEBRUARY 2021				Period 11				
Directorate	Year to Date			Full Year			M9 Variance	Movement from M9
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance		
Training Programme Management - MTG Salaries	253,606	252,877	728	274,296	275,903	(1,606)	(1,587)	20
NES - Non MTG Salaries	235,720	232,235	3,485	263,527	263,262	265	1,960	1,695
<b>TOTAL NES</b>	<b>489,326</b>	<b>485,112</b>	<b>4,214</b>	<b>537,824</b>	<b>539,165</b>	<b>(1,342)</b>	<b>373</b>	<b>1,715</b>
SG allocation required to balance historic MTG Salaries funding gap				1,606	0	1,606		
<b>Forecast Year end Total NES</b>	<b>489,326</b>	<b>485,112</b>	<b>4,214</b>	<b>539,430</b>	<b>539,165</b>	<b>265</b>		

- 5.2 In reporting the NES financial position, we separate Medical Training Grades salaries (MTGS) from other areas of the NES budget. This is to identify the estimated amount of additional *in-year* funding required to address the impact of the historic recurrent funding gap on MTGS. The final amount required is requested at year-end as the multiple factors influencing these costs fluctuate throughout the year. Further detail on the in-year movement is found in Appendix 2.

### **Movement from December month end**

- 5.3 The underlying deficit in MTG has remained relatively stable since December. Additional costs of £198k in GP arose from;

- a higher cost per GPST3 trainee following the February rotations (£155k). This happens because trainees sometimes transfer from other specialties and remain on their existing, higher, salaries; and additional remedial costs as 2 wte more trainees than forecast required additional training in February and March (£83k).

These costs were offset by;

- £155k as a result of 18 fewer Expansion posts in Core/ST being paid across February and March.

- 5.4 The Non-MTGS underspend was forecast to be £2m at the end of December. Management actions to address this, detailed in the February Board paper, included;

- a) utilising the Dental ACT underspend within Outreach Centres (£0.7m), with the agreement of the Chief Dental Officer, to accelerate an on-going capital replacement programme for Dental chairs, the majority of which are at least 10 years old and subject to increasing repair costs.
- b) not drawing outstanding funding allocations from the Digital Directorate, primarily for work on Vaccinations and the Care Management System App (£0.6m),
- c) recognising that the additional £0.5m contribution to the National boards savings from the other national boards will not be received.

- 5.5 During January and February further underspends of £0.9m across the directorates have been identified largely made up of;

- a) Increased vacancy lag of £0.3m as vacancies across the final quarter of the year have been higher than anticipated,
- b) Underspends in Digital and NDS of £0.5m as fewer than forecast staff and contractors have been employed during the final quarter of the year (£144k). We have also incurred lower than anticipated software costs; including those relating to Office 365 (£49k) and Toukanlabs (the 3<sup>rd</sup> Party contractor working on the Ophthalmology project) as work has not progressed as quickly as anticipated (£112k) and income has been £50k higher than expected.
- c) An underspend of £0.1m within the Technology Enhanced Learning project as less external staff resource was employed than anticipated during Jan – March.

- 5.6 This released funding was offset by;
- a) Approval of additional spend bids for the purchase of an additional Endoscopy Simulator and the upgrade of some Optometry equipment to allow an increased range of training techniques to be used (£0.2m),
  - b) technical accounting adjustments within VAT and adjustments to accruals (£0.2m) and
  - c) further funding of £0.4m of funding not being drawn down from SG.
- 5.7 The current forecast underspend is still anticipated to be less than £0.5m at year end, and no further significant movements are anticipated.

### **Current Funding position**

- 5.8 We have one outstanding allocation of £1.5m which relates to the cost for NES of the £500 COVID staff bonus, the majority of which was paid in February.

We also still have 2 allocations to be returned to SG;

- £1.3m was given to us in error in February. This relates to the ACT costs (Additional Cost of Teaching) for 100 additional undergraduates following the increased Medical student numbers this year. It was not anticipated this year as the increase in Clinical teaching for 1<sup>st</sup> year undergraduates is minimal. We are currently in discussions with SG to understand what allocation may be received in future years as the clinical teaching increases.
  - £0.5m of Primary Care funding largely due to reduced Experiential Learning costs incurred in Pharmacy as Undergraduate students have spent less time in Pharmacy settings this year due to COVID restrictions and lockdown than was expected.
- 5.9 SG have also confirmed that they will fully fund the 1% pay award to all AFC staff which is being backdated to be effective from 1<sup>st</sup> December 2020. An estimate of these costs is currently being developed for submission to SG. There will be no impact on our overall forecast position as the increased cost will be offset by an increase in our anticipated SG funding.

### **Capital Forecasts and Funding**

- 5.10 Before our final allocation is confirmed in April, adjustments will be made to move the Capital & Depreciation currently within our revenue budgets to the appropriate categories. These technical accounting adjustments do not impact on our overall position as reported above.
- 5.11 We are currently including forecast Capital spend for the year of £3.1m in Table 1. Of this £2.7m will be funded through a transfer from our revenue budget with the remainder being provided as capital funding by SG. The £3.1m mainly funds £0.8m for the development of the Vaccination software, £0.6m of Simulation equipment to support Medical Trainees, £0.5m for the development of the Care Management and Clinical Assessment apps, £0.4m for further development of TURAS Learn and £0.5m Ophthalmology Equipment to support training.

## COVID Financial Implications

- 5.12 The current estimated net cost of the NES response to COVID-19 is now £9.3m for 2020/21 after recognising savings relating to activities no longer anticipated to take place or which will be significantly reduced over the year (detailed by directorate in Appendix 3).
- 5.13 This figure has reduced by £0.3m since figures reported in February due to the continued impact of the loss of face-to-face activity and the pressures within boards who are unable to release staff for training. Recruitment costs in Medical have fallen by £0.2m as all recruitment has been held online this year; and more training courses/activities have been cancelled resulting in a further £0.2m saving. An increase in spend reflects the purchase of Simulator Equipment in TPM to support new ways of delivering training in Paediatrics and O&G (£0.2m) and offsets smaller reductions in spend on Digital contractors and the cost of shielding texts as SG sent fewer messages in February than anticipated.

## National Board Savings

- 5.14 Board members will be aware that Scottish Government confirmed that the additional National Boards saving of £1.5m allocated to NES in 2019/20 will remain allocated against the NES budget until agreement is reached by the National Boards on how it should be correctly allocated. Within the current financial plan, it had been assumed that the full £1.5m will be brought back into our recurrent baseline. However, recognising the risk that NES may be asked for a further contribution, the Board, in March 20, approved an additional contribution of £1m on a non-recurrent basis. As detailed in the February 21 Board report and following a meeting with SG in January we are now reflecting the full £1.5m being funded by NES on a non-recurrent basis in this financial year.

## 6. Recommendations

Board Members are invited to review the information contained in this report.

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### a) Have Educational implications been considered?

- Yes  
 No

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

- Yes  
 No

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

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

### d) Have key risks and mitigation measures been identified?

- Yes  
 No

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

- Yes
- No

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

- Yes
- No

AMc /JS/ LT  
March 2021  
NES



**Appendix 1** – Table 1 is a breakdown of Year to Date and Full year budget, outturn and forecast by Directorate and includes the movement in the full year forecast from M9(December) to M11(February). The key elements are noted in section 5. All COVID costs and saving are included within these figures with a matching budget meaning all variances relate to non Covid activity.

**Table 1: Financial position by Directorate**

MONTHLY REPORTING FOR FEBRUARY 2021				Period 11				
Directorate	Year to Date			Full Year				
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	M9 Variance	Movement from M9
<i>Quality Management</i>	80,657	80,613	44	88,715	88,730	(15)	(1)	14
<i>Strategic Planning and Directorate Support</i>	5,555	5,109	446	6,106	6,007	99	88	(11)
<i>Training Programme Management Excl Training Grades</i>	22,579	22,275	304	23,945	24,076	(132)	(88)	44
<i>Professional Development</i>	5,419	5,048	371	6,079	6,546	(467)	(276)	191
<i>Pharmacy</i>	11,286	10,758	528	12,491	12,486	5	0	(5)
<b>Medical Total</b>	<b>125,497</b>	<b>123,804</b>	<b>1,693</b>	<b>137,337</b>	<b>137,846</b>	<b>(510)</b>	<b>(276)</b>	<b>233</b>
Dental	41,736	40,244	1,492	45,691	45,328	362	1,200	837
NMAHP	12,600	12,041	559	15,984	16,004	(20)	(70)	(51)
Psychology	22,360	22,622	(263)	26,513	26,629	(116)	(155)	(39)
Healthcare Sciences	2,857	2,725	132	3,124	2,983	141	94	(46)
Optometry	1,037	968	69	1,135	1,137	(2)	(22)	(20)
NDS	3,434	3,272	162	3,958	3,572	386	195	(191)
Digital	12,224	12,349	(125)	13,427	13,956	(529)	111	640
Workforce	5,765	5,170	595	5,977	5,851	126	(54)	(180)
Finance	2,433	2,191	242	2,683	2,707	(23)	(19)	4
Planning & Corporate Resources	5,609	5,546	63	6,137	6,072	65	36	(29)
Net Provisions	169	1,303	(1,134)	1,561	1,177	384	921	537
<b>NES Total (exc MTG)</b>	<b>235,720</b>	<b>232,235</b>	<b>3,485</b>	<b>263,527</b>	<b>263,262</b>	<b>265</b>	<b>1,960</b>	<b>1,695</b>

All figures are in £000s

**Appendix 2** – Table of Training Grade Movement since the opening funding gap. This table summarises the key movements in the training grade underspend since the opening position agreed by Board at the beginning of the year. We expect this gap to be met from 2 funding sources;

- a) SG underwriting of the residual historic funding gap £1,606k
- b) SG COVID allocation £755k

<b>Medical Training Grades</b>	<b>SG Funding Gap</b>
<b>Opening Funding Gap as at 1<sup>st</sup> April 2020</b>	<b>2,471</b>
<i>Consolidated Movement April- February</i>	
Higher Pay Costs for GP Practice Trainees	1,106
Increased costs due of Pay Award at 2.8%	775
Higher number of ST3 trainees (7 wte)	512
Reduction In Paid GP100 Posts	(1,542)
Fewer GP Remedial Trainees 8 wte (higher exam pass rates)	(543)
18 wte Fewer Expansion Posts Paid Feb/Mar	(155)
Other Movements of less than £150k each	(18)
<b>Revised Requirement for additional funding (Exc Covid)</b>	<b>2,606</b>
SG GP Rate Uplift allocation	(1,000)
<b>Outstanding Funding Gap to be met by SG as at Feb 21</b>	<b>1,606</b>
Covid Related CCT Extensions	755

*All figures are in £000s*

**Appendix 3** – This table details both Year to Date and Full year forecast COVID Spend and Savings by Directorate. These figures are also built into the figures in Appendix 1. Movement from December is detailed in Paragraph 5.13.

Directorate	COVID YTD Costs	COVID YTD savings	COVID YTD Net		COVID FY Costs	COVID FY Savings	COVID FY Net
<i>Quality Management</i>	0	73	73		0	80	80
<i>Strategic Planning and Directorate Support</i>	(5)	316	311		(15)	323	308
<i>Training Programme Management Excl Training Grades</i>	(6,460)	1,504	(4,956)		(6,742)	1,663	(5,079)
<i>Professional Development</i>	(66)	1,268	1,202		(149)	1,373	1,224
<i>Pharmacy</i>	(183)	132	(51)		(213)	165	(48)
<b>Medical Total</b>	<b>(6,714)</b>	<b>3,293</b>	<b>(3,421)</b>		<b>(7,119)</b>	<b>3,604</b>	<b>(3,515)</b>
Dental	(653)	1,582	929		(722)	1,666	944
NMAHP	(2,909)	289	(2,620)		(2,915)	347	(2,568)
Psychology	(143)	112	(31)		(189)	128	(61)
Healthcare Sciences	(22)	77	55		(39)	83	44
Optometry	(11)	65	54		(11)	71	60
NDS	(371)	0	(371)		(361)	0	(361)
Digital	(2,194)	0	(2,194)		(2,476)	65	(2,411)
Workforce	(679)	114	(565)		(698)	136	(562)
Finance	(32)	11	(21)		(38)	10	(28)
Planning & Corporate Resources	(143)	145	2		0	38	38
Net Provisions	(103)	0	(103)		(108)	(7)	(115)
<b>NES Total (exc Medical Training Grades)</b>	<b>(13,974)</b>	<b>5,688</b>	<b>(8,286)</b>		<b>(14,676)</b>	<b>6,141</b>	<b>(8,535)</b>
Medical training Grades	(707)	36	(671)		(795)	40	(755)
<b>NES Total</b>	<b>(14,681)</b>	<b>5,724</b>	<b>(8,957)</b>		<b>(15,471)</b>	<b>6,181</b>	<b>(9,290)</b>

All figures are in £000s

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

NES Corporate Risk Register, including COVID-19 Risk Annex

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

Audrey McColl – Director of Finance  
Lorraine Turner – Manager, Planning and Corporate Resources

#### 3. Purpose of Paper

The purpose of this paper is to present to the NES Board the NES Risk Register and COVID-19 Risk Annex as at 16 March 2021.

#### 4. Key Issues

- 4.1 The paper presents the NES Corporate Risk Register as at 16 March 2021 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks.
- 4.2 An annex detailing the *additional* key risks identified for the organisation as a result of the impact of, and the NES response to, the COVID-19 pandemic is included.
- 4.3 Given the pace of change of the COVID-19 pandemic, a review and refresh of the COVID-19 Annex and the Corporate risk register has been undertaken in conjunction with risk owners.
- 4.4 This is an interim exercise to ensure risks and mitigation measures are captured and up-to-date at this point in time. As part of future enhancements, it is intended to create a single integrated risk register to reflect corporate strategic risks including risk responses to, and evolving from, the COVID-19 pandemic. This task is presently on hold during current Governance Light arrangements and will be undertaken through the new NES Risk Management Group (RMG).
- 4.5 The RMG is being established in response to the recommendations from the KPMG Global Risk Maturity Assessment report, to support further embedding of the NES risk management framework, and the development of a multi-disciplinary, collective approach to risk assessment and identification at corporate and local level, including evaluation of cumulative and emerging risk.
- 4.6 The most recent changes to the Corporate Risk Register and COVID-19 Annex are highlighted in blue for ease of reference, following the recent refresh of the registers and the review by the Executive Team on 15 March 2021. In addition, within the Corporate Risk Register the following risks have had their scores amended;

*Risk 2* – based on the funding arrangements now in place the score for the residual level of risk (after mitigation) has been reduced from Primary 1 to Primary 2.

*Risk 3* – reflecting the on-going impact on progression for both trainees and undergraduates across professional groups, the score for the residual level of risk (after mitigation) has been increased from Contingency to Primary 2.

*Risk 16* – Given that changes to immigration regulations have led to a 25% increase in unique applications in 2020/21, the score for the residual level of risk (after mitigation) has been reduced from Primary 1 to Primary 2.

*Risk 13* – Consideration was given to the scoring of this risk in light of the publication of the Independent Review of Adult Social Care in Scotland however, it was agreed that there is not sufficient certainty around what may ultimately be included in any Manifesto, this should remain at the current level.

- 4.7 The current situation continues to develop at pace, such that these risk evaluations are at a point in time and will continue to evolve. In order to ensure regular management review, the COVID-19 risk register is a standing item at each formal Executive team meeting.

## **5. Educational Implications**

Much of NES's normal education and training activity was paused as a result of the pandemic. Directorates continue to focus on contingency planning to ensure that appropriate arrangements are put in place in order that currently suspended activities can resume once the pandemic is over, if this is appropriate.

## **6. Financial Implications**

A robust governance system is essential to ensure that the Board continues to discharge its responsibilities to ensure that financial governance is maintained at all times, particularly so during this unprecedented period of uncertainty.

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

A High Performing Organisation

## **8. Impact on Quality Ambitions**

Not directly applicable to this paper.

## **9. Key Risks and Proposals to Mitigate the Risks**

During the pandemic phase, the risks to normal NES business are clear and substantial, and the corporate risk register has been amended to reflect this.

## **10. Equality and Diversity**

Equality and diversity are at the heart of the NES strategy. Throughout our response to this emergency, we have sought to have due regard to our duties under the equalities legislation.

## **11. Communications Plan**

A formal COVID-19 communications plan has been published on the NES intranet.

## **12. Recommendations**

The NES Board is asked to approve the NES Corporate Risk Register and COVID-19 risks and provide any further feedback as appropriate.

AMcC/LT  
NES  
March 2021

NES Corporate Risk Register - March 2021

Risk No.	Description	Risk Owner (Lead Director)	Current Period				Mitigating measures	NES Risk Appetite	Last Period		
			I x L	Inherent Risk	I x L	Residual Risk			I x L	Residual Risk	
<b>Strategic Policy Risks</b>											
R1	Pressures on the system result in education and training being considered as less important.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 4	Primary 1	<ol style="list-style-type: none"> <li>NES Board to advocate and promote the importance of education and training.</li> <li>Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received.</li> <li>The residual scoring of this risk remains as Primary 1 and now reflects the risk associated, across the professional groups, with the <b>disruption</b> to educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register.</li> <li><b>NES Remobilisation Plan focuses on recovery of priority areas of core business, acknowledging the continuing uncertainty and service pressures which may affect capacity within the workplace- based learning environment.</b></li> </ol>	OPEN (Score Range 10-12)		4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 3	Primary 2	<ol style="list-style-type: none"> <li>NES Board approves annual budget which includes measures required to reach a balanced position. Monthly management accounts show actual performance against budget projections ahead of year-end.</li> <li>Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend.</li> <li>Close working underway with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position on MTG's..</li> <li><b>We have received formal confirmation that the in-year impact of the historic training grade deficit will continue to be underwritten by SG for 21/22. In addition, the 2021/22 allocation to NES included a £3m increase to the baseline for Medical Training Grade salaries. It has been confirmed that the pay uplift to base pay scales will be fully funded, although pay progression within AfC will be funded by Boards.</b></li> </ol>	OPEN (Score Range 10-12)		4 x 4	Primary 1
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 3	Primary 2	<ol style="list-style-type: none"> <li>NES Directors maintain strong engagement with relevant leads at Scottish Government.</li> <li>NES to maintain an evidence bank to support ability to influence policy decisions.</li> <li>Chief Executive and NES Directors to maintain links with other UK organisations.</li> <li>The ability to agree decisions on a 4 nation basis has been key during the COVID response. The detail of these decisions is included in the COVID appendix.</li> </ol>	OPEN (Score Range 10-12)		3 x 3	Contingency
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> <li>Maintain clarity in relation to NES's role and influence - <b>through regular engagement with SG sponsor team, and relevant executive director groups, including SAMD, SEND and HRDs.</b></li> <li>Work with Boards to ensure optimal deployment of staff.</li> </ol>	OPEN (Score Range 10-12)		3 x 4	Primary 2

R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> <li>Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations</li> <li>Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs.</li> <li>Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at EET are communicated to staff through regular staff video and Intranet updates.</li> </ol>	OPEN (Score Range 10-12)	3 x 4	Primary 2
R16	The UK is no longer a member of the EU. The impact on recruitment, reciprocal recognition of qualifications	NES Chief Executive Karen Reid	4 X 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> <li>Systems and processes have been updated to reflect the points-based system or NES recruitment and for NES employees, and more widely for the national immigration (formerly Tier 2) services provided to Health Boards by NES for trainees (doctors and dentists in training).</li> <li>Regular communications have been provided to colleagues across Boards and by affected employees and trainees. Changes to immigration regulations have led to a 25% increase in unique applications in 2020/21. It is anticipated that this will result in improved fill rates to training programmes across the medical specialties.</li> </ol>	OPEN (Score Range 10-12)	3 x 5	Primary 1
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	Primary 2	4 X 3	Primary 2	<ol style="list-style-type: none"> <li>New Director to review structures and deliverables and identify necessary changes to ensure resources are focused on delivery of the agreed outcomes from the Digital Health &amp; Care Strategy (and take account of any changes when SG refresh the Strategy later in 2021).</li> <li>Continued engagement with key stakeholders.</li> <li>Performance Monitoring will be included in the remit of the reconstituted Digital and Information Board Committee.</li> <li>New Director to ensure all NDS work has clinical safety and medical device regulations embedded into all developments.</li> </ol>	OPEN Score Range 10-12)	4 x 3	Primary 2
<b>Operational/Service Delivery Risks</b>										
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Chief Executive Karen Reid	5 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> <li>As part of operational planning all activities are linked to an agreed priorities framework and a NES strategic objective.</li> <li>The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings.</li> <li>Continued focus on improving processes to release capacity - with plans to support this with QI coaching.</li> <li>At a Strategic Level argument to be made about requirement to invest in workforce organisation.</li> <li>Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed.</li> <li>Executive-led digital structure enables prioritisation of NES digital activity,</li> <li>Strong focus on continuing to build on innovations in delivery in response to COVID.</li> </ol>	OPEN (Score Range 10-12)	3 x 4	Primary 2
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> <li>Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans.</li> </ol>	OPEN (Score Range 10-12)	3 x 3	Contingency
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> <li>Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board.</li> <li>Strong focus on communication and encouraging employee voices e.g. introduction of Trickle App</li> </ol>	OPEN (Score Range 10-12)	3 x 3	Contingency



R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping	<ol style="list-style-type: none"> <li>Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team.</li> <li>The plans were tested in a desk top exercise and recommendations were considered by the ET and incorporated into the current version of the plans.</li> <li>How these plans have been implemented is reflected in the covid Annex.</li> </ol>	OPEN (Score Range 10-12)	2 x 4	Housekeeping
<b>Finance Risks</b>										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> <li>Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position.</li> <li>Directorates given indicative budgets to plan own activities and expenditure.</li> <li>Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superseded by the Remobilisation plan which has been agreed by SG (October 20). The financial impact of COVID on the 2020/21 budget is being monitored closely and all additional funding has been received</li> <li>Ongoing discussions on the longer term (recurrent) impact of COVID.</li> <li>The NES budget is now managed and reported in two separate elements which highlights the underlying recurrent deficit on Medical training grade salaries which is underwritten by SG.</li> <li>Discussions with SG are underway to reclassify more non-recurring funding to recurring which should encourage the early commitment to programmes, reducing underspends caused by recruitment delays.</li> </ol>	AVERSE (Score Range 1 - 3)	3 x 3	Contingency
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> <li>Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position.</li> <li>Directorates given indicative budgets to plan own activities and expenditure</li> <li>Ongoing programme of identifying efficiency savings</li> <li>Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superseded by the Remobilisation plan which was agreed by SG (October 20). The financial impact of COVID on the 2020/21 budget is being monitored closely and all additional funding has been received.</li> <li>The NES budget is now managed and reported in two separate elements which highlights the underlying recurrent deficit on Medical training grade salaries which is underwritten by SG.</li> <li>Savings captured from innovations in delivery in response to COVID.</li> </ol>	AVERSE (Score Range 1 - 3)	3 x 3	Contingency
<b>Reputational/Credibility Risks</b>										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Chief Executive Karen Reid	4 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> <li>Directorates have focused on contingency planning and arrangements for paused work.</li> <li>UK based guidance from Statutory Education Bodies has informed education and training remediation responses.</li> <li>Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply.</li> <li>Scottish Government guidance to NHS Boards will shape recovery phase requirements.</li> <li>NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term.</li> <li>Annual Operational Plan, incorporating desired outcomes, will form baseline for organisational activities post-COVID-19.</li> <li>Planning systems require all activities to include anticipated desired outcome</li> <li>Desired outcome measured</li> <li>Readiness to 'fail fast' rather than pursue initiatives that aren't working.</li> <li>Development of focused communication plans as a pro-active measure to ensure awareness of NES activity.</li> </ol>	CAUTIOUS (Score Range 4 - 9)	3 x 4	Primary 2

R13	<p>NES does not deliver leading to a loss of reputation and confidence from stakeholders.</p> <p>Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs.</p> <p><a href="#">Future implications of the Independent Review of Adult Social Care in Scotland.</a></p>	NES Chief Executive Karen Reid	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> <li>NES organisational activity has been refocused to support frontline services and implementation of NES <a href="#">Re-mobilisation Plans</a></li> <li>Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible.</li> <li>In consultation with statutory bodies across the four nations, recruitment procedures have been put into place to enable recruitment to operate effectively under current restrictions and support workforce supply chain.</li> <li>Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments.</li> <li>Review of Operational Plan targets to identify and plan priorities in the recovery phase.</li> <li>Ensure targets set are SMART and also have resources allocated to them to support delivery</li> <li>Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting.</li> <li>Development of focused communications to support management of stakeholder expectation in relation to NES capacity to deliver and support new systems development.</li> <li><a href="#">The implications for NES from the Adult Social Care Review which may be included in any future Manifesto or White paper will be subject to close review and this risk revisited.</a></li> </ol>	CAUTIOUS (Score Range 4 - 9)	3 x 3	Contingency
<b>Accountability/Governance Risks</b>										
R14	<p>Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures</p>	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	<ol style="list-style-type: none"> <li>Standing committees responsible for each governance domain <a href="#">supported by Executive Groups.</a></li> <li>Each committee provides an annual report to Audit Committee <a href="#">detailing how it has discharged its remit.</a></li> <li>Comprehensive programme of internal audit</li> <li>An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook</li> <li>Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process.</li> <li><a href="#">During the pandemic our governance processes have been maintained through 'Governance light' to support secure governance.</a></li> <li>Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies.</li> </ol>	AVERSE (Score Range 1 - 3)	2 x 2	Housekeeping
R15	<p>NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity</p>	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency	<ol style="list-style-type: none"> <li>Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations.</li> <li>Specific additional policies, procedures and practices (<a href="#">based on ISO27001</a>) have been put in to ensure robust security applies to the <a href="#">TURAS platform</a> and the <a href="#">being developed National Digital Platform.</a></li> <li>Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process.</li> </ol>	AVERSE (Score Range 1 - 3)	4 x 2	Contingency

R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Chief Executive Karen Reid	5 x 5	Primary 1	4 x 5	Primary 1	<ol style="list-style-type: none"> <li>1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, <a href="#">COVID-19 Contingency Plan</a>, Re-mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments.</li> <li>2. NES Resilience Co-ordinating Team in place.</li> <li>3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home</li> <li>4. Reporting protocols agreed and implemented.</li> <li>5. Dissemination and cascade of organisation-wide communications across key platforms.</li> </ol>	AVERSE (Score Range 1 - 3)	4 x 5	Primary 1
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Operational/Service Delivery Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
1.	NES Clinical Directorates: <ul style="list-style-type: none"> <li>Medical</li> <li>NMAHP</li> <li>Dental</li> <li>Pharmacy</li> <li>Optometry</li> <li>Healthcare Science</li> <li>Psychology</li> </ul>	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training.  Risk Owner: Karen Reid	<ul style="list-style-type: none"> <li>Cancellation of required courses or programmes</li> <li>Cancellation of required professional examinations</li> <li>Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to training leading to delays in training progression</li> <li>Slippage to recruitment and training plans</li> <li>Financial implications as a result of extensions to training and support</li> <li>Training capacity issues</li> <li>Negative impact on service delivery</li> <li>Potential future workforce supply issues/gaps</li> <li>Uncertainty around non-recurrent funding</li> <li>Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system.</li> <li>Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology).</li> <li>Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes.</li> </ul> Cont'd over/	Primary 1 4 x 4	Contingency 3 x 3	<p><b>Medical: Cancellation of professional examinations</b>  <b>Control (1):</b> During the second wave of the pandemic, a number of College examinations were postponed, however most professional examinations will be running again from the end of March and additional examination diets have been scheduled to compensate for postponed examinations. Many mandatory courses have been adapted or redesigned to be delivered virtually, and priority will be given to those approaching critical progression points. Reduced elective clinical activity has had an adverse impact on trainee experience and efforts are being made to mitigate the impact of this eg use of the Independent sector, increased use of endoscopy simulators and prioritising those trainee approaching critical progression points, such as CCT.</p> <p><b>NMAHP: Delay to pre and post registration commissioned programmes (by NES or Scottish Government).</b>  <b>Control (1):</b> NMAHP working closely with HEIs, Colleges and Boards to pre-empt problems and assist in ensuring that educational programmes can continue as smoothly as possible. Rapid Action Group set up with all stakeholders to ensure practice learning continues as much as possible. Data on magnitude of delays collected from HEIs. Some limited face to face NES education continuing following a rigorous risk assessment.</p> <p><b>Dental: Interruption to supply of workforce (major negative impact on undergraduate dental student progression and Dental Vocational Training and to a lesser extent Dental Core and Specialty Trainees as well as pre-registration Dental Nurse Training).</b>  <b>Control (1)</b> In response to the concerns over undergraduate dental student progression and the risk of no output from the Dental Schools in Scotland, the Board for Academic Dentistry has been meeting on a regular basis over the past seven months. The Postgraduate Dental Dean is fully involved in these discussions. The Cabinet Secretary for Health and Sport has accepted the proposal that final year undergraduate BDS programmes in the Universities of Dundee and Glasgow will be extended by one year. There will be a delay to December 2021/ January 2022 in the graduation of final year undergraduate students in the BDS programme in the University of Aberdeen. This cohort of students will graduate out of sequence with the normal recruitment cycle for dental vocational training. The expectation is that we will identify career opportunities for this group of graduates until they are able to commence VT in August 2022. .  <b>Control (1)</b> Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion.  <b>Control (2)</b> Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs.</p> <p><b>Action (1)</b> Adjust existing students' training plans.  <b>Action (2)</b> Review the teaching and assessment schedules.  <b>Action (3)</b> Delay commencement of new Dental Care Professionals (DCP) programmes  <b>Action (3)</b> Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding.  <b>Action: (4)</b> Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements.  <b>Action (5)</b> Current Dental Vocational Trainees will be offered a contract extension to July 2022. There will be no recruitment to dental vocational training in 2021.  <b>Action (6)</b> Regular discussions at a UK level with all stakeholders including the other Statutory Education Bodies to develop recruitment plans for Core and Specialty Training. There will also be increased flexibility for Specialty training start dates.  <b>Action: (7)</b> Trainee progression will be monitored through existing processes</p>	OPEN  (Score Range 10 – 12)

<p>1. / Cont'd</p>	<p>NES Clinical Directorates:</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• NMAHP</li> <li>• Dental</li> <li>• Pharmacy</li> <li>• Optometry</li> <li>• Healthcare Science</li> <li>• Psychology</li> </ul>	<p>Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training.</p> <p><b>Risk Owner:</b> Karen Reid</p>	<ul style="list-style-type: none"> <li>• Cancellation of required courses or programmes</li> <li>• Cancellation of required professional examinations</li> <li>• Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness</li> </ul>	<ul style="list-style-type: none"> <li>• Disruption to training leading to delays in training progression.</li> <li>• Slippage to recruitment and training plans.</li> <li>• Financial implications as a result of extensions to training and support.</li> <li>• Training capacity issues</li> <li>• Negative impact on service delivery</li> <li>• Potential future workforce supply issues/gaps</li> <li>• Uncertainty around non-recurrent funding</li> <li>• Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system.</li> <li>• Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology).</li> <li>• Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes.</li> <li>• Negative impact on Dental Training across the undergraduate postgraduate continuum.</li> <li>• Potential impact on Dental workforce pipeline.</li> <li>• Pharmacy PRPS 2019/20 cohort will sit re-arranged</li> </ul>	<p><b>Primary 1</b> 4 x 4</p>	<p><b>Contingency</b> 3 x 3</p>	<p><b>Action (8)</b> Mandatory training for new entrants to NHS Scotland dental workforce has been moved to online delivery.</p> <p><b>Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees</b>  <b>Control (1)</b> Continuing to support the 2019/20 Pro-Registrant Trainee group until the registration assessment re-arranged GPhC examination (now due 17/18 March 2021 with resit option). This group (known as Pro-registrant) has been offered a range of supports to be ready for assessment. Dialogue with SG re any candidates who fail the assessment in March 2021.  <b>Control (2)</b> There was a financial impact 2020/21 with additional SG funding. The outcomes of the re-arranged GPhC assessments for this cohort will be known in April 2021 and at that point we will go back into discussion with SG only required.</p> <p><b>Optometry: Service delivery impact due to reduction in training and support</b>  <b>Optometry: Service delivery impact due to reduction in training and support</b>  <b>Action (1)</b> Sourcing/using as many online skills training materials as possible.  <b>Action (2)</b> Potential for implementation of socially distanced skills training with newly acquired Eyesi simulators: sessions delivered but remains dependent on ability to set up equipment and gain access to Louisa Jordan or other hospital clinic.  <b>Action (3)</b> Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health.</p> <p><b>Healthcare Science: Slippage to recruitment</b>  <b>Control (1):</b> Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake.</p> <p><b>Healthcare Science: Slippage to Training Plans</b>  <b>Action (1):</b> Discussions with training leads to be progressed.  <b>Control (1):</b> Financial implication for employment/SLA (Service Level Agreement) extensions - worst case scenario modelled and submitted to Finance.</p> <p><b>Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists</b>  <b>Control (1)</b> NES Psychology, Higher Education Institutes (HEIs) and Health Boards to meet monthly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements.  <b>Action (2)</b> Adjustment made to training plans to take account of COVID-19.</p>	<p><b>OPEN</b>  (Score Range 10 – 12)</p>
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Cont'd over/

					GPhC Assessment in March 2021 with outcomes expected in April 2021. This overall delay has an ongoing impact on workforce pipeline.				
Operational/ Service Delivery Risks (cont'd)									
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite	
2.	NES Clinical Directorates: • Medical • Dental • Optometry • Psychology • NMAHP	Reduced capacity (human and financial) to deliver education and training once clinical services are re-established  <b>Risk Owner:</b> Karen Reid	<ul style="list-style-type: none"> <li>Significant backlog of clinical work</li> <li>Service delivery may not resume in line with previous mode of delivery</li> <li>Pressure to regain lost ground</li> <li>Surge in clinical demand</li> </ul>	<ul style="list-style-type: none"> <li>Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care</li> <li>Methods of workplace education and training may need to be revised</li> <li>Potential implications from adapting to online delivery</li> <li>Training environment is compromised</li> <li>Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT)</li> <li>Impact on availability of clinical placements for undergraduate teaching across disciplines.</li> </ul>	<b>Primary 1</b> 4 x 4	<b>Contingency</b> 3 x 3	<p><b>Medical: Ability to deliver education and training due to backlog of clinical work</b>  <b>Control (1)</b> Medical Directorate Executive Team (MDET) continues to review the position regularly with Health Board Directors of Medical Education (DMEs).  <b>Control (2)</b> Regular discussions at UK level with all stakeholders including other Statutory Education Bodies, the GMC (General Medical Council), Royal Colleges and others, to address this risk.  <b>Control (3)</b> A NES COVID-19 survey will be re-run to assess the impact on trainee and staff experience.  <b>Control (4)</b> Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects, including the availability of clinical placements for undergraduate teaching.</p> <p><b>Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce</b>  <b>Action (1)</b> Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment.  <b>Action (2)</b> Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements.  <b>Action (3)</b> Delivery of some CPD online, using tools such as GoTo Webinar, will enable access to key CPD topics by a large proportion of the dental team.  <b>Action (4)</b> Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors.</p> <p><b>Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce</b>  <b>Action (1):</b> The risk around failure to deliver NES Glaucoma Award Training (NESGAT) in 2021/22 is mitigated by increased use of remote supervision and recovery related community work.  <b>Action (2):</b> Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan.</p> <p><b>Psychology: Training and education delivery compromised</b>  <b>Action (1)</b> Adjust method of delivery to Digital webinars and virtual training environments.  <b>Action (2)</b> Work closely with Board colleagues and offer flexible support to mitigate effect.  <b>Action (3)</b> Through regular contact with stakeholders, ensure that our work is aligned with their priorities.</p> <p><b>NMAHP: Training and education delivery compromised</b>  <b>Action (1)</b> adapt delivery methods as far as possible towards technology enabled learning.</p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>	
			Cont'd over/						

							<p><b>Action (2)</b> ongoing contact with key stakeholders to ensure training &amp; education meeting needs.</p> <p><b>Action (3)</b> continue face to face teaching methods where absolutely necessary (e.g. SMMDP) to meet service demands.</p> <p><b>Action (4)</b> establish the Rapid Action Placement Oversight Group to ensure progression of recommendations from the NES report "Provision of Nursing, Midwifery and Allied Health Professions (NMAHP) placements in the 2020-21 Academic Session".</p> <p><b>Action (5)</b> recognising that COVID has, by necessity, impacted the way training will be delivered in the future NES has a Technology Enhanced Learning Programme underway which aims to create a strategy for the future technology education and learning delivery for all Directorates.</p>	
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Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
3.	NES Digital	Impact on BAU (Business As Usual) delivery which has had to be de-prioritised and the workforce realigned to the immediate requirements to support COVID-19.  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>Scottish Government in combination with NHS Scotland determine new, amended or existing services which need to be developed and deployed in support of the wider COVID-19 response. These services require a significant proportion of the available resources within NES Digital effectively suspending or cancelling BAU services or delivery against agreed deadlines</li> </ul>	<ul style="list-style-type: none"> <li>NHSS services are not deployed in a timely fashion causing detrimental effects to services and service users</li> <li>Training programmes and outcomes are not delivered on time to the detriment of the individual learner or the service expecting their completed outcome</li> <li>Financial loss due to disrupted services and the need for remedial action</li> <li>Reputational risk</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 4 x 2	<p><b>Action (1)</b> Stakeholders of the agreed BAU outcomes communicated with to indicate the NES Digital resource reallocation and expected timeframes for the resumption of BAU developments and delivery. <b>Action Owners: Product Owners – All Stakeholders engaged and sighted.</b></p> <p><b>Action (2)</b> Assessment and interweaving of BAU functionality/service requirements into COVID-19 responses to reduce the time to delivery of BAU outcomes on resumption of services <b>Action Owners: Product Managers/ Digital Senior Team - Ongoing</b></p> <p><b>Action (3)</b> Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources. <b>Action Owners: Principal Leads Development/ Delivery</b></p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>
4	NES Digital	Impact of new change programmes  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>SG appetite for further delivery of change underpinned by NES technology has been increased by the NES COVID-19 response. This is particularly important as the Care Home support work has drawn Social Care sector demands, in addition to NHSS and the ongoing support to the new services already delivered.</li> </ul>	<ul style="list-style-type: none"> <li>NES strategic objectives are compromised by too much demand on NES Digital and NES Digital Services.</li> <li>The new services are not adequately resourced on a recurrent basis.</li> </ul>	Impact x Likelihood Tbc	Impact x Likelihood Tbc	<p><b>Action (1):</b> Management of the expectations of possible outcomes and the associated resourcing (funding) requirement from SG.</p> <p><b>Action (2):</b> Regular communications with SG and ET/Board sighted</p>	

Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
5.	NES Digital	Delivery and development of COVID-19 related work <a href="#">primarily now related to the COVID-19 vaccination programme</a> .  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>Rapid and fast changing requirements from the Scottish Government Workforce initiative to develop/redevelop Turas based applications <a href="#">and related data support services</a> in support of the COVID-19 <a href="#">mass vaccination programme</a>.</li> <li>Associated outcomes (<a href="#">Management reporting data to SG</a>).</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 <a href="#">vaccination programme</a> not able to deliver to 'expectation' through misunderstanding of what the current systems landscape can deliver, poor communication of timetables and changing Scottish Government priorities</li> <li>Data breaches</li> <li>Reputational risk</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 4 x 2	<p><b>Action (1)</b> Daily communications with Scottish Government to manage expectations and check and cross check requirements, expected deliverables and timeframes. <b>Action Owner: Director NES Digital</b></p> <p><b>Action (2)</b> Daily meetings with key NES and external stakeholders to identify, discuss and co-author responses to Scottish Government, Board and COVID-19 <a href="#">Vaccination Programme members'</a> expectation. <b>Action Owner: Director NES Digital</b></p> <p><b>Action (3)</b> Co-ordinate NES staff across all Directorates to bring to bear increased, appropriate and targeted resources to increase available resource to assist timely delivery at expected quality, <a href="#">mainly but not exclusively supporting Vaccinations</a>. <b>Action Owner: Director NES Digital</b></p> <p><b>Action (4)</b> Introduce as much technology support as practicable in an iterative manner, to reduce/remove manual processes as understanding of them matures and time is allowed to develop and implement. <b>Action Owner: Associate Director, NES Digital – this work is ongoing.</b></p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>
6.	NES Digital Service (NDS)	National clinical data landscape is further fragmented by short-term COVID-19 digital solutions  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>Responsiveness to a complex and ever-changing health and social care landscape; serial development of short-term Minimum Viable Product digital solutions that are adopted to address the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Short term digital solutions further exacerbate the fragmentation of clinical data and make the objective of delivering national infrastructure more challenging, compromising ability of NDS to deliver agreed outputs.</li> <li>Overall reduction in project impact.</li> </ul>	<b>Primary 2</b> 3 x 4	<b>House-keeping</b> 2 x 3	<p><b>Control (1)</b> Through meetings with the Scottish Government and eHealth leads and by feeding into national policy work, continue to make the case for data integration and availability, with a view to the longer term, while understanding that there are some short-term requirements.</p> <p><b>Control (2)</b> Continual delivery monitoring to ensure emergency digital solutions are robust, with product lifespan agreed at initiation of project. e.g. will this be used post COVID-19?</p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>
7.	NES Digital Service (NDS)	Digital product demand exceeds what the available resources can support  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>Expectations and demands from external bodies in respect of new digital products exceed what the available NDS resources can support.</li> </ul>	<ul style="list-style-type: none"> <li>NDS medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out.</li> <li>Weakened external credibility</li> </ul>	<b>Contingency</b> 3 x 3	<b>House-keeping</b> 2 x 2	<p><b>Action (1)</b> <a href="#">Revisit</a> short-term objectives for 2020/21 with clarity on required commitments to temporary COVID-19 projects and how this impacts longer-term work. <b>Action Due Date: 31 March 2021</b> <b>Action Owners: Christopher Wroath, Alistair Hann</b></p> <p><b>Action (2)</b> Increase available resource, subject to agreement with Scottish Government. Recruitment of software engineers and product team continues, using a remote recruitment model developed by NES HR and NDS Principal Lead for Recruitment. This will increase capacity within the directorate on a long-term basis. <b>Action Due Date: 31 March 2021</b> <b>Action Owners: Christopher Wroath, Matthew Hill</b></p> <p><b>Control (1)</b> NDS attend regular scheduled meetings with internal and external stakeholders (<a href="#">SG Vaccination Programme meetings</a>, NDS Senior Management Team, NES Digital <a href="#">Senior Team</a>, <a href="#">existing programme steering groups</a>, Standing Committee) to ensure continuous evaluation and reflection on short-term COVID-19 objectives.</p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>



Operational/ Service Delivery Risks (cont'd)								
8.		Failure to Recruit NES Staff and Trainees.	<p>Due to a lack of resource and/or systems support leading to a failure to recruit:</p> <ul style="list-style-type: none"> <li>Trainees across NHSS through usual vocational training recruitment activity, and</li> <li>NES staff through usual recruitment processes.</li> </ul>	<ul style="list-style-type: none"> <li>For the trainees any failure to recruit will affect frontline service provision, impacting of patient care.</li> <li>A failure to recruit vocational trainees will result in workforce supply issues.</li> <li>The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan.</li> </ul>	<b>Primary 1</b> 5 x 4	<b>Primary 2</b> 3 x 4	<p><b>Control (1)</b> Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and work with HR in progressing vocational training recruitment for trainee groups in Scotland.</p> <p><b>Control (2)</b> Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff.</p> <p><b>Control (3)</b> Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes.</p> <p><b>Action (1)</b> HR and Finance work together to anticipate and mitigate issues relating to financial year end, working with directorates to identify posts needed beyond year end and to extend contracts where appropriate.</p>	<b>OPEN</b>  (Score Range 10 – 12)
Finance Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
9.	Finance	Payment of NES Staff and Suppliers are delayed or incorrect  <b>Risk Owner (Lead Director):</b> Audrey McColl	<ul style="list-style-type: none"> <li>Staff absence.</li> <li>Requirement to work from home.</li> <li>Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic</li> </ul>	<ul style="list-style-type: none"> <li>Data not available in time to meet payroll deadlines</li> <li>Staff not available to approve business usual processes for suppliers (Purchase orders/Goods received notes/ Invoice matching) resulting in payments issued incorrectly or not issued on a timely basis.</li> <li>Expenses not paid as the system needs to be accessed via the SWAN network</li> <li>Loss of funds due to fraudulent payments not being recovered</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 2	<p><b>Control (1.1)</b> Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account.</p> <p><b>Control (2.1)</b> All directorate staff have been provided with SWAN VPN access to support working from home and social distancing.</p> <p><b>Control (2.2)</b> The frequency of cheque payment runs has been reduced to limit the requirement to attend the office.</p> <p><b>Control (2.3)</b> Suppliers have been contacted and requested to email invoices.</p> <p><b>Control (2.4)</b> A member of staff is going into the office once a week to collect post and scan invoices.</p> <p><b>Control (2.5)</b> Currently there are three members of staff able to complete each part of the payment process, The service can temporarily function with one staff member for a short period of time in each of these areas.</p> <p><b>Control (2.6)</b> Before the period of Lockdown, procedure notes were refreshed and adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function.</p> <p><b>Control (2.7)</b> System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved.</p> <p><b>Control (3):</b> A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible.</p> <p><b>Control (4.1)</b> Fraud alerts are being circulated to relevant staff.</p> <p><b>Control (4.2)</b> The same level of rigor to the controls are being applied before any supplier bank details are accepted and amended.</p> <p><b>Control (4.3)</b> NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source</p>	<b>AVERSE</b>  (Score Range 1 -3)

9.	Finance (Cont'd)	Payment of NES Staff and Suppliers are delayed or incorrect (Cont'd)  <b>Risk Owner (Lead Director):</b> Audrey McColl	<ul style="list-style-type: none"> <li>Complexities around the £500 payment rules result in over/under payment</li> </ul>	<ul style="list-style-type: none"> <li>Staff do not receive the correct payment in relation to the £500 bonus</li> </ul>			<p><b>Control (5)</b> Payroll services across Scotland have developed system reports to identify leavers/additional hours worked to be used as a tool by individual payroll teams. We are working closely with NSS to ensure payments are correctly processed.</p>	
10.	Finance	Maintenance of Financial Governance / Internal Control Mechanisms.  <b>Risk Owner (Lead Director):</b> Audrey McColl	<ul style="list-style-type: none"> <li>The interim Governance arrangements in place do not enable appropriate oversight of the Financial position</li> <li>Business as usual control mechanisms are ineffective.</li> <li>Staff absence</li> </ul>	<ul style="list-style-type: none"> <li>Effective scrutiny and assurance will be compromised</li> <li>Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements.</li> <li>It is not possible to produce a set of annual accounts which is a statutory requirement.</li> </ul>	<p><b>Primary 2</b> 4 x 3</p>	<p><b>Contingency</b> 3 x 2</p>	<p><b>Control (1)</b> The new governance arrangements ensure that financial reports are routed through the Audit &amp; Risk committee, or presented directly to the board depending on the dates of the meetings.</p> <p><b>Control (2)</b> In addition to the twice weekly Extended Executive Team meetings, the regular NES Executive team meeting once every 2 weeks continues. This longer meeting enables a focus on key operational issues to continue – including Financial decision-making and review of the current financial position.</p> <p><b>Control (3)</b> We have robust reporting processes in place to capture the additional costs and savings resulting from the impact of COVID-19 on our operations. These arrangements have been reviewed by Internal Audit who reported that these controls reflect a strong governance structure.</p> <p><b>Control (4)</b> NES staff attend all Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of monthly reporting and Annual Accounts.</p> <p><b>Control (5)</b> Standing Financial Instructions and desktop procedures have been reviewed and amended, where appropriate, to enable robust control measures in the current home working environment. Changes to the SFI's have been endorsed by the Audit &amp; Risk Committee and approved by the Board.</p> <p><b>Control (6)</b> We have established a revised approach to the field work required for the audit of the annual accounts with External Auditors which worked well for 2019-20 and will be repeated for 2020-21 Accounts.</p> <p><b>Control (7)</b> Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement.</p> <p><b>Control (8)</b> As we are not currently experiencing a high staff absence level we have continued to work with External Audit to agree an audit approach in line with the existing annual accounts timetable so that, if this risk does materialise, we should still be able to meet reporting deadlines.</p>	<p><b>AVERSE</b>  (Score Range 1 -3)</p>

Reputational/Credibility Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
11.	NES Clinical Directorates: NMAHP	<p>Unable to respond to demands and needs of the service</p> <p>Unable to respond to the needs of students to catch-up on placements missed due to COVID as the responsibility for placements rests with the Education provider.</p> <p><b>Risk Owner (Lead Director):</b> Karen Wilson</p>	<p>Uncertainty in health and social care during the recovery phase from COVID-19.</p> <p>Unable to respond to the needs of students to catch-up on placements missed due to COVID as the responsibility for placements rests with the Education provider.</p>	<ul style="list-style-type: none"> <li>Potential negative effect on forward planning and ability to respond to, as yet, unknown demands/workload and potential broader impact on the health and wellbeing of staff due to the uncertainty for staff over a prolonged period of time.</li> <li>Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work.</li> <li>SG have asked NES to take a leadership role working with education providers and placement providers to minimise the backlog of placements but this can only be a facilitation role as the Education providers, not NES, are directly responsible for the placements.</li> </ul>	Contingency 3 x 3	Contingency 3 x 3	<p><b>NMAHP: Ability to respond to service demands and needs</b></p> <p><b>Control (1)</b> Strong links with Scottish Government to minimise uncertainty.</p> <p><b>Control (2)</b> Reviewing remobilisation plans from Boards/Regions to understand plans and priorities.</p> <p><b>Control (3):</b> Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc.</p> <p><b>Control (4)</b> Good communication internally and externally.</p> <p><b>Control (5)</b> NMAHP have carried out a COVID-19 debrief process which will ensure learning is captured and informs flexibility, effectiveness and agility of response.</p> <p><b>Control (6)</b> NES Health and Wellbeing work for staff to reduce effect of uncertainty.</p> <p><b>Control (7)</b> Listening Service from Spiritual Care Service in NMAHP for staff.</p> <p><b>Action (1)</b> On the 22 June 2020, Chief Nursing Officer Directorate commissioned NES to develop a detailed report setting out comprehensively the range of issues affecting placement provision for NMAHP students currently and future issues that will emerge in the new academic term 21/22. The report, entitled Provision of NMAHP Placements in the 2020-21 Academic Session, was submitted to Chief Nursing Officer Directorate on 17 July 2020.</p> <p><b>Action (2)</b> The Scottish Government requested NHS Education for Scotland's leadership, through a Rapid Action Placement Oversight Group (RAPOG), to facilitate discussions, support the building of relationships locally, regionally and nationally across Scotland, and co-ordinate a range of measures to manage placement issues from now and throughout the coming academic session at a minimum. RAPOG meets monthly, pressure is significant on placements particularly AHP placements but actions are being progressed to maximise placements with placement providers and Council of Deans for Health Scotland.</p>	CAUTIOUS  (Score Range 4 - 9)
12..	Workforce/Digital/NDS/Finance	<p>(i) COVID-19 Accelerated Recruitment Portal</p> <p><b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies / Christopher Wroath/ Audrey McColl/ Karen Wilson</p>	<ul style="list-style-type: none"> <li>The development of the Portal was at the request of Scottish Government and required to be available in a week. The residual risk relates to NES role and contribution via CARP, incorrectly represented in Scottish Government communications to NHS Boards</li> </ul>	<ul style="list-style-type: none"> <li>Perception that NES is not providing appropriate details of applicants cleared but not deployed.</li> </ul>	Primary 1 4 x 4	Primary 2 3 x 4	<p><b>Control (1)</b> Supply Lists of candidates, via CARP with completed pre employment checks processed by NES, have been shared with Boards for their direct use to meet local demand. Boards have direct access to Turas to review checks.</p> <p><b>Control (2)</b> Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.</p>	CAUTIOUS  (Score Range 4 - 9)

		(ii)Vaccination Programmes	<ul style="list-style-type: none"> <li>The current Vaccination programmes require multiple stakeholders to agree and implement a solution. NDS and NES Digital are both involved in developing different aspects of the enabling technology to support this programme.</li> </ul>	<ul style="list-style-type: none"> <li>Wider challenges in respect of this high-profile vaccination programmes may adversely impact the reputation of NES, given NES's role in supporting the technology.</li> </ul>			<p><b>Action (1)</b> Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.</p> <p><b>Control (1)</b> NES engagement of SG Vaccination programme at Silver Command and via multiple operational level forums to lead understanding of programme outcomes and delivery roles.</p> <p><b>Control (2)</b> Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme.</p> <p><b>Control (3)</b> Delivery by NES digital group on time and to spec of first-cut architecture to meet go live in early December 2020 - <b>achieved</b>.</p>	
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**Accountability/Governance Risks**

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
13.	Planning and Corporate Resources	Ability and Capacity to meet Board Governance Standards  <b>Risk Owner (Lead Director):</b> Donald Cameron	<ul style="list-style-type: none"> <li>The <b>governance arrangements in place to respond to the different phases of the COVID-19 pandemic</b> may fail to provide sufficient oversight of the <b>emerging priorities and the on-going business of the Board and strategic decision making</b>, effective scrutiny and assurance will be compromised.</li> <li>The Chief Executive and <b>the Executive Team</b> come under increasing pressure to meet <b>reporting requirements</b> when they are required to manage the NES response to the public health emergency.</li> <li>Meetings held without key stakeholders and public involvement.</li> </ul>	<ul style="list-style-type: none"> <li>NES as an organisation fails to meet some governance standards</li> </ul> <p><b>Cont'd over/</b></p>	<b>Contingency</b> 4 x 2	<b>House-keeping</b> 2 x 2	<p><b>Control (1).</b> Board business as usual governance has not been applicable in the context of the COVID-19 pandemic and interim governance arrangements, agreed with the Board, have been implemented in three phases:</p> <ul style="list-style-type: none"> <li>Phase one: 'Gold Command' and 'Core Board Governance' 26 March 2020 – 27 August 2020</li> <li>Phase two: 'Development of Board Governance: COVID-19 lessons Learnt and Remobilisation' 27 August 2020 – 5 January 2021</li> <li>Phase three: 'Governance Light' 5 January – 31 March 2021.</li> </ul> <p><b>Control (2)</b> The NES Executive Team met formally every <b>two</b> weeks during COVID-phase one governance and subsequently reverted to meeting every four weeks and <b>when agreed have enacted the COVID-19: NES Contingency Plan</b> which includes the NES Extended Executive Team meeting <b>between seven times to once a week (depending on the stage of the pandemic)</b> and NES Internal Coordinating Group: COVID-19 (always on-call) using MS Teams for communication, incident management. <b>Strategic decision making</b> - all recorded and reported to the NES Board by the Board Chair further to his attendance at EET and formal Board reports as appropriate at Board meetings.</p> <p><b>Control (3)</b> Over the COVID-19 Governance period we have prepared NES Re-Mobilisation plans for the approval of the Board. The 2020-21 AOP went through the 23 March 2020 Board and was subsequently paused as per SG direction, the 30 July Board approved RMP2 and 11 February Board approved the RMP3 for submission to Scottish Government for their comment and approval. We reported all phases of COVID-19 governance arrangements to Scottish Government. We recently (January 2021) defined and agreed our approach to 'Governance Light' with the Board</p> <p><b>Action (1)</b> Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate.</p> <p><b>Action Owners:</b> Della Thomas and Donald Cameron</p>	<b>AVERSE</b>  <b>Score Range (1 – 3)</b>

							<p><b>13/10/20 Update:</b> A review of NES Board standing committees and management groups has been completed and new arrangements (taking the best practice from wave 1 of COVID-19) were implemented in October 2020.</p> <p><b>20/1/21 Update:</b> In response to COVID-19 third wave and Scottish Government directives, the NES Board have adopted a Governance Light approach effective from 5 January 2021 – 31 March 2021.</p>	
14.	<b>Planning and Corporate Resources</b>	<p>Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space</p> <p><b>Risk Owner (Lead Director):</b> Donald Cameron</p>	<ul style="list-style-type: none"> <li>NES will be unable to provide training, meeting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world.</li> </ul>	<ul style="list-style-type: none"> <li>Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised.</li> </ul>	<b>Primary 1</b> <b>4 x 5</b>	<b>House-keeping</b> <b>2 x 3</b>	<p><b>Control (1)</b> The ability to work remotely using cloud-based systems and communications technology is already in place</p> <p><b>Control (2)</b> The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely.</p> <p><b>Action (1)</b> <b>Maintain</b> all NES property transactions 'on hold' and put in place a short-term extension to the Phase 1 lease at CfHS to coincide with the Phase 2 lease expiry. This is to give us time to consider post-COVID property requirements and ensure our total property needs in Inverness are considered together when it becomes clearer (post COVID-19).</p> <p><b>Action Owner:</b> Nicola Todd <b>Action Due Date:</b> 30/9/21</p> <p><b>Action (2)</b> Compile common standards for all NES sites in line with post COVID-19 national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical so that NES sites are prepared and signed off as COVID-19 secure in line with a Facilities Recovery Plan.</p> <p><b>Action Owner:</b> various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side. <b>Action Due Date:</b> 30/11/20 – <b>Complete, and sites to be maintained as COVID-19 secure in line with available national guidance.</b></p>	<b>AVERSE</b> <b>(Score Range 1 – 3)</b>

**Accountability/Governance Risks/ (cont'd over)**

Accountability/Governance Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
15.	Workforce Directorate	The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies	<ul style="list-style-type: none"> <li>Sustained home working as result of COVID-19 pandemic mitigation measures</li> </ul>	<ul style="list-style-type: none"> <li>Staff feel disconnected and/or isolated from organisation and workplace.</li> <li>Health and safety issues as a result of lack of suitable equipment/space or ergonomic workstation set-up.</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 2	<p><b>Control (1.1)</b> Regular communications from the Chief Executive are posted on the intranet. Regular corporate communications issued to all NES staff and a series of FAQs developed.</p> <p><b>Control (1.2)</b> Guidance issued to managers on the importance of keeping touch and regular virtual team and individual check-ins. Strong partnership links have been maintained to inform these communications.</p> <p><b>Control (1.3)</b> Monthly management matters e-newsletters now issued weekly to support managers to mitigate staff health and well-being challenges.</p> <p><b>Control (1.4)</b> Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn.</p> <p><b>Control (1.5)</b> The NES Healthy Working Lives Strategy Group promotes a focus on health and wellbeing in the current context.</p> <p><b>Control (1.6)</b> <a href="#">People Recovery Group in place to manage people risk and have implemented various staff engagement and wellbeing measures e.g. parent and carer groups, diversity networks, line manager webinars and Spaces for Listening.</a></p> <p><b>Control (1.7)</b> <a href="#">Trickle App launched to encourage communication, ideas, and a means of dynamically monitoring staff concerns.</a></p> <p><b>Control (2.1)</b> The Executive Team, through the Internal Coordinating Group, are supportive of staff health and wellbeing, and implementing reasonable adjustments in the home working environment, by taking steps to provide staff with the required or appropriate computing equipment, other elements of digital infrastructure (phones, access, etc) and also making available for their home workstations, customised chairs or other equipment previously purchased for them. Update of homeworking policy underway to take account of the current context.</p> <p><b>Control (2.2)</b> Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support.</p> <p><b>Control (2.3)</b> Agile Working Health and Safety module available as part of staff essential learning.</p> <p><b>Control (2.4)</b> The majority of NES staff are working from home. All NES sites remain accessible for essential staff and those with extenuating circumstances who have the option to work in the office as their key workplace subject to completed risk assessments and return to the workplace approvals from their line manager and HR.</p>	<b>AVERSE</b>  <b>Score Range (1 – 3)</b>
16.	Workforce Directorate	Failure to comply with legislative and statutory requirements  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies	<ul style="list-style-type: none"> <li>Failure to comply with legislative and statutory requirements these include employment legislation, Equality &amp; Diversity legislation and Health &amp; Safety reporting.</li> </ul>	<ul style="list-style-type: none"> <li>NES staff placed in danger due to NES failure to comply with and fulfil health and safety obligations.</li> <li>Employment Tribunal claims where NES has failed to fulfil employment obligations or is found to have discriminated against an employee.</li> <li>Inadequate staff governance and reporting.</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 3	<p><b>Control (1)</b> Ensuring robust health and safety arrangements are in place for all NES employees, including those who work in placement organisations.</p> <p><b>Control (2)</b> Continued access to sufficient HR expertise to support Directorates in any employee relations cases.</p> <p><b>Control (3)</b> Maintenance of data across systems including eESS, SSTS and Turas to inform reporting and performance dashboard.</p> <p><b>Control (4)</b> Ensuring compliance with Staff Governance Standard for NES employees across all settings:  <a href="#">Well Informed</a>: via regular Corporate, Directorate and line manager led communications, including Hub and intranet sites.  <a href="#">Appropriately trained and developed</a>: ensuring induction, essential learning and development activity continues to be managed through usual processes including PDP&amp;R activity. Updating materials to reflect new working arrangements.</p>	<b>AVERSE</b>  <b>Score Range (1 – 3)</b>

16. <b>Cont'd)</b>	Workforce Directorate	Failure to comply with legislative and statutory requirements.  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies		<ul style="list-style-type: none"> <li>Failure to deliver the Directorate's operational plan.</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 3	<p><u>Involvement in decisions which affect them:</u> continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Staff survey to collate feedback from staff on impact of Covid19 on work life.</p> <p><u>Dignity and respect:</u> promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues.</p> <p><u>Health, safety and wellbeing:</u> updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Strategy Group Campaigns.</p> <p><b>Control (5)</b> Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2021 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year.</p> <p><b>Control (6)</b> Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.</p>	<b>AVERSE</b>  <b>(Score Range 1 - 3)</b>
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Closed Risks - Summary							
Risk No.	Directorate	Risk Title	Inherent Priority I x L	Residual Priority I x L	Risk Category	Closure Details	Date Closed
16	NMAHP/ Workforce	Students employed by NES, deployed to non-NHS placement such as care homes, where the rate of COVID-19 is higher than the general population.  <b>Risk Owner (Lead Director):</b> Karen Wilson/Tracey Ashworth-Davies	<b>Primary 1</b> 5 x 4	<b>Primary 2</b> 3 x 4	<b>Accountability/ Governance</b>	4/02/21 Update (Audrey McColl) - All outstanding <a href="#">additional hours</a> payments have now been made. It was recommended that this risk is now closed.	12/2/21
7	Workforce	Failure to Recruit NES Staff and Trainees: <ul style="list-style-type: none"> <li>Failure to Recruit Staff through the COVID-19 Accelerated Recruitment Portal (CARP)</li> </ul> <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies	<b>Primary 1</b> 5 x 4	<b>Primary 2</b> 3 x 4	<b>Operational/ Service Delivery</b>	Following discussion at the Audit and Risk Committee on 28 January 2021 it was agreed appropriate to close the COVID-19 Accelerated Recruitment Portal element of risk 7.	12/2/21
2	NES Clinical Directorates:  Pharmacy	Interruption/delay/adverse impact to training programme delivery including Scottish Government mandated training: <ul style="list-style-type: none"> <li>Pharmacy: Potential workforce issues due to alternative recruitment arrangements required for 2021/22 PRPS (Pre-registration Pharmacist Scheme)</li> </ul> <b>Owner:</b> Anne Watson	<b>Primary 1</b> 4 x 4	<b>Contingency</b> 3 x 3	Operational/ Service Delivery	24/2/21 Update (Ann Watson) - This element of risk 2 now closed - alternative recruitment model has been successfully implemented.	

## **NHS Education for Scotland**

### **Board Paper**

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

Equality and Diversity Statutory Reports

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

Tracey Ashworth-Davies, Director of Workforce

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

3.1 NES is required to publish statutory equality reports by 30<sup>th</sup> April 2021. The cover paper sets out the statutory requirements; the governance process and the role of the Board for approving the reports.

3.2 The attached report consists of two elements:

- a. Equality Outcomes and Mainstreaming Progress Report - A report against the end of a 4-year cycle
- b. Proposed Equality Outcomes, 2021-2025 - A plan setting out the next 4 year cycle – *this appears as the final section of the report.*

#### **4. Background**

##### **The statutory requirements**

- 4.1 Many of the specific equality duties run on a quadrennial cycle. During the financial year 2020-21, NES will complete its current quadrennial cycle. This means that we will need to carry out the following work by the statutory deadline of 30<sup>th</sup> April 2021:
  - a. Set equality outcomes, defined as specific improvements we seek to deliver. These should be based on analysis of evidence, and, where appropriate, informed by engagement of populations affected by the inequalities we seek to address. Our equality outcomes for the period 2021-25 should be published by the statutory deadline.
  - b. Report on progress against our existing equality outcomes<sup>1</sup> and the impact of mainstreaming the equality duty in our work.

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<sup>1</sup> Published on our website at: <https://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports/>



## 5. Assessment/Key Issues

- 5.1 Certain items within the reports are delegated for approval to standing Committees of the NES Board as they relate to the core business of the Committee. The following aspects have been scrutinised and approved by Committees. One aspect remains for Board scrutiny as highlighted in paragraph 5.7 below:

### **Equality Outcomes and Mainstreaming Progress Report**

- 5.2 A report against the end of the 4-year cycle
- 5.3 The Education and Quality committee (EQC) has approved the aspect of the report relating to their Committee’s business [Outcomes 1-7, Mainstreaming priority] by correspondence. In response to comments by the EQC, the phrase ‘high quality’ was added to the second sentence of paragraph h on page 6, so that it now specifies “providing access to **high quality** training and education”. This report then appeared at the 4 March 2021 EQC for noting.
- 5.4 The Staff Governance Committee (SGC) approved the aspect of the report relating to their Committee’s business [Outcome 8; Section on Using Workforce Equality Data; the section on Fair Work under the Fairer Scotland Duty] at their meeting held 4 February 2021.

### **Proposed Equality Outcomes, 2021-2025**

A plan setting out the next 4 year cycle – *this appears as the final section of the report*

- 5.5 The EQC approved the aspect of the 2021-2025 outcomes relating to their Committee’s business [Outcomes 1-5; Outcome 7] by correspondence. In response to comments by the EQC, a slight amendment was made to Outcome 5 to clarify that the outcome also relates to NES’s work in technology enhanced learning. The first sentence of the outcome now reads: “The diverse development needs of our workforce and changes in the way work is being done will be our focus as we support development of digital capability and accessible and inclusive technology enhanced learning.” This report then appeared at the 4 March 2021 EQC for noting.
- 5.6 The SGC approved the aspect of the 2021-2025 outcomes relating to their Committee’s business [Outcome 8] at their meeting held 4 February 2021.
- 5.7 The 25 March 2021 Board is invited to note that outcome 6 of the 2021 – 2025 proposed equality outcomes, has not received any Board Committee scrutiny. When the Digital and information Committee re-commences their work this outcome will be allocated to that Committee. In the meantime the Board are asked to scrutinise and approve this outcome.

## 6. Recommendations

The Board are invited to:

- a. Approve the publication of the 2017-2021 Equality Outcomes and Mainstreaming Report.
  - b. Approve the full set of proposed Equality Outcomes for 2021-2025, noting that Outcome 6 will fall under the remit of the Digital and Information Committee from 1 April 2021 onwards.
  - c. Note that the final approved versions will be published on the NES website in advance of the 30<sup>th</sup> April 2021 statutory publication date.
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### Author to complete

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

- Yes  
 No

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

- Yes  
 No

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

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

TAD  
March 2021  
NES



# **NHS Education for Scotland**

## **NES Equality and Diversity Outcomes and Mainstreaming Progress Report**

**and Priorities 2021-2025**

## About this report

In April 2017, we published our Equality Outcomes and Mainstreaming Priorities, 2017—2021, which set out the improvements we aimed to make during this four-year period. That report can be accessed from our website at <https://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx>.

The current report meets our statutory duties to report on progress delivering our equality outcomes and mainstreaming the equality duty into our day to day work. This report captures progress against our 2017-2021 equality plan as of 31<sup>st</sup> December 2020, with a particular focus on progress delivered during 2019-20 and 2020-21 financial years. An interim progress report covering the period 2017 - 2019 was published in April 2019 and is available on our [website](#); we have not duplicated that reporting here.

## The structure of the report

This report includes the following sections:

- 1. About NHS Education for Scotland.** This section provides an overview of our organisation, our vision and mission.
- 2. Summary of Progress on Equality Outcomes and Mainstreaming Priorities, 2017-2021.** This section reports on the progress we have made delivering the equality outcomes and specific mainstreaming priorities we published in April 2017. It provides a short contextual background to the outcomes, the outcomes as originally published, and then a table of key actions to deliver those outcomes and our progress. We also include several short case studies illustrating the impact of this work. This section meets the specific duty to report progress delivering equality outcomes.
- 3. Using Our Workforce Equality Data.** This section of the report provides examples illustrating how we use employment data. Our

detailed employment metrics are published annually in our Workforce Plan, which supports mainstreaming equality into the workforce planning process. The annual Workforce Plans should be read as a supplement to this report. They can be accessed on the Equality Monitoring page of our website<sup>1</sup>. NHS Boards did not publish annual Workforce Plans in 2020 during the Covid-19 pandemic. That data analysis is published as an appendix to this report. This section meets our duty to publish information about how we use workforce data, and the appendix meets the duty to publish that data.

- 4. Mainstreaming the Equality Duty.** In this section we provide an overview of priority activity to mainstream the equality duty into our organisational functions. We include a case study illustrating the impact of this work in education and a subsection which focuses on our approach to the equality duties in procurement. This section meets our duties to report on the impact of mainstreaming the equality duty and on our approach to delivering the procurement duty.
- 5. Equality impact of the pandemic.** This section provides a brief overview of key equality impacts of the coronavirus pandemic. This forms part of the evidence base which has contributed to the review of our equality outcomes and the development of our outcomes for 2021-25.
- 6. The NES coronavirus response and renewal.** This section provides a short overview of the impact of the coronavirus pandemic on NES's work, and our priorities in the 'renewal' phase as we seek to emerge from the initial stages of the pandemic. While delivery of some planned equality work was delayed during the emergency stages of the pandemic, other equality priorities came to the forefront and this section highlights some of this unplanned delivery.

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<sup>1</sup> <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-monitoring.aspx>

- 7. Implementing the Fairer Scotland Duty.** The Fairer Scotland Duty, which requires that we actively consider, at an appropriate level, what more we can do to reduce inequalities of outcome caused by socio-economic disadvantage which relate to the exercise of our functions, came into force in Scotland in 2018. This duty applies to strategic decisions, and in this section of this report provides a summary of action we have taken to implement the Duty. This includes work responding to emerging issues in the pandemic and a section on the Fair Work Framework.
- 8. Corporate Parenting.** NES as a public authority has responsibilities as a 'corporate parent' in relation to care-experienced children and young people. This section reports on progress delivering our Corporate Parenting Plan and sets out the actions we will take in the next iteration of this plan. It meets our Corporate Parenting publication duty.
- 9. Equality Outcomes 2021-25: Looking Forward.** The final section of the report establishes the equality outcomes we will work to deliver over the next four years. These outcomes build on the work we have been doing during 2017-21, in a number of areas continuing to advance priorities which are core to the delivery of our strategic priorities and important to our stakeholders. Our outcomes also reflect the impact of the coronavirus pandemic and the increased significance of digitally enabled work, education, health and care. The section describes priorities to advance mainstreaming and sets out the approach we will take to plan and measure impact as we work to deliver the outcomes.

## 1. About NHS Education for Scotland (NES)

- a. We are a national NHS Board, with a crucial role in the education, training and development of Scotland's healthcare staff. At the undergraduate level, we play a key role in the performance management of nursing and midwifery programmes at all Scottish Universities. We support placements in clinical settings for trainee doctors, dentists, nurses, midwives and allied health professionals. We are responsible for recruiting key groups of staff to post-graduate training including doctors, dentists, pharmacists, clinical psychologists and healthcare scientists. We manage the progression through structured training programmes of more than 6,500 trainees, who deliver services to patients and their families.
- b. We support continuous professional development and commission programmes and evidence-based educational resources and interventions in a range of formats. These resources support the workforce across both health and social care. They ensure that patients and their families get the best care possible from a well-trained and educated workforce. We have educational materials that are relevant to staff from every group within health, and to staff working across the wider social care sector.

### Why is this important?

- c. The people who work in health and social care are its most important asset. Having the right numbers of trained staff, in the right place, at the right time is key to delivering better health and better care. At the same time, the expectations of staff are changing, as people look for more control over their working lives, better career development and more flexible working.
- d. Through our structured training programmes and our high-quality educational resources, we have a unique opportunity to engage with staff across all of health and social care. We know that there are challenges in both recruiting and retaining staff. That means more than

ever, we need to be able to support people to have rewarding and fulfilling careers. We also support the workforce to gain the new skills and embrace the new ways of working that are needed, as more healthcare is delivered in the community rather than in hospital, and as healthcare technologies advance.

### **How do we do this?**

- e. We manage training programmes and provide educational resources to staff across Scotland. These clinicians, support workers, administrative staff, and many others are employed by NHS Boards, Local Authorities, voluntary organisations, the private sector and others. We work in partnership with Scottish Government, employers and many other organisations to try to ensure that staff experience a quality learning environment in their place of work, and to ensure seamless access to our resources.
- f. We provide facilities and equipment for training, and for many people working in educator roles across Scotland. Our digital infrastructure enables materials and support to be accessed anywhere, and from any device.

### **What more can we do?**

- g. The publication of the Health and Social Care Delivery Plan in December 2016 signalled a change in the way that NHS Boards work. We need to work more collaboratively and focus on how we use our collective resources and expertise to support Better Health, Better Care and Better Value, at a local, regional and national level.
- h. We will continue to support the people who work in NHS Scotland and across the care sector. We will do this by providing access to high quality training and education. Increasingly we also support a user-centred digital infrastructure, and opportunities to do things 'Once for Scotland' that improve the experience of the workforce. We will also analyse the data that we hold, and that is held by other organisations to



improve workforce planning and workforce development at a local, regional and national level.

OUR VISION: 'A skilled and sustainable workforce for a healthier Scotland'.

OUR MISSION: 'Enabling excellence in health and care through education, workforce development and support'.

- i. Our equality outcomes and mainstreaming priorities sit within the NES Strategic Framework.<sup>2</sup> Further information about NES is available on our website<sup>3</sup>.

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<sup>2</sup> [https://www.nes.scot.nhs.uk/media/kacboen5/nes\\_strategic\\_framework\\_2019\\_2024.pdf](https://www.nes.scot.nhs.uk/media/kacboen5/nes_strategic_framework_2019_2024.pdf)

<sup>3</sup> <https://www.nes.scot.nhs.uk/>

## **2. Summary of Progress on Equality Outcomes and Mainstreaming Priorities, 2017-2021**

This section updates progress delivering the actions we identified in our Equality Outcomes and Mainstreaming Priorities Plan which was published in April 2017. We are currently at the conclusion of the original four-year plan and are reviewing the outcomes for future delivery. In the following tables, we report on the actions set out in 2017, progress to date, with a particular focus on the deliverables in the final two years of the plan, 2019-20 and 2020-21. This reporting builds upon our interim report, published in April 2019.

The introduction to each section 'What is the issue?' provides a brief summary of the evidence which led us to set these particular priorities and actions in 2017 and provides context for the outcomes.

**Outcome 1: Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge**

*What is the issue?*

Research on health inequalities highlights the important role that health and social services staff can play in supporting and enhancing development of health literacy among service users as a key contribution that the health service can make to reducing health inequalities. Limited health literacy has been identified as a significant issue for a number of groups in the population, including some minority ethnic groups, Gypsy/Travellers, and other populations associated with educational and socio-economic disadvantage. This has been cited as a contributing factor to health inequalities and as a barrier to person-centred care. Research indicates that widening access to the medical profession from areas of deprivation contributes to the sustainability of primary care services in these localities.

Outcome 1 Actions	Current Status
Raising awareness and capabilities of professionals to address health literacy, and improve access to tools, innovations and technologies through The Health Literacy Place website	Management of the Health Literacy Place website has been transferred to Scottish Government. NES continues to engage with the work as a key stakeholder. NHS Scotland library services continue to embed health literacy support within their work.  In partnership with Health Education England, we developed a <a href="#">Health Literacy e-Learning module</a> . Promoting positive health literacy is everyone’s responsibility. In the module learners will find out why health literacy is important and how to use some

Outcome 1 Actions	Current Status
	<p>simple techniques including TeachBack, chunk and check, using pictures and simple language to improve how they communicate and check understanding with others.</p>
<p>Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia, and families and carers</p>	<p>We have continued to deliver a range of training programmes to large numbers of health and social services staff including the Dementia Champions programme and the Dementia Specialist Improvement Leads programme.</p> <p>Nationally hundreds of health and social services staff have had access to training in palliative and end of life care for dementia; pharmacological care and dementia; supporting people with complex care needs and psychological care in dementia.</p> <p>NES in partnership with the Scottish Social Services Council has continued to take forward a significant cross sector work programme to support the reach of dementia education and training to improve the quality of care and quality of life outcomes for people with dementia, and their families and carers</p>
<p>Reduced health inequalities for vulnerable children and families through education and role development to enhance</p>	<p>NES developed a Corporate Parenting Action Plan which was first published in financial year 2017-18. Since then the plan has been updated in June 2018 and July 2019. A refreshed plan has been created for 2021/22. Key activities have included:</p>

Outcome 1 Actions	Current Status
<p>understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families. Raise awareness in relation to the health needs and vulnerability of looked after children and young people, as part of our Corporate Parenting responsibilities</p>	<ul style="list-style-type: none"> <li>○ Working with Who Cares? Scotland (WC?S) to ensure the views of care experienced young people are reflected in NES plans.</li> <li>○ Working with Who Cares? Scotland to develop an open access Corporate Parenting eLearning module for NHS staff. This features on the Equality and Diversity Zone in Turas Learn.</li> <li>○ Promoting staff awareness of the needs of care experienced young people through educational resources within Dental care, General Practice and Mental Health services.</li> <li>○ Ongoing awareness raising and promoting learning opportunities for key staff members in NES regarding our role as Corporate Parents.</li> <li>○ Promotion of learning resources to other Corporate Parents and health and social care partners.</li> <li>○ Working with the NHSScotland Employability and Apprenticeship Network and key partners to promote and support further development of opportunities and provide more flexible entry and career pathways, further qualifications, and requirements for support for care experienced young people joining the workforce.</li> </ul>

Outcome 1 Actions	Current Status
<p>Education and skills development which supports improved oral health for children, older dependent people, homeless people and prisoners, including improved access to dental services and better awareness of child protection and safeguarding</p>	<p>We have delivered a programme of National Oral Health Initiatives aimed at improving oral health and reducing inequalities in access to dental care. This programme has included key deliverables in the following priority groups:</p> <ul style="list-style-type: none"> <li>• Childsmile (children)</li> <li>• Caring for Smiles (older dependent people)</li> <li>• Open Wide (adults with additional needs)</li> <li>• Mouth Matters (prison population)</li> <li>• Smile4Life (people experiencing homelessness)</li> </ul> <p>Support for these national oral health initiatives with education and training is underpinned by an educational framework for oral health which is inclusive for all and widely accessible.</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>• A suite of Open Badges (small online packages of learning with assessment) on oral health, issued by NES and hosted by SSSC.</li> <li>• Several SQA qualifications e.g. SCQF awards aimed at those working/involved in Care Homes, Care at Home Services and Early Years' establishments and an</li> </ul>

Outcome 1 Actions	Current Status
	<p data-bbox="871 301 1995 389">Oral Health Peer Mentoring award aimed at prisoners and those supporting the homeless.</p> <ul data-bbox="826 416 1995 504" style="list-style-type: none"> <li data-bbox="826 416 1995 504">• Support for non-accredited training in recognition that some may be reluctant to undertake a formal qualification.</li> </ul>
<p data-bbox="199 608 730 855">Ensuring issues relating to health inequalities are considered as part of all relevant training programmes and advocating for inclusion of health inequalities in health care curricula</p>	<p data-bbox="775 608 1946 695">Health inequalities advice integrated into equality impact assessment planning and highlighted within the NES Strategic Framework.</p> <p data-bbox="775 772 2007 1078">The Medical Directorate offers twelve one-year post-CCT (Certificate of Completion of Training) GP Fellowship opportunities with specialist focus in remote/rural (10) and health inequalities (2). The Health Inequality Fellowships aim to provide an introduction to the opportunities and challenges of delivering generalist skills in the context of service general practice in areas of deprivation. Fellows may undertake improvement projects and/or develop policies as part of their fellowship.</p>
<p data-bbox="199 1166 707 1302">Supporting improvements in sustainability of services in areas of deprivation through supporting and</p>	<p data-bbox="775 1166 2022 1302">The Medical Directorate works with partner organisations (the Scottish Funding Council, the five Scottish medical schools), using the levers available to it to promote widening access to undergraduate medical education. The regulator (GMC) undertook a review of</p>

Outcome 1 Actions	Current Status
<p>advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds</p>	<p>medical education in Scotland in 2017 and the first section of its resultant press release in May 2018 noted good practice in this area. Details of the GMC visit area described further below.</p> <p><i>Widening Access Places for Medical Education</i></p> <p>In 2016, the First Minister announced a package of measures, including 50 widening access (WA) places. The WA places were evenly distributed across the five medical schools and are specifically aimed at recruiting from more diverse social backgrounds, targeting students from the lowest quintile of multiple deprivation (SIMD 20). Additional funding to support the medical education of these students remains integrated into the system.</p> <p>This initiative supports key recommendations set out in the Report of The Commission for Widening Access, including a target that by 2030 students from the 20% most deprived backgrounds should represent 20% of entrants to higher education in Scotland. There has been varied progress on delivery of the initiative with the University of Glasgow and the University of Aberdeen filling all their places from the target group of applicants in academic year from 2018-2019 to date. SFC and NES are monitoring</p>



Outcome 1 Actions	Current Status
	<p>progress and also supporting institutions with guidance on the activities that could be undertaken (including contextualised admissions). This can only be guidance as final decision on who to admit into medicine is the university's.</p> <p>In addition, in 2017 Scottish Government provided funding for pre- entry medical courses at the University of Aberdeen and University of Glasgow which are targeted at applicants from non-traditional backgrounds. SFC and NES are monitoring progress on the number of students who are then admitted into medicine from those courses. Evidence from the first year indicate that most of the students on this course have applied to study medicine.</p> <p><i>Widening Participation in Nursing Education</i></p> <p>We also support work to widen participation in nursing education, with particular focus on reducing gender occupational segregation and supporting access to nursing careers for people from lower socio-economic groups. Through the Chief Nursing Officer's widening participation commission work has been completed to explore the influences and causes of under-representation of men in pre-registration nursing in Scotland. This report has been shared widely with stakeholders across Scotland.</p>

Outcome 1 Actions	Current Status
	As part of the performance management process from 2018 we have been able to evidence nursing and midwifery intakes by Scottish Index of Multiple Deprivation (SIMD) quintile. Nationally for Nursing and Midwifery intakes SIMD distribution is consistent over recent cohorts and approximately uniform, with about 20% of Scottish domiciled students in each quintile.

**Case Study:**

**Driving Improvements in Specialist Dementia Care – The Dementia Specialist Improvement Leads (DSIL) Programme**

The DSIL programme represents the Expertise Level of the Promoting Excellence knowledge and skills framework. It further develops participants’ knowledge and skills in a range of specialist areas of dementia practice and includes: intensive educational programmes; development opportunities in leadership, change management, practice development and quality improvement. The programme also enhances participants’ ability to work in partnership and facilitate learning for others to support improvements in the care and support for people living with dementia and their families and carers

The programme has shown the value of bringing people from various disciplines and sectors together to share learning and experiences and to grow their knowledge, skills and confidence, resulting in tangible evidence of positive improvements in the lives of people with dementia, their families and carers.

For more information see the report below which highlights the achievements of 121 participants across health and social care from three cohorts of the DSIL programme between 2014 and 2020. Through case studies and personal reflections participants demonstrate how the programme has equipped them to drive and effect changes and improvements that support the transformation of specialist dementia care in Scotland.

See <https://www.nes.scot.nhs.uk/media/k5qn1xfy/driving-improvements-in-specialist-dementia-care.pdf>

### **Mental Health Improvement and Self Harm and Suicide Prevention**

Mental health inequalities and mental ill-health, including self-harm and suicide are significant concerns across Scotland. Contributory factors are often complex, multifactorial and inter-related and include a range of social, economic and health inequalities. The COVID-19 pandemic has further exacerbated issues that impact on mental health and is predicted to have a medium to long term impact on population mental health and rates of suicide and self-harm.

NES and Public Health Scotland are working in partnership to take forward a number of actions, including:

- Development of learning resources for the health, social care and wider public sector workforce to equip them with knowledge and skills around mental health improvement, self-harm and suicide prevention, as part of a public mental health approach and framed within the context of a knowledge and skills framework for mental health and suicide prevention from informed to specialist level.

- Ensuring that education and learning resources developed apply to the diverse needs and experiences of people across Scotland. This includes people who don't necessarily have a mental health diagnosis or difficulty but may be at risk of experiencing poor mental health, self-harm or suicide due to a number of factors, whether that be by virtue of having a protected characteristic, experiencing adverse life events, social and economic inequalities, or stigma and discrimination.

The knowledge and skills framework and associated informed and skilled level learning resources developed to date can be accessed here:<https://learn.nes.nhs.scot/17099/mental-health-improvement-and-prevention-of-self-harm-and-suicide>

**Outcome 2: Boards will have improved awareness of the importance of youth engagement and employment, particularly with regard to young people experiencing disadvantage on the labour market, and will increase youth employment and build the workforce of the future by supporting boards to actively build strong partnerships with key stakeholders, including young people**

*What is the issue?*

Youth unemployment in Scotland is high, while NHSScotland has, in many areas of the service, an ageing workforce. Scottish Government’s Youth Employment Strategy sets out a target of reducing youth unemployment by 40% by 2021. Increasing opportunities for youth employment via apprenticeship schemes offers an opportunity to support effective succession planning and to increase employment options for young people. However, the labour market, and many employment programmes, have a history of occupational segregation by gender and under-representation of disabled people and under-employment of people from black and minority ethnic backgrounds. Looked-after children and care experienced young people face barriers to accessing education and work.

Outcome 2 Actions	Current Status
Supporting engagement between the NHSScotland Employability and Apprenticeship Network and equality stakeholders	We invite a range of equality stakeholders, including Who Cares? Scotland, Skills Development Scotland and others to support contact and engagement with these organisations.

Outcome 2 Actions	Current Status
<p>Enhance our current partnership working with the Prince's Trust by appointing a Specialist Lead for the Prince's Trust, based in NES for 2019/20.</p>	<p>Our engagement with Prince's Trust has extended support for Get into Healthcare Programmes for NHS Boards, delivering mentoring training in NHS Ayrshire &amp; Arran. The programme particularly aims to provide opportunities for young people who experience poverty; 49% of current Princes Trust Get into Healthcare Programme participants are from SIMD areas. There have been two nominations for Prince's Trust YP achieving NHS Awards.</p>
<p>Raising awareness of equality and diversity good practice in youth employment and facilitating knowledge exchange among boards</p>	<p>NES continues to support the NHSS Employability &amp; Apprenticeship Network (now incorporates the MA Network). We now hold the meetings virtually via MS Teams and use Teams Channels to co-ordinate specific pieces of work activity, such as Kickstart and Young Person's Guarantee. We have worked in partnership with SDS to provide guidance for Foundation Apprenticeship uptake in Boards.</p> <p>We have supported major recruitment campaigns targeted at young people, including DYW's No Wrong Path and their equalities campaign, A Job for Everybody. We have supported DWP's Job Centre Plus campaign for NHS recruitment.</p>
<p>Ensuring that our evidence-based guidance and other resources</p>	<p>Our resources on the NHSS Careers website include A Career for You in Health book and leaflet, resources for teachers and careers advisers, case study videos and</p>

Outcome 2 Actions	Current Status
<p>support good practice in responding to the issues highlighted</p>	<p>testimonials. We have also developed resources for routes into nursing for widening access and an animation video for transferable skills.</p> <p>NES have also supported the Future Nurse Campaign in partnership with Boards and the College Development Network. This campaign aims to widen participation in nursing careers and takes a gender-balanced and inclusive approach to nursing recruitment.</p> <p>WhoCares? Scotland delivered a workshop for NES staff as an employer of Care Experienced people.</p> <p>Pre-Covid NES was collaborating with University of the Highlands and Islands to develop an online Access to Healthcare Programme with pilot due to commence in June 2020 although this has been impacted by Covid 19. If successful, this could then be extended to other rural, or indeed any areas where no large NHS facilities are available eg. Angus, Stranraer.</p>

**Outcome 3: The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.**

*What is the issue?*

Refugee and asylum-seeking health professionals may face a number of barriers when seeking work in the UK, including language barriers, recognition or transfer of qualifications, or the need for additional educational support to adjust to working in a new cultural environment and new healthcare system. Access to education and employment is crucial to integration, to building self-esteem and to securing a life free from poverty.

Outcome 3 Actions	Current Status
Working with partners to guide and assist refugee and asylum-seeking doctors to access training and language support, e.g. The Bridges Programme	<p>The Refugee Doctors Project is unique in the UK in supporting medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offering a long-term package of support. The project is run by the Bridges refugee charity, NHS Education for Scotland, and Clyde College and the City of Glasgow College. The funding will help suitably qualified refugees access training, language support and professional mentoring to help them meet the standards for professional registration with the General Medical Council and practise medicine here in Scotland. As part of the funding, the doctors have committed to working for NHS Scotland.</p> <p>The programme is unique in the UK – unlike other refugee doctor programmes, there are placement and clinical attachments around understanding the structure, culture and ethics</p>



Outcome 3 Actions	Current Status
	<p>of NHS Scotland. It also gives doctors access to postgraduate study and dedicated support for learning English, meaning doctors are supported not just through the GMC registration, but on-going support through post-registration and job hunting. It is also the first in the UK to involve a partnership between the third sector, further education and NHS.</p> <p>We support this programme by: -</p> <ul style="list-style-type: none"> <li>• Arranging career advice and professional support for refugee doctors.</li> <li>• Co-ordinating supported clinical attachments in partnership with NHS Greater Glasgow and Clyde and other NHS boards to support passing of examinations and to support integrating into the NHS in Scotland.</li> <li>• Funding preparation courses for PLAB exams and travel and accommodation to support candidates sitting the exams.</li> <li>• Funding travel to and from approved college language courses.</li> <li>• Giving clinical leadership to project partnership committee.</li> </ul> <p>To date, 69 doctors have registered on the programme. In slightly less than three years of delivery to date, 17 have attained GMC registration, 11 are working in NHSScotland and 1</p>

Outcome 3 Actions	Current Status
	<p data-bbox="775 304 2080 392">in England, and numerous others have passed IELTS and PLAB exams as part of their qualification.</p> <p data-bbox="775 472 2080 616">We will use the learning from this phase of the programme to continue to improve support for refugee doctors, with a focus on bespoke courses to support transition into NHSScotland and demonstration of Foundation competencies.</p> <p data-bbox="775 695 2080 943">The Dental Directorate has engaged with the Bridges programme by providing support for up to 10 asylum seeker dentists in the form of funding for zone cards for up to a year. This enables them to attend an English language course in preparation for sitting IELTS language exam, which is a requirement to enable them to sit the Overseas Registration Examination (ORE).</p>

**Outcome 4: Retention and career development are improved for people who take breaks from training or career progression through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.**

*What is the issue?*

Professionals take career breaks for a variety of reasons, but childbearing, caring responsibilities, illness or disability are common reasons for taking time out from training or a career. Career breaks at any stage can impact on retention, progression and pay equity. Actions outlined in this section aim to contribute to supporting progression for people who have taken career breaks, reducing the potential for negative impact of these breaks.

Data from medical and dental training underscores the importance of effective support mechanisms at the earliest possible stage for professionals experiencing difficulty in their training.

Outcome 4 Actions	Current Status
A Return to Work programme in Dental training	Bespoke programmes of education and training to facilitate registrants returning to work from a period of absence are offered following individual assessments of training needs. Numbers vary and cannot be predicted but on average we give intense support to 6 registrants per year as part of Return to Work and advice to about 12. As a result of the pandemic we have a pause on the support we can provide due to limited clinical skills access and the impact of the current stage of the pandemic response on employment opportunities.

Outcome 4 Actions	Current Status
<p>A medical careers advisory service, support programmes to retain doctors in the profession when they have caring or similar commitments (such as the GP Retainer Scheme), and support for doctors to return to a medical career following career breaks (e.g. the GP Returners Scheme)</p>	<p>National careers strategy aligned and programmes delivered, including less-than-full-time training options. These were externally validated through a review of medical education in Scotland in 2017 by the regulator (the General Medical Council) and the following commentary provides evidence of the support available for doctors in training. We have a full complement of associate postgraduate deans who provide a range of general and individual career support services. This includes popular webinars on specialty choice/application tips.</p> <p>There is a GP Returners scheme in place to help who have been out of the health service for an extended period of time GPs return to practice. They have a paid 6 month attachment in a training practice with overseen by an educational supervisor. Nine GPs were on the scheme in 2019-2020. Thirteen GPs are currently on placement or have successfully completed this financial year (2020-21). There are 4 more confirmed starts and 2 more intended starts totalling 19.</p>
<p>A national Performance Support Unit in medical training to ensure a consistent and equitable standard of support for medical trainees</p>	<p>The regulator (GMC) undertook a review of medical education in Scotland in 2017 and their report evidence of the support that is available for doctors in training. The GMC specifically commended the Performance Support Unit in their report as an area that is working well. The PSU receives approximately 150 new referrals per annum. The roll-out of a standardised approach to local performance review groups has been completed and a range of</p>

Outcome 4 Actions	Current Status
	administration improvements have been made. A review of trainee support has led to the decision to enhance our support for trainees, bringing more closely together the major elements of trainee support (including the PSU) under a unified and connected framework. This work began in January 2021.
Supporting options for less-than-full-time training	The regulator (GMC) undertook a review of medical education in Scotland in 2017 and their review provided evidence of the effectiveness of the support that is available for doctors in training. Each region has an associate postgraduate dean who provides expertise and support to trainees wishing to train flexibly. Each year there are approximately 200 interviews between associate deans and trainees. Plans are well advanced to streamline and simplify the administrative requirements through a digital form.
Return to Practice for Nurses and Midwives	In 2015, the RTP Programme was re-introduced to assist nurses and midwives no longer registered to return to practice. The Programme is approved by the Nursing and Midwifery Council (NMC) and fully funded by the Scottish Government. NES is commissioned to manage the funding and oversee the programme delivered by four HEI's in Scotland. Since 2015, 527 nurses and midwives have commenced the programme, while approximately 100 are still undertaking the programme, at least 313 of those who have completed have secured nursing or

Outcome 4 Actions	Current Status
	midwifery posts in Scotland. The majority of these are NHS posts but we are aware of approximately 37 in the independent care home sector, a setting to which the government are keen to support recruitment.

**Outcome 5: Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced through a range of measures**

*What is the issue?*

Both UK Black and Minority Ethnic (BME) graduates and International Medical Graduates (IMGs) experience differential outcomes on the Clinical Skills Assessment, which is one part of the first round of the Royal College of GPs final qualifying examination. Research indicates that differential attainment by nationality and ethnicity can be found in other medical specialties as well, and the General Medical Council advised that medical Deaneries must consider how they can better support BME and IMG trainees to prepare for assessments and to meet the specific learning needs of IMGs in particular.

Outcome 5 Actions	Current Status
Delivering targeted educational support via the Scottish Trainee Enhanced induction Programme (STEP) programme to International Medical Graduates and their Educational Supervisors which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment	<p>The STEP programme was started in 2015, building on previous regional programmes delivered in Scotland. The programme is unique in that both the GP trainee and their educational supervisor are invited to the event. Research has shown that a supportive trainee: educational supervisor relationship is a key component in the successful completion of training. A particularly important aspect of the day is the sharing of journeys by doctors in training with their group and educational supervisor.</p> <p>It is a one-day programme facilitated by NES educators and educational supervisors. Trainees whose primary medical qualifications originate outside of the UK are invited to</p>

Outcome 5 Actions	Current Status
	<p>attend. It is held twice a year (May and November) to accommodate February and August recruitment.</p> <p>Mental health specialties have taken the successful STEP course and modified it for their secondary care specialty, delivering the programme under the name Psych STEP. We will be reviewing feedback and hope to provide a blue print for other secondary care specialties. As in the original course, the main focus is on establishing an early and positive relationship between trainees and their trainers that recognises and supports the diversity of International Medical Graduates.</p> <p>STEP has been well attended by both trainees and trainers throughout the period:</p> <p>GP STEP</p> <p>Autumn 2017 – 24 trainees, 16 trainers – out of possible 37 trainees</p> <p>Spring 2018 – 10 trainees, 7 trainers – out of possible 15 trainees</p> <p>Autumn 2018 – 18 trainees, 8 trainers – out of possible 32 trainees</p> <p>Spring 2019 – 16 trainees, 15 trainers – out of possible 28 trainees</p> <p>Autumn 2019 – 40 trainees, 18 trainers – out of 48 trainees</p>



Outcome 5 Actions	Current Status
	<p data-bbox="779 304 1599 336">Spring 2020 – 44 trainees, 40 trainers – out of 44 trainees</p> <p data-bbox="779 360 1615 392">Autumn 2020 – 48 trainees, 38 trainers – out of 51 trainees</p> <p data-bbox="779 472 958 504">Psych STEP</p> <p data-bbox="779 528 1615 560">Autumn 2020 – 19 trainees, 11 trainers – out of 28 trainees</p> <p data-bbox="779 639 1973 839">Feedback at successive events has been extremely positive from both groups and is used to continually develop the programme. In Autumn 2020, the programme was delivered online using Microsoft Teams, with updated content to respond to the circumstances that trainees would be facing in practice during the pandemic.</p> <p data-bbox="779 919 1973 1110">STEP has been presented at the Scottish Medical Education Conference and at a national Differential Attainment Conference in London in November 2018. STEP is featured on the General Medical Council's <a href="#">website</a> as an example of good practice in tackling differential attainment and providing support for learners.</p>

Outcome 5 Actions	Current Status
	<p>We collaborated with the Royal College of Physicians and Surgeons Glasgow to deliver specific modules to trainees via Teams such as culture and careers. A session on communication skills is planned for February.</p> <p>We also continue to deliver an enhanced induction programme for International Medical Graduates entering the Foundation programme.</p> <p>We support informal peer networking by IMG and Black and Minority ethnic trainees and doctors through a Facebook group, facilitated by senior clinicians from the communities.</p>
<p>Extending relevant educational support via the STEP programme to Black and Minority Ethnic trainees and their Educational Supervisors</p>	<p>Following review of the programme and GMC research, we have determined that it is not appropriate to extend the programme at this time because it is focused on support specific to International Medical Graduates and is less relevant to Black and Minority Ethnic graduates from UK universities. We will continue to deliver STEP for International Medical Graduates, but will address the support for Black and Minority Ethnic trainees in General Practice and other specialities through other interventions which we will develop with input from trainees.</p>

Outcome 5 Actions	Current Status
<p>Improving the collection and analysis of data with the aim of monitoring progression and attainment by ethnicity and nationality at all stages of the training journey, from recruitment, through progression to outcomes, to inform continuous improvement</p>	<p>This data has been developed in our Turas applications and we have worked with the General Medical Council as one of the pilot Deaneries to analyse data and explore possible interventions to improve outcomes.</p> <p>Data will be used to inform evaluation of interventions and to measure progress against key performance indicators in medical education. Data is now regularly shared with Directors of Medical Education and the Taskforce for Improving the Quality of Medical Education (TIQME). We continue to take action to improve the quality of the data.</p>
<p>Supporting faculty development for trainers in line with recommended good practice in inclusive learning environments for medical education, including development in cultural competence and unconscious bias</p>	<p>We delivered and evaluated a pilot training intervention for educational supervisors on recognising and managing unconscious bias in educational supervision in 2018. The evaluation indicated positive outcomes with this group.</p> <p>Following a short pause during the Covid-19 pandemic, we have reviewed and refreshed our Differential Attainment working group– now called Achieving equity in Medical Education – with a new webpage on the Deanery website. Beginning with a benchmarking exercise against the GMC equality and diversity framework, the group is finalising an action plan, which, among other priorities, will also take forward the recommendations to incorporate more unconscious bias and differential attainment training for new supervisors.</p>

**Outcome 6: Leadership cohorts are more reflective of the Scottish population through the provision of leadership and management development programmes that are inclusive. Our leadership and management development supports leaders at all levels to develop the skills and knowledge they need to plan, manage and deliver equitable, person-centred services to the people of Scotland, and to manage staff fairly and effectively.**

*What is the issue?*

Research from NHS England found significant vertical segregation by race and gender. Comparable data on ethnicity is not currently available for Scotland but research in the public sector suggests a similar pattern is likely.

Analysis in 2017 indicated that NHSS has significant patterns of gender occupational segregation.

Research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring and sponsorship. This is relevant to staff management and development but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

The Equality and Human Rights Commission identified equality, diversity and human rights as learning needs for strategic leaders of Integrated Joint Boards following their assessment of the IJBs' inaugural statutory equality outcomes and mainstreaming report publications in April 2016.

Outcome 6 Actions	Current Status
Improving the collection and analysis of participant data with the aim of	The standardised set of E&D questions that will be used at application and evaluation stage across our leadership programmes have been agreed and rolled out across

Outcome 6 Actions	Current Status
<p>monitoring access to leadership development by protected characteristic, from recruitment, through progression to outcomes, to inform continuous improvement</p>	<p>certain programme areas. Other programme areas will roll out dependent on their cycle window, which in some cases may not be until early 2021. There are also some programme areas of which we are not in control of applications and they are instead managed by another Health Board or Directorate. Following this, in 2021, we intend to test a quarterly reporting model with the data that has been gathered to progress with the analysis. We have introduced a new system in our survey tool to keep the data gathered confidential.</p>
<p>Requiring that leadership development programme commissioning and design reflects the need for leaders to ensure their services and people management activities are person centred, and raise awareness of the value of equality, diversity and human rights and the risks of unconscious bias</p>	<p>We have continued to review course content across our learning resources. Our digital design and delivery arrangements are incorporating key messages of equality and diversity. Our learning resources are being put through a review template to support and highlight key equality and diversity messages. We will review this on a twice per annum basis in support of achievement of this requirement.</p>

Outcome 6 Actions	Current Status
<p>Ensuring that work on national talent management arrangements being undertaken with Scottish Government is subject to equality impact assessment, and both recognises and seeks to help address the barriers to progression of women in to senior management roles.</p>	<p>Project Lift, the national talent management programme, is being led by Scottish Government. Data is being collated and reviewed on a monthly basis to identify potential equality and diversity issues.</p> <p>We are identifying gaps and expanding our reach and engagement across health and social care. Our approach going forward will be to extend the reach of Project Lift across the Health and Care landscape to attract an increasingly diverse population of participants in all areas of Project Lift to be more appropriately representative of the diversity of the Health &amp; Social Care workforce in Scotland.</p>

**Outcome 7: Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.**

*What is the issue?*

Digital exclusion is strongly linked to other deprivations. In terms of demographics; older people, disabled people, people with low incomes and low levels of education or long-term unemployed are most likely to be digitally excluded. Remote and rural populations may experience issues with connectivity. Within the health service, some staff groups (e.g. nurses and support workers) are more likely to identify barriers to accessing computers in work, particularly for learning. Staff working in social care settings identify barriers to accessing computers in work for learning.

Digital literacy is a complex concept which impacts on the accessibility and effectiveness of digital learning. A range of factors can affect digital literacy, including disability, age and educational background. Some disabled people are agile adopters of digital resources. Younger learners may have different learning and support needs in relation to digital literacy than older learners.

Outcome 7 Actions	Current Status
Improving access to e-learning resources and supporting digital literacies for	Research projects conducted to inform understanding of access to learning in various formats by different audiences of learners and to inform work on digital literacies. The research report can be accessed at <a href="https://www.nes.scot.nhs.uk/resources/HCSWDigitalLiteracyResourcereport/index.html">https://www.nes.scot.nhs.uk/resources/HCSWDigitalLiteracyResourcereport/index.html</a>

Outcome 7 Actions	Current Status
healthcare support workers	<p>'Digital Matters' pilot training programmes developed and delivered which focus on core digital skills in two Boards.</p> <p>Digital case studies available at :  <a href="https://www.youtube.com/channel/UC1vTzERRdMu9LJH4ZnnVSfw">https://www.youtube.com/channel/UC1vTzERRdMu9LJH4ZnnVSfw</a></p>
Implementing robust digital development standards across all new NES digital learning resources and platforms	<p>Accessibility audit carried out for User Interface and new User Interface implemented to improve accessibility of the Turas Platform.</p> <p>User testing with disabled users has been integrated into the User Experience programme.</p> <p>User testing with diverse users, including visually impaired users, computer non-users and users with dyslexia used to inform development of NHSScotland Workforce Policy portal.</p>
Increasing our analytic capacity to gather equalities data on the use of digital learning in continuing professional education through	<p>Capacity for E&amp;D analysis implemented in Turas Training Programme Management and Turas People. This enables NES to gather and use equalities data on Doctors and Dentists in Training and to support Lead Employers to use the data to monitor and assess the equality impact of policies, deliver reasonable adjustments for trainees where required, and to measure the effectiveness of interventions to reduce differential attainment.</p>



Outcome 7 Actions	Current Status
our Turas Learn platform	

### **Using User Experience Testing for Continuous Improvement in Accessibility Digital Resources**

The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 have set the terms for implementing European accessibility requirements into UK legislation. They are important standards for improving the accessibility of digital resources for disabled users, and we have carried out considerable work to meet the 23<sup>rd</sup> September 2020 implementation deadline.

We are committed to producing accessible products because it is important to us to facilitate a diverse workplace that enables equal access to content. Not just because of the legislation, because it is the right thing to do.

The remit of the NES Digital Experience team covers all things relating to user experience (UX) and user interface (UI) design. It stretches from the Turas platform to corporate websites including the NES website and the intranet. The team leads on accessibility standards and developing good practice, supporting NES and our partners to continuously improve our applications.

The team has been concentrating on this year's deadline (23<sup>rd</sup> September) for the implementation of European legislation on accessibility and the effect this legislation has on Turas applications and other NES Digital products.

The deadline relates to ensuring accessibility standards are met on new and existing websites and mobile apps. The legislation means that all new websites/web applications must be accessible from now on and older ones made accessible by certain dates in the future.

For example, two websites that we have developed in the last year have been designed and built to hit the new standards. These websites are the Once for Scotland Workforce Policies website and the new NES corporate website.

The Workforce Policies website was a collaboration between Scottish Government, NES Digital and all Scottish NHS boards. Included in the development was a rigorous programme of user testing, iteration and development to ensure that it met the needs of all NHS staff in Scotland.

The programme included specific research with visually impaired screen reader users. The research included screen reader users in the development of text alternatives for flowcharts. Because flowcharts are a visual tool to communicate a process flow, they can be hugely challenging for the visually impaired to use and understand. Through an iterative feedback process the final text alternatives provided a meaningful and usable tool for the visually impaired and other users who may find flowcharts difficult to understand.

In Turas this year, we helped to upgrade the user interface across Learn and introduced a new home page and the 'My Learn' section that provided users with a structured and personal area to view and manage their own learning. These improvements were extensively tested with actual users and refined before implementation.

Other new applications have launched with our new accessible interface, including Turas Data Intelligence and the multiple applications developed in response to the COVID-19 pandemic.

In addition to the above, this year we have advised external companies on the accessibility of existing NES applications, including the CPD Connect and QMPLE platforms, that were not developed by NES Digital. This advice has resulted in remedial work being undertaken by these companies.

**Outcome 8: The employment rate of young and disabled people in NES is increased and access to learning, education and progression opportunities for younger, older and disabled workers is improved; staff with caring responsibilities have the flexibility they require to sustain employment and career progression; the elements of staff experience most relevant to equality and diversity outcomes are maintained and improved**

*What is the issue?*

In NES staff, there is under-representation of people from black and minority ethnic communities at senior level and under-representation of disabled people overall.

National research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management and development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

In its review of occupational segregation, NES considered the impact of pregnancy and maternity, including flexible working, on career development. This has also been reviewed as part of our Carer Positive workstream. The result has been some practical suggestions for supporting reintegration into work and considering options for peer support arrangements. Research highlights caring responsibilities as factors potentially impacting career progression, particularly where work is not truly flexible.

NES considered equality and diversity in its recent review of the implementation of agile working. Agile working was cited as a positive feature by carers and disabled staff in particular. Some staff noted barriers to accessing truly agile working arrangements.

Outcome 8 Actions	Current Status
Improving the consistency of our approach to agile working, to enhance flexible working options and support work/life balance	The revised People & OD Strategy highlights the importance of working arrangements that support individuals to maintain a positive work/life balance. We began a Smarter Working programme to develop team-based approaches to outcome-based and agile working. This work was significantly accelerated and transformed by the circumstances of the Covid-19 pandemic, which saw NES transition to fully remote and flexible working arrangements. Staff surveys and focus groups highlighted the value staff found in flexibility and our People Recovery workstream is continuing Smarter Working developments to consolidate and build on the progress achieved during 2020.
Continuing to progress through the Carer Positive framework	We have maintained the Engaged level of Carer Positive and carried out initial review of policies with the aim of advancing toward Established. Following an initial focus group with parents and carers which explored their experiences working during the Covid-19 lockdown, we have established a staff-led Parents and Carers network with the aim of enhancing peer support and influencing policy and organisational culture.
Using management and recruitment training to identify and remove unconscious bias	We are reviewing our approach to management and recruitment training following the implementation of values based recruitment and the changes in working patterns resulting from the pandemic.

Outcome 8 Actions	Current Status
Ensuring that our approach to succession planning and staff development offers equality of opportunity for all staff	We have supported staff development through engagement with Graduate Apprenticeship programmes, facilitating opportunities for staff to develop skills in career growth areas for the organisation. We reviewed and harmonised our role descriptions, reducing the overall number of descriptions and highlighting the transferable skills involved in roles to support career pathways and equal pay.

**Mainstreaming Priority:**        **We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland.**

*What is the issue?*

In 2015, 10.9% of first-degree students in health care subjects in higher education and 13.8% of full time first degree students in health care related subjects in further education in Scotland declared a disability. Yet, few trainees in postgraduate training declare a disability. Research on barriers for disabled people in postgraduate training in health care professions internationally identifies a number of barriers and areas where support could be improved.

Actions	Current Status
Raising awareness of inclusive educational approaches and signposting to good practice	We work with practice education staff, educational programme leads and learning and development leads to champion inclusive education and signpost to good practice.

Actions	Current Status
	<p>We continue to work to develop awareness and capacity for inclusive design and delivery approaches for education and training. Material on accessibility and inclusion has been incorporated into our <a href="#">Guidance for Educators</a> resources on Turas Learn and we worked with Dyslexia Scotland to develop a <a href="#">Dyslexia awareness module for managers</a>.</p>
Addressing barriers to disclosure	<p>In medical education, we updated our website with key messages to encourage and support trainees to share information and our onboarding forms with questions to enable trainees to raise any issues where they may require support or adjustments in training placements.</p>
Ensuring effective delivery of reasonable adjustments for learners who are NES employees	<p>A national Professional Support Unit for trainees was launched in February 2017. This development was commended by the General Medical Council as a positive support for trainees in their review of the Scotland Deanery in December 2017. We are working with the Lead Employers Core Steering Group to develop arrangements and procedures for a transferable adjustments agreement (reasonable adjustments passport) for disabled trainee doctors in their clinical placements. This work is underway and will continue in 2021.</p>

### 3. Using Our Workforce Equality Data

Analysis of equality monitoring information provides insight into staff experience through their employment journey with NES based on their protected characteristics. We collect data on the full range of protected characteristics and carer status. We use the data to produce an annual equality report as part of our workforce report, which includes an analysis of workforce composition as well as staff recruitment, development and retention. This analysis informs annual operational planning and enables us to track progress on strategic priorities established in our People and Organisational Development Strategy. Our full equality workforce data analysis is published annually in our Workforce Report, which is available on the [Equality Reports](#)<sup>4</sup> page on our website. This process was disrupted in 2020 by the Covid-19 pandemic. Our most recent staff data are included as an appendix to this report.

We have invested in the development of high-quality workforce data and use our data to inform policy development and review, and through our internal equality and diversity leads network promote information sharing, best practice development and efficiencies of approach. We are using people-data to solve Workforce related issues on a regular and ongoing basis, supporting our managers to interrogate data in a way which enables them to deliver solutions that improve equity, effectiveness, efficiency, and experience all at once. Our HR and OD business partners meet regularly to review data and qualitative feedback to develop insights into team and organizational culture and staff experience, which can be used to provide targeted interventions and support for teams, to inform policies, communications and manager development and which contributes to organizational performance management. Our staff equality data contributes to our People and OD key performance indicators, which measure the effective delivery of our People and OD Strategy.

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<sup>444</sup> <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx>



We use both regular E&D data metrics and bespoke analysis to inform equality impact assessments when developing or reviewing policies or strategies. Examples include:

- Informing the development of our approach to flexible working during the Covid-19 pandemic;
- Informing planning and implementation of Trickle, a digital staff engagement tool;
- Fair work assessment.

NHSScotland is currently reviewing and harmonising existing NHS Board human resource policies to a suite of national, Once for Scotland policies. NES will be able to use our workforce data to assess the implementation of those policies and to provide feedback and intelligence to Scottish Government on the equality impact of this implementation.

### **National Support for Workforce Data**

The Turas Training Programme Management and Turas People applications were developed to support training programme management for postgraduate training and the implementation of Lead Employer arrangements for doctors and dentists in training. These applications support NES and other Lead Employers to manage the employment and placement of trainees during their programmes. Equalities data capacity is included in these applications to support equality impact assessment, learning analytics and to enable the delivery of support and reasonable adjustments for trainees.

We collect and use equalities data on trainee doctors in regular quality management and workforce analysis to assess progression and the trainee experience. We use data on the ethnic origin and country of primary medical qualification for doctors in training to analyse patterns of differential attainment in postgraduate medical training, identified by the GMC as a national concern. Using this data, including data collected by NES, the Scottish Trainee Survey,

and GMC data, we have developed an action plan of interventions aimed at addressing differential attainment.

In 2019, NES became the national statistics body for health workforce statistics, which are published through Turas Data Intelligence. Integrated health and social care workforce data can be accessed through this platform. NES has been working closely with Scottish Government National Workforce Planning colleagues on workforce scenarios, which will advance the workforce data available for scenario modelling and workforce planning at local, regional and national level.

As of December 2020, NES anticipates that we should shortly conclude the arrangements for the Data Sharing Agreement enabling access to the required individual-level data which will enable us to further develop the national NHS workforce equality and diversity dataset to provide more actionable intelligence for our stakeholders.

## 4. Mainstreaming the Equality Duty

In our report published April 2017, we highlighted several areas of focus for our work to support mainstreaming equality in 2019-21:

1. NES now hosts the NES Digital Service (NDS). The function of the NES Digital Service is to deliver one of the key objectives of the Scottish Government's recent [Digital Health and Care Strategy](#). The Strategy called for a Scottish 'national digital platform' through which relevant real-time data and information from health and care records will be made available to those who need it, when they need it, and wherever they are, in a secure and safe way. The NDS will need to set equality objectives which are relevant to this function.

Progress: NDS has developed and tested its approach to embedding equality impact assessment into project management and governance and is developing a framework for integrating equalities with service design. This approach has informed their existing service developments, including the SMS Shielding application, which provided useful learning on digital inclusion and skills of different population groups.

2. NES is one of the organisations working to support development of workforce digital capability as part of the Digital Health and Care Strategy. This represents a further development on the digital equality outcome we set two years ago and we are identifying the work that will be required to embed equality into this workstream.

Progress: This work continues to be developed and a focus on digital inclusion and access has been embedded into the proposed developments to be delivered in 2021-25.

3. Turas Learn has been launched and will continue to develop as a platform for hosting equality and diversity content. We are working to establish a national e-learning procurement framework for NHSScotland which outlines accessibility best practice standards. We will continue to enhance the accessibility of the Turas platform and its

associated applications by implementing the new User Interface and style guidelines developed through our user testing and engagement.

Progress: A new User Interface for Learn, developed with the participation of diverse user testers, has been deployed. This improves the accessibility and usability of the platform. We continue to improve and enhance the platform and its applications, focusing on digital learning objects, including eLearning resources, films and webinars.

4. Our work on support for careers will increasingly be aligned to Scottish Government's priorities for the sustainable workforce. Widening access and participation, increasing attraction, flexible career pathways and development of the older workforce are all important elements of this priority. The actions we previously set in 2017, which are now at a relative level of maturity and can be considered 'mainstream' activity, will be superseded by a focus on these areas of activity. Our work included:

- a. Work with key partners to develop an approach (to include guiding principles) to the Recognition of Prior Learning (RPL) to underpin and support access into vocational qualifications at different levels, including RPL to support access into pre-registration nursing and midwifery programmes and deliver a digital resource to support staff to recognise, record, reflect on and build claims for RPL, both retrospectively and as part of ongoing personal development planning.
- b. Working with partners in higher education to ensure the Nursing and Midwifery Council's standards for Return to Practice are implemented effectively and to maximise the opportunities for returners from all clinical settings and geographical locations.
- c. developing an AHP Return to Practice national guidance document for supervised practice placements to ensure governance around the process for supporting individuals wishing to re-register with the HCPC. This process will be supported through the AHP Practice Education network within each Board. The guidance will incorporate recommendations from the Health Care Professions Council's literature review on

risks associated with health professionals returning to practice and the approaches which are most effective in supporting them.

5. We will build on our engagement with the GMC's disability review and the 'Welcomed and Valued' guidance, as well as our role as a national lead employer for General Practice, Occupational Medicine and Public Health trainees, and pilot a reasonable adjustments passport arrangement with the trainees we employ in order to improve the trainee experience and facilitate effective transfer between placements. Progress: We are working with the Lead Employers Core Steering Group to develop arrangements and procedures for a transferable adjustments agreement (reasonable adjustments passport) for disabled trainee doctors in their clinical placements. This work was delayed by the pandemic, but is underway and will continue in 2021, with expected delivery in the 2021-22 financial year.

### **Mainstreaming the equality duty into educational workstreams: a case study**

The Medical Directorate leads a workstream on educational development and support for health and care professionals who work with those who are bereaved. An equality impact assessment and programme of community stakeholder engagement has supported the programme leads to mainstream equality into the work, so that the educational framework, website and associated resources reflect the specific needs of diverse communities.

Examples of the work delivered include:

NES Bereavement Conference 2019

Podcast of conference session re spiritual considerations at the end of life <https://vimeo.com/392426882>

Podcast of conference session re understanding the needs of LGBT people in relation to death, dying and bereavement <https://vimeo.com/392433679>

NES bereavement educational resources

NES Support around Death webpage re caring for people who are LGBT+ at the end of life or when supporting LGBT+ people around bereavement <http://www.sad.scot.nhs.uk/bereavement/supporting-lgbtplus-people-around-bereavement/>

A summary information leaflet about supporting health and social care professionals supporting LGBT+ people around death and bereavement <http://www.sad.scot.nhs.uk/media/16262/lgbt-bereavement-leaflet-updated-feb-2020-final.pdf>

A PDF resource re supporting the spiritual care needs of those who are nearing the end of life during the COVID-19 pandemic <http://www.sad.scot.nhs.uk/media/16465/spiritual-care-resource-web.pdf>

Animation re discussing hospital post mortem after stillbirth or neonatal death (includes couples from diverse backgrounds) <https://vimeo.com/187025288>

Bereavement Charter for Children and Adults in Scotland

NES was a core member of the Charter development group. The Charter is based on human rights principles and as such is relevant to all. More info at <http://www.sad.scot.nhs.uk/bereavement-charter/>

Work to highlight Black, Asian and minority ethnic community considerations related to death, dying and bereavement will be delivered either the NES Feb 2021 bereavement conference or as a standalone webinar. A Bereavement / LGBT+ webinar is planned for March 2021.

### **Mainstreaming the equality duty in procurement**

In accordance with the Procurement Reform (Scotland) Act 2014 which came into force in April 2016, the procurement team have developed and established a robust set of processes (incorporating frameworks, quick

quotes, embedded equality clauses in standard documentation, the supported businesses framework, community benefits, consideration of the living wage) which are designed to support fair and consistent procurement practice and enable measurement of our overall compliance and use of these processes.

The Procurement Strategy Guidance and Template issued by the Scottish Government in May 2017 in support of the Procurement Reform (Scotland) Act 2014, requires public organisations with an estimated total value of regulated procurement spend of £5m or more (excluding VAT) in a financial year to prepare and publish a procurement strategy and to report on this annually. The NES Annual Procurement Report 2018/19 (as presented to the FPMC in August 2019 and found at <https://www.nes.scot.nhs.uk/about-us/procurement/annual-procurement-report.aspx>) contains the principle Procurement Objectives which support the 'Equality and Diversity' aspect of the duty, and requirements are embedded and linked to the Inclusive Education and Learning Policy and NES's accessibility standards in tenders.

The Suppliers Sustainability Code of Conduct has been published on the NES Internet to support our Equality and Diversity aims.

In accordance with the Procurement Reform (Scotland) Act 2014, the suite of NES standards, supporting inclusive education, are now included in all invitation to tender documentation and contracts and embedded in the procurement process. These standards, such as accessibility standards, ensure that our learning materials, web sites and other educational media support inclusive education.

Work with the Digital Transformation team has established digital development guidelines, with equality and diversity requirements embedded, and aligned to all relevant legislation including the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

A Best Practice Guide to Educational Commissioning has been published which provides operational support to educational provision that addresses

the strategic imperatives for workforce development, whilst ensuring we are aligned to the Procurement Duty. The purpose is to ensure that funding and resource for education and training is targeted at the development of a workforce that is well trained, flexible and competent, whilst widening participation in education and development by enabling a flexible and supportive education and learning infrastructure that promotes equality and diversity. The guide can be found on the following link

<https://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/education-commissioning-a-best-practice-guide.aspx>



## 5. Equality impact of the pandemic

The Covid-19 pandemic, responses to the pandemic and associated recession have highlighted the significant and continuing impact of structural inequalities in the UK. Evidence of this impact is still developing and we would expect the impact to continue to unfold for some time.

Scottish Government recently published two summaries analysing emerging data on equality impact of the Covid-19 pandemic, institutional responses and associated economic crisis. Two papers of particular relevance for NES are the Coronavirus (Covid-19): health and social impact assessment<sup>5</sup> and Coronavirus (Covid-19): economic impact of labour market effects<sup>6</sup>. Both papers highlight particular impacts on women, black and minority ethnic people, disabled people and carers. Health and social impacts are particularly significant for older people and labour market impacts affect both young people transitioning into work and older workers. Close the Gap also noted that labour market impacts are gendered, with sectors dominated by women (retail, hospitality) experiencing higher levels of job loss and less likely to recover quickly, higher rates of job loss among women, exacerbated by the increased pressures of unpaid care during the pandemic<sup>7</sup>. In short, the Covid-19 pandemic has exacerbated existing structural inequalities significantly, in some areas potentially rolling back generational gains.

In their submission to the Scottish Parliament Equalities and Human Rights Committee enquiry on the impact of Covid-19, Engender highlighted a range of significant concerns relating to violence against women, the impact of limited sexual and maternal health services, structural under-funding of the care sector and its impact on women's employment, careers and incomes (directly and indirectly)<sup>8</sup>.

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<sup>5</sup> <https://www.gov.scot/publications/covid-19-health-and-social-impact-assessment/>

<sup>6</sup> <https://www.gov.scot/publications/economic-impact-of-coronavirus-led-labour-market-effects-on-individuals-and-households/>

<sup>7</sup> <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-response-to-EEFW---Impact-of-COVID-19-on-business-workers-and-the-economy-July-2020.pdf>

<sup>8</sup> <https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-EHRiC-Inequalities-and-Covid19.pdf>

Following the international protests sparked by the killing of George Floyd in the United States, increased attention has been focused on the issue of institutional racism and the need to take action. The King's Fund's recent podcast on racism and health inequalities is a useful summary of some of the key issues in relation to health and care<sup>9</sup>. Scottish Government has drawn attention to their existing Race Equality Framework and communicated two Directors Letters to NHS Boards, one focused on data and leadership, and one which provided direction for the establishment of staff networks. Although the primary focus is on race equality, the second letter introduces the subject of champion roles for LGBTQ and disability equality. The King's Fund has also published the results of their research on workforce race inequality in the NHS in England<sup>10</sup>, making recommendations for improvements. Many of the issues raised are similar to those identified in 2019 by the Equality and Human Rights Commission's review of racial harassment in higher education. The HE sector has responded to this and to the Black Lives Matter movement by a significant focus on 'decolonising' the curriculum and institutions<sup>11</sup> and anti-racist activity<sup>12</sup>.

The Equality and Fairer Scotland Impact Assessments of the Scottish Clinical Guidance and Ethical Advice and Support Framework<sup>13</sup> highlighted a number of issues relating to the equitable treatment and human rights of disabled people and older people. Disabled people's organisations and the equality and human rights regulators challenged the use of the Clinical Frailty Scale in making decisions about care, raised concerns about DNACPR process and expressed the view that disabled peoples' lives were less valued. Inclusion Scotland and the ALLIANCE have highlighted the impact of withdrawal of care during the pandemic.

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<sup>9</sup> <https://www.kingsfund.org.uk/audio-video/podcast/covid-19-racism-health-inequality>

<sup>10</sup> <https://www.kingsfund.org.uk/publications/workforce-race-inequalities-inclusion-nhs>

<sup>11</sup> <https://www.advance-he.ac.uk/news-and-views/decolonisation-curriculum-conversation>

<sup>12</sup> <https://www.advance-he.ac.uk/news-and-views/critical-conversations-critical-action-we-stand-united-against-racism>

<sup>13</sup> <https://www.gov.scot/publications/coronavirus-covid-19-equality-impact-assessment-of-clinical-guidance-and-ethical-advice-and-support-framework/>

The pandemic demonstrated the risks and consequences of digital exclusion. Scottish Government, the SCVO and partners are delivering the Connecting Scotland initiative<sup>14</sup> to try to connect the most vulnerable.

Disabled people have noted that the move towards agile and technology enabled ways of working and learning, with greater flexibility, can be more accessible and inclusive, and is part of the pandemic response that should be retained.

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<sup>14</sup> <https://connecting.scot/>

## **6. The NES coronavirus response and renewal**

As the Board responsible for educating and training NHS Scotland's workforce, we have had to balance our support for the immediate Coronavirus response with looking over the horizon to make sure the NHS has the right people with the right skills for the future.

We have been required to suspend or pause large areas of normal business, provide support to the service through the provision of educational resources, the redeployment of staff and learners, and through taking on very substantial new programmes of work, such as the Covid-19 Accelerated Recruitment Portal, and the Shielding SMS service.

At the same time, we have had to move to an entirely new way of working, supported by home-working, remote meetings, and a step-change in the on-line approach to the delivery of education.

And in doing this, we have sought to support our staff and those learners for whom we are responsible to the maximum extent possible, have endeavoured to secure continuing education and progression where possible, and have undertaken recruitment for the start of the next academic year, to guarantee continuity of workforce supply.

We are mindful of the many challenges that the service (and so the learning environment in which we work) will face, the likelihood of a continuing enforced reduction in clinical capacity, a large back-log of urgent and scheduled care, the new ways of delivering care that will be required, and the new skills that we will be asked to support.

It is also of note that the NHSS response to this emergency has resulted in change at pace and scale, much of which has been extremely positive, and there is a clear appetite as we recover and renew to seek to 'lock in the benefits'.

## Our Response

During the first phase of the pandemic, we paused substantial areas of our routine business, devoting considerable energy to providing new educational resources and redeploying our staff and learners, to support colleagues on the front-line.

NES conducted a review of all our programmes of work. As a result, and in the face of the pressure on frontline services, we suspended much of our education and training activity. However, in order to mitigate the long-term impact of this action, we have maintained some core areas, such as a 'light touch' review and recruitment process to try to limit the damage to future workforce supply.

In our response to COVID 19, a priority for NES has been to maximise the contribution that learners and trainees can make to service delivery, while seeking to support trainees at the frontline, including those in medical, pharmacy, dental, optometry, nursing, midwifery, AHP and psychology programmes.

At the same time, it quickly became clear that there was a need to engage in new areas of business for the organisation. NES has adapted not only by creating a large number of new Covid-19 educational resources, but also by working with partners on the development of a number of projects in areas well beyond our normal sphere of work.

Our Covid-19 educational resources were developed to respond to the underlying determinants of health inequalities. A range of new learning resources were developed to support staff working in community settings across health and social care: including supporting people with mental health issues, learning disabilities, dementia, older people, frail people and people requiring palliative and end of life care.

<https://learn.nes.nhs.scot/28566/coronavirus-covid-19/practice-in-the-community-setting/clinical-practice>

Specific resources were developed which focused on supporting people with additional needs. The COVID-19 pandemic will not affect everyone equally and some people will have a higher risk of psychosocial impacts such as stress and distress. A range of resources for staff working in cross sector specialist areas to support them in adapting practice for the current context have been developed by our Nursing, Midwifery and Allied Health Professions Directorate in partnership with the Psychology Directorate. The resources address the needs of particular groups of people who may experience heightened health inequalities in the context of the pandemic and include supporting people experiencing mental distress; people with a learning disability and people with living with dementia.

<https://learn.nes.nhs.scot/30226/psychosocial-mental-health-and-wellbeing-support/taking-care-of-other-people/supporting-people-with-additional-needs>

Our educational work during the pandemic also focused on improving access to accessible digital learning for the entire workforce to support an effective response to the rapidly developing conditions of the pandemic. Some examples of our approach include:

- a. Working in partnership with the SSSC, the Care Inspectorate and Scottish Care a COVID-19 Support Worker page was developed. This page hosts a huge range of educational resources and guidance for support workers in all health and social care settings aimed at improving access to learning for the non-registered workforce, linking to and synergising with the resources and guidance produced by other partnership organisations.

<https://learn.nes.nhs.scot/28985/coronavirus-covid-19/support-workers>

- b. Working in partnership with a range of agencies a specific COVID-19 page hosting a range of resources was developed on Turas Learn for Volunteers and Carers. <https://learn.nes.nhs.scot/28190/coronavirus-covid-19/volunteers-and-carers>

- c. Regular webinars hosted by the Deanery for medical trainees to keep up to date and to provide trainees with the opportunity to raise issues or concerns, or ask questions.

Expansions to our remit included our work on the Scottish Government's proximity app and the Covid-19 clinical assessment app, allowing data to be collected at the point of care, in real-time, for better treatment. We also supported the SMS Shielding Service to get over 900,000 groceries and medication boxes to the homes of around 190,000 of the most vulnerable people. The service also offered access to supermarket priority slots and up-to-date information on developments in shielding policy.

The service has a continuing role as an information channel – mainly in terms of alerting people to changes to advice in light of local outbreaks. It has recently been used to support distribution of vitamin D tablets to people on the shielding list.

The service used the well-established SMS technology to maximise accessibility for those who may have access to mobile phones but not internet, and to benefit from SMS's ability to work well with accessibility tools such as screen-readers and voice-to-text. Our data analysis from the programme highlights the importance of developing digital tools within the context of overall service design, including consideration of how they relate to and are supplemented by non-digital elements, and further work on user experience is planned.

NES was also responsible for development of the Covid-19 Accelerated Recruitment Portal, which was used to rapidly attract returners and other members of the public to support the pandemic efforts. NES carried out employment checks for over 10,000 returners and students to support scaling additional capacity in the NHSScotland workforce.

With a view to managing the vaccination rollout, our Vaccination Management tool will enable staff across the country to efficiently record attendance at vaccination sessions, as well as safely access relevant clinical information for our most vulnerable people.

### **Supporting our staff through the transformation**

Our shift to the new way of working built upon the digital infrastructure and cultural work we were already progressing under the banner of Smarter Working. The Smarter Working initiative supports excellence in health and care by transforming the way people do their jobs. It will provide the tools and leadership, and promote the culture required to enable effective and innovative ways of working among teams and individuals.

Smarter working is about working together in new ways, wherever we need to, supporting great work and working lives. New technology, modern workspaces and our leadership behaviours all make it easier to work smarter and focus on the end results. It applies to all staff, in every part of the organisation.

Smarter working is not one thing, or even a set group of things. It will mean different things to different people and will look different across a range of working environments. Key is the aim of creating a way of working that supports both the wellbeing of the individual and the productivity and effectiveness of NES in supporting health and social care services throughout Scotland.

Our early work on the Smarter Working initiative and our cloud-based Microsoft 365 digital infrastructure meant that we were well-prepared for a rapid transition to near-universal remote working during the lockdown.

During the pandemic our support for staff included:

- a. Weekly communication videos from members of the Executive Team, which staff valued and requested be retained as a regular communication feature;
- b. Dedicated Coronavirus information resources on the intranet, signposting to information about policies, options for leave, health and wellbeing support, support for managers, digital and equipment support
- c. Remote working health and safety training module for staff, which included a detailed focus on the ergonomics of the home working environment
- d. Support to access appropriate equipment (physical and digital) for safe and healthy working spaces, with a focus on addressing inequalities in provision
- e. Communication and support for managers on managing virtual teams



- f. Guidance and advice on accessibility and distributed working
- g. Access to national health and wellbeing resources and support, occupational health services and AXA-ICAS employee support services
- h. Revisions to our flexible and home working policies to increase flexibility for staff which reflected the circumstances of the pandemic, particularly the challenges of parents and carers who were balancing increased demands to provide care.
- i. Development of an enhanced risk assessment process for staff who needed to work in the office to perform essential functions which accounted more holistically for the social aspects of Covid-19 risk, enabling staff and their managers to address risk and safety on an individual basis and to make appropriate arrangements for individuals and within teams to ensure that staff were able to work safely.

Throughout the year we carried out surveys of all staff and targeted focus groups of staff who are parents and/or carers, from Black, Asian and Minority Ethnic communities, or who are disabled or live with a long-term condition in order to gain insight into staff experiences and to gather feedback from staff to inform our policy development and scenario planning. We are using this information in our People Recovery programme to inform the design of our new ways of working. The focus groups have led to the establishment of new staff networks to ensure effective employee voice for under-represented and minority groups, and we will be implementing Trickle, a digital real-time staff engagement platform, which will support continuous feedback and information gathering, empower staff for collective identification and resolution of any challenges they are facing in work and further support our health and wellbeing strategy.

We have also targeted specific support for our staff working in frontline clinical services. In addition to the trainees for whom we are lead employer, NES became the employer for nursing students deployed to work in care homes on fixed term contracts during the pandemic. Our support for clinical staff included:

- a. Regular engagement and communications through extranets and webinar programmes;
- b. A suite of specific coronavirus training;
- c. Memorandum of Understanding with care sector placement providers which included specific requirements to ensure safety of placement staff, including the specification of requirements for personal protective equipment (PPE);
- d. Technology enhanced delivery of the Foundation school enhanced induction programme and the Scottish Trainees Enhanced Induction Programme (STEP) for GP trainees, both of which support International Medical Graduates in their transition to learning in NHSScotland;
- e. Provision of Occupational Health support and holistic employee assistance through the Professional Support Unit (PSU).

### **Looking ahead**

So what does all of this mean for the future of NHS Scotland's workforce? We are mindful of the potential for continuing changes in clinical capacity, the new ways of delivering care that will be required, and the new skills that we'll be asked to support.

How far, how fast, and in what shape clinical services recover will be fundamental to our work on future postgraduate education - including that which is commissioned from higher education bodies. Similarly, our workforce supply pipelines often depend on undergraduate activity in the university sector - which may suffer disruption in a number of areas. In all these areas, our work with our partners, will be fundamental to shaping our response.

Several of the workforce supply pathways into health and care (which can be long and complex) have been disrupted because of the COVID 19 pandemic. This disruption has resulted from several factors which have affected the ability of learners and trainees to progress as normal. These have included:

- a. changes in clinical service provision (for example where the cessation of elective work has led to a reduction in training opportunities);
- b. changes in trainee rotations (for example, many trainee rotations have been 'stood-still' to provide service support and minimise disruption);
- c. the redeployment of trainees and learners into different clinical areas;
- d. service pressures impacting on the ability of staff to complete necessary trainee assessments;
- e. decisions taken by other organisations which have impacted on trainee progression (for example examinations being suspended, which can be critical to progression or completion of training).

NES has been working with NHS Boards, the statutory education bodies in the four devolved nations, and the professional regulators to mitigate disruption with the aim of allowing as many trainees/learners to progress as normally as possible. However, it is likely that there will be some residual impact.

Similarly, the workforce supply chain requires the recruitment of significant new entrants to the system on an annual basis – whether into undergraduate programmes or postgraduate training programmes.

NES has been working with the statutory bodies across the four nations to put in place recruitment procedures which can operate effectively under the current restrictions to normal movement. This has been largely successful, but there may still be some residual impact to recruitment.

Most clinical education and training pathways are subject to statutory (UK) regulatory oversight, which normally includes approval of placements and programmes. On the basis that the recovery and renewal process will lead to significant service re-design, extensive and complex work may be required to re-profile training pathways and programmes in line with any new service models.

If the 'new-normal' requires trained professionals to possess new or different skill sets (for example in remote consulting), work may be required to drive the necessary curricular change, and to develop and deliver the necessary training. In areas where curricula are regulated at a UK level, this will require a four-nation approach.

## 7. Implementing the Fairer Scotland Duty

The Fairer Scotland Duty was implemented in Scotland in 2018. The 'key requirements' of the Duty are to:

- **Actively consider, at an appropriate level**, what more we can do to reduce the inequalities of outcome caused by socio-economic disadvantage in any strategic decision-making or policy development context; and
- **Publish a written assessment** showing how we have done this.

We reviewed and adapted the guidance published by Scottish Government, creating a procedure and summary report framework for carrying out assessments. Fairer Scotland implications of workstreams, policies or strategies are reported to the Executive Team and to the Board at appropriate junctures to inform decisions, and summaries of the assessment and final decisions, including any recommendations for action, are published on our website on our equality impact page.

Supplementary guidance on socio-economic inequality and the Fairer Scotland Duty are included within our EQIA toolkit, and engagement with departmental equality and diversity leads and the Senior Operational Leadership Group, in addition to the Senior Leadership and Management Team, has taken place to raise awareness of the duty, relevant issues for our work and our approach to implementation.

A focus on Fairer Scotland objectives is systematically embedded in our procurement processes: all tenders address Community Benefits where appropriate and consideration of the Living Wage (all suppliers are now committed to paying LW this is assessed through our evaluation criteria). A Suppliers Sustainability Code of Conduct is published on the NES Internet in support of our Equality and Diversity aims and objectives.

Our first major Fairer Scotland assessment was carried out on our Strategic Framework. In this assessment, we identified three main areas of potential

impact of socio-economic disadvantage to be considered when establishing and implementing our Strategic Framework:

- a. Education and workforce development which is responsive to the needs of the population and service, informed by the context of social and health inequalities;
- b. Access to, and progression through, education and career pathways;
- c. Access to information and technology, and the information and digital skills to use these resources effectively.

We are delivering a number of workstreams which support the aim of widening access to careers and professions in health and care. These include:

- a. Working with partners, including the Princes Trust and Barnardos, to develop career pathways into healthcare for young people who experience socio-economic disadvantage, care experienced young people, and others who are experiencing barriers into employment.
- b. Supporting the Chief Nursing Officer's Widening Participation in Nursing strategy, developing data analysis using SIMD measures to inform performance management of nursing programmes in higher education institutions in Scotland, and commissioning research on occupational segregation in nursing.
- c. Supporting Widening Participation in Medical Careers, through oversight and disbursement of the Additional Cost of Teaching (ACT) levy to support activity to improve access to medical education in Scottish universities by young people from low-income backgrounds.

We are delivering the Fairer Scotland Duty in our employment functions by:

- a. Incorporating socio-economic disadvantage within our approach to equality impact assessment of employment policies ;
- b. Embedding a focus on health inequalities and support for carers in the workplace with our Healthy Working Lives Strategy, which underpins our approach to health and wellbeing support for staff;
- c. Carrying out a Fair Work Framework benchmarking exercise in partnership with staffside representatives to review our current employment practices and identify any priorities for continuous

improvement. We updated this assessment in 2020 against the refreshed [Fair Work statement](#) to reflect the changed work circumstances of the Covid-19 pandemic.

### **The refreshed Joint Statement of Fair Work**

The Joint Statement of Fair Work practices issued in July clarified expectations during the transition out of lockdown. It covered 7 areas where fair working practices could be adopted, as listed below:

1. Facilitating effective employee engagement
2. Supporting all workers to follow public health guidance
3. Paying workers while they are sick, self-isolating or absent from work following medical advice relating to COVID-19
4. Facilitating flexible working arrangements, including homeworking
5. Protecting the health and safety of all workers – at work and travelling to and from the workplace
6. Providing workers with clear and comprehensive information on managing work-related risks
7. Protecting the position of all workers, regardless of the nature of their employment

We benchmarked our delivery of these practices in partnership with staffside representatives, identifying a range of activities which indicated a robust and consistent approach to delivery of the practices.

Taking a continuous improvement approach to delivery of Fair Work, we identified further actions to be progressed as appropriate through our Recovery and Renewal programme:

1. Trickle implementation.
2. Joy in Work/ Our Way refresh to support new ways of working.
3. Feedback the Everyone Matters (staff experience survey) results at Directorate level.

4. Establishing Disability and Black, Asian and minority ethnic networks to continue engagement started in focus groups. A meeting will be held in January to explore options with staff for developing an LGBT+ network.
5. Monitoring the impact of Long Covid and working with colleagues across Boards to adopt best practice and consistent approach.
6. Implications of waiting times for long term sickness absence to be dealt with on case by case basis aligned to other Boards.
7. Consider application of Disability Policy in Long Covid cases.
8. Improvements to reasonable adjustments process to address inconsistency/ challenges raised by focus groups.
9. Establishing a peer support network for parents and carers, and using their input to inform our work on ways of working and flexible working.
10. Consideration of how to support potential disproportionate impact of homeworking on lower paid staff (including digital poverty).
11. Consideration of the planning horizon for posts (short term and longer term) is being noted and explored in the development of the Technology Enhanced Learning transformation bids.
12. Communications to Directorates, especially around Operational Planning to consider how they can support extensions of FTC and agency staff where possible.
13. Promote the use of the Scottish Government's Fair Work Self-Assessment to staff.



## **8. Corporate Parenting**

NES as a public body has a responsibility in relation to corporate parenting. NES developed a Corporate Parenting Action Plan which was first published in financial year 2017-18. Since then the plan has been updated in June 2018 and July 2019.

### **Key activities**

- Working with Who Cares? Scotland (WC?S) to ensure the views of care experienced young people are reflected in NES plans.
- Working with Who Cares? Scotland to develop an open access Corporate Parenting eLearning module for NHS staff. This features on the Equality and Diversity Zone in Turas Learn.
- Promoting staff awareness of the needs of care experienced young people through educational resources within Dental care, General Practice and Mental Health services.
- Ongoing awareness raising and promoting learning opportunities for key staff members in NES regarding our role as Corporate Parents.
- Promotion of learning resources to other Corporate Parents and health and social care partners.
- Working with the NHSScotland Employability and Apprenticeship Network and key partners to promote and support further development of opportunities and provide more flexible entry and career pathways, further qualifications, and requirements for support for care experienced young people joining the workforce.

### **Corporate Parenting Action Plan for 2021/22**

#### **Action 1 – Educational Materials for Health and Care Professionals**

A. Review relevant existing NES educational materials to ensure the needs of Care Experienced people are understood and appropriately taken into consideration.

B. Consider the need for creating additional educational resources for Health and Care Professionals who provide services for Care Experienced people, working in partnership with key clinical networks, such as the Women, Children, Young People and Families (WCYPF) Once for NES Group.

If these actions result in a substantial resource requirement this will have to be factored into the 2022/23 Operational Planning cycle.

### **Action 2 – Educational Materials for WC?S staff**

A. Signpost/promote relevant existing NES educational materials to WC?S staff.

B. Explore the possibility of providing a Trauma informed practice session and other educational activities to WC?S staff (e.g. providing key note speakers).

### **Action 3 – Improving Employability for Care Experienced people**

Working with the NES Employability & Apprenticeships Action Group to review current recruitment processes with expert input from WC?S.

### **Action 4 – Representing the needs of Care Experienced people in the Trauma Training Programme**

Following a consultation process with the Promise Implementation Team and the Children, Young People and Families Senior Leadership Group at Scottish Government, a number of potential priority areas were identified:

- a. Working with the Children’s hearing System (SCRA/CHS) to develop a trauma informed training and implementation package for the staff and volunteers
- b. Working with Looked After and Accommodated Children (LAAC) nursing and supporting the dissemination of trauma training in school nurses and Child and Adolescent Mental Health Services (CAHMS).
- c. Secure care

- d. Kinship carers (coordinated via the Kinship collaborative)

Practical outputs/deliverables planned for Spring 21:

- a. Support the review and redesign of training for Children Hearing system across the Scottish Children's Reporter Administration (SCRA) and Children's Hearing Scotland (CHS) and implementation planning.
- b. To be confirmed - CPD events for the Looked After and Accommodated Children (LAAC) nursing community.
- c. To be confirmed - Support to design trauma informed training package for the kinship collaborative in partnership with the various stakeholders
- d. Develop a CYP (Children and Young People) module for the 'developing your trauma skilled practice' e-module. This is aimed to be broadly applicable but specifically useful to the workforce supporting CYP in the care system.

## 9. Equality Outcomes 2021-25: Looking Forward

We have been working for a number of years to embed equality and diversity in our work in ways that improve outcomes for our stakeholders. The refresh of the NES Strategic Framework in 2019 offered the opportunity to reflect on the existing equality outcomes and to ensure that our equality outcomes remain current and to embed those priorities into our Strategic Framework. The review of the impact of the coronavirus pandemic and our response as we move through remobilization and into recovery is also reflected in the way that we have updated and focused our equality outcomes for 2021-25.

We expect that the situation will continue to be dynamic and we will need to take an agile and responsive approach to the needs that arise.

Our approach will be guided by:

- a. A continuing Technology Enhanced Learning transformation and developing digital capabilities for health and care;
- b. Continued focus on addressing the factors that contribute to differential access, experience and outcomes in learning in order to support widening participation in learning and reduce differential attainment;
- c. Further enhancing and empowering learner and employee voice, developing new engagement mechanisms like staff networks and using our user experience and service design approaches to shape our service developments;
- d. Developing our approach to implementing new human rights duties, strengthening integration with the existing equality duties, with a particular focus on taking approaches to prevent and reduce health inequalities.

Our equality outcomes for 2021-2025 will be:

### **Outcome 1:**

Our support for youth employment with a particular focus on engagement and supporting transitions from school, college and university for those further from the labour market or more likely to experience barriers to full

employment: young people who are care-experienced, disabled, or from Black and minority ethnic or socio-economically disadvantaged communities

**Outcome 2:**

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

**Outcome 3:**

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

**Outcome 4:**

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

- a. Expanding the availability of technology enhanced learning which reflects best practice in accessibility and increases flexibility in learning opportunities;
- b. Establishing arrangements for reasonable adjustments passports for trainees under the Lead Employer programme;
- c. Providing holistic careers advice and person-centred support for disabled trainees through the Performance Support Unit.

**Outcome 5:**

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

- a. Accessibility [design, facilitation, assessment, reasonable adjustments]
- b. Cultural competence and anti-racist education

- c. Unconscious bias in education
- Social learning and facilitating for inclusive learning

**Outcome 6:**

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

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

**Outcome 7:**

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

**Outcome 8:**

NES is an inclusive employer, with:

- a. Effective employee voice, including staff networks with effective influence on policy
- b. Improved recruitment outcomes for young candidates, minority ethnic candidates and disabled candidates
- c. An adaptable and flexible workforce with positive support for staff wellbeing.

## **Mainstreaming priorities**

In our quadrennial cycles we set mainstreaming priorities to focus our efforts to mainstream the Equality Duty into our day to day work, making this focus more systematic and impactful. Our priorities for 2021-25 will be:

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

## **Our approach to measuring improvement**

### **Impact model**

Our core business in education and training extends beyond the development and delivery of high- quality products and services, to carefully evaluating our diverse activities. We are committed to measuring the impact of our work on individuals, organisations and service users to help us understand its effectiveness, and to make improvements. To this end we employ an impact planning and measurement model, to enable us to report impact at different levels. This applies to all our education and training across the health and social care disciplines.

A key feature of our impact model is encouragement of programme teams to consider the effects of our activities on different groups, including those with protected characteristics. This requires us to understand the demographic characteristics of learners engaging with our products and services, and to collect data on their satisfaction, learning and confidence, and their success in putting learning into practice. This data will enable us to evaluate the inclusivity of our education work and remove barriers to participation and learning where we have evidence of differences in participation, engagement and learning/attainment.

### **Digital dashboard educational impact**

As part of our commitment to high quality across a growing portfolio of digital resources, we will be implementing an online dashboard to assist with reporting and accountability. It is expected the Digital Dashboard will include information on a range of quality dimensions, including evaluation/review

dates and product owners. The inclusivity of our digital resources for a range of different learners, including those with disabilities, is also considered an important dimension of quality. We anticipate that the Dashboard will provide a key focal point for accountability in this regard, ensuring any barriers to participation and learning are identified and addressed.

### **Workforce data dashboards**

NES already has an extensive set of workforce equality data which is being used by our Workforce team to monitor and assess progress on organisational policy and culture. These measures will be developed into the KPIs for effective workforce and reported through the Partnership Forum and Staff Governance Committee.



**NHS Education for Scotland**

**Board Paper**

**1. Title of Paper**

COVID-19 “Governance Light” – Next Steps

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

David Garbutt, Board Chair

**3. Situation/Purpose of Paper**

- 3.1 The purpose of this paper is to invite the Board to approve a move from the COVID-19 “Governance Light” phase of Board governance, to a “Re-design Whilst Recovering” phase of governance, as of 1 April 2021, in line with the draft NES 2021/22 Phase Three Re-Mobilisation Plan.
- 3.2 It is proposed that this phase of governance will include adoption of some of the principles and processes that have been successful as part of “Governance Light” and begin to recover some of the aspects of governance development and improvement work that were paused during the “Governance Light” period.

**4. Background**

- 4.1 As the COVID-19 pandemic developed into a second phase and winter pressures also challenged the NHS and wider public sector, the Scottish Government (December 2020) requested that all NHS Boards moved to a “Governance Light” approach. The aim of “Governance Light” was to reduce the demands on Executive Team and their supporting staff, as they prioritised the response to the second phase of the COVID-19 pandemic and winter pressures.
- 4.2 The NES Board responded by setting out their “Governance Light” approach (as detailed in Appendix I of this paper) and submitted this to Scottish Government on 12 January 2021.
- 4.3 During this “Governance Light” period, the NES emphasis has been on effective, proportionate and robust governance and scrutiny. The Board have reviewed the “Governance Light” approach in an on-going fashion, over the period.

## **5 Assessment/Key Issues** (including identification of any strategic risks)

- 5.1 The COVID-19 strategic risks for this period have been subject to the scrutiny of the Executive Team (ET), the Audit and Risk Committee and full Board.
- 5.2 Further to reviewing the “Governance Light” phase of governance, the following proportionate and effective components of “Governance Light” will be carried forward from 1 April 2021 onwards:
- Agendas and papers will continue to be rigorously reviewed by Chairs and executive leads, supported by Board Services, in advance of meetings.
  - Agenda items will be prioritised, carefully considering the need for items in light of the strategic context and taking only essential items of business at the meeting.
  - Taking items through correspondence as appropriate.
  - The continued use of the shortened papers incorporating the SBAR approach (Situation/Purpose; Background; Assessment/Key Issues and Recommendations). Supplementary material will be confined to hyperlinks whenever possible.
  - The continued tightening up on items for “noting” so that these items do not stray inappropriately into items for discussion.
  - Use of timed agendas to support the prioritisation and flow of business.
  - The continued application of the above, aiming for a shorter meeting duration, which prioritises business items and time spent during the meeting on governance and scrutiny.
  - Taking papers “as read” and moving into governance scrutiny, unless authors have any additional strategic points for the Board or Committee to be made aware of since the paper was issued.
  - Reducing Committee and Board minutes in length, recording just key decisions and significant actions.
- 5.3 In line with the approach of “Re-design Whilst Recovering”, the Board development and improvement work will be gradually be re-instated from 1 April 2021. Board Development sessions will be held as scheduled. Board improvement work in relation to strategic KPIs development, Committee schedules of business to align with the newly approved Terms of Reference; Committee assurance frameworks and risk management development will be gradually re-commenced.

## **6 Recommendation**

The Board is invited to:

- Approve the move from the COVID-19 “Governance Light” phase of Board governance, to a “Re-design Whilst Recovering” phase of governance, as of 1 April 2021, in line with the NES 2021/22 Phase Three Re-Mobilisation Plan, incorporating the elements of “Governance Light” detailed in paragraph 5.2 and re-commencing Board development and improvement work as outlined in paragraph 5.3 of this paper.
-

For completion by author:

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

- Yes
- No

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

- Yes
- No

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

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

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

- Yes
- No

**e) Have Equality and Diversity and health inequalities issues been considered?**

- Yes
- No

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

- Yes
- No

Della Thomas  
Board Secretary, NES  
March 2021

## **NHS Education for Scotland**

### **COVID Pandemic “Governance Light”**

Further to the request from John Connaghan (December 2020), to move to a “Governance Light” approach in all NHS Boards, in order to reduce the demands on Executive Team and their supporting staff, the below outlines the NES “Governance Light” approach.

#### **NES Board and Committees - effective from 5 January 2021 – 31 March 2021.**

1. Meetings planned for January 2021 have been re-scheduled or the business is being dealt with by correspondence. The exception is the 28 January Audit and Risk Committee, which it is likely will go ahead as planned, as to re-schedule this at this point could potentially cause more work.
2. During the “Governance Light” period, the formal Board will continue to meet as scheduled, however planned Board or Committee Development sessions will be cancelled.
3. The Standing Committees of Audit and Risk, Staff Governance and Education and Quality will continue to meet as scheduled, subject to the changes in approach to business set out below in paragraph 4. The Digital and Information Committee will remain stood down during this period and the Remuneration Committee business will be dealt with by correspondence.
4. In order to apply “Governance Light” to these meetings, the following approaches will be progressed:
  - Rigorously reviewing agendas and papers by Chairs and executive leads, supported by Board Services, in advance of meetings.
  - Prioritising agenda items, carefully considering the need for items in light of strategic context, and taking only essential items of business. Non-essential items will be deferred to another date, progressed by correspondence, or deleted from the schedule.
  - Requiring only short papers, (as SBARs, if appropriate) and confining supplementary material to hyperlinks.
  - Taking short verbal updates instead of papers.
  - Tightening up on items for “noting” so that these items do not stray inappropriately into items for discussion.
  - Using timed agendas to support the prioritisation of business.
  - Applying above, aiming for a shorter meeting duration, by prioritising business items.
  - Reducing Committee and Board minutes in length during this period, recording just key decisions and significant actions.
5. Board governance improvement activities requiring time from executive leads working on COVID priorities will be placed on hold.

“Governance Light” Board/Committee paper

**Executive Team and Extended Executive Team Meetings effective from 5 January 2021 – 31 March 2021**

Projections at this time (12/01/21) suggest that during this period, executives will be required to make significant decisions and at pace.

- The frequency of Extended Executive Team Meetings will increase from once a week to three times a week from 11 January 2021. The frequency of these meetings will remain under review.
- The COVID decision action log will be re-instated as of 11 January 2021.
- The Executive Team will continue to meet on a monthly basis. The frequency of this meeting will remain under review.

The Board will be kept up to date with key decisions made by the Executive Team by means of:

- A strategic COVID decision log to Board meetings February and March.
- Weekly CEO briefing of Board Chair on major decisions.
- Board Chair will attend one of the EET meetings per week.
- Weekly Board Chair briefing Committee Chairs and non-executives.

Della Thomas  
Board Secretary  
12/01/21

**NHS Education for Scotland**  
**Item 11c**  
**25 March 2021**

**NES/21/35**

## **NHS Education for Scotland**

### **Board Paper**

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

Re-commencement of Digital and Information Committee

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

David Garbutt, Board Chair

#### **3. Situation/Purpose of Paper**

The purpose of this paper is to invite the Board to:

- Approve the re-commencement of the Digital and Information Committee
- Approve the revised membership of the Committee, increasing NES non-executive Director membership and decreasing the number of external co-opted members.
- Note that Digital and Information Terms of Reference, annual schedule of business and its assurance framework will be developed in due course.

#### **4. Background**

- 4.1 The NES Board agreed to establish the Digital Committee at the 26 September 2019 Board meeting. The Committee met for the first time as a formal Committee on 2 March 2020.
- 4.2 The Committee was soon after suspended as part of the Board’s decision at the 26 March 2020 Board meeting, to move to “Core Governance” and delegate strategic decision making to ET “Gold Command”, in response to the COVID-19 pandemic. Strategic digital reports were instead scheduled through the full Board.
- 4.3 At the Private Board meeting on 27 August 2020, the Board agreed to re-instate full Board Governance arrangements from 1 September 2020 with some changes. One of these changes was to rename the Digital Committee to the “Digital and Information Committee” to reflect anticipated additional components to its remit.
- 4.4 At the 24 September 2020 Board meeting, the Board received a Digital paper noting that the Programme for Government 2020 (Scottish Government, September 2020) signalled an intention to review the national Digital Health and Care Strategy. Consequently, the Board agreed that the Digital and Information Committee would remain suspended until such time that the national policy direction was confirmed. In the interim it was agreed that the NES Digital Executive Group, would report directly to the Board for governance and assurance purposes.

## “Governance Light” Board/Committee paper

- 4.5 In December 2020, the Scottish Government confirmed its expectations that the NES National Digital Service (NDS) would continue to be commissioned to undertake developments associated with the national Health and Social Care Digital Strategy. At the end of January 2021, the secondment of the NDS Director finished. The NES Digital Director is now overseeing both Directorates (NES Digital and the National Digital Service) as the Director of NES Digital and NES Digital Service.
- 4.6 In response to the next phase of the COVID-19 pandemic the Board adopted a “Governance Light” approach from January 2021 – March 2021. As part of this approach Board Development and Board improvement activities were paused and the Digital and Information Committee remained suspended with key digital strategic and/or performance reports being routed through the Digital Executive Group, the Executive Team and to full Board.

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

- 5.1 As the Board prepares to move out of the COVID-19 “Governance Light” period on 31 March 2021, Board approval is sought to recommence the Digital and Information Committee in line with the 2021/22 four provisionally scheduled meetings and to note that the first Committee meeting is scheduled to take place in June 2021. This Committee will seek assurance on the identification and mitigation of any risks associated with the digital agenda on behalf of the Board.
- 5.2 Further to the increase to the NES Board Committee quorate arrangements from two to three non-executive Directors (approved at the 26 November 2020 Board, as part of the Committee generic Terms of Reference developments), it is recommended that the Digital and Information Committee membership is increased from three NES non-executive Directors to four, by appointing Jean Ford, (NES non-executive Director) to this Committee.
- 5.3 As per the strengthened digital leadership and governance at a national level; the establishment of the NES Digital Executive Group and the changes detailed in paragraph 4.5 of this report; it is proposed that it is now appropriate and proportionate, to reduce the level of external co-opted membership on the NES Digital and Information Committee.
- 5.4 It is proposed that the external co-opted membership is decreased from five to one. It is recommended that Angus McCann, non-executive Director NHS Lothian, retains his external co-opted membership, as he brings helpful continuity and digital experience from his previous roles with IBM, specialising in the use of IT within the healthcare industry.
- 5.5 The newly proposed membership for the Digital and Information Committee is detailed in Appendix I. Board approval is sought for this revised membership.
- 5.6 The Board are asked to note that the Digital and Information Committee will need to develop Terms of Reference to embrace the new components of their remit. These will be prepared in a consistent format to those of the other NES Board Committees which were agreed at the 11 February 2021 Board meeting.
- 5.7 The Board are invited to note that the NES Board Committee development and improvement work has been paused during the COVID-19 pandemic “Governance Light” period. However, as per the other Board Committees, the

Digital and Information Committee will also be required to develop an annual schedule of business aligned to the ToRs; strategic KPIs; identify the strategic risks that this Committee will oversee and develop the Committee assurance framework in line with the Boards overarching assurance framework.

## 6 Recommendations

The Board are invited to:

- Approve the re-commencement of the Digital and Information Committee as scheduled for the 2021/22 business period.
  - Approve the revised membership of the Committee, increasing NES non-executive Director membership to four by appointing Jean Ford (NES non-executive Director) to this Committee and decreasing the number of external co-opted members from five to one.
  - Note that Digital and Information Terms of Reference, annual schedule of business and assurance framework will be developed in due course.
- 

For completion by author:

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

- Yes  
 No

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

- Yes  
 No

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

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

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

- Yes  
 No

**e) Have Equality and Diversity and health inequalities issues been considered?**

- Yes  
 No

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

- Yes  
 No

Della Thomas  
Board Secretary, NES  
March 2021



**PROPOSED REVISED DIGITAL AND INFORMATION COMMITTEE MEMBERSHIP**

**NES Non-Executive Director members (voting members)**

- David Garbutt (Chair)
- Vicki Nairn
- Douglas Hutchens
- Jean Ford

**Co-opted external member (non-voting)**

- Angus McCann, Non-Executive Director, NHS Lothian

**NHS Education for Scotland**  
**Item 11d**  
**25 March 2021**

**NES/21/36**

## **NHS Education for Scotland**

### **Board Paper**

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

2021/22 Draft Schedule of Board Business

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

Della Thomas, Board Secretary & Principal Lead Corporate Governance

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

This paper proposes the 2021/22 Draft Schedule of Board Business for Board comment and approval.

#### **4. Background**

4.1 A schedule of business is required to be prepared for the Board on an annual basis. The continuing impact of the COVID-19 pandemic means that some items have been paused and some may be taken by correspondence.

4.2 The Board is asked to note that, unlike during usual governance, some degree of flexibility will be required. The Board is invited to approve the schedule on that basis.

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

5.1 There is a risk that the Board could miss a deadline or duty, especially during the COVID-19 pandemic. The schedule of business is one of the mitigating measures to prevent this from happening.

5.2 In line with the Board Standing Orders Implementation Action Plan, we are aiming to bring the whole of the corporate governance package (Board Standing Orders; Standing Financial Instructions, Board Scheme of Delegation and the Standing Committee Terms of Reference) through the Audit and Risk Committee and onward to Board for approval as a collective paper. This is a new item.

5.3 The Digital and Information progress/performance report does not appear as an item on the 2021/22 Board Schedule, as the plan is to re-commence the Digital and Information Committee. If the Board require a Digital report to May 2021 Board, this could be scheduled as a one-off item.

5.4 The Digital and Information Committee will be developing their Terms of Reference and these have been scheduled as an individual item for 12 August 2021 Board approval.

5.5 The individual item of the appointment of a new Vice-Chair has been added to the schedule for the 12 August 2021 meeting, as the term of our current Vice-Chair will come to an end, as of 31 August 2021.

“Governance Light” Board/Committee paper

- 5.6 The Board will recall that proposals for amendments to the Model Code of Conduct were out for consultation earlier this year. A new Code of Conduct, which the Board will be required to adopt, will be available around autumn 2021. This item has therefore been added to the 2021/22 schedule.
- 5.7 The 2021/22 schedule currently includes an Annual Whistleblowing report. As the role of the Board in progressing the Whistleblowing Standards (expected in the new financial year) becomes clearer, this item and its sequencing through Staff Governance Committee, prior to Board, will be firmed up.
- 5.8 The Board have agreed that the Medical/Dental/Pharmacy Recruitment Update; Medical Revalidation Report and the Medical/Dental Trainee Progression Outturn Report will all now come through the Education and Quality Committee. The Board are asked if it is necessary for these reports to appear at Public Board for noting afterwards. The Medical/Dental/Pharmacy Recruitment Update may be an area of interest for the whole Board, but it may be that any particular strategic issues associated with this could be covered through the CEO report to the Board as appropriate.
- 5.9 The NES Property and Asset Management Strategy (PAMS) has in the past been an annual item for Board approval. Due to changes in the NHS it is anticipated that a NHS Board Collaborative Property and Asset Management Strategy will replace this report in the future. The schedule of business has been updated accordingly.
- 5.10 It is proposed that the Board will receive an annual report on the work of the NHS Scotland Academy. The sequencing for this has yet to be agreed.

## 6. Recommendations

The Board are invited to:

- comment on sequencing of items and identify any omissions or inaccuracies.
- approve the 2021/22 Schedule of Business and retain some degree of flexibility due to the COVID-19 Pandemic.

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### Author to complete

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

- Yes  
 No

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

- Yes  
 No

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

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

“Governance Light” Board/Committee paper

5. A high performing organisation (NES)

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

Yes

No

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

Yes

No

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

Yes

No

Della Thomas, Board Secretary & Principal Lead Corporate Governance  
17 March 2021  
NES

NES Draft Public Board Schedule 21/22								
Item	Recurrence	Owner	Board 27/05/21	Board 12/08/21	Board 23/09/21	25/11/2021	Board 10/02/22	Board 24/3/22
Chair's introductory remarks	Standing item	Board Chair						
Apologies for absence	Standing item	Board Chair						
Declarations of interest	Standing item	Board Chair						
Minutes of previous Board Meeting	Standing item	Board Chair						
Matters arising from the minutes and notification of any other business	Standing item	Board Chair						
Actions from previous Board Meetings	Standing item	Board Chair						
Chair's report	Standing item	Board Chair						
Chief Executive's report	Standing item	CEO						
<b>Governance Items</b>								
Significant issues to report from recent Standing Committees	Standing item	All Committee Chairs						
Board Standing Orders	Standing item	Board Secretary and Principal Lead Corporate Governance						
Digital and Information Committee Terms of Reference	Individual item	Board Secretary and Principal Lead Corporate Governance						
Corporate Governance Package - Board Standing Orders, Standing Financial Instructions, Board Scheme of Delegation & Committee Terms of Reference	Annual Item	Board Secretary and Principal Lead Corporate Governance						
Board and Committee meeting dates - 2022-23	Annual Item	CEO/Board Secretary and Principal Lead						
2022-23 draft Board schedule of business	Annual Item	CEO/Board Secretary and Principal Lead Corporate Governance						
Board Assurance Framework	Annual Item	Director of Finance and Director of Planning & Corporate Resources						
Appointment of new Vice Chair	Individual item	Board Chair						
Board Code of Conduct (pending new Model Standard)	TBC	Board Secretary and Principal Lead Corporate Governance						
Vice Chair Biennial review of appointment	Every 2 years	Board Chair						
Corporate Governance Blueprint Self-Assessment Action Plan	Currently suspended	CEO/Board Secretary and Principal Lead Corporate Governance						
<b>Annual Items</b>								
Annual Whistleblowing Report 2021/22	Annual Item	TBC						
Caldicott Guardian: Annual Report to the Board	Annual Item	Postgraduate Dental Dean as CG.						
Feedback, Comments, Concerns and Complaints Annual Report (including Participation Standard & Annual Stakeholder report)	Annual Item	Director of Planning & Corporate Resources						
Draft Annual Self-Assessment Document - 2020-21	Annual Item	Director of Planning & Corporate Resources						
Strategic Risk Appetite	Annual Item	Director of Finance						
Progress against Strategic Outcomes for the Year 2020/21	Annual Item	Director of Planning & Corporate Resources / CEO						
NHS Scotland Annual Report	Annual Item	CEO						
Equality Outcomes and Mainstreaming Progress Report	Annual Item	Director of Workforce						
Everyone Matters Pulse Survey Report (replacing iMatter report)	Annual Item	Director of Workforce						
2022/23 NES Budget/Financial Plan	Annual Item	Director of Finance						
NHS Boards Collaborative Property and Asset Management Strategy (PAMS)	Potential Annual Item	Director of Planning & Corporate Resources						
<b>Performance Items</b>								
Financial Report	Standing Item	Director of Finance						
Risk Register Report	Standing item	CEO/Director of Finance						
Performance Report	Quarterly	Director of Planning & Corporate Resources						

**KEY**

Item Scheduled	
Item not Scheduled	
Item Suspended	

NES Public Board Schedule 21/22 - For Noting or via Correspondence								
Item	Recurrence	Owner	Board 27/05/21	Board 12/08/21	Board 23/09/21	25/11/2021	Board 10/02/22	Board 24/3/22
NES/Scottish Government Sponsor Agreement for noting	Every 2 years	CEO						
Approved Standing Committee minutes for Board to note	Standing item	Board Secretary and Principal Lead Corporate Governance						
Medical/Dental/Pharmacy Recruitment Update for noting	Annual Item	Director of Medicine, Postgraduate Dental and Pharmacy Deans						
Medical Revalidation Report for noting	Annual Item	Director of Medicine						
Medical/Dental Trainee Progression Outturn for noting	Annual Item	Director of Medicine, Postgraduate Dental Dean						
2020-21 Annual Review – Response Letter from Minister for noting	Annual Item	Chief Executive						
Virtual/E-Learning Training and Development Opportunities for Board	Quarterly - via email	Board Secretary and Principal Lead Corporate Governance						
Annual Report of the Board for noting	Annual Item	Board Secretary and Principal Lead Corporate Governance						
2022/23 Annual Operational Plan for noting	Annual Item	Director of Planning & Corporate Resources						

<b>NES Formal Private Meetings 21/22</b>				
<b>Item</b>	<b>Recurrence</b>	<b>Owner</b>	<b>24/06/2021</b>	<b>10/02/2022</b>
Chair's introductory remarks	Standing Item	Board Chair		
Apologies for absence	Standing Item	Board Chair		
Declarations of interest	Standing Item	Board Chair		
Minutes of previous Private Board Meeting	Standing Item	Board Chair		
Actions from previous Private Board Meeting	Standing Item	Board Chair		
NES Annual Report & Accounts 20/21	Annual Item	Director of Finance		
Board Annual Report	Annual Item	CEO		
Annual Report of the Board	Annual Item	Board Secretary and Principal Lead Corporate Governance		
Property Transactions (if required)	Individual Item	Director of Finance		
Draft 2022/23 Annual Operational Plan	Annual Item	Director of Planning & Corporate Resources		
Draft 2022/23 NES Budget/Financial Plan	Annual Item	Director of Finance		

**KEY**

Item Scheduled	
Item not Scheduled	
Item Suspended	

**NES Informal Development Sessions 21/22**

Item	Recurrence	Owner	22/04/2021	24/06/2021	26/08/2021	28/10/2021	24/02/2022
NHS Scotland Academy	Individual Item	CEO					
Pharmacy Educational Reform: Digital Prescribing	Individual Item	Postgraduate Pharmacy Dean					
Our Way	Individual Item	Director of Workforce					
Feeley Report	Individual Item	CEO/ET					
Public Health and Health Inequalities	Individual Item	CEO/ET					

**KEY**

Item Scheduled	
Item not Scheduled	
Item Suspended	



## NHS Education for Scotland

## EDUCATION &amp; QUALITY COMMITTEE

**Approved minutes of the fortieth meeting of the Educational & Research Governance Committee (which is the first meeting of the Education and Quality Committee under revised name and remit) held on Thursday 10 December 2020 via Microsoft Teams**

**Present:** Sandra Walker, Chair, Non-Executive Director  
Doreen Steele, Non-Executive Director  
Gillian Mawdsley, Non-Executive Director  
Vicki Nairn, Non-Executive Director

**In attendance:** David Garbutt, Chair of NES Board  
Karen Wilson, Director of Nursing Midwifery & AHPs/Executive Lead  
Rowan Parks, Acting Medical Director  
Della Thomas, Board Secretary/Principal Lead Corporate Governance  
Rob Coward, Principal Educator/Executive Secretary  
Annette Thain, Principal Lead – Digital, (For Item 8)  
Alastair McLellan, Postgraduate Dean (For Items 11-12)  
Kristi Long, Senior Specialist Manager (For item 13)  
Colin Brown, Head of Strategic Development, Chair's Office  
Chris Duffy, Senior Admin Officer/Committee Secretary

**1. Welcome and introductions**

- 1.1 Sandra Walker welcomed everyone to the fortieth meeting of the Educational and Research Governance Committee and the first meeting of the Education and Quality Committee under revised name and remit and informed the Committee that this meeting will be chaired by Sandra Walker in the absence of the Committee Chair, Douglas Hutchens.
- 1.2 Gillian Mawdsley was welcomed to her first meeting as a member of the Committee and Colin Brown was welcomed to the meeting as an observer.

**2. Apologies for Absence**

Apologies were received from Douglas Hutchens (Committee Chair) and Stewart Irvine (Acting Chief Executive).

**3. Notification of any other business**

- 3.1. There were no notifications of any other business.

**4. Declarations of interests**

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

## **5. Minutes of the Educational & Research Governance Committee**

- 5.1. The minutes of the Educational & Research Governance Committee meeting held on 17 September 2020 were presented to the Committee for approval.
- 5.2. The minutes were approved by the Committee with no changes required.

## **6. Action Status Report**

- 6.1. The Committee were invited to review and approve the action status report. All actions are now marked as complete. Sandra Walker invited members to raise any points for clarification.
- 6.2. Gillian Mawdsley sought clarification for Action point 3.2 on page 2 of the report. Della Thomas responded to Gillian Mawdsley to explain that a review is underway to determine a process for Non-Executive Board members to share experiences and information arising from informal meetings with staff and stakeholders with other Non-executives and the Executive Team. Della Thomas will propose a revised process to the Board Chair and as this affects all Committees and the Board this action can now be closed for this Committee.
- 6.3. Doreen Steele noted Action point 6 on page 1 of the report and highlighted that there was not a specific good practice report in the Executive Lead report but there were examples of good practice. The Committee agreed that it would receive examples of good practice in this way going forward. Rowan Parks recommended including good practice letters from the Medical Quality Management activity as an appendix to the report.
- 6.4. The Committee approved the action status report with all actions complete.

## **7. Education & Quality Executive Lead Report**

- 7.1. Karen Wilson introduced the Executive Lead Report which has been produced for the Committee to provide assurance. Karen Wilson also asked the Committee members to consider risk and the risk approach throughout the business items on today's agenda. The following key topics from the report were highlighted.
  - Education and Quality Executive Group (EQEG): this group has evolved from the Educational and Research Governance Executive Group (ERGEG) and its remit will be updated following the agreement of ToRs and Workplan for this Committee. EQEG will provide information and analysis for Karen Wilson to include in the Executive Lead Report.
  - Technology Enabled Learning (TEL) Governance Group: This is a significant piece of work that has accelerated due to Covid-19. Adam Hill (Postgraduate Dean) chairs this group and there are five sub-groups which sit beneath it. It was suggested to the Committee that TEL is considered for a Board Development Session. The Committee agreed with this and it will be added to the list of development session topics.

**Action: Della Thomas/Chris Duffy**

- Differential Attainment: the ongoing work in Scotland and the four-nation approach to reducing Differential Attainment.
- GMC Covid-19 Survey: Scotland showed strong results.
- Pharmacy: the expansion and development of the Pharmacist Foundation Programme
- Dental – the GDC Quality Assurance inspection report is imminent and further information will be provided at the March Committee Meeting. The Modern apprenticeship in Dental nursing has supported over 80 trainee dental nurses in the first cohort, with a further 90 starting the second cohort in November. There are significant pressures on the Dental Vocational Training system.
- Vaccination training: training has started to be delivered with over 4,000 attendees at the online webinars.
- NMAHP: provision of student placements in the 2020/21 academic session. The shortfall in placements has been highlighted as a potential risk.

7.2. Sandra Walker thanked Karen Wilson for the introduction to the report and it was then opened to Committee members for questions and discussion.

7.3. Vicki Nairn referred to the GMC survey and the scoring around catering, access to food and rest facilities. This has been a recurring theme. Rowan Parks confirmed that it is an on-going matter of concern and the BMA are also trying to tackle this issue through discussions with Scottish Government. NES is involved with trying to improve the situation and although some changes have been made already, Scotland's score remains low.

7.4. David Garbutt echoed Vicki Nairn's comments and highlighted two key reports which cover the issue. One was the "Caring for Doctors, Caring for Patients" report by Professor Michael West and Dame Denise Coia. Rowan Parks will use this as an opportunity to contact Directors of Medical Education on the matter. Updates on the progress of these discussions will be provided in future Executive Lead Reports.

**Action: Rowan Parks**

7.5. Vicki Nairn also raised the issue of student placements (practice learning) in relation to how Universities may respond to the pandemic, including potentially implementing a staggered return after the winter break and using more blended learning. It makes the student placement issue a real live workforce risk. Karen Wilson agreed, and this will be added to risks in item 14 on the agenda.

7.6. Committee members discussed TEL and would like to see more information on the work of the main group and the sub-groups, in particular the evaluation subgroup. Karen Wilson will consider how to bring this information to the Committee, including TEL becoming a standalone item at future Committees.

**Action: Karen Wilson**

7.7. Gillian Mawdsley enquired how the GMC survey compares to previous years as the results will be important to underpin whistleblowing. Rowan Parks explained that the

GMC Covid-19 survey this year was voluntary and used a different dataset to the normal, regular GMC survey.

- 7.8. The Committee thanked Karen Wilson for the Executive Lead report and confirmed it provided satisfactory assurance.

## **8. Turas Learn Report**

- 8.1. The Turas Learn Report was taken as read by the Committee. Annette Thain joined the meeting to answer any questions. Sandra Walker thanked Annette for a very informative report that helped address some of the members' concerns. Members were then invited to ask questions.
- 8.2. David Garbutt asked if there is any investment into improving Turas Learn and noted that he has received feedback that the system can be "clunky". Annette Thain explained that feedback is regularly sought on user experience and that further functionality has been identified and is being picked up through the TEL group. Also, a business case has been submitted for Turas Learn investment. Karen Wilson informed the Committee that the Covid-19 learning resources have been used widely, with good feedback from users about accessibility.
- 8.3. Doreen Steele highlighted issues with Quality Assurance and user registration. Annette Thain confirmed that the registration problem has been identified and has been referred to the User Experience Team for action. Resources in the team have been identified to monitor Quality Assurance, however this relates to the Quality Assurance of the records stored on the system and not to the content of the learning materials. Boards are responsible for their own content. Karen Wilson explained that standards are being developed that make it really clear where the responsibilities lie. It is hoped that the Dashboard developed for this Committee will display the live status of learning records and provide further assurance to the Committee.
- 8.4. Sandra Walker thanked Annette for the comprehensive overview. The Committee then approved the report subject to further information being provided in terms of risk mitigation for the Quality Assurance of learning records.
- 8.5. Annette Thain left the meeting.

## **9. Draft Education & Quality Committee Terms of Reference**

- 9.1. The Committee agreed to discuss this item via correspondence rather than at the meeting. The Draft Terms of Reference will be circulated alongside the Education and Quality Committee Workshop notes and Committee members will be asked to return comments via correspondence. The deadline for comments will be 29 December 2020 and the amended Terms of Reference will be circulated in early January for approval.

**Action: Della Thomas**

## **10. Draft Education & Quality Committee workplan 2020-2021**

- 10.1. The Committee agreed to receive a full schedule of business for the financial year 2021-22 at the March 2021 meeting of the Committee.

**Action: Della Thomas**

## **11. Medicine Annual Deanery Report**

Sandra Walker welcomed Alastair McLellan to the meeting who joined for items 11 and 12 on the agenda. Committee members were reminded that this report was circulated to them for information in October 2020. Alastair McLellan highlighted the following key points from the report:

- The Quality Management activity has proved to be a resilient system despite the impacts of Covid-19.
- Due to Covid-19 a new process has been introduced whereby the original on-site process is now conducted entirely through MS Teams.
- MS Teams has worked very well and logistically is much better for the NHS. Virtual visits are likely to continue post Covid-19.

- 11.2. Sandra Walker thanked Rowan Parks and Alastair McLellan for the report. It was good for the Committee to hear that very robust controls remain in place and that the high Quality of standards has been maintained. The Committee approved the report and confirmed assurance was received.

## **12. Annual report on externally regulated programmes**

- 12.1. Karen Wilson introduced this report which has been a collective paper written with Rob Coward and Alastair McLellan. The report has refreshed the list of all externally regulated programmes. The intention is to bring this report to the Committee annually but where issues emerge between Annual reports, these will be brought to the Committee's attention. Alastair McLellan provided the Committee with specific detail of the current sites which sit under Enhanced Monitoring.
- 12.2. The Committee confirmed their assurance with NES's externally regulated education activities and noted that Enhanced Monitoring should be listed as a risk under item 14.
- 12.3. Alastair McLellan left the meeting.

## **13. Equality and Diversity Annual Report 2019-20**

- 13.1. Sandra Walker welcomed Kristi Long to the meeting to speak to this agenda item. The report was taken as read and Kristi was invited to answer any questions.
- 13.2. Doreen Steele enquired about Equality Impact Assessments (EqIA) and asked if they should be mandatory. As this sits outwith Kristi Long's remit, Rob Coward will take forward an action to explore the use of a Project Initiation Document (PID) process which would include EqIA with Donald Cameron.

**Action: Rob Coward**

13.3. Kristi Long was thanked for her report and the Committee approved the report.

13.4. Kristi Long left the meeting.

**14. Identification of risks**

14.1. Sandra Walker invited Committee members to identify any risks which have arisen at this meeting. The following risks were noted:

- Turas Learn – the proliferation of NES digital learning resources on LearnPro.
- Technology Enhanced Learning
- Enhanced Monitoring
- Practice Learning – AHP/Nurse Student Placements
- Dental Vocational Training

14.2. The Committee identified five risks. These risks will be cross-checked with the Audit and Risk Committee's risks and a Risk Report brought back to the Education and Quality Committee, detailing the specific risks to be governed by the Committee. The Risk Management group will be consulted and strategic KPI work will be considered.

**Action: Karen Wilson/Rob Coward**

**15. Human Rights Briefing**

15.1. The Committee noted the briefing.

**16. Sharing Intelligence for Health & Care Group Annual Report**

16.1. The Committee noted the report.

**17. Review of Effectiveness of Meeting**

17.1. The Committee confirmed that all business has been concluded satisfactorily.

**18. Any other business**

18.1. There was no other business to report.

**19. Date of next meeting**

19.1. A meeting of the Education and Quality Committee is scheduled for Thursday 4<sup>th</sup> March 2020 at 10:15 via Microsoft Teams.

CD/SW/KW

v.03

December 2020

Approved by EQC 04/03/2021

**NHS Education for Scotland**  
**Item 12b**  
**25 March 2021**

**NES/21/38**

## **NHS Education for Scotland**

### **Board Paper**

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

Strategic COVID-19 Decision/Action Log (January – March 2021)

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

Karen Reid, Chief Executive

#### **3. Situation/Purpose of Paper**

The purpose of this paper is to invite the Board to:

- Note the Strategic COVID-19 decisions and actions taken by the Executive Team (ET) and the Extended Executive Team (EET) during the “Governance Light” phase of COVID-19 Board governance from 11 Jan 2021 – 15 March 2021.
- Note the intention for ET and EET to move to a “Re-design whilst Recovering” phase of governance from 1 April 2021, in line with the proposals brought to 25 March 2021 Board for approval in the paper “COVID-19 “Governance Light” – Next Steps”.

#### **4. Background**

- 4.1 As the COVID-19 pandemic developed into a second phase and winter pressures also challenged the NHS and wider public sector, the Scottish Government (December 2020) requested that all NHS Boards moved to a “Governance Light” approach. The aim of “Governance Light” was to reduce the demands on Executive Team and their supporting staff, as they prioritised the response to the next phase of the COVID-19 pandemic.
- 4.2 The NES Board responded by setting out their “Governance Light” approach as detailed in the Board paper brought to the 25 March 2021 meeting, “COVID-19 “Governance Light” – Next Steps”.
- 4.3 During this “Governance Light” period, the NES emphasis has been on effective, proportionate and robust governance and scrutiny.
- 4.4 As part of the “Governance Light” process EET meetings were stepped up from once a week to three times a week; the COVID-19 decision and actions log was re-commenced and the Board Chair attended EET twice a month in order to feedback any strategic issues and decisions to the Non-Executive Directors of the Board.
- 4.5 The NES “Governance Light” approach set out the intention to bring formal reports to the Board in February and March 2021. A report was provided to the 11 February 2021 Private Board. This report to 25 March 2021 Board, records

the strategic decisions and actions taken by ET and EET during the January-March 2021 period for the Board to note.

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

- 5.1 The COVID-19 strategic risks for this period have been subject to the scrutiny of ET, the Audit and Risk Committee and full Board.
- 5.2 The strategic key decisions and actions taken by ET and EET are recorded in Appendix I of this paper for the Board to note.
- 5.3 The ET/EET decision log will be closed off as of 31 March 2021 and any outstanding actions will be delegated to the relevant Directorate to progress or captured within the rolling ET action log as appropriate.

## 6 Recommendations

The Board are invited to:

- Note the Strategic COVID-19 decisions and actions taken by the Executive Team (ET) and the Extended Executive Team (EET) during the “Governance Light” phase of Board governance from 11 Jan 2021 – 15 March 2021.
- Note the intention for ET and EET to move to a “re-design while recovering” phase of governance from 1 April 2021, in line with the proposals brought to Board for approval in the paper ““COVID-19 “Governance Light” – Next Steps”.

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For completion by author:

### a) Have Educational implications been considered?

- Yes  
 No

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

- Yes  
 No

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

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

### d) Have key risks and mitigation measures been identified?

- Yes  
 No



“Governance Light” Board/Committee paper

**e) Have Equality and Diversity and health inequalities issues been considered?**

- Yes
- No

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

- Yes
- No

Karen Reid  
CEO, NES  
March 2021

## NES Executive Team COVID-19 – Record of Strategic Decisions/Actions: For March 2021 Board meeting

This document is a record of high-level, strategic decisions taken by the NES Executive Team and the NES Extended Executive Team during the NES Governance Light period of the ‘second wave’ of the COVID-19 pandemic for the period 11 Jan 2021 – 15 March 2021. It has been developed from a detailed rolling action list.

NES previously kept a Decisions Log during the ‘first wave’ of the pandemic (March – July 2020). The Decisions/Action Log was re-opened on 8 January 2021 to record the responses NES made to mobilise resource and capability to support the response to the ‘second wave’.

### Attendees:

Name	Role	Name	Role
Karen Reid (KR)	Chief Executive (from 1 Feb 2021)	John MacEachen (JMacE)	Head of Corporate Comms
Stewart Irvine (DSI)	Acting Chief Executive (until 31 Jan 2021) & Director of Medicine (from 1 Feb 2021)	Della Thomas (DT)	Board Secretary & Principal Lead Corporate Governance
Audrey McColl (AMcC)	Acting Deputy Chief Executive (until 31 Jan 2021) & Director of Finance	Judy Thomson (JT) Anne Watson (AW)	Director of Training for Psychology Services Postgraduate Pharmacy Dean
Rowan Parks (RP)	Acting Medical Director (until 31 Jan 2021)	Janice Sinclair (JS)	Head of Finance
Donald Cameron (DC)	Director of Planning & Corporate Resources	Kathryn Morrison (KM)	Programme Director – Optometry
Christopher Wroath (CW)	Director of Digital & NES Digital Service	Lesley Rousselet (LR)	Programme Director – Optometry
David Felix (DF)	Postgraduate Dental Dean	Robert Farley (RF)	Programme Director – Healthcare Science
Karen Wilson (KW)	Director of NMAHP	David Wylie (DW)	Associate Director, NMAHP
Geoff Huggins (GH)	Director of NES Digital Service (until 31 Jan 2021 – attended 11/01; 15/01, 20/01; 29/01)	David Garbutt (DG)	Board Chair (attended 29/01; 05/02; 19/02; 05/03)
Morag McElhinney (MM)	Principal Lead – Human Resources		

### 1. Decisions relating to Governance & Accountability

Date	Area	Decision/Action Taken	Owner	Conclusion/Further Notes
12/01/2021	NES Board	Following on from a request from John Connaghan (interim CE NHS Scotland until 10 Jan 2021) in Dec 2020 for all NHS Board to take a ‘ <a href="#">Governance Light</a> ’ approach, NES formalised these arrangements 12 Jan 2021.	NES Board Chair	Board “Governance Light” arrangements in place until 31 March 2021 and scheduled for review at NES Board meeting on 25 March 2021.

2. Decisions relating to NES Staff				
Date	Area	Decision/Action Taken	Owner	Conclusion/Further Notes
13/01/2021	NES Clinical & Administrative staff	In response to NHSS Territorial Board pressures and a request from Scottish Government the Executive Team agreed to scope out potential redeployment opportunities with staff in their directorates.  This work was co-ordinated by the HR team within the Workforce directorate and was on the basis of staff volunteering to be re-deployed.	TAD/MM	<b>Complete</b> – preparation and relevant discussions took place, however as of Feb 2021 less than 10 NES staff were redeployed into the territorial boards to support the frontline COVID-19 response as NHSS pressures eased.
Jan 2021	Relevant staff at local NES sites	Use of NES facilities by local NHSS Boards e.g. to support vaccination programmes and essential learning	DC	<b>Complete</b> – many NHSS Board sites are under space pressure and local arrangements have been agreed for NES sites (based near clinical facilities), to be available for local NHSS Boards to use.
Jan 2021	All NES staff	Ensure a robust and safe process is in place to enable staff who need to work in NES offices do so safely and in accordance with the most up to date Scottish Government (SG) guidelines.	TAD/MM	<b>Complete</b> – Robust and safe process established using the SG Self-assessment questionnaire and a NES Managers Checklist which is completed jointly with staff and has HR approval process.
Jan/Feb 2021	All NES staff	Supporting the mental health and wellbeing of staff through a range of initiatives designed to engage with staff and provide meaningful guidance and support  To develop a NES wide approach to new 'Working Styles' as we look forward to prepare for the progression of the new Strategic Framework	TAD/MM	<b>Ongoing</b> – Engagement tools and staff wellbeing and support measures are in place and continue to be developed in response to changing circumstances.  <b>In progress</b> – 'Working Styles' pilot of new ways of working currently being undertaken in the Workforce directorate.

3. Decisions relating to Education and Training				
Date	Area	Decision/Action Taken	Owner	Conclusion/Further Notes
12/02/2021	Dental	<p>On 12 Feb 2021, Scottish Government (SG) formally announced that all dental students in Scotland will have to repeat a year after their training was disrupted by the COVID-19 pandemic. Scottish Dental Schools will have a reduced intake of new students in September 2021. The Universities are working collaboratively to deliver a number of modules which will complement the existing course. However due to existing students having to repeat a year this will mean that this intake of students will be embarking on a six-year course.</p> <p>The Executive Team have been supportive of decisions taken by NES Dental during the pandemic to support the education and training of undergraduate and Dental vocational trainees in particular. DF has had extensive contact with the Chief Dental Officer, Scottish Government and relevant stakeholders.</p>	DF	<p><b>Complete</b> – Update briefing sent to NES Board Members on 23 Feb 2021 regarding impact of COVID-19 on Dental training in relation to the decisions formally announced by Scottish Government on 12 Feb 2021.</p> <p><b>In progress</b> – The decisions will have implications on the workforce pipeline. Ongoing discussions are taking place with colleagues in SG.</p>

4. Decisions relating to new or existing COVID-19 organisational priorities				
Date	Area	Decision/Action Taken	Owner	Conclusion/Further Notes
12/02/2021	Digital / NDS NMAHP	Considerable work continues to ensure the smooth running of the Scottish COVID-19 Vaccination programme from both a digital and education perspective.	CW KW	<b>Complete / Ongoing - Digital</b> – Scottish Government (SG) requested NHS Greater Glasgow & Clyde and NES use the COVID-19 Case Assessment Tool as a basis to develop the data capture at point of vaccination tool for the mass COVID-19 programme (Vaccination Management Tool (VMT)). The tool was delivered on time for the first vaccinations in December 2020.

**4. Decisions relating to new or existing COVID-19 organisational priorities**

Date	Area	Decision/Action Taken	Owner	Conclusion/Further Notes
				<p><b>Complete / Ongoing - NDS</b> were asked to develop and deliver the national vaccination database, known as the “National Clinical Data Store” (NCDS). This is the single point of truth for all COVID-19 vaccination data. It receives data from the VMT and from GP IT and supports the creation and management of cohorts of citizens (based on JCVI groupings) to be called for vaccination. These two developments combine to deliver the <i>clinical</i> capture and management of the C-19 vaccination programme.</p> <p><b>NMAHP</b> – Educational materials need on-going updating and redevelopment as new vaccines become available. Considerable work involved in ensuring all staff new to vaccination are adequately prepared by the Boards with NES developing all the educational materials. Ensuring students are able to participate in vaccination clinical placements as appropriate by developing guidelines.</p>

## **NHS Education for Scotland**

### **Board Paper**

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

National Everyone Matters Pulse Survey: Summary of NES Board Level Results

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

Graham Paxton, Head of Programme, OD, Leadership and Learning Dept (ODLL).

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

For the Board to note the NES Board level results from the Everyone Matters Pulse Survey and the governance process for reporting actions associated with improvements.

#### **4. Background**

- 4.1 The Pulse Survey was conducted in September 2020 and results published in December 2020. NES was one of 22 NHS Scotland Boards and 30 Health and Social Care Partnerships (HSCP) that took part in the survey.
- 4.2 Each Board received a Board level report with quantitative data ('NES Board Everyone Matters Pulse Survey 2020' – attached), a Board level report with qualitative data ('NES Board Qualitative Themes and Word Cloud' – attached), and the [national report](#). Each Directorate within NES has access to a Directorate level report.
- 4.3 The response rate for core NES staff was 77%. With Doctors in Training (DiT) included the overall response rate was 59%.
- 4.4 We proactively engage and seek views from our staff through a number of surveys e.g. the annual Scottish Training Survey (STS) for Doctors in Training. This has been amended this year due to the impact of COVID-19 and includes all clinical training groups. On an ad-hoc basis we carry out Staff Stress Surveys and Dignity at Work Surveys. In June 2020 we undertook our own NES Staff Wellbeing Survey, and the recent investment in Trickle will allow us to engage with staff on a regular basis.
- 4.5 This survey and recommendations for next steps has been considered by the Executive Team, the Staff Governance Committee and the Partnership Forum and is now appearing at the Board for noting.

## 5. Assessment/Key Issues

### Quantitative Data

- 5.1 NES had the highest score in Scotland for two key metrics: overall experience of working in the organisation (7.87), and recommendation of the organisation as a good place to work (84).
- 5.2 Of the eight National Boards, NES scored highest or joint highest on all the iMatter questions

The two **highest** NES scores were:

- ❖ I feel my direct line manager cares about my health and wellbeing
- ❖ I am treated with dignity and respect as an individual at work

Although relatively high, the two **lowest** NES scores were:

- ❖ My work gives me a sense of achievement
- ❖ I feel appreciated for the work I do

### Qualitative Themes and Word Cloud

- 5.3 The survey asked about experience of change in the last 6 months. 87% of staff said they had experienced change in the last six months, with the highest areas being:
- 91% - Working from home more than usual
  - 25% - School age children at home
  - 22% - providing support for a vulnerable relative or relatives (living elsewhere)
- 5.4 The survey asked: ‘Thinking about your experiences of work over the last 6 months, what are you currently most worried about?’ The three highest work-related worries were:
- 24% - returning to the workplace
  - 23% - working from home
  - 20% - IT support
- 5.5 The survey asked: ‘Thinking about your experiences of work over the last 6 months, what is most supporting your well-being?’ The three highest work-related means of support were:
- 28% - colleagues
  - 26% - team
  - 22% - working from home

### Conclusion and Next Steps

- 5.6 **Conclusion:** The overall results are very good, and there is much to be celebrated:
- NES scored highly in comparison with other National Boards
  - Scores for ‘overall experience of working in the organisation’ and ‘recommendation of the organisation as a good place to work’ were the highest in Scotland
  - “Colleagues’ and ‘Team’ were the two highest means of support for staff

**Next Steps:** There are also some areas to consider:

- The two lowest scores for ‘My work gives me a sense of achievement’ and ‘I feel appreciated for the work I do’
- 25% of staff are now caring for school age children at home, and 22% are providing support for a vulnerable relative or relatives (living elsewhere). We will continue to actively engage and support staff through our Parents and Carers Network
- Actions which support improvements in areas relevant to the Pulse Survey already being taken, primarily through the People Recovery and Renewal Action Plan and will be reported to ET; Staff Governance Committee and Partnership Forum.

## 6. Recommendations

The Board are asked to note this report and that the actions which support improvements are being taken, primarily through the People Recovery and Renewal Action Plan and will be reported to the Executive Team; Staff Governance Committee and Partnership Forum

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For completion by author:

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

- Yes  
 No

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

- Yes  
 No

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

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

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

- Yes  
 No

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

- Yes  
 No



“Governance Light” Board/Committee paper

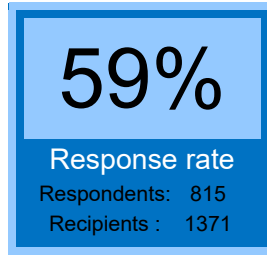
**f) Have you considered a staff and external stakeholder engagement plan?**

- Yes
- No

Graham Paxton  
18 March 2021  
NES

Total number of respondents: 815

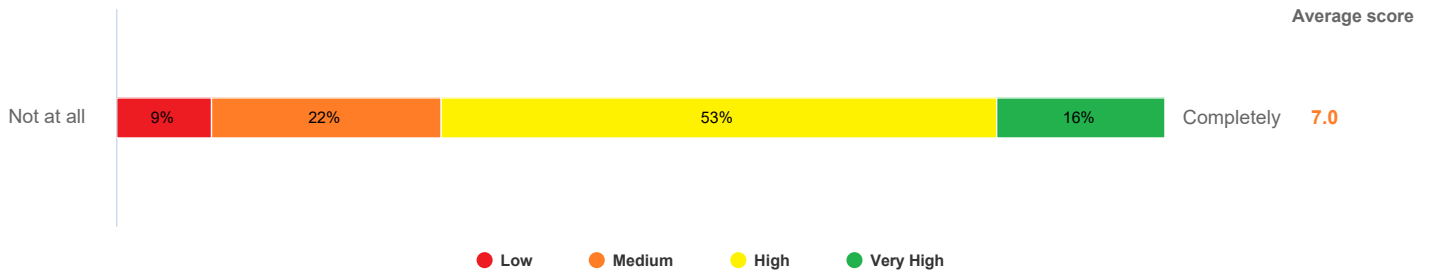
## Response rate



### Your well-being

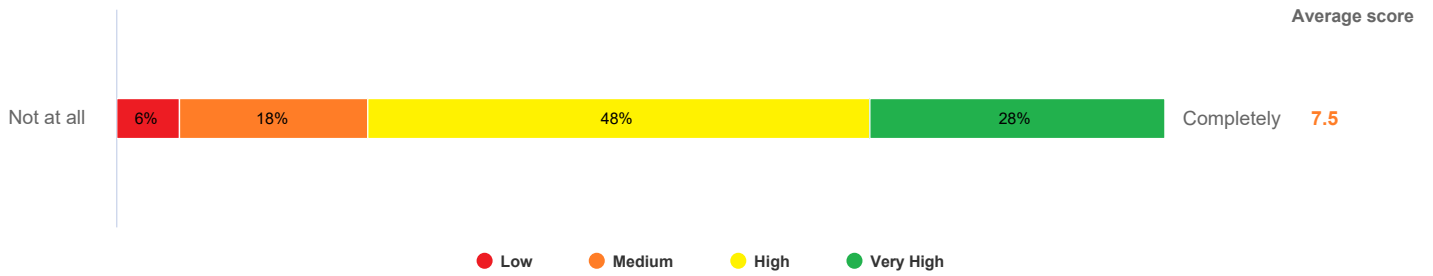
#### Overall, how satisfied are you with your life nowadays?

Number of respondents: 815



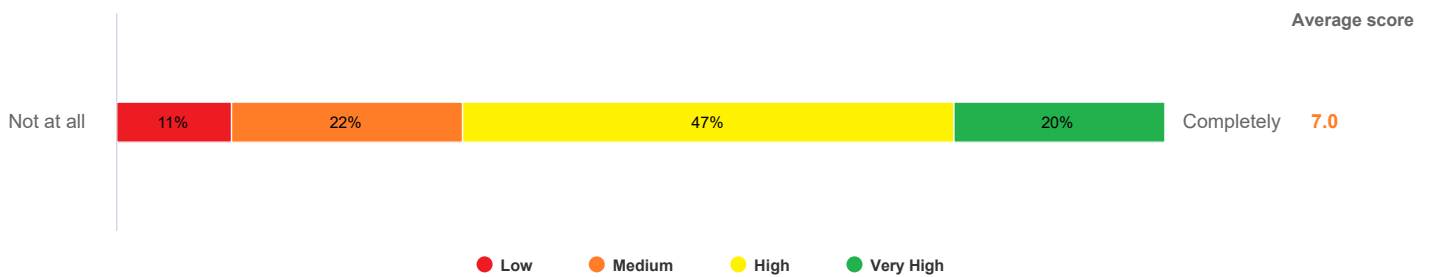
#### Overall, to what extent do you feel the things you do in your life are worthwhile?

Number of respondents: 815



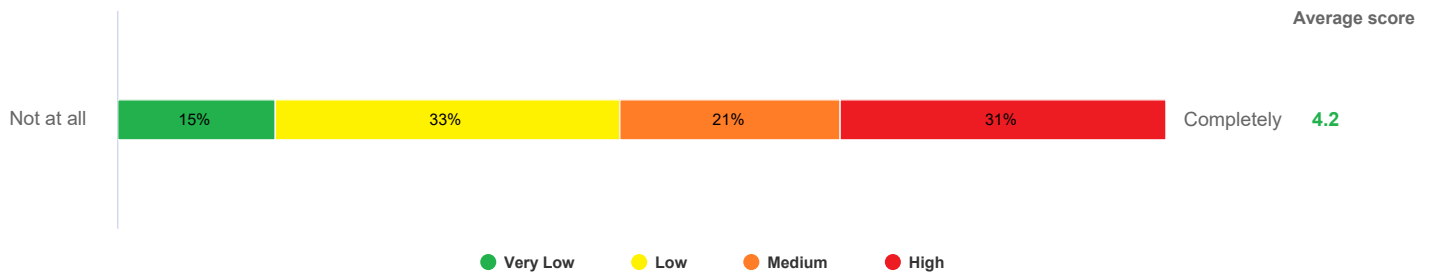
#### Overall, how happy did you feel yesterday?

Number of respondents: 815



### Overall, how anxious did you feel yesterday?

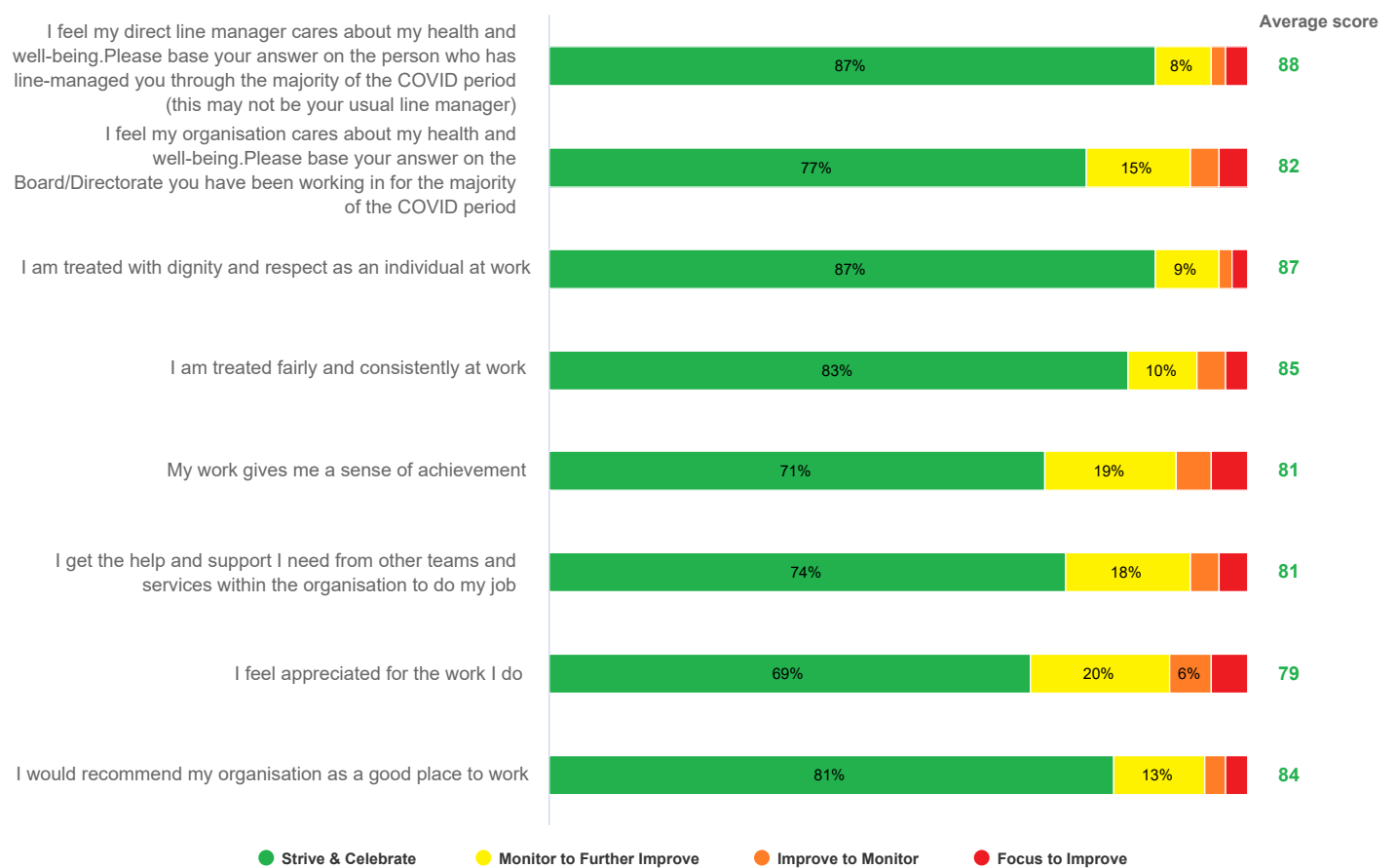
Number of respondents: 815



### Your experience at work over the last 6 months (the 'COVID period')

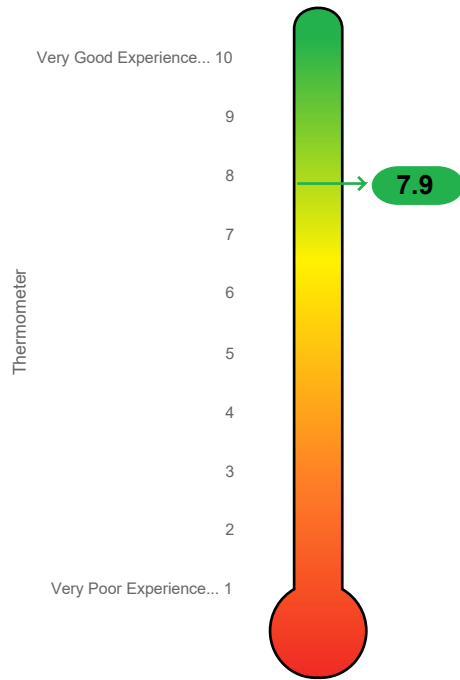
#### Your experience at work over the last 6 months (the 'COVID period')

Number of respondents: 815



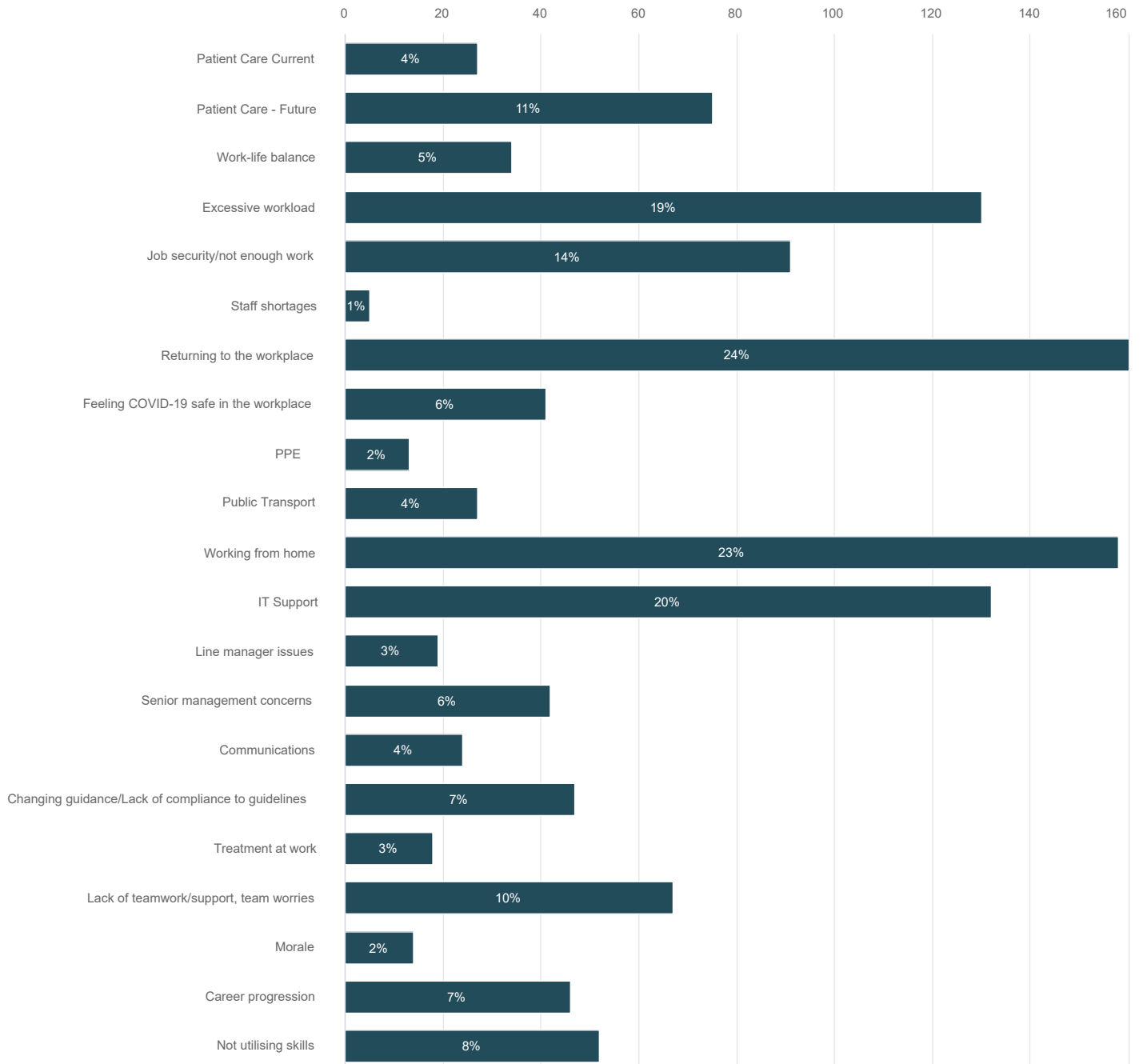
Overall, working within my organisation is a .....

Number of respondents: 814



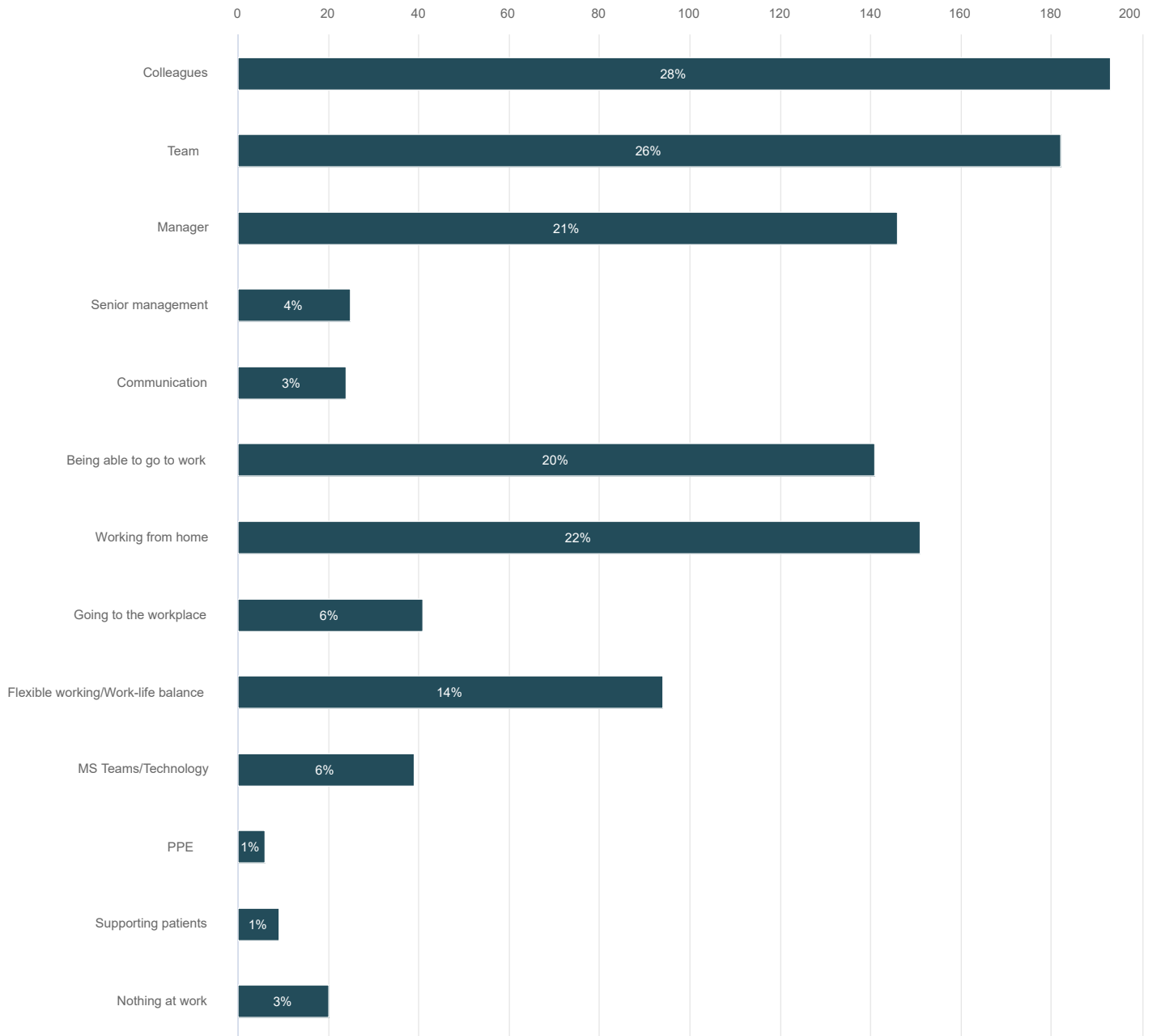


## Work Related Worries





## Work Related Support





## Personal support

