NHS Education for Scotland   **NES/21/40**

AGENDA FOR THE ONE HUNDRED AND SIXTY-SECOND BOARD MEETING

Date: Thursday 27 May 2021
Time: 10.15 – 11.38
Venue: In response to the COVID-19 pandemic and public health protection
               measures, this meeting will be held remotely using Microsoft Teams

1.   **10.15 Chair's introductory remarks**

2.   **10.15 Apologies for absence**

3.   **10.16 Declarations of interest**

4.   **10.16 Minutes of the One Hundred and Sixty-First Board Meeting**   NES/21/41
     11 February 2021 For Approval

5.   **10.18 Matters arising from the Minutes and notification of Any
     Other Business**

6.   **10.18 Actions from previous Board Meetings**   NES/21/42
     For review

7.   **10.23 Chair and Chief Executive reports**

     a.   **10.23** Chair's Report (verbal report)

     b.   **10.33** Chief Executive's Report   NES/21/43

8.   **Performance Items**

     a.   **10:55** Risk Register Report   NES/21/44
          For Assurance and Approval (A. McColl)

     b.   **11.05** 2020/21 Quarter 4 Performance Report   NES/21/45
          For Assurance and Approval (D. Cameron)

9.   **Annual Items**

     None

10. **Governance Items**

    a. Significant issues to report from Standing Committees:

      - **11.20** Audit and Risk Committee held 29 April 2021
(D. Steele, verbal update)

      - **11.25** Staff Governance Committee held 06 May 2021
(L. Dunion, verbal update)

    b. **11.30** Board Standing Orders   NES/21/46
For Approval (D. Thomas)

11. **Items for Noting**

11.35 Standing Committee Minutes

    a. Audit and Risk Committee 28 January 2021   NES/21/47
For Noting

    b. Staff Governance Committee 04 February 2021   NES/21/48
For Noting

11.35 Other items for noting

    c. NES/Scottish Government Sponsor Agreement   NES/21/49
For Noting

    d. 2021/22 COVID-19 Contingency Plan   NES/21/50
For Noting

12. **11.38 Date and Time of Next Meeting**

Private Board 24 June 2021 at 10.15 a.m.
Public Board 12 August 2021 at 10.15 a.m.

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

These minutes have been prepared using a 'Governance Light' approach

Draft for Board approval

NHS Education for Scotland

DRAFT MINUTES OF THE ONE HUNDRED AND SIXTY-FIRST BOARD MEETING HELD ON THURSDAY 25 MARCH 2021

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

Present:	Mr David Garbutt (DG) (Chair)
	Ms Anne Currie (AC), Non-Executive Director
	Mrs Linda Dunion (LD), Non-Executive Director
	Mrs Jean Ford (JF), Non-Executive Director
	Mrs Lynnette Grieve (LG), Non-Executive Director/Employee Director
	Mr Douglas Hutchens (DH), Non-Executive Director
	Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
	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
	Mr Donald Cameron (DC), Director of Planning & Corporate Resources
	Dr David Felix (DF), Postgraduate Dental Dean
	Ms Leanne Neill (LN), Executive Officer, Finance
	Prof Rowan Parks (RP), Deputy Director of Medicine
	Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)
	Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance
	Mr Christopher Wroath (CW), Director of Digital and NES Digital Service

1. Chair's Introductory Remarks

1.1. The Chair welcomed everyone to the meeting. He extended particular welcomes to Professor Rowan Parks, who was deputising for Stewart Irvine and Leanne Neill, who was attending this Board meeting as an observer as part of her induction into her new role in the Finance directorate.

1.2. The Chair reminded the Board that NES continues to work within a 'governance light' approach until 31 March 2021. The March Board agenda and papers were prepared in line with this approach and all papers would be taken as read.

2. Apologies for absence

2.1. Apologies for absence were received from Professor Stewart Irvine (Director of Medicine) Rowan Parks deputised for Professor Irvine.

These minutes have been prepared using a 'Governance Light' approach

3.   Declarations of interest

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

4.   Minutes of the One Hundred and Sixtieth Board Meeting   (NES/21/27)

4.1.   The minutes of the Board meeting held on 11 February 2021 were approved, subject to the following amendment:

    a. Item 8a (Significant issues to report from Standing Committees: Audit & Risk Committee held on 28 January 2021): Doreen Steele submitted an amend to the Internal Audit (IA) assurance statement in minute 8.3b: 'The pandemic has meant that the full 90 days of IA will not be completed, however there will be sufficient audit information to give the required IA assurance statement as part of the annual accounts process'.

4.2.   With the amendment set out above, the minutes of the last Board meeting were approved.

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

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

6.   Actions from previous Board Meetings   (NES/21/28)

6.1.   The Board received the rolling Board action list for review and agreement. The Board noted that all but one of the action points are now complete.

6.2.   The following point was discussed:

    a. 11 February Board meeting, Minute 8.1b: Doreen Steele, Della Thomas and Janice Sinclair (Head of Service – Finance) deputising for Audrey McColl met on 24 March 2021 to progress the proposed amendments to the Standing Financial Instructions and/or Remuneration Sub-Committee Terms of Reference (ToRs) in relation to settlement agreements and early retirals. It was agreed it would be helpful to discuss these amendments with Tracey Ashworth-Davies and Morag McElhinney (Head of Service – HR) and an additional meeting will be set up. A further update will be provided to the Audit and Risk Committee and the Board in due course.
                                                              Action: DS/JS/TAD/DT

6.3   The Action List was agreed with the progress update noted above.

7.   Chair & Chief Executive reports

a.   Chair's Report

7.1.   The Chair gave a verbal update on recent meetings and activity since the February 2021 Board in his roles as Chair of the NES Board and Chair of the NHSS Board Chairs Group.

    a. The Chair continues to attend meetings of the Mobilisation Recovery Group chaired by the Cabinet Secretary for Health and Sport. Recent meetings have considered NHS Scotland (NHSS) recovery, including a specific focus on engagement with the public going forward.
    b. The Chair attended a meeting of the Innovative Healthcare Delivery Programme Joint Strategy Board, which is chaired by Caroline Lamb (Chief Executive of NHSS

and Director-General Health and Social Care at Scottish Government). The Chair confirmed NES's commitment to deliver the Cancer Treatment Summaries digital solution, which is being developed by the NES Digital Service (NDS) and advised that going forward Karen Reid will attend this group.

c. The Chair attended a meeting of the Health and Social Care Winter Planning Group which focused on the 'soft' rollout of the new Unscheduled Care Model. The group heard that the 'Near Me' secure video technology platform is working effectively for NHSS appointments.

d. In his role as Chair of the NHSS Board Chairs Group, the Chair was invited to attend a masterclass session on Community Services in the Irish Health System, which was delivered by Anne O'Connor (Chief Operations Officer, Health Service Executive).

e. The Chairs and Chief Executives of NES and NHS Golden Jubilee (NHS GJ) had a useful tripartite meeting with their sponsor teams at Scottish Government (SG) to discuss the proposed governance and initial priorities of the NHSS Academy.

f. The Chair attended a NHSS Chief Executives COVID-19 Board Meeting and received an update on the COVID-19 vaccination programme. The outcomes of the Independent Review into Adult Social Care (the Feeley Report) were also discussed.

g. At their bi-monthly meeting with the Cabinet Secretary for Health and Sport, the NHSS Board Chairs discussed the outcomes and planning priorities highlighted in the Feeley Report and noted that a public health inequalities working group is going to be set up. The Chairs also raised the variation in public sector remuneration in Scotland which was highlighted in a recent Ethical Standards report.

h. The Chair updated the Board on the Active Governance programme of work and confirmed that the lessons learnt from the NHS Lanarkshire pilot will be built into the model's next iteration. A funding bid is now being prepared for a post that will oversee the delivery of the Active Governance model across the NHSS.

i. The Chair attended the Scottish Access Collaborative / Modernising Patient Pathways Programme Board which received a presentation from Catherine Calderwood, who has recently been appointed as the Director of the new Centre for Sustainable Delivery (CfSD). The Chair advised that the CfSD is likely to make links with the work of the NHSS Academy.

j. The Chair joined Karen Reid to speak with staff from NES Digital and NDS and received updates and current areas of work. The Chief Executive's report includes links to videos showcasing the work of the NDS team in particular.

k. The Chair had a meeting to discuss the recruitment of four new NHSS Chairs. In a change to previous processes, prospective applicants will now have to prepare an application video, rather than completing a form.

l. The Chair attended a Corporate Governance Steering group meeting where members discussed work to support the development of Clinical Governance and Audit Committees. The Chair will provide further updates on this work as it progresses.

m. The Chair met with Karen Reid, Stewart Irvine, Tracey Ashworth-Davies, Kristi Long (NES Equality & Diversity Adviser) and Professor Amjad Khan (Chair of the NES Under-Represented Minorities Staff Network and Co-Chair of the Deanery Advancing Equity in Medical Education group) to discuss how Equality & Diversity concerns in NES could be raised at Board level.

n. The Chair met with the NHSS Vice Chairs forum to discuss the flow of communication between the Chair and Vice-Chair groups and their related networks.

o. The Chair and Vice Chair of the Board Chairs Group met with their Chief Executive (CE) equivalents to discuss the streamlining of Chair/CE work, particularly in relation to health inequalities.

These minutes have been prepared using a 'Governance Light' approach

> p. The Chair met with Sheila Findlay (Senior Manager, NMAHP) as part of the NES 'Connecting Over Coffee' initiative and recommended it to the rest of the Board as a useful way to meet NES staff.
>
> q. The Chair, Karen Reid and members of the NES Executive Team continue to meet monthly with Gillian Russell (Director of Health Workforce) and other Scottish Government (SG) colleagues as part of NES's sponsorship arrangement. Discussion at the most recent meeting focused on the refreshed NES/SG Sponsorship Framework Agreement and non-recurrent NES expenditure.
>
> r. The Chair met with the Chair of Healthcare Improvement Scotland to discuss a joint recruitment campaign to appoint two new Non-Executives, one for each respective Board.
>
> s. The NHSS Chairs and Chief Executives held a joint meeting on 22 March to discuss the COVID-19 pandemic and priorities for recovery.

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

> a. The Board highlighted the need to streamline non-executive remuneration across the public sector in Scotland to make positions more attractive to a wider range of prospective candidates.

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

b. <u>Chief Executive's Report</u>   (NES/21/29)

7.4 Karen Reid presented the Chief Executive's report to the Board for information and confirmed that Stewart Irvine will fulfil the role of NES Deputy Chief Executive, with effect from 15 March 2021.

7.5 Alongside the information provided in the report, Karen Reid also highlighted that a 'soft' launch of the new National Whistleblowing Standards will go live on 1 April 2021. SG have also provided feedback on the draft NES Phase 3 Remobilisation Plan (RMP3). Colleagues are currently working to provide responses to SG's comments and an updated version of the RMP3 will be sent to SG by 29 March 2021. Karen Reid confirmed that the updated RMP3 will include reference to the NHSS Academy (NHSSA) as a joint partnership with NHS GJ and related links to the CfSD. She also confirmed that the NHS will remain on an emergency footing until June 2021.

7.6 In relation to the NHSSA specifically, Karen Reid confirmed that Kevin Kelman (Director of the NHSSA) is already starting to make significant progress and a short working group has been set up to review National Treatment Centres. Karen Wilson will represent NES on this group. Karen Reid also confirmed she has also secured NES representation on NHSS Chief Executive/SG groups looking into the outcomes of the Feeley Report and leadership across the NHSS.

7.7 The Board discussed when it would be appropriate for NES as an organisation to review the COVID-19 lessons learnt from the past year. It was noted that there had already been some review and reflections in relation to lessons learnt during the summer/autumn of last year. Karen Reid highlighted that NES will contribute to SG's public enquiry into the pandemic and that the Executive Team will further reflect together on what improvements could be implemented and what areas could be celebrated. **Action: KR**

7.8 The Board asked whether a refreshed Communications Strategy would be submitted to a future Board meeting. Karen Reid confirmed she was working with John MacEachen (Head of Corporate Communications) to strengthen NES's public relations/affairs role in

These minutes have been prepared using a 'Governance Light' approach

line with NES's strategic plan as the NHSS moves out of the COVID-19 pandemic and into a recovery phase.

7.9   The Board recognised how directorates are contributing to the health inequalities agenda. Karen Reid confirmed that she and Karen Wilson had met with Angela Leitch (Chief Executive, Public Health Scotland/PHS) and that a joint meeting of the NES/PHS Executive Team will be held on 7 May 2021 to discuss opportunities for further collaboration. The Chair reminded Board Members Turas Learn Board Development site contains resources a number of health inequalities resources. These resources will be sent to the Board for information.   **Action: Chair and CE Office**

7.10   The Board welcomed NES's role in Remote and Rural health credentialing and asked that further updates are provided via the Education and Quality Committee (EQC). It was agreed that this would be added to the EQC's schedule of business   **Action: DT**

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

8.   Strategic Items

a.   <u>NHS Scotland Academy</u>   (NES/21/30)

8.1   This Board received its first formal paper on the development and proposed governance arrangements for the NHS Scotland Academy (NHSSA). The paper was taken as read, however Karen Reid took the opportunity to highlight that the NHSSA is partnership between NES and NHS GJ with the aim of providing accelerated learning to develop the future NHSS workforce and will not duplicate the work of either organisation.

8.2   The Board discussed the collective governance and accountability proposals for the NHSSA. A question was raised as to whether a joint NES/NHS GJ Standing Committee would be useful. Karen Reid noted that governance proposals will be considered as the Outline Business Case progresses, however it is clear that the educational governance of the NHSSA should remain within NES. The Chair confirmed that a joint Committee had been considered during initial discussions, but the paper now sets out the proposed structure for the governance of the NHSSA and the delegation of governance between NES and NHS GJ as a new joint Strategic Programme Board co-chaired by the NES and NHS GJ Board Chairs with delegation to the two existing Standing Committees in NES and NHS GJ.

8.3   The Board agreed that the joint NES/NHS GJ Board Development Session planned for 22 April 2021 will provide a useful opportunity for the Board to hear more detail on the NHSSA's aims and planned impact. Board Members were encouraged to send through questions/ suggestions in advance to ensure the session is as helpful as possible.
                                                                    Action: Board Members/DT

8.4   The Chair thanked Karen Reid and her colleagues for progressing the development of the NHSSA and the Board approved the following:

   a. the NHSSA as a joint venture between NES/NHS GJ
   b. the creation of the NHSSA Strategic Programme Board co-chaired by the NES/NHS GJ Board Chairs and the creation of the NHSSA Executive Programme Group co-chaired by the NES/NHS GJ Chief Executives.
   c. the delegation of the regular quarterly governance oversight and scrutiny of educational quality provision, including the evaluation of impact to the NES Education and Quality Committee.

These minutes have been prepared using a 'Governance Light' approach

9. Performance Items

a.   Financial Report   (NES/21/31)

9.1   The paper was taken as read. The Board noted the overall position is in line with the anticipated year-end forecast reported at the 11 February 2021 Board meeting. The final 2020-21 financial results will be reported at the Audit and Risk Committee on 29 April and then submitted to the Board meeting on 24 June. There were no further questions and the Board approved the financial results to 28 February 2021.

b.   Risk Register Report   (NES/21/32)

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

9.3   In relation to Risk 9, the Board discussed whether an updated version of the Business Continuity Plan (BCP) could be submitted to a future Board meeting. The BCP was last reviewed by the Board before the COVID-19 pandemic. Donald Cameron confirmed that NES is currently working to a COVID-19 contingency plan during the pandemic and this has direct links to the NES BCP. It was agreed that Donald Cameron and Christopher Wroath should discuss the timeline for moving from the COVID-19 contingency plan to a revised NES BCP and when these plans would be available to the Board for review.
                                                                    Action: DC/CW/DT

9.4   The Board agreed that the descriptions of risks 1, 2 and 16 should be revised for clarity and asked whether the Risk Management (Executive) Group (RMG) could take this forward. Audrey McColl confirmed that the work of the RMG will begin after the 2020-21 Annual Accounts are submitted and all NES risks will be considered collectively to ensure they are fit for purpose.

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

9.6   The Board paused their meeting to take a 10 minute comfort break. All members and attendees re-joined with the exception of Doreen Steele.

10. Annual Items

a.   Equality and Diversity Statutory Reports   (NES/21/33)

    i. Equality Outcomes and Mainstreaming Progress Report
    ii Proposed Equality Outcomes, 2021 – 2025

10.1 The two reports were taken as read. The Chair noted that the relevant parts of both reports have previously been through the Staff Governance and Education and Quality Committees for scrutiny.

10.2 There were no further questions and the Board approved the publication of the 2017 - 2021 Equality Outcomes and Mainstreaming Report and the 2021 - 2025 Equality Outcomes, noting that that Outcome 6 will be scrutinised by the Digital and Information Committee once it has formally recommenced and that the Board were content to approve this outcome. The final versions of the reports will be published on the NES website in advance of the 30 April 2021 statutory publication date.

These minutes have been prepared using a 'Governance Light' approach

10.3 The Chair thanked Tracey Ashworth-Davies and Kristi Long (Equality & Diversity Adviser) for their work on these reports

10.4 Doreen Steele re-joined the meeting after this item.

11. Governance Items

a. COVID-19 "Governance Light" – Next Steps (NES/21/34)

11.1 The paper was taken as read. The Chair highlighted that the paper asks the Board to approve a move from the COVID-19 'Governance Light' phase of Board governance, whilst retaining some of the 'Governance Light' principles and processes that have been successful.

11.2 The Board asked that page five of the paper is amended for clarification to state that the Chair meets with Non-Executives on a fortnightly, rather than weekly basis. There were no further questions. **Action: DT**

11.3 The Board approved 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 NES 2021/22 Phase Three Re-Mobilisation Plan. The Board also noted that Board development and improvement work will also recommence in line with the 'Re-design whilst Recovering' phase of governance.

b. Significant issues to report from Standing Committees

Education & Quality Committee held 04 March 2021

11.4 Douglas Hutchens gave an overview of the key issues discussed at the most recent meeting of the Education and Quality Committee (EQC):

a. The Committee received the Medical/Dental Trainee Progression Outturn report for noting.
b. The Committee received a helpful presentation on Technology Enabled Learning (TEL). Douglas Hutchens noted that the EQC now provides assurance on the TEL programme of work on behalf of the Board. The Committee had a useful discussion and agreed to receive quarterly updates on the progress of TEL work going forward.

c. Re-commencement of Digital and Information Committee (NES/21/35)

11.5 The paper was taken as read. The Digital and Information Committee (DIC) has been suspended since 26 March 2020.

11.6 During discussion Christopher Wroath, in his role as Senior Information Risk Owner (SIRO), confirmed that reports relating to information security would be scrutinised by the DIC whereas reports relating to information governance are scrutinised by the Audit and Risk Committee. Della Thomas and Christopher Wroath will meet to discuss annual information security and governance reporting requirements as part of the development of the DIC schedule of business. **Action: DT/CW**

11.7 In his role as NES's Caldicott Guardian, David Felix asked whether future Caldicott Guardian reports should be considered by the DIC. The Board agreed this would be appropriate as Caldicott Guardian reports focus specifically on the security of patient data. David Felix will be invited to attend DIC meetings as appropriate.

These minutes have been prepared using a 'Governance Light' approach

11.8 Tracey Ashworth-Davies confirmed that Scottish Government have agreed to provide funding to support the development of workforce digital capability and NES will have significant role in supporting the delivery of this work. Della Thomas and Tracey Ashworth-Davies will meet to discuss the governance arrangements of this new area of work.

Action: DT/TAD

11.9 There were no further questions. The Board approved and noted the following:

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

    d.   2021/22 Draft Board Schedule of Business   (NES/21/36)

11.10 The paper was taken as read, however Della Thomas highlighted an error relating to the scheduling of the Digital and Information Committee (DIC) Terms of Reference (ToRs). The Board schedule of business will be amended to reflect that the DIC ToRs will come to the August 2021 Board.

Action: DT

11.11 The Board considered the proposed papers for the Board to note in light of the Medical/Dental/Pharmacy Recruitment Update; Medical Revalidation Report and the Medical/Dental Trainee Progression Outturn Report being delegated to the Education and Quality Committee (EQC). The Board agreed that rather than receiving these reports for noting, it would be helpful for the EQC minutes to highlight issues of strategic importance relating to Medical/Dental/Pharmacy recruitment.

Action: DT

11.12 There were no further questions. The Board approved the 2021-22 Schedule of Business subject to the amendments noted above, and also recognising that a degree of flexibility may be required due to the ongoing COVID-19 pandemic

12. Items for Noting

Standing Committee Minutes

a.   <u>Education & Quality Committee 10 December 2020</u>   (NES/21/37)

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

Other Items for Noting

b.   Strategic COVID-19 Decision/Action Log (January – March 2021)   (NES/21/38)

12.2 The Board received and noted this paper.

c.   Everyone Matters Pulse Survey Report   (NES/21/39)

12.3 The Board received and noted this report.

13. Date and Time of Next Meeting

13.1 The next Public Board meeting will take place on 27 May 2021.

These minutes have been prepared using a 'Governance Light' approach

13.2 The Chair thanked everyone for their attendance and closed the meeting at 12.52pm.

NES
April 2021
AS/DT/KR
v.02

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 25 March 2021					
6.2	Actions from previous Board meetings	Additional meeting to be set up to progress amendments to the Standing Financial Instructions (SFIs) and/or Remuneration Sub-Committee Terms of Reference (ToRs) in relation to settlement agreements and early retirals.	Doreen Steele/ Janice Sinclair/ Tracey Ashworth-Davies/ Della Thomas	April 2021	**Complete** Meetings took place on 24 March and 8 April 2021. A way forward has been agreed as follows: - proposal paper will be prepared and brought to the Remuneration Sub--Committee meeting of 7July and any changes required to the ToRs will be made - The revised ToRs and any revisions required to the SFIs will be brought through 29 July Audit and Risk Committee - Approval of any changed Rem Com ToRs and SFI changes will be brought to 12 August Board for final approval.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
7.7	Chief Executive's Report	Consider COVID-19 lessons learned with the Executive Team	Karen Reid	May 2021	**In progress** An initial review of COVID-19 lessons learnt, along with existing documents we already hold, is scheduled for the EET meeting of 4 June 2021.
7.9		Circulate health inequalities resources to the Board for information	Chair & CE Office	April 2021	**Complete** Email issued 23 April 2021
7.10		Ensure Education and Quality Committee (EQC) receive updates on Remote and Rural health credentialing	Della Thomas	April 2021	**Complete** Credentialling has been added to the EQC 2021-22 schedule of business.
8.3	NHS Scotland Academy (NHSSA)	Send through questions/suggestions in advance of the NHSSA Board Development session on 22 April 2021	Board Members / Della Thomas	April 2021	**Complete** Questions were received, collated and shared with the NES and NHS GJ CEOs to inform the content of the NHSSA Board development session.
9.3	Risk Register Report	Discuss timeline for moving from the COVID-19 contingency plan (CCP) to a revised NES Business Continuity Plan (BCP) and when these plans would be available to the Board for review.	Donald Cameron / Christopher Wroath / Della Thomas	April 2021	**In progress** The Audit & Risk Committee reviewed the updated CPP at their 29 April meeting and agreed that this currently represents the NES BCP. This will be further reviewed in June 2021. The updated CCP is brought to the 27 May Board meeting for the Board to note.
11.2	COVID-19 'Governance Light' Next Steps	Amend page five to indicate that Chair and Non-Executives meet on a fortnightly basis	Della Thomas	April 2021	**Complete**

Minute	Title	Action	Responsibility	Date required	Status and date of completion
11.6	Recommencement of Digital and Information Committee (DIC)	Discuss annual information security and governance reporting requirements as part of the development of DIC schedule of business	Della Thomas / Christopher Wroath	May 2021	**Complete** Meeting held on 26 April 2021 and a paper on information governance prepared for consideration by the Digital Executive Group alongside the draft DIC ToRs.
11.8		Discuss governance arrangements for digital workforce capability work	Della Thomas / Tracey Ashworth-Davies	May 2021	**On-going** A meeting was scheduled, but had to be postponed.
11.10	Draft 2021-22 Board Schedule of Business	Amend schedule to indicate that Digital and Information Terms of Reference will only be submitted to August 2021 Board	Della Thomas	April 2021	**Complete** Excel spreadsheet issued to Board Members on 22 April 2021

**NHS
Education
for
Scotland**

CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

May 2021

1. INTRODUCTION

1.1. The agenda for our May Board meeting focuses mainly on governance items. The Board will receive the 2020/21 Quarter 4 Performance Report for assurance and approval. This is the second, and final, performance report of the 2020-21 financial year as NES's original 2020/21 Annual Operational Plan was by replaced by the Phase 2 Remobilisation Plan (1 August 2020 – 31 March 2021).

1.2. The Board will also receive the amended Board Standing Orders for approval as these have been updated to include reference to the Committee-specific Terms of Reference that were approved at the November 2020 Board meeting. The Board will note that future Board Standing Orders will be submitted on an annual basis as part of an overall 'corporate governance package' that also includes the Standing Financial Instructions, the Board Scheme of Delegation, the Board member Code of Conduct and the Committee Terms of Reference.

1.3. Under items for noting the Board will receive the revised NHS Education for Scotland Framework Document and an updated version of the NES COVID-19 Contingency Plan.

2. ANNOUNCEMENTS

2.1 Stewart Irvine (Director of Medicine & Deputy Chief Executive)

a. Board Members will have noted that last month, Stewart Irvine announced his intention to retire on 31 March 2022. As members are aware, Stewart has had an illustrious career, contributing at a national, UK and international level to medicine and medical education, ensuring that doctors access the highest standard of education and training. Stewart has made a significant contribution to NES over a number of years. As well as leading the Medical Directorate with distinction, Stewart was also an inspirational leader for the whole of NES, guiding the organisation through many months of the pandemic.

b. While Stewart's departure is still some way off, I am grateful to him for the advance notice as this enables us to conduct a thorough recruitment exercise to find an able successor for this demanding role. We will also take the opportunity to celebrate Stewart's exceptional contribution to NES and public life before he leaves the organisation next year.

2.2 Colin Brown

a. Board Members will be aware that Colin Brown returned to Scottish Government on 18 March, however I had asked him to consider continuing in NES and I am pleased to announce that Colin re-joined NES on 29 April on an initial 12-month secondment.

b. Colin is working within the Chief Executive's Office and reporting to me as Head of Strategic Development and will also spend some time supporting David Garbutt in his role as Chair of the NHSS Board Chairs. Board Members

will be aware that there are many opportunities for NES going forward and Colin will be able to provide support to us all in helping us realise these.

.

3. STRATEGIC UPDATES

3.1. NHS Scotland continues to operate on an emergency footing, however most of mainland Scotland moved from Level 3 to Level 2 restrictions on 17 May. NES directorates continue to contribute to the ongoing COVID-19 response and further details are provided within the directorate updates.

3.2. Cabinet Secretary for Health and Social Care

a. The Board will wish to note that Humza Yousaf has been appointed as the new Cabinet Secretary for Health and Social Care as part of Nicola Sturgeon's new Cabinet announcement on 19 May 2021 (Link).

b. The new Cabinet Secretary's responsibilities will include responsibility for the NHS, including ongoing health service remobilisation as we move out of the pandemic and the establishment of the National Care Service.

3.3. NES Remobilisation Plan (RMP3) 2021/22

The NES Phase 3 Remobilisation Plan (for the period April 2021 – March 2022) was submitted to Scottish Government at the end of February 2021. We received a letter from Gillian Russell (Director of Health Workforce) on 18 May 2021 confirming that our RMP3 has been approved by Scottish Government. The letter, which is included with this report as Appendix I, highlights a number of key areas we are leading on and contributing to including supporting Adult Social Care, Mental Health, the establishment of the NHS Scotland Academy and digital developments.

3.4. NHS Scotland Academy

David Garbutt and I met with the Chair and Chief Executive of NHS Golden Jubilee (Susan Douglas-Scott and Jann Gardner) on 13 May 2021 and approved the outline draft Business Case for the establishment of the NHS Scotland Academy. Final changes to the document are now being agreed before the paper is submitted to the Scottish Government Health and Social Care Management Board on 26 May 2021.

4. MEDIA INTEREST & COMMUNICATIONS ACTIVITY

4.1 In light of the experiences of 2020 and the Independent Review of Adult Social Care, NES is reviewing how we best engage with stakeholders to maximise our contribution to the challenges and opportunities around health and social care.

4.2 To coincide with the incoming Scottish Government administration, we have prepared a briefing paper describing the breadth of what NES does and can offer, not just to the NHS but wider to social care. This focuses on education,

workforce development, digital infrastructure and innovation, workforce data and support, and how we promote and support rewarding careers. We are also due to discuss with COSLA the opportunities that exist for us to work more closely.

4.3 Both of these are initial steps in what is planned as a wider consideration of how NES describes and promotes itself, in terms of advertising, presentation, collaboration, influencing policy and broader public and parliamentary affairs This work is expected to continue through this year.

5. DIRECTORATE UPDATES

5.1 Dental

a. **Scottish Qualification Authority (SQA) Activity within NES**
NES is an SQA Approved Centre managed by the Dental Care Professional (DCP) workstream within the Dental Directorate. The directorate has over 15 years' experience in providing a range of SQA qualifications to support workforce development.

b. SQA centre activity is managed by the SQA Head of Centre, (Caroline Taylor, DCP Workstream Lead). The delivery, assessment, and internal verification of all SQA programmes is undertaken by Educators, Assessors and Internal Verifiers, who are employed by NES.

c. Over the past 12 months SQA provision offered by NES has increased and the vision of a 'Once for NES' approach for all SQA activity within the organisation has been implemented.

   i. The Dental Directorate continues to deliver a wide range of SQA qualifications from SCQF Level 5 to Level 9 to support the development of a skilled, adaptable and sustainable workforce.

   ii. The Optometry Directorate created a SQA Customised Award in Glaucoma Management (SCQF Level 11) in 2019. The first cohort have achieved successful completion and a second cohort (45 candidates) has commenced.

   iii. The Psychology directorate recently created a SQA Customised Award in Enhanced Psychological Practice (SCQF Level 11) and are currently preparing a SQA Approval application to deliver this award within the 'NES SQA Approved Centre'.

   iv. NMAHP are in the early stages of the process to create a SQA Customised Award for the existing Family Nurse Partnership Programme.

   v. The Workforce directorate in partnership with SQA created the Professional Development Award (PDA) in Technology Enabled Care (SCQF Level 7) in 2020. This PDA designed to equip Scotland's workforce with the knowledge and skills required to embed Technology Enabled Care into health and social care practice supporting positive health and wellbeing outcomes for people. To date NES have funded candidates to undertake this qualification via an external SQA Approved Centre. Initial discussions have taken place to discuss resource required

to deliver this PDA within the NES SQA Approved Centre and options to increase capacity for this provision.

d. This collaborative '*Once for NES*' approach in SQA provision will increase educational opportunities for the health and social care workforce, with consistent internal high-quality processes created in line with SQA Quality Assurance criteria.

5.2 NES Digital & NES Digital Service

a. Scottish Government (SG) COVID-19 Response Turas Vaccination Management Tool (VMT) has recorded over 3.5 million patient vaccination records since it was rolled out nationally in December 2020. Attention is now turning to moving the product to a business as usual state whilst developing functionality to support seasonal flu and COVID-19 booster vaccinations.

b. NES Digital have been working with SG to identify the preferred supplier to deliver a Vaccination Certification Service. There was a formal Invitation to Tender and NES Director of Digital was part of the selection panel to appoint Netcompany who provide the service to NHS England, Denmark and Sweden. The service is expected to go-live in late June.

c. There has been a 100% uptake in registration and daily use for Turas Care Management (TCM) across adults and older people care homes in Scotland. It is used by Oversight Groups across all HSCPs and territorial health boards for daily oversight. The project is moving into phase 3 which will focus on support over and above immediate COVID-19 response, namely staffing and quality measures, which will allow enhanced oversight and opportunities for wrap around support to be provided to services as needed.

d. NES Digital have been working with NHS GG&C on leveraging existing practices and technologies developed as part of the Turas platform for the creation of a system supporting Stroke and treatment. This product will use the Turas UI (user interface) framework and Turas authentication and marks the extension of the ongoing collaboration formed at the start of the pandemic. NES also continues to provide support to other NHSS boards on cloud hosting and Microsoft 365 technologies.

e. The Turas Clinical Assessment Tool provides a structured method of capturing COVID-19 clinical assessment data to support decision making and brokers the data to downstream systems e.g. TrakCare and GP IT. The tool is in use in NHS GG&G and NHS Forth Valley.

f. A version of the Turas Clinical Assessment Tool for care homes is under development will go live mid-June 2021 in a controlled pilot in GGC & Lanarkshire, with the aim of testing the concept and data flows; lessons learned from the controlled pilot will inform the case for any wider roll out.

g. NDS Highlights

  i. Eyecare went live with the Cataract pathway in NHS Grampian.
 ii. NHS Forth Valley are now using the ReSPECT system with patient data in a small pilot with limited number of users. This phase launched on 26 April and is expected to last 6-8 weeks before beginning full rollout.
iii. The product that will eventually replace CHI (Community Health Index), NextGate EMPI (Electronic Master Patient Index) went live, and the Vaccination Management Tool is beginning to integrate with it..
 iv. The Platform team produced a maturity matrix, a process that aims to visualise the pathways towards the successful delivery of a national digital platform, to aid prioritisation and development planning of NDP data services. Vaccinations team imported and sent Cohort 11 and updated Shielding lists to Health Boards for scheduling. The team is now working on a Records Management pipeline for GPIT, Monitoring and Alerting, Cross Borders vaccinations and COVID-19 Vaccination Certificates.

5.3 Medicine

a. **2021 Medical Recruitment**
   We are currently anticipating oversubscription for the UK **Foundation Programme** August 2021 intake. This results from an increase in overseas applicants as a result of changes to UK immigration policy (with the addition of all medical jobs to the Shortage Occupation List) and an increase in UK medical school output. Currently the Scottish share of this oversubscription is some 69 posts, however this will be revised downwards due to late applicant withdrawals, final university degree exam fails, and failure to pass PLAB or the National Clinical Assessment. The final number will not be known until mid-June, however all 4 UK nations are planning now with our respective Governments and service colleagues to create potential posts.

b. **Specialty recruitment** for posts commencing from August 2021 is almost complete, with most specialties using an online interview as part of the assessment process. Fill rates are predicted to be very high although figures will not be fully available until early June, due to the recruitment rounds being extended slightly to ensure that there was enough capacity for delivery of on-line interviews. Applications submitted for Round 1 recruitment increased very significantly compared to those submitted for 2020 recruitment (again, impacted by the change in immigration position) and this has led to the decision that a re-advert round for these specialties will not be required this year. Flexibility around adding in additional post numbers at later dates and flexible start dates for new trainees are being considered at a UK level due to the possibility of the requirement for Covid related extensions for current trainees.

c. **GMC Annual Quality Assurance Summary**
   The GMC has recently written to NES as part of their annual quality assurance to review how our organisation is meeting their standards for medical education and training as detailed in Promoting Excellence. The **AQAS** – the first we have received since the inception of revised GMC QA Processes - provides an

overview of the QA activities undertaken over the course of a year and an overview of findings including any areas of notable practice or detailing any requirements and recommendations that the GMC have set. The GMC have: (i) indicated that NHS Education for Scotland (NES) is meeting the standards, (ii) identified that NES's Quality Review Process is an example of an area working well within the organisation, and (iii) confirmed that no requirements or recommendations have been set. The full report will come to the NES Education and Quality Committee in due course.

5.4   NMAHP

a. We continue to support a large number of nurses from general practices, care homes and NHS Boards across Scotland as part of the Transforming NMAHP Roles programme, whose learning and role development is essential for the delivery of high-quality care in response to changing service needs. We have introduced a new more inclusive approach to education that promotes development of the integrated community nursing team with almost 200 nurses from care homes, prisons, general practice and community nursing commencing the new Integrated Community Nursing Graduate Diploma in September 2020 and a further 200 funded places being made available for an intake in September 2021.

b. Maternity health care support workers (HCSW/MCA) have the potential to increase workforce capacity by fulfilling roles that improve the quality of care provided for women and families, but it is recognised that that there is variation across Scotland. Aligned with 'The best start: five-year plan for maternity and neonatal care' (2017) and the recommendations from the 'Midwifery Workforce and Education Review' (2021) NMAHP are working with stakeholders to:

   i.   understand the future skills requirements and role parameters of HCSW/MCA working at AfC bands 2, 3 and 4;
   ii. identify examples of best practice which can be shared across NHS Scotland networks; and
   iii. explore current HCSW/MCA career progression pathways to understand how best to support teams to maximise the continuity of care model and build on the 'Health Care Support Worker (HCSW) Learning framework' to further develop these roles across the four pillars of practice.

c. As part of AHP Transforming Roles model, NES in partnership with The Scottish Clinical Imaging Network Advancing Practice Steering Group led initial work on a service and educational needs analyses of the radiography assistant practitioner workforce. The findings from these activities subsequently informed our development of draft content for work-based learning units. These will support the required knowledge and understanding for the radiography assistant practitioner to authorise general radiography requests against local guidelines and in keeping with IRR 2017 and IRMER2017.

d. Negotiations with education providers and NHS Boards are ongoing to pilot these learning units This educational element of the transforming roles methodology ensures that account is taken of development and maximisation of the skills and knowledge of the whole team from Assistant Practitioner to Consultant levels.

e. The transformation of Radiography will not only support the Target Operating Model being proposed for Radiology services in Scotland, but are also providing a template for transforming roles across the other AHP professions.

5.5 Pharmacy

a. **Financial support for provisionally registered Pharmacists working in Scotland who were unsuccessful in the March 2021 GPhC Registration Assessment** The results of the GPhC registration assessment for the `provisionally registered` pharmacists in March 2021 had a 88% pass across GB – this was 91% for the candidates from Scotland.

b. In response, the `provisionally registered` pharmacists who failed their March 2021 registration assessment in Scotland are being offered financial and educational support to retake their assessment in July. The move recognises the unusual and difficult circumstances for many provisionally registered pharmacists this year.

c. **NES / SQA Joint certification**
NES Pharmacy in conjunction with SQA and key stakeholders recently developed a new Diploma in Pharmacy Services at SCQF Level 7 for Pre-registration Trainee Pharmacy Technicians (PTPTs) to meet the requirements of the new GPhC initial education and training standards and pharmacy technician registration criteria. In recognition of the close working relationship NES Pharmacy has entered into a Quality Partnership Agreement with SQA for a Joint Certificate of Achievement on completion of the Diploma.

5.6 Psychology

a. **Workforce Expansion**
Demand for mental health support continues to increase and people are still waiting too long for CAMHS and psychological therapy treatment. The Mental Health Transition and Recovery Plan outlines the need to expand the workforce.

b. **Psychology Doctoral and Masters Programmes**
The Minister for Mental Health has prioritised funding from the Recovery and Renewal fund as part of a planned 5 year expansion to existing NES Applied Psychology programmes. Funding is available to increase training places in the 3 year Doctoral Clinical Psychology programme by 10 per year resulting in annual intakes of 80. The funding also supports an increase in the post graduate 1 year Masters programmes leading to annual intakes of 50 for the Psychological Therapies in Primary Care programme and 40 for the Applied Psychology Children and Young People programme.

c. **New Enhanced Psychology Practitioner Training Model (EPP)**
NES has developed an EPP Training Model. The Mental Health Minister has also agreed to prioritise funding from the Recovery and Renewal fund as part of a plan to support EPP over 5 years. Funding is available for both training and service posts. By 2026, 450 new services posts will be created.

d. This is a new certificate level training scheme to create a new workforce of psychological practitioners capable of delivering high-quality, evidence-based interventions for mild to moderate difficulties in a way that can be efficiently brought to scale. This proposed approach aims to make effective use of the large cohorts of graduates in Psychology and related disciplines – as well as those with equivalent training and experience - to deliver and support, under supervision, brief, outcome-focused evidence-based interventions. Enhanced practitioners will provide a defined clinical service, working under supervision.

e. **Children and Young People's Mental Health and Wellbeing**: A knowledge and skills framework for the Scottish workforce. This document was recently made available on the TURAS learn site (Link). The knowledge and skills framework was completed in response to Recommendation 12 of the Children and Young People's Mental Health Task Force. The framework sets out the levels of knowledge and skills required by staff, across agencies, to deliver wellbeing and mental health supports and interventions within the framework of Getting it right for every child (GIRFEC). It takes a rights-respecting approach that upholds the United Nations Convention on the Rights of the Child as well as the European Convention on Human Rights and is aligned with the commitments made in The Promise.

f. The framework was constructed by a wide reference group of key staff from across children's agencies in Scotland, including, Education, CAMHS, Social Care, Third Sector organisations, Scottish Government, Education Scotland, The Association of Principal Educational Psychologists as well as NHS Education for Scotland. Despite the Covid-19 pandemic unfortunately delaying the process, the reference group was able to meet remotely and continued its work to ensure that the framework was written in collaboration with partners across the Scottish workforce. Again remotely, we were able to engage with Child and Young People to listen to what they want and need from the adults that support them, and incorporate these views within the framework dimensions.

g. The framework will be a valuable tool for use by children's agencies, across Scotland, to guide workforce development plans both at the individual and strategic levels.

h. **National Trauma Training Programme**
As part of the next phase of the implementation of the National Trauma Training Programme (NTTP) which is led by NES in partnership with COSLA and Improvement service on behalf of the Scottish Government, we were delighted to be involved in the recruitment process for a new post of Professional Social Work Advisor for Trauma. This will form part of the Social

Work Advisor team in SG, under the leadership of Iona Colvin but work closely with the NES Psychology Trauma Team. We look forward to developing this essential partnership with key stakeholders.

5.7 Workforce

a. The **NES Recovery and Renewal programme** has continued to focus on supporting staff wellbeing and organisational performance through the challenges of the pandemic. The large majority of NES staff remain 100% home-working with a robust Safe Return to Office Working (RTOW) process in place to enable those with an essential need to work in NES premises to do so. This is in line with Scottish Governance guidance. However, there is also top-down communication that return to office working is not expected in the short-term, that a process to review future working arrangements is underway and that staff will be involved.

b. The NES Executive Team is currently reviewing the results of a pilot approach to implementing different future work styles, informing its thinking on how the organisation will operate most effectively, incorporating the principles of smarter working to ensure an outcomes-based culture, as it moves into the future. With over 700 staff registered, the Trickle staff engagement App is providing insights into how staff are feeling, signposting them to useful information, wellbeing resources and support. It is also enabling idea sharing leading to new initiatives. As it becomes embedded, Trickle will offer an increasingly robust source of workforce data.

c. The **Once for Scotland Policies Programme Board** has reviewed the Once for Scotland policies roll out following a pause in the programme at the end of March 2020 as a result of the pandemic. A schedule of work has been agreed with priority on Home Working in the short term, relevant to NES's work on future working arrangements.

d. **Staff Networks** have now been established for under-represented minority staff and allies, disabled staff and allies, parents and carers, and LGBTQ+ staff and allies. This is important work in enabling mutual support and enabling the organisation to learn more about the experiences, thoughts and feelings of staff in specific groups. A national Staff Race Equality Forum has been established by Scottish Government on which NES is represented. Priorities are expected to include employment, particularly career development and progression, leadership and mental health support in response to the recommendations of the Scottish Government's Expert Reference Group on Covid-19 and Ethnicity and the Scottish Parliament Equality and Human Rights Committee's report on Race Equality, Employment and Skills.

e. Work is underway on an organisational approach to **talent development** which includes the development and maintenance of succession plans for directorate head roles; targeted development support for potential successors; and an increasing focus on career development within the Performance Development Process to ensure that all staff are encouraged to consider their contribution beyond the current role, making those aspirations

visible through discussion with their line manager, and enabling support, as far as practicable and affordable, to achieve them.

f. Cross-Directorate talent movement continues through the promotion of internal advertising as the default for most NES roles. This, together with use of 'reserve' candidate pools (candidates who were unsuccessful for similar vacancies but whom would have been appointable) is reducing time to hire, improving staff development opportunities, and enhancing candidate experiences (internal & external).

g. Following work by a Dental Short Life Working Group, it has been agreed that NES will transition **Core & Specialty dental trainees** into the **Lead Employer model** in 2021. Work is continuing with Scottish Government on timelines for the required regulatory change to enable a similar transition of vocational dental practitioners with a target of August 2022, at this stage.

h. NES HR has liaised closely with **doctors in training** and the Occupational Health Service to ensure that any individuals **encountering difficulties receiving the Covid-19 vaccination** on placement or are returning from a period of extended leave (e.g. maternity) and require support to make vaccinations appointments are supported. Doctors in training have access to lateral flow testing kits through their placements. As requested by Scottish Government, arrangements are currently being made to provide other categories of staff with lateral flow kits: those identified within an NHSS priority group; those attending NES premises on a frequent basis.

i. Communication with all staff took place on the new **Whistleblowing standards** prior to their effective date of 1 April 2021. Doctors in training received a Once for Scotland communication via the deanery signposting to Turas Learn modules and contact points in placement Boards.

j. The **NES Interim Workforce Plan 2021- 2022** was completed in line with Scottish Government timelines. In March 2022, NHS Scotland Boards are required to publish a 3-year workforce plan. This will be the focus of considerable work across NES over the next 6 months.

k. The NES Workforce Directorate continues to support work across the sector. For example, contributing to Scottish Government led thinking on future **leadership development**, **talent management** and **succession planning** approaches whilst acting as a current key delivery partner of Project Lift and a range of leadership development programmes. We have also recently been commissioned to establish a team focused on enhancing workforce digital capability across the health and care sector working in collaboration with a wide range of sector representatives.

l. NES's statutory equality reports for 2021 have been published on the NES website: Equality Outcomes and Mainstreaming Report, 2021-25 (which incorporates the staff equality data analysis and our Corporate Parenting Report); Equal Pay Statement.

CALENDAR from 19 March 2021 – 19 May 2021

This section of the report provides an overview of the meetings I have attended since 19 March 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 now meet formally on a fortnightly basis to share directorate updates and take decisions as required.

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
Board CE meetings have returned to their pre-pandemic format with monthly Private, Strategy and Business meetings. All Accountable Officers also meet monthly with Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland).

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

Meetings since 19 March 2021 – 19 May 2021

NES meetings
I continue to enjoy meeting with NES staff on an individual basis and via team directorate meetings to hear about current priorities and future opportunities. Since the last Board meeting I have met with colleagues from Finance, NDS, NMAHP, Medicine and the CSMEN (Clinical Skills Managed Educational Network) and Quality Improvement teams. I have also now met with all Non-Executive Board members as part of my induction.

NHS Scotland
I have had a number of meetings with Jann Gardner and Kevin Kelman to discuss the ongoing development of the NHSS Academy (NHSSA) and attended the NHS Golden Jubilee Board Development session on 29 April 2021 to co-lead the NHSSA session that was also given to the NES Board on 22 April. Stewart Irvine and I also met with Catherine Calderwood in her new role as the national clinical director of the Centre for Sustainable Delivery (CfSD).

I also took the opportunity to visit the NHS Louisa Jordan before it closed on 31 March. I was given a tour by Professor Jean Ker who leads the CSMEN team and had a key role in setting up the clinical skills programme at the NHS Louisa Jordan site. 26th. I also attend the first meeting of the National NHS Ethnic Minority Forum. Professor Amjad Khan (GP Director and Chair of NES's NES under-represented minorities staff network) will represent NES on this group going forward.

External Stakeholders
I have met with a large number of key stakeholders over the last few weeks including Chief Executives and senior representatives from COSLA, Scottish Care, the coalition of Care and Support Providers in Scotland (CCPS), the Care Inspectorate, the Mental Welfare Commission, the Scottish Social Services Council (SSSC), Public Health Scotland, the British Medical Association and DHI Scotland. The NES Executive Team also held a joint meeting with the Public Health Scotland ET to discuss shared priorities going forward.

Scottish Government
I have met with a number of SG colleagues including John Connaghan (Chief Operating Officer, NHS Scotland), Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing), Graeme Logan (Director of Learning, Learning Directorate) and Catherine Ross (Chief Healthcare Science Officer).

In terms of wider SG meetings, myself and Karen Wilson have been attending a number of meetings on the development of the National Treatment Centres workforce. I have also attended the first National Workforce Forum which is chaired by Gillian Russell.

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244-3323
E: directorofhealthworkforce@gov.scot

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

Your ref:
Our ref:

18 May 2021

Dear Karen,

Thank you for submitting the third iteration of your Board's Remobilisation Plan (RMP) covering the period April 2021 to March 2022.

As detailed in the commissioning letter issued on 14 December, this RMP is intended to provide an update and further iteration of your plans for remobilisation, summarising your work in a number of key areas of activity to the end of March 2022 and building on the process which started with your initial remobilisation plan in May last year.

Covid-19 Resilience

While we have seen a steady decline in Covid-19 hospitalisations and patients in ICU, we are moving into a period of uncertainty as relaxation of restrictions continue. In terms of risk, we can expect some behavioural changes in the population in advance of the time when all eligible people are fully vaccinated. There is also the risk of new variants emerging which may exhibit a level of resistance to the available vaccines.

Whilst the pandemic is ongoing, our key priority is to suppress infection to as low a level as possible which is the best way to ensure the NHS is not overwhelmed, long COVID is minimised and new variants are made less likely. However, alongside this NES should:-

- Be prepared to respond to any further guidance issued in response to the pandemic which is relevant to the Board's functions.
- Ensure that such preparedness does not impact upon plans for staff leave.
- Maintain a flexible approach to the delivery of activity, allowing the Board to pivot in response to demands driven by the pandemic response.
- Continue delivering essential non-Covid services, with a particular focus on workforce attraction, recruitment, education, training and retention as well as the delivery of digital services.
- Wherever possible, continue to recover the priority areas of the Board's core business which have been disrupted by Covid-19.

<u>Staff Wellbeing & Sustainability</u>

The recovery of the services delivered by NES will not be possible without the recovery of the Board's workforce. The ongoing support of staff wellbeing, and embedding sustainability into the workforce, were identified as key priorities in the commissioning of these plans: the process of remobilising services has to be effectively managed alongside ensuring that staff have the opportunity to decompress and heal. That is why Boards were tasked with ensuring that forecasted activity levels are fully informed by this approach. Colleagues in the Scottish Government Health Workforce Directorate will continue to offer appropriate support as you move to the implementation phase of your RMP.

<u>Partnership Working and Staff Engagement</u>

It is clear that your RMP has been developed in collaboration with key strategic partners. I encourage you to continue this approach while implementing your RMP and when developing any further iterations, as well as ensuring that all stakeholders are meaningfully involved. I similarly encourage you to continue to ensure strong and active engagement with your workforce.

<u>Supporting Adult Social Care</u>

Your RMP demonstrated that the Board is aware of its responsibilities and the potential for a future expanded role in this area. The Independent Review of Adult Social Care in Scotland, published shortly before Boards submitted their plans, will be a valuable tool and reference point during the implementation phase of your RMP, and as you continue to develop your longer term response in this area. It will be for the new Parliament to decide how to take the review's recommendations forward and we will be in touch further in this regard. In the meantime, David Plews, Head of Workforce Strategy and Capacity for Adult Social Care in the Scottish Government, would welcome the opportunity to meet with NES representatives to discuss emerging links with National Care Service. David can be contacted at David.Plews@gov.scot.

<u>Mental Health</u>

It is clear from your RMP, and commendable, that you continue play an important role in supporting the delivery of mental health services. Going forward, to meet anticipated increasing demand for mental health services, it will be crucial to continue to develop a whole system approach to care provision, working with partners to support population well-being through to delivering specialist services for people living with mental illness.

As highlighted through your RMP, implementation of the Mental Health Transition and Recovery Plan and associated funding is a key Scottish Government priority. This will necessitate the development of a workforce that is better informed and responsive to psychological trauma and NES will play a key role in this regard.

<u>Supporting the spread of Best Practice and Innovation</u>

The Scottish Government has commissioned the establishment of the Centre for Sustainable Delivery (CfSD), which sits within the Golden Jubilee. As you know, this is a national unit that will build on existing improvement programmes and develop new innovative programmes to support local Boards to deliver national priorities, incorporating new tools and techniques and bespoke assistance to help tackle areas of challenge.

This is very much a collaborative approach with the CfSD working alongside boards and key strategic partners to support remobilisation, recovery and redesign, and the progress and developments that are required in 2021/22. This includes the rapid rollout of new techniques, technology and clinically safe, faster and more efficient pathways for patients.

The innovation being driven by CfSD has potentially significant implications for workforce attraction, recruitment, education and training. It will therefore be important for you to work closely with the Centre, including through the newly established NHS Scotland Academy jointly led by NES and the Golden Jubilee.

Finance

We have reviewed your financial plan for 2021/22 and provided detailed feedback on 15 March. We note your financial plan shows a surplus position for 2021/22 with a request to carry forward £0.5 million in financial flexibility to 2022/23 (0.1% of baseline) assuming £2.3 million of savings can be met (0.5% of baseline). However there continues to be significant uncertainty about the financial impact of Covid-19 in both the short and longer-term, and what this will mean both for service delivery and associated financial plans.

As in 2020-21, we will therefore look to assess progress against your plan through the formal Quarter 1 review process, when the in-year Covid-19 funding and costs will be clearer. As part of this review we will look for an update as to the revised financial projections for 2021-22 and the progress the Board has made in taking forward savings plans. Further details around the Quarter 1 review process will be provided to NHS Directors of Finance in the coming weeks.

In the interim we expect that the Board continue to develop sufficient – as far as possible – recurring savings options to meet the financial challenge outlined in your financial plan.

As previously indicated, we aim to return to three year financial planning and the next steps on this will be detailed in due course. The timing of this will however depend on the impact of Covid-19 over the coming year.

Finally, I understand a process is now underway to explore the potential baselining of elements of your allocation which are currently made on a non-recurring basis. This is being led by colleagues in the NES Sponsorship Team with input from Scottish Government Health Finance.

Plan Approval and Feedback

I am content to approve your RMP. Your finalised and signed off RMP will be used as the basis for engagement with the Board over the coming year. Feedback has been and will continue to be provided to you by individual policy teams within the Health & Social Care Directorates, as is normal. It is vital that this feedback should be taken on board as you move into the implementation phase of your RMP. Key initial points to note are as follows:

- The RMP recognises the significant risks associated with reduced capacity and delayed progression within the clinical learning environment. Delivery of education and training activity, including recruitment into training programmes, remains critical to ensuring workforce supply and this is recognised through the RMP. We note the flexible and responsive approach NES has taken to maintaining this activity wherever possible for the duration of the pandemic to date. Nevertheless, it is clear that a

significant programme of recovery will be required over the period covered by this Plan, notwithstanding the potential for further disruption as a consequence of Covid-19.

In these contexts we expect NES to closely monitor issues in regard to under and postgraduate medical education and training, inclusive of the effects of training grade recruitment. In these respects NES should continue to liaise and report to the Scottish Government Workforce Development (Education and Training) Team and appropriate wider stakeholders to minimise impacts wherever possible. This should include thinking creatively about mitigations in respect of already known issues as well as any future disruption.

Work in this space which relates to student placement will continue to be informed by the Strategic Group for Health Students Placement Capacity

- Turning to **NMAHP** professions, robust quality assurance activity in respect of commissioned nursing and midwifery programmes must continue to be a priority. Work should be undertaken to review current commissioning models for the provision of programmes by Higher Education Institutions, ensuring delivery and oversight arrangements are as efficient and effective as possible. The RMP recognises that detailed plans concerning activity linked to the recruitment, retention, training and development of the NMAHP professions is to be captured through an outcomes agreement (or agreements) with the Chief Nursing Officer. This agreement should be finalised in early course, with clearly defined deliverables and robust oversight arrangements set out.

- In respect of **leadership** and **talent management**, we look forward to NES' input into the work underway to review current initiatives, building on approaches which have been found to work not only within the health system but across the public sector more generally.

- We note the significant work underway to establish the **NHS Scotland Academy**. It will be necessary for the Health and Social Care Management Board and incoming Ministers to approve a business case detailing the purpose, objectives, governance arrangements and early priorities for the Academy prior to investment being made. Officials within Health & Social Care Workforce Planning and Development Division will work with you to agree robust and transparent funding and commissioning models. Further work should then be undertaken to develop and consult on a medium-term programme of work for the Academy.

- The Plan acknowledges the progress which has been made in the establishment of the Turas Data Intelligence Platform ("**TDI Workforce**") as a tool which can support:

  - the publication of official statistics,
  - the delivery of bespoke workforce planning commissions,
  - scenario planning and wider modelling by partners across the workforce planning community

Work is now underway to plan the next phase of TDI Workforce with a view to maximising the benefits associated with previous investment in the Platform. A future investment will be predicated on robust Business Cases which detail well-defined deliverables and robust governance measures to ensure delivery.

- We recognise the central role that **NES Digital** has played in the pandemic response around digital skills and leadership, and we appreciate your continued work from a digital perspective through remobilisation. Through existing routes of engagement (namely Digital Leads), digital health and care officials will continue to engage with NES on national priorities, including as part of the development of a refreshed digital health and care strategy for Scotland.

Publication of your RMP

I am aware that your Board will need to complete its internal governance processes to approve your draft plan. Your finalised plan, incorporating any developments or amendments made to take account of feedback received in the interim, should be published together with this letter.

Next Steps

It is our intention to revisit the RMPs for all Boards later in the year once the position on Covid-19 and related matters is clearer, and planning assumptions used in your existing drafts have been validated or amended. As such, we may commission a further iteration of your RMP later in the year, taking account of the foregoing and offering the opportunity for us to update guidance on key areas; this will also be informed by any additional or amended priorities in respect of incoming Ministers.

If you have any questions about this letter, please contact Scott Wood in the first instance (scott.wood@gov.scot).

In the meantime I would like to take this opportunity to thank you, your Board and your entire workforce again for your, and their ongoing extraordinary efforts. Your contribution not just to the nation's response to Covid-19 but to all health & care needs of the population are hugely appreciated by everyone at the Scottish Government.

Yours sincerely

Gillian Russell
Director of Workforce

Board Paper

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.   **Situation/Purpose of paper**

        The purpose of this paper is to present the NES Risk Register and COVID-19 Risk
        Annex as at 20 May 2021.

4.   **Background**

4.1   The paper presents the NES Corporate Risk Register as at 20 May 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.

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

5.1   At the Executive Team meeting on 10 May 2021 a risk was raised in relation to the
        volume of work within the NMAHP Public Health Team and the potential impact on
        the delivery of programme outcomes with potential reputational risk. Within the
        Corporate Risk Register this is already covered within Risks 6 and 13. Within the
        COVID-19 Risk Annex this is already covered within Risk 11, however an additional
        control has been added to reflect the development of a commissioning template.
        There has been no impact on the residual risk scores.

5.2   Each risk evaluation is 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.

5.3   Initial work around establishment of a NES Risk Management Group is underway
        and an update will be provided to the Audit and Risk Committee on 29 July 2021.

6.   **Recommendations**

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

Author to complete

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

☒ Yes
☐ No

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

☐ Yes
☐ No

c) **Alignment with NES Strategy 2019-2024**

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

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☐ Yes
☐ No

AMcC/LT
NES
May 2021

NES Corporate Risk Register - May 2021

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	NES Risk Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
Strategic Policy Risks										
R1	Pressures on the system result in education and training being considered as less important than service delivery priorities, including as a result of COVID-19 impact.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training. 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received. 3. The residual scoring of this risk remains as Primary 1 and now reflects the risk associated, across the professional groups, with the disruption to educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register. 4. NES Remobilisation Plan focuses on recovery of priority areas of core business, acknowledging the continuing uncertainty and service pressures which may affect capacity within the workplace- based learning environment.	OPEN (Score Range 10-12)	4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure against expected funding.	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 3	Primary 2	1. 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. 2. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend. 3. 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. 4. We have received formal confirmation that the in-year impact of the historic training grade deficit will continue to be underwritten by SG for 2021/22. 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.	OPEN (Score Range 10-12)	4 x 4	Primary 1
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 3	Primary 2	1. NES Directors maintain strong engagement with relevant leads at Scottish Government. 2. NES to maintain an evidence bank to support ability to influence policy decisions. 3. Chief Executive and NES Directors to maintain links with other UK organisations. 4. The ability to agree decisions on a 4 nation basis has been key during the COVID response. The detail of these decisions is included in the COVID appendix.	OPEN (Score Range 10-12)	3 x 3	Contingency
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence - through regular engagement with SG sponsor team, and relevant executive director groups, including SAMD, SEND and HRDs. 2. Work with Boards to ensure optimal deployment of staff.	OPEN (Score Range 10-12)	3 x 4	Primary 2

							Controls				
R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	3 x 4	**Primary 2**	1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs. 2. Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at EET are communicated to staff through regular staff video and Intranet updates.	**OPEN (Score Range 10-12)**		3 x 4	**Primary 2**
R16	The UK is no longer a member of the EU: potential negative impact on recruitment, and reciprocal recognition of qualifications.	NES Chief Executive Karen Reid	4 X 5	**Primary 1**	3 x 4	**Primary 2**	1. Systems and processes have been updated to reflect the points-based system 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). 2. 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.	**OPEN (Score Range 10-12)**		3 x 5	**Primary 1**
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	**Primary 2**	4 X 3	**Primary 2**	1. New Director to review structures and deliverables and identify necessary changes to ensure resources are focused on delivery of the agreed outcomes from the Digital Health & Care Strategy (and take account of any changes when SG refresh the Strategy later in 2021). 2. Continued engagement with key stakeholders. 3. Performance Monitoring will be included in the remit of the reconstituted Digital and Information Board Committee. 4. New Director to ensure all NDS work has clinical safety and medical device regulations embedded into all developments.	**OPEN Score Range 10-12)**		4 x 3	**Primary 2**
	Operational/Service Delivery Risks										
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Chief Executive Karen Reid	5 x 5	**Primary 1**	3 x 4	**Primary 2**	1. As part of operational planning all activities are linked to an agreed priorities framework and a NES strategic objective. 2. The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings. 3. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. 4. At a Strategic Level argument to be made about requirement to invest in workforce organisation. 5. Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. 6. Executive-led digital structure enables prioritisation of NES digital activity, 7. Strong focus on continuing to build on innovations in delivery in response to COVID.	**OPEN (Score Range 10-12)**		3 x 4	**Primary 2**
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance.	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	3 x 3	**Contingency**	1. Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans.	**OPEN (Score Range 10-12)**		3 x 3	**Contingency**
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	3 x 3	**Contingency**	1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. 2. Strong focus on communication and encouraging employee voices e.g. introduction of Trickle App.	**OPEN (Score Range 10-12)**		3 x 3	**Contingency**

ID	Risk	Owner					Controls/Mitigations				
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	**Primary 1**	2 x 4	**Housekeeping**	1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. 2. 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. 3. How these plans have been implemented is reflected in the COVID Annex. 4. Availability of updated BCP to be confirmed.	**OPEN (Score Range 10-12)**		2 x 4	**Housekeeping**
	Finance Risks										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded	NES Executive Team (Audrey McColl)	4 x 5	**Primary 1**	3 x 3	**Contingency**	1. Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. 2. Directorates given indicative budgets to plan own activities and expenditure. 3. 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 4. Ongoing discussions on the longer term (recurrent) impact of COVID. 5. 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. 6. Discussions with SG are underway to reclassify more non-recurring funding to recurring which should encourage the early commitment to programmes, reducing underspends caused by recruitment delays.	**AVERSE (Score Range 1 - 3)**		3 x 3	**Contingency**
R11	NES is unable to 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**	1. Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. 2. Directorates given indicative budgets to plan own activities and expenditure. 3. Ongoing programme of identifying efficiency savings. 4. 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. 5. 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. 6. Savings captured from innovations in delivery in response to COVID.	**AVERSE (Score Range 1 - 3)**		3 x 3	**Contingency**
	Reputational/Credibility Risks										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Chief Executive Karen Reid	4 x 5	**Primary 1**	3 x 4	**Primary 2**	1. Directorates have focused on contingency planning and arrangements for paused work. 2. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. 3. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. 4. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 5. NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term. 6. Annual Operational Plan, incorporating desire outcomes, will form baseline for organisational activities post-COVID-19. 7. Planning systems require all activities to include anticipated desired outcome 8. Desired outcome measured 9. Readiness to 'fail fast' rather than pursue initiatives that aren't working. 10. Development of focused communication plans as a pro-active measure to ensure awareness of NES activity.	**CAUTIOUS (Score Range 4 - 9)**		3 x 4	**Primary 2**

R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders. Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs. Future implications of the Independent Review of Adult Social Care in Scotland.	NES Chief Executive Karen Reid	4 x 5	**Primary 1**	3 x 3	**Contingency**	1. NES organisational activity has been refocused to support frontline services and implementation of NES Re-mobilisation Plans 2. Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible. 3. In consultation with statutory bodies across the four nations, recruitment procedures have been put into place to enable recruitment to operate effectively under current restrictions and support workforce supply chain. 4. Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments. 5. Review of Operational Plan targets to identify and plan priorities in the recovery phase. 6. Ensure targets set are SMART and also have resources allocated to them to support delivery 7. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting. 8.Development of focused communications to support management of stakeholder expectation in relation to NES capacity to deliver and support new systems development. 8. 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.	**CAUTIOUS (Score Range 4 - 9)**		3 x 3	**Contingency**
	Accountability/Governance Risks									
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	**Primary 1**	2 x 2	**Housekeeping**	1.Standing committees responsible for each governance domain supported by Executive Groups. 2. Each committee provides an annual report to Audit Committee detailing how it has discharged its remit. 3.Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook 5. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process. 6. During the pandemic our governance processes have been maintained through 'Governance light' to support secure governance. 7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies.	**AVERSE (Score Range 1 - 3)**		2 x 2	**Housekeeping**
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	**Primary 1**	4 x 2	**Contingency**	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices (based on ISO27001) have been put in to ensure robust security applies to the TURAS platform and the being developed National Digital Platform. 3. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process.	**AVERSE (Score Range 1 - 3)**		4 x 2	**Contingency**

R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Chief Executive Karen Reid	5 x 5	Primary 1	4 x 5	Primary 1	1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, COVID-19 Contingency Plan, Re-mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments. 2. NES Resilience Co-ordinating Team in place. 3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home 4. Reporting protocols agreed and implemented. 5. Dissemination and cascade of organisation-wide communications across key platforms.	AVERSE (Score Range 1 - 3)	4 x 5	Primary 1

Operational/Service Delivery Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
1.	NES Clinical Directorates: • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology **Risk Owner**: Karen Reid	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training.	• Cancellation of required courses or programmes • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness	• Disruption to training leading to delays in training progression • Slippage to recruitment and training plans • Financial implications as a result of extensions to training and support • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding • Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. • Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). • Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. **Cont'd over/**	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Cancellation of professional examinations** **Control (1)**: 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. **NMAHP**: **Delay to pre and post registration commissioned programmes (by NES or Scottish Government).** **Control (1)**: NMAHP working closely with HEIs, Colleges and Boards to pre-empt problems and assist in ensuring that educational programmes can continue as smoothly as possible. Rapid Action Group 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. **Dental**: **Interruption to supply of workforce (major negative impact on undergraduate dental student progression and Dental Vocational Training and to a lesser extent Dental Core and Specialty Trainees as well as pre-registration Dental Nurse Training).** **Control (1)** In response to the concerns over undergraduate dental student progression 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. . **Control (1)** Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion. **Control (2)** Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs. **Action (1)** Adjust existing students' training plans. **Action (2)** Review the teaching and assessment schedules. **Action (3)** Delay commencement of new Dental Care Professionals (DCP) programmes **Action (3)** Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. **Action: (4)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. **Action (5)** Current Dental Vocational Trainees will be offered a contract extension to July 2022. There will be no recruitment to dental vocational training in 2021. **Action (6)** 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. **Action: (7)** Trainee progression will be monitored through existing processes	**OPEN** **(Score Range 10 – 12)**

| 1. / **Cont'd** | NES Clinical Directorates:
• Medical
• NMAHP
• Dental
• Pharmacy
• Optometry
• Healthcare Science
• Psychology

Risk Owner:
Karen Reid | Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training. | • Cancellation of required courses or programmes
• Cancellation of required professional examinations
• Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness

Cont'd over/ | • Disruption to training leading to delays in training progression.
• Slippage to recruitment and training plans.
• Financial implications as a result of extensions to training and support.
• Training capacity issues
• Negative impact on service delivery
• Potential future workforce supply issues/gaps
• Uncertainty around non-recurrent funding
• Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system.
• Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology).
• Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes.

• Negative impact on Dental Training across the undergraduate postgraduate continuum.

• Potential impact on Dental workforce pipeline.

• Pharmacy PRPS 2019/20 cohort will sit re-arranged GPhC Assessment in March 2021 with outcomes expected in April 2021. | **Primary 1**
4 x 4 | **Contingency**
3 x 3 | **Action (8)** Mandatory training for new entrants to NHS Scotland dental workforce has been moved to online delivery.

Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees
Control (1) Continuing to support the 2019/20 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.
Control (2) 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.

Optometry: Service delivery impact due to reduction in training and support

Optometry: Service delivery impact due to reduction in training and support
Action (1) Sourcing/using as many online skills training materials as possible.
Action (2) 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.
Action (3) Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health.

Healthcare Science: Slippage to recruitment
Control (1): Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake.

Healthcare Science: Slippage to Training Plans
Action (1): Discussions with training leads to be progressed.
Control (1): Financial implication for employment/SLA (Service Level Agreement) extensions **-** worst case scenario modelled and submitted to Finance.

Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists
Control (1) 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.
Action (2) Adjustment made to training plans to take account of COVID-19. | **OPEN**

(Score Range 10 – 12) |

				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 **Risk Owner**: Karen Reid	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established	• Significant backlog of clinical work • Service delivery may not resume in line with previous mode of delivery • Pressure to regain lost ground • Surge in clinical demand Cont'd over/	• Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care • Methods of workplace education and training may need to be revised • Potential implications from adapting to online delivery • Training environment is compromised • Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT) • Impact on availability of clinical placements for undergraduate teaching across disciplines.	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Ability to deliver education and training due to backlog of clinical work** **Control (1)** Medical Directorate Executive Team (MDET) continues to review the position regularly with Health Board Directors of Medical Education (DMEs). **Control (2)** Regular discussions at UK level with all stakeholders including other Statutory Education Bodies, the GMC (General Medical Council), Royal Colleges and others, to address this risk. **Control (3)** A NES COVID-19 survey will be re-run to assess the impact on trainee and staff experience. **Control (4)** Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects, including the availability of clinical placements for undergraduate teaching. **Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce** **Action (1)** Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. **Action (2)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. **Action (3)** 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. **Action (4)** Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors. **Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce** **Action (1):** The risk around failure to deliver NES Glaucoma Award Training (NESGAT) in 2021/22 is mitigated by increased use of remote supervision and recovery related community work. **Action (2):** Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan. **Psychology: Training and education delivery compromised** **Action (1)** Adjust method of delivery to Digital webinars and virtual training environments. **Action (2)** Work closely with Board colleagues and offer flexible support to mitigate effect. **Action (3)** Through regular contact with stakeholders, ensure that our work is aligned with their priorities. **NMAHP: Training and education delivery compromised** **Action (1)** adapt delivery methods as far as possible towards technology enabled learning. **Action (2)** ongoing contact with key stakeholders to ensure training & education meeting needs. **Action (3)** continue face to face teaching methods where absolutely necessary (e.g. SMMDP) to meet service demands.	**OPEN** **(Score Range 10 – 12)**

							Mitigation Measures (Controls/Actions)	
							Action (4) 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". **Action (5)** recognising that COVID has, by necessity, impacted the way training will be delivered in the future NES has a Technology Enhanced Learning Programme underway which aims to create a strategy for the future technology education and learning delivery for all Directorates.	

Operational/ Service Delivery Risks (cont'd)

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

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 primarily now related to the COVID-19 vaccination programme. **Risk Owner (Lead Director):** Christopher Wroath	• Rapid and fast changing requirements from the Scottish Government Workforce initiative to develop/redevelop Turas based applications and related data support services in support of the COVID-19 mass vaccination programme. • Associated outcomes (Management reporting data to SG).	• COVID-19 vaccination programme not able to deliver to 'expectation' through misunderstanding of what the current systems landscape can deliver, poor communication of timetables and changing Scottish Government priorities • Data breaches • Reputational risk	**Primary 2** **4 x 3**	**Contingency** **4 x 2**	**Action (1)** Daily communications with Scottish Government to manage expectations and check and cross check requirements, expected deliverables and timeframes. **Action Owner: Director NES Digital** **Action (2)** Daily meetings with key NES and external stakeholders to identify, discuss and co-author responses to Scottish Government, Board and COVID-19 Vaccination Programme members' expectation. **Action Owner: Director NES Digital** **Action (3)** Co-ordinate NES staff across all Directorates to bring to bear increased, appropriate and targeted resources to increase available resource to assist timely delivery at expected quality, mainly but not exclusively supporting Vaccinations. **Action Owner: Director NES Digital** **Action (4)** Introduce as much technology support as practicable in an iterative manner, to reduce/remove manual processes as understanding of them matures and time is allowed to develop and implement. **Action Owner: Associate Director, NES Digital –** this work is ongoing.	**OPEN** **(Score Range 10 – 12**
6.	NES Digital Service (NDS)	National clinical data landscape is further fragmented by short-term COVID-19 digital solutions **Risk Owner (Lead Director):** Christopher Wroath	• Responsiveness to a complex and ever-changing health and social care landscape; serial development of short-term Minimum Viable Product digital solutions that are adopted to address the pandemic.	• Short term digital solutions further exacerbate the fragmentation of clinical data and make the objective of delivering national infrastructure more challenging, compromising ability of NDS to deliver agreed outputs. • Overall reduction in project impact.	**Primary 2** **3 x 4**	**House-keeping** **2 x 3**	**Control (1)** Through meetings with the Scottish Government and eHealth leads and by feeding into national policy work, continue to make the case for data integration and availability, with a view to the longer term, while understanding that there are some short-term requirements. **Control (2)** Continual delivery monitoring to ensure emergency digital solutions are robust, with product lifespan agreed at initiation of project. e.g. will this be used post COVID-19?	**OPEN** **(Score Range 10 – 12)**
7.	NES Digital Service (NDS)	Digital product demand exceeds what the available resources can support **Risk Owner (Lead Director):** Christopher Wroath	• Expectations and demands from external bodies in respect of new digital products exceed what the available NDS resources can support.	• NDS medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out. • Weakened external credibility	**Contingency** **3 x 3**	**House-keeping** **2 x 2**	**Action (1)** Revisit short-term objectives for 2020/21 with clarity on required commitments to temporary COVID-19 projects and how this impacts longer-term work. **Action Due Date:** 31 March 2021 **Action Owners:** Christopher Wroath, Alistair Hann **Action (2)** Increase available resource, subject to agreement with Scottish Government. Recruitment of software engineers and product team continues, using a remote recruitment model developed by NES HR and NDS Principal Lead for Recruitment. This will increase capacity within the directorate on a long-term basis. **Action Due Date:** 31 March 2021 **Action Owners:** Christopher Wroath, Matthew Hill **Control (1)** NDS attend regular scheduled meetings with internal and external stakeholders (SG Vaccination Programme meetings, NDS Senior Management Team, NES Digital Senior Team, existing programme steering groups, Standing Committee) to ensure continuous evaluation and reflection on short-term COVID-19 objectives.	**OPEN** **(Score Range 10 – 12)**

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
8.		Failure to Recruit NES Staff and Trainees.	Due to a lack of resource and/or systems support leading to a failure to recruit: • Trainees across NHSS through usual vocational training recruitment activity, and NES staff through usual recruitment processes.	• For the trainees any failure to recruit will affect frontline service provision, impacting of patient care. • A failure to recruit vocational trainees will result in workforce supply issues. • The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan.	**Primary 1** **5 x 4**	**Primary 2** **3 x 4**	**Control (1)** Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and work with HR in progressing vocational training recruitment for trainee groups in Scotland. **Control (2)** Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff. **Control (3)** Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes. **Action (1)** HR and Finance work together to anticipate and mitigate issues relating to financial year end, working with directorates to identify posts needed beyond year end and to extend contracts where appropriate.	**OPEN** **(Score Range 10 – 12**

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 **Risk Owner (Lead Director):** Audrey McColl	• Staff absence. • Requirement to work from home. • Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic	• Data not available in time to meet payroll deadlines • 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. • Expenses not paid as the system needs to be accessed via the SWAN network • Loss of funds due to fraudulent payments not being recovered	**Primary 2** **4 x 3**	**Contingency** **3 x 2**	**Control (1.1)** Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account. **Control (2.1)** All directorate staff have been provided with SWAN VPN access to support working from home and social distancing. **Control (2.2)** The frequency of cheque payment runs has been reduced to limit the requirement to attend the office. **Control (2.3)** Suppliers have been contacted and requested to email invoices. **Control (2.4)** A member of staff is going into the office once a week to collect post and scan invoices. **Control (2.5)** Currently there are three members of staff able to complete each part of the payment process, The service can temporarily function with one staff member for a short period of time in each of these areas. **Control (2.6)** 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. **Control (2.7)** System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved. **Control (3):** A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible. **Control (4.1)** Fraud alerts are being circulated to relevant staff. **Control (4.2)** The same level of rigor to the controls are being applied before any supplier bank details are accepted and amended. **Control (4.3)** NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source	**AVERSE** **(Score Range 1 -3)**

9.	Finance (Cont'd)	Payment of NES Staff and Suppliers are delayed or incorrect (Cont'd) **Risk Owner (Lead Director):** Audrey McColl	• Complexities around the £500 payment rules result in over/under payment	• Staff do not receive the correct payment in relation to the £500 bonus			**Control (5**) Payroll services across Scotland have developed system reports to identify leavers/additional hours worked to be used as a tool by individual payroll teams. We are working closely with NSS to ensure payments are correctly processed.	
10.	Finance	Maintenance of Financial Governance / Internal Control Mechanisms. **Risk Owner (Lead Director):** Audrey McColl	• The interim Governance arrangements in place do not enable appropriate oversight of the Financial position • Business as usual control mechanisms are ineffective. • Staff absence	• Effective scrutiny and assurance will be compromised • Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements. • It is not possible to produce a set of annual accounts which is a statutory requirement.	**Primary 2** **4 x 3**	**Contingency** **3 x 2**	**Control (1)** The new governance arrangements ensure that financial reports are routed through the Audit & Risk committee, or presented directly to the board depending on the dates of the meetings. **Control (2)** 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. **Control (3)** We have robust reporting processes in place to capture the additional costs and savings resulting from the impact of COVID-19 on our operations. These arrangements have been reviewed by Internal Audit who reported that these controls reflect a strong governance structure. **Control (4)** NES staff attend all Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of monthly reporting and Annual Accounts. **Control (5)** 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 & Risk Committee and approved by the Board. **Control (6)** 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. **Control (7)** Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement. **Control (8)** 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.	**AVERSE** **(Score Range 1 -3)**

Reputational/Credibility Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
11.	NES Clinical Directorates: NMAHP	Unable to respond to demands and needs of the service	Uncertainty in health and social care during the recovery phase from COVID-19.	• Potential negative effect on forward planning and ability to respond to, as yet, unknown demands/workload and potential broader impact on the health and wellbeing of staff due to the uncertainty for staff over a prolonged period of time. • Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work.	**Contingency 3 x 3**	**Contingency 3 x 3**	**NMAHP: Ability to respond to service demands and needs** **Control (1)** Strong links with Scottish Government to minimise uncertainty. **Control (2)** Reviewing remobilisation plans from Boards/Regions to understand plans and priorities. **Control (3):** Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc. **Control (4)** Good communication internally and externally. **Control (5)** NMAHP have carried out a COVID-19 debrief process which will ensure learning is captured and informs flexibility, effectiveness and agility of response. **Control (6)** NES Health and Wellbeing work for staff to reduce effect of uncertainty. **Control (7)** Listening Service from Spiritual Care Service in NMAHP for staff. **Control (8)** Commissioning template developed to record details of new work from Scottish Government including priorities, outcomes, timescales and associated funding.	**CAUTIOUS** **(Score Range 4 - 9)**
		Unable to respond to the needs of students to catch-up on placements missed due to COVID as the responsibility for placements rests with the Education provider. **Risk Owner (Lead Director):** Karen Wilson	Unable to respond to the needs of students to catch-up on placements missed due to COVID as the responsibility for placements rests with the Education provider.	• SG have asked NES to take a leadership role working with education providers and placement providers to minimise the backlog of placements but this can only be a facilitation role as the Education providers, not NES, are directly responsible for the placements.			**Action (1)** On the 22 June 2020, Chief Nursing Officer Directorate commissioned NES to develop a detailed report setting out comprehensively the range of issues affecting placement provision for NMAHP students currently and future issues that will emerge in the new academic term 21/22. The report, entitled Provision of NMAHP Placements in the 2020-21 Academic Session, was submitted to Chief Nursing Officer Directorate on 17 July 2020. **Action (2)** The Scottish Government requested NHS Education for Scotland's leadership, through a Rapid Action Placement Oversight Group (RAPOG), to facilitate discussions, support the building of relationships locally, regionally and nationally across Scotland, and co-ordinate a range of measures to manage placement issues from now and throughout the coming academic session at a minimum. RAPOG 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.	
12.	**Workforce/ Digital/NDS/ Finance**	(i) COVID-19 Accelerated Recruitment Portal **Risk Owner (Lead Director):** Tracey Ashworth-Davies / Christopher Wroath/ Audrey McColl/ Karen Wilson	• 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	• Perception that NES is not providing appropriate details of applicants cleared but not deployed.	**Primary 1 4 x 4**	**Primary 2 3 x 4**	**Control (1)** 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. **Control (2)** Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.	**CAUTIOUS** **(Score Range 4 - 9)**

| | | (ii)Vaccination Programmes | • 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. | • 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. | | | **Action (1)** Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.
Control (1) NES engagement of SG Vaccination programme at Silver Command and via multiple operational level forums to lead understanding of programme outcomes and delivery roles.
Control (2) Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme.
Control (3) Delivery by NES digital group on time and to spec of first-cut architecture to meet go live in early December 2020 - achieved. | |

Accountability/Governance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite

13.	Planning and Corporate Resources	Ability and Capacity to meet Board Governance Standards
		
		Risk Owner (Lead Director):
		Donald Cameron
			• The governance arrangements in place to respond to the different phases of the COVID-19 pandemic may fail to provide sufficient oversight of the emerging priorities and the on-going business of the Board and strategic decision making, effective scrutiny and assurance will be compromised.
			• The Chief Executive and the Executive Team come under increasing pressure to meet reporting requirements when they are required to manage the NES response to the public health emergency.
			• Meetings held without key stakeholders and public involvement.
				• NES as an organisation fails to meet some governance standards
				
				Cont'd over/
					Contingency 4 x 2	**House-keeping 2 x 2**	**Control (1).** 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:
							  • Phase one: 'Gold Command' and 'Core Board Governance' 26 March 2020 – 27 August 2020
							  • Phase two: 'Development of Board Governance: COVID-19 lessons Learnt and Remobilisation' 27 August 2020 – 5 January 2021
							  • Phase three: 'Governance Light' 5 January – 31 March 2021.
							
							Control (2) The NES Executive Team met formally every two weeks during COVID-phase one governance and subsequently reverted to meeting every four weeks and when agreed have enacted the **COVID-19: NES Contingency Plan** which includes the NES Extended Executive Team meeting between seven times to once a week (depending on the stage of the pandemic) and NES Internal Coordinating Group: COVID–19 (always on-call) using MS Teams for communication, incident management. Strategic decision making - 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.
							
							Control (3) Over the COVID-19 Governance period we have prepared NES Re-Mobilisation plans for the approval of the Board. The 2020-21 AOP went through the 23 March 2020 Board and was subsequently paused as per SG direction, the 30 July 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
							
							Action (1) Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate.
							Action Owners: Della Thomas and Donald Cameron
							13/10/20 Update: 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.
							
							20/1/21 Update: 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.
								AVERSE
								
								Score Range (1 – 3)

| 14. | **Planning and Corporate Resources**

Risk Owner (Lead Director):
Donald Cameron | 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 | • 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. | • Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised. | **Primary 1**
4 x 5 | **House-keeping**
2 x 3 | **Control (1)** The ability to work remotely using cloud-based systems and communications technology is already in place
Control (2) The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely.

Action (1) Maintain all NES property transactions 'on hold' and put in place a short-term extension to the Phase 1 lease at CfHS to coincide with the Phase 2 lease expiry. This is to give us time to consider post-COVID property requirements and ensure our total property needs in Inverness are considered together when it becomes clearer (post COVID-19**).**
Action Owner: Nicola Todd
Action Due Date: 30/9/21

Action (2) Compile common standards for all NES sites in line with post COVID-19 national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical so that NES sites are prepared and signed off as COVID-19 secure in line with a Facilities Recovery Plan.
Action Owner: various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side.
Action Due Date: 30/11/20 – Complete, and sites to be maintained as COVID-19 secure in line with available national guidance. | **AVERSE**

(Score Range 1 – 3) |

Accountability/Governance Risks/ (cont'd over)

Accountability/Governance Risks

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

| 16. Cont'd) | Workforce Directorate | Failure to comply with legislative and statutory requirements.

Risk Owner (Lead Director): Tracey Ashworth-Davies | | • Failure to deliver the Directorate's operational plan. | **Primary 2**
4 x 3 | **Contingency**
3 x 3 | Involved in decisions which affect them: continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Staff survey to collate feedback from staff on impact of Covid19 on work life. Dignity and respect: promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues.
 Health, safety and wellbeing: updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Strategy Group Campaigns.
Control (5) 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.

Control (6) Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment. | **AVERSE**

(Score Range 1 - 3) |

Closed Risks - Summary

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

Board Paper

1. **Title of Paper**

   2020-21 Quarter 4 Performance Management Report Paper Summary

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

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

3. **Situation/Purpose of paper**

   This paper provides a summary of performance using exception reporting (reds and ambers) against our phase 2 Re-mobilisation Plan (RMP2) for the final quarter of 2020/21.

4. **Background**

4.1 Performance reporting against the 2020/21 Annual Operational Plan (AOP) was suspended during the first and second quarters of the year due to COVID-19 and subsequently the AOP was replaced with RMP2 at the end of July 2020.

4.2 At that time the organisation took the opportunity to review and revise activities and targets for RMP2 within the detailed operational and financial plan which underpins the process. This led to the introduction of some new targets, some revised targets and others which were removed. For the most part, the organisation developed a plan which sought to recover performance levels to those of the original AOP. At the time, as the initial wave of COVID-19 subsided to very low levels, this seemed appropriate, and was approved by the Board.

4.3 However, RMP2 plans prepared at the end of July 2020 quickly became out of date as the COVID-19 situation rapidly deteriorated. RMP2 therefore represents a quite different environment to the one in which we were working in March 2021 and as a result many of the now red and amber targets relate to activities which the organisation had hoped to deliver in recovering the original AOP but which have been delayed or de-prioritised due to COVID-19.
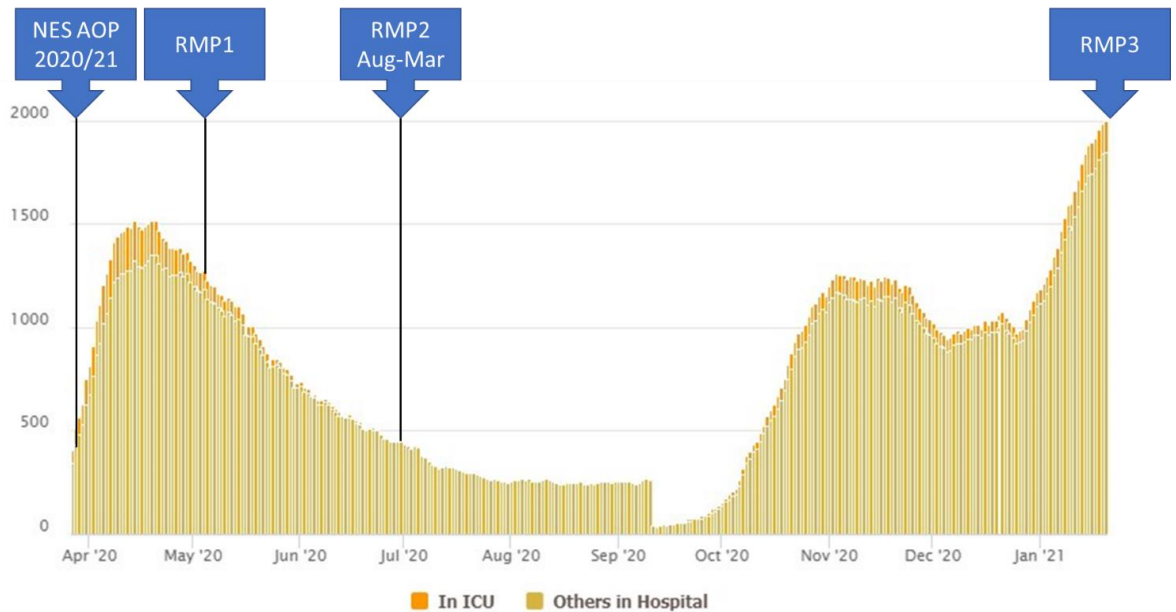
Timing of Operational and Remobilisation Plans with Reference to Pandemic Activity

5. Assessment/Key Issues

Overall, there are 601 targets, of which 64 are red, 86 are amber, and 451 are green. Of the 111 priority targets, 14 are red, 16 are amber and 81 are green. Most of the red and amber targets were impacted by COVID-19.

6. Recommendations

The Board is invited to note the current performance of NES in relation to RMP2.

Author to complete

a) Have Educational implications been considered?

☒Yes
☐No

b) Is there a budget allocated for this work?

☐Yes
☒No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

☒Yes
☐No

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

☒Yes
☐No

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

☐Yes
☒No

Karen Howe
11/05/21
NES

NHS Education for Scotland – 2020/21 Quarter 4 Performance Report

1. Summary of Performance

1.1 During the first quarter of 2020/21 all NHS Board Annual Operational Plans (AOPs) were 'stood down' due to COVID 19 on the instructions of the Scottish Government. As a result, performance reporting against the NES AOP was suspended for the first and second quarters of the financial year and the AOP was replaced with Re-mobilisation Plan 2 (RMP2) at the end of July 2020. This report provides a summary of performance against RMP2 while noting that most of the red and amber targets relate to activities which were impacted as the COVID 19 situation deteriorated in the last four months of the financial year.

1.2 There are 601 performance targets for 2020/21, of which 111 (18%) are priority targets. Diagram 1 shows the performance across the priority targets and diagram 2 outlines performance across all targets. Performance is measured using RAG (Red, Amber, Green) ratings, definitions of which are set out below:
- **Red** – progress has not been satisfactory. The target is more than 10% off the stated goal and/or delayed by more than 3 months.
- **Amber** – progress against this target/outcome has not been fully satisfactory. The target is up to 10% off the stated goal AND/OR is delayed by up to (and including) 3 months.
- **Green** – progress against this target/outcome has been satisfactory, with 100% of the target achieved or exceeded AND meeting all time deadlines.

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

2. Corporate Dashboard

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

Note: this requires a TURAS user sign in.

3. Priority Targets

3.1 Of the 111 priority targets, 14 are red, 16 are amber and 81 are green (see Diagram 1). All the red priority targets (100%) and 11 of the amber targets (71%) were impacted by COVID. All priority target updates were reviewed to ensure they accurately reflected the content of the target and that the RAG rating was correct. Fourteen targets were followed up for further clarification. Following clarification, changes were made to 5 targets: 3 targets changed from amber to red; one target changed from green to amber; and one target changed from green to red.

3.2 An audit of performance management recommended that the Planning and Corporate Governance team verify supporting documentation behind a sample of

the updates to provide additional assurance that they are correct, complete, and representative of the RAG status. Therefore, 5% (n=5) of the priority targets were checked, which involved reviewing meeting agendas/papers, intranet/internet content and screenshots of documentation. All the information collected verified the updates that had been supplied and no changes were made.

3.3 A spreadsheet with all 111 priority targets along with their quarter 4 updates and RAG status can be found here - further details of the red and amber priority targets are outlined in Tables 5.1 and 5.2 below.
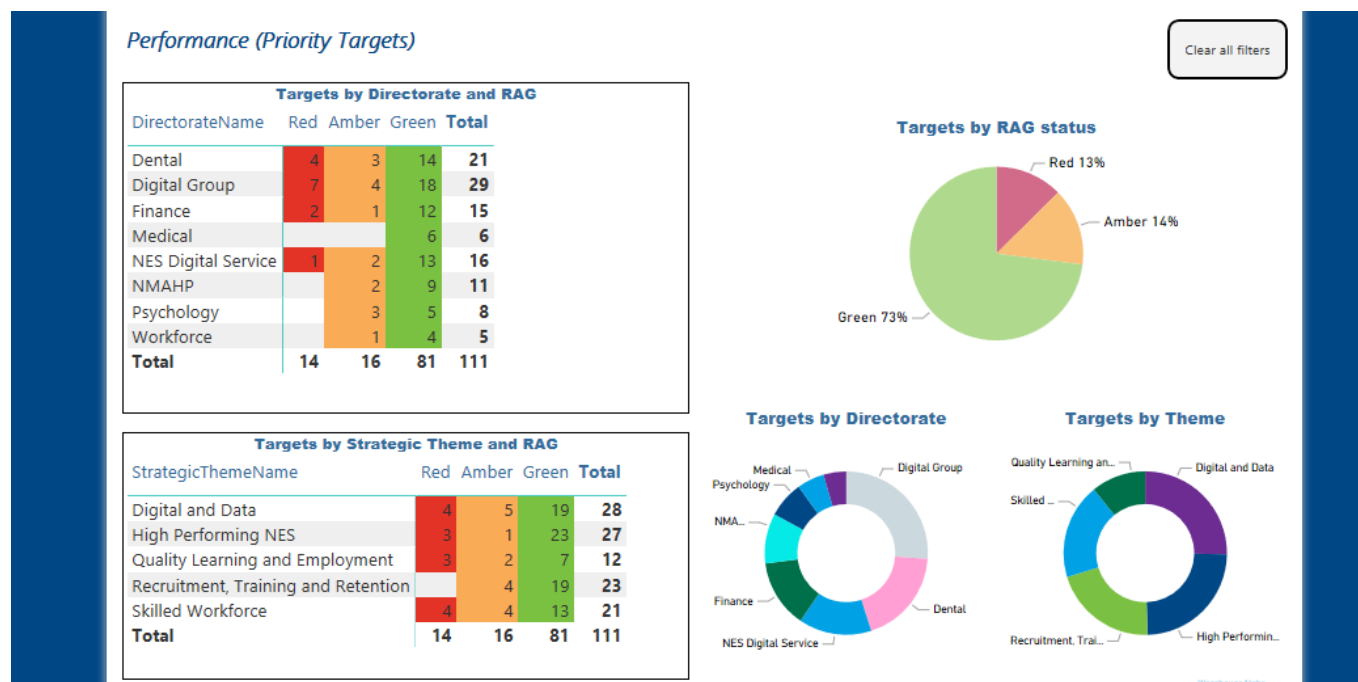

Performance (Priority Targets)

Targets by Directorate and RAG

DirectorateName	Red	Amber	Green	Total
Dental	4	3	14	21
Digital Group	7	4	18	29
Finance	2	1	12	15
Medical			6	6
NES Digital Service	1	2	13	16
NMAHP		2	9	11
Psychology		3	5	8
Workforce		1	4	5
Total	**14**	**16**	**81**	**111**

Targets by RAG status

Red 13%
Amber 14%
Green 73%

Targets by Strategic Theme and RAG

StrategicThemeName	Red	Amber	Green	Total
Digital and Data	4	5	19	28
High Performing NES	3	1	23	27
Quality Learning and Employment	3	2	7	12
Recruitment, Training and Retention		4	19	23
Skilled Workforce	4	4	13	21
Total	**14**	**16**	**81**	**111**

Targets by Directorate | **Targets by Theme**

Clear all filters

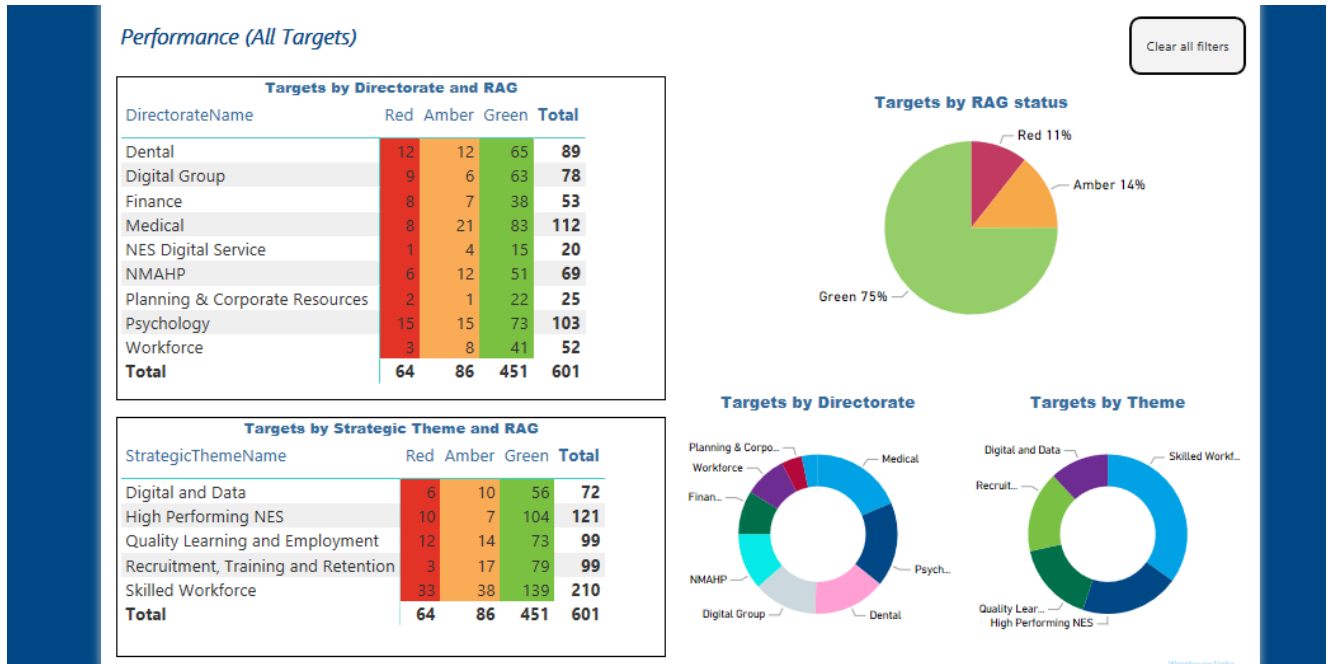**Diagram 1 – Summary of performance for priority targets (Q4, 2020/21, n=111)**

Note: All the red priority targets (100%) and 12 of the amber targets (75%) were impacted by COVID 19.

4. All Targets

4.1 Overall, there are 601 targets, of which 64 are red, 86 are amber, and 451 are green (see Diagram 2). 53 of the red targets (82%) and all the amber targets (100%) were impacted by COVID 19. As part of quality control, the red and amber targets were reviewed and 10% (n=50) of the green targets were selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Following review, five targets were checked further, and one target was changed from amber to green and one target was changed from amber to red.

4.2 The red non-priority targets are outlined in Table 5.3 *(Note: priority targets have been excluded from Table 5.3 to avoid duplication).*

Performance (All Targets)

Clear all filters

Targets by Directorate and RAG

DirectorateName	Red	Amber	Green	Total
Dental	12	12	65	89
Digital Group	9	6	63	78
Finance	8	7	38	53
Medical	8	21	83	112
NES Digital Service	1	4	15	20
NMAHP	6	12	51	69
Planning & Corporate Resources	2	1	22	25
Psychology	15	15	73	103
Workforce	3	8	41	52
Total	**64**	**86**	**451**	**601**

Targets by Strategic Theme and RAG

StrategicThemeName	Red	Amber	Green	Total
Digital and Data	6	10	56	72
High Performing NES	10	7	104	121
Quality Learning and Employment	12	14	73	99
Recruitment, Training and Retention	3	17	79	99
Skilled Workforce	33	38	139	210
Total	**64**	**86**	**451**	**601**

Targets by RAG status — Red 11%, Amber 14%, Green 75%

Targets by Directorate

Targets by Theme

Diagram 2 – Summary of performance for <u>all</u> targets (Q4, 2020/21, n= 601)

Note: 55 of the red targets (86%) and all the amber targets (100%) were impacted by COVID 19.

5. Tables

5.1 Red Priority Targets Q4
5.2 Amber Priority Targets Q4
5.3 Red Non-Priority Targets Q4
5.4 All non-priority amber targets Q4 due to COVID-19

Table 5.1 – Red priority targets Q4 2020/21 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
Digital - Develop a core data model in Turas so that we can accurately store information about an NHS employee, where they work and what they do. Understanding this data will allow us to then improve the employment experience through tailored employment support and advice. (TAR0003458)	Whilst this work has been de-prioritised due to COVID pressures, work has been done in response to the NHS Mail migration to rationalise email address and duplicate accounts. This work will take place in 21/22.
Digital - Provision of external support to SG eHealth Information Governance Team under an SLA until 31st March 2021. (TAR0003430)	This target should be closed as the IG support is no longer being provided. Currently in discussion with SG regarding funding for a separate NES post to undertake a specific piece of work regarding the national NHSS IG Competency Framework.
Digital - Enhance the updates of employee information from eESS related to employees joining or leaving NHS employment, or moving employment within the NHS to include line management information which will allow many of the current manual processes of onboarding staff to be automated by March 2021. This will enable improvements to NHSS system security posture, license usage efficiency, free up administrative time. (TAR0003457)	Work not yet started to due change in focus to COVID specific work. This work will be started in 21/22.
Digital - Support quality management of training by enhancing the current functionality within Turas Quality Management system to allow Healthcare Science and Dentistry to triage training providers that require support (visit, phone call etc.) by providing a list of training providers along with their approval status and RAG rating by November 2020. (TAR0003404)	Turas Quality Management App has gone live for Pharmacy, but no work has started yet for Healthcare science and dentistry as focus has shifted to COVID specific work. This work will not take place in 21/22.
Digital - Support the Lead Employer Model for Hospital Dentists in Training by enhancing the current functionality within Turas People system to allow Dentists to be on boarded (complete Staff Engagement Form, Occupational health checks etc.) 50% faster and relevant information shared with payroll and placement boards by June 2020. (TAR0003413)	Work still not started yet due to re-prioritisation of work to COVID specific applications. This work is scheduled to start in 21-22.
Digital - Revise the TPM Security model to allow administrative users to access trainees & students applicable to them by March 2021. TPM was initially an internal system but is now increasingly being used externally to NES, this work will build on the work done in 2019/2020 to audit user creation, views and editing of records within TPM. This will result in increased security and user confidence that data is only accessible by appropriate users. (TAR0003434)	Deferred until next financial year due to COVID priorities but is scheduled to begin in 21/22.
Digital - Build business case to replace the functionality of SNOW MI Tracker by the end of Q1 20/21 (TAR0003411)	This work has been delayed by COVID. We enter a new 2-year agreement with ServiceNow. Arriving at a new solution must tie in with the new license end date.

Priority Target	Update
Finance - Work with Digital to develop a process to enable approx. 200 Lecturers per month to submit their claims electronically and export the data to e-payroll. (TAR0003268)	Due to other priorities relating to COVID this has not been started.
Finance - Work with Digital to transfer approx. 60 weekly Study Leave payments currently paid by Cheque to be processed by BACS, including the capture of bank details and interface of those into e-financials. (TAR0003269)	Digital have not been able to prioritise this work, and it is currently on hold.
NDS - By March 2021, NDS will agree a policy to select and commission the development of a set of capabilities/services such as: community monitoring through devices and sensors; digital communication with citizens and carers; virtual, telephone, and video appointments; digital scheduling and appointments. (TAR0003198)	This target is more than 3 months delayed. This is related to the refreshed Digital Health & Care Strategy planned publication for consultation in May 2021 and with a final publication later in the summer 2021. The target has been impacted by several factors and circumstances beyond NDS control: upcoming policy change, COVID-delayed with regards to commissioning, and several other factors too. NDS continue to engage with stakeholders across all organisations, to ensure alignment with national priorities and funding agenda, so work is delayed, but ongoing.
Dental - Evaluate the domiciliary care programme with clinical effectiveness colleagues and further refine the training programme based on feedback and as it evolves. (TAR0003543)	Due to the COVID crisis, this course delivered face-to-face was paused. It remains in the Operational Plan for 2021 and we will continue to be steered by SG in terms of number of participants per course require to continue.
Dental - An educational event for up to 100 is planned to coincide with 10th anniversary of Caring for Smiles with a minimum expected uptake of 80%. A further 500 care home staff projected to complete SCQF qualification. (TAR0003549)	Implementation of the programme with our partners in health boards has been disrupted because of staff redeployment. The planned 10th anniversary event was cancelled because of this and also ongoing situation in care homes. With our partners we produced remobilisation guidance for the recommencement of the initiative. Continued to communicate and support OHI teams in the health boards with technology. enhanced learning where appropriate. Short life working group has been established. Completion of the accredited training has been paused due to practical element has not been possible in the care homes. During Q1 of 2021/2022 the short life working group will be actively producing technology enhanced resources to allow elements of virtual delivery.
Dental - Deliver further cohorts of the Domiciliary Care programme in 2020/2021, to meet demand, as instructed by Scottish Government (subject to overseas ACT Levy funding approval). (TAR0003544)	Due to the COVID crisis, face to face and online events in relation to this programme have been paused.
Dental - Support the implementation of Smile4Life national oral health initiative in collaboration with key stakeholders. During Q1 of 21/22, deliver one educational event planned for up to 60 health and social care practitioners with a minimum expected uptake of 70%. Work with the coalition to reduce youth homelessness to develop educational resources	Continued progress with developing a suite of open badges in oral health. Have had preliminary meetings to plan an update to the smile4life guide informed by consultations with the homeless populations. This work is due to commence in April 2021. The planned educational event did not take place because of staff redeployment in health boards due to COVID.

Priority Target	Update
for people who work with those who have experienced childhood adversity. (TAR0003552)	

Table 5.2 – Amber priority targets Q4 2020/21 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
Workforce - Continue to develop inclusive learning for the health and care workforce in support of Domain D of the Digital Health and Care Strategy, including online resources, education standards and pathways, In partnership with Scottish Government, SSSC, Local Government Digital Office, SCVO and Digital Health & Care Institute. (TAR0003428)	Digital Health & Care Leadership Programme. Cohort 14 in progress. Consolidation day will conclude during next reporting period 2021/22 (Q1). Cohort 15 application process has concluded. Cohort 15 will begin during Q1. COVID Delay - Using TEC in Health & Care Practice online learning module. Design technical updates complete. Digital build of learning programme and testing complete. Module will go live this reporting period (Q4). COVID Delay - PDA in Technology Enabled Care SCQF Level 7. Application selection process has formally commenced to fund 20 candidates to undertake the qualification. Selection process will conclude this reporting period (Q4). First cohort will commence during next report period 2021/22 (Q1). Three further cohorts will commence during Q2, Q3 and Q4. Scottish Government TEC Remote Health Pathways. Developed Patient Leaflets and Clinician Guidance for Remote COVID-19 Pathway - Test of Change in progress with 4 Health Boards. Developing web structure for national Remote Health Monitoring learning zone on Turas in progress. Scottish Government TEC Remote Consulting. Developing web structure for national Remote Consulting learning zone on Turas in progress.
NMAHP - To support employers to undertake workforce planning for AHPs, data sharing agreements will be negotiated, and data added to data lake in line with NES digital approach with other professions such as nursing, medics and dentists by March 2021. (TAR0003246)	COVID DELAY - AHP workforce project commenced Feb 2021 with an extension to secondment to end of June 2021. Options appraisal including recommending any data sharing agreements required in progress with report to be finalized April 2021. This work articulates the requirements for AHPs to meet NES strategic framework commitments regarding NES strategic role with workforce planning across health, social care and other sectors where Allied Health Professions could make an enhanced contribution to the health and wellbeing of people of Scotland.
NMAHP - We will manage confirmed funding of students to complete modules in their final year of PGDip Advanced Nurse Pracitice and identify	COVID Delay. A total of 333 nurses have completed their PGDip Advanced Nurse Practice to date and we are expecting another 166 to complete by end of March 2021.

Priority Target	Update
funding required in next financial year for those students whose studies have been paused owing to Covid-19 for repoting to Scottish Government against their commitment for an additional 500 to be trained. (TAR0003344)	COVID has led to delays for some nurses due to redeployment, postponed modules and clinical pressures. Employers have been requested to update progress of nurses who have been funded on the ANP Pathway to ascertain the number who have now completed, those who will complete by September 2021, and those who will be delayed.
Digital - Reduce time taken to triage Pharmacy Education Providers by 25% to identify which need support (activity) by providing a list of Education providers with approval status, RAG status - list to be available by June 2020, and reduction in triage time to be assessed by October 2020. (TAR0003405)	Turas Quality Management is now live and capturing quality information for education providers. However, work still to be completed to assess reduction in triage time.
Digital - Operate the solution which integrates the e-Rostering data with Scottish Single Timesheet System for NHS Lothian, Grampian, D&G and Tayside. (TAR0003426)	This work is delayed. National eRostering Programme Team is now in place to drive this work forward and are currently going through a discovery process to determine best way forward for the integration. We are now at a place where NES Digital have developed all they can until the programme moves on.
Digital - Build business case to replace the functionality of Kenexa by the end of Q2 20/21. (TAR0003410)	This work has been delayed by COVID. There is a requirement to arrive at a solution by end Q2 2021.
Digital - 3 YEAR TARGET Develop link between Turas Learn and Turas Appraisal allowing learning record to be viewed and created as part of the PDP by June 2020 (TAR0003423)	Work was partially completed but then paused due to re-prioritisation to COVID-19 work.
Psychology - Support 35 trainees in Psychological Therapies in Primary Care (PTPC) and 30 MSc trainees in Applied Psychology for Children and Young People (APCYP) to complete training by January/February 21. (TAR0003579)	31 PTPC trainees completed training by end of January 2021. A further trainee due to complete by end of March 2021. 26 APCYP trainees completed training by end of February 2021. A further 1 to complete by end of March 2021.
Psychology - Support 62 clinical psychology trainees to complete pre-registration training by the end of March 2021 (TAR0003573)	57 clinical psychology trainees to complete pre-registration training by end of March 2021. Extensions due to impacts of COVID and other significant circumstances.
Psychology - Commission and recruit up to 4 trainee health psychologists to commence by the end of March 2021. (TAR0003582)	3 health psychology trainees have commenced training Feb 2021. With a further 1 trainee commencing in April 2021 (delay due to Brexit and visa applications).
NDS - By March 2021, NDS will work with the research community; Scottish Government; and NHS NSS to consider how it supports research use of data and will have in place a first version research strategy (with an NDS focus). (TAR0003204)	This work has been impacted by COVID, with resources diverted to operational support for vaccinations. A first-version research strategy is planned for delivery by Q2 of 2021-22
NDS - By March 2021, deploy citizen authentication for NDP products, engage citizens in design and development of products. (TAR0003190)	Working with Digital Identity Scotland (DIS), this will remain a key focus in 2021/22. DIS and NDS continue to explore cross-working opportunities to agree a delivery approach and roadmap for citizen authentication, together with a planned approach to user-centred design and testing. This will inform the ability for NDS to deploy authentication services as planned, throughout the 2021/22 period.

Priority Target	Update
Finance - Twice yearly formal budget review meetings with responsible officer/s from Directorates. Meeting to be led by Head of FBP supported by the Head of Finance and/or Director of Finance. First meeting before Operational Planning and a second meeting in February. (TAR0003291)	COVID - Although the first meetings were held as planned due to COVID work pressures across NES the second meetings were de-prioritised and not held with every directorate. Instead targeted conversations over specific significant variances were held.
Dental - To provide AWI (Adults with Incapacity) training for dentists providing care to Priority Groups where consent is an issue in order that they may sign Incapacity certificates relating to dental treatment. Up to 30 places available over 2 courses with expected minimum uptake of 95%. (TAR0003545)	COVID Delay. Restrictions have meant we have been unable to deliver courses as planned. The impact of staff undertaking essential COVID work in dentistry, redeployment to other areas and lack of access to care homes has greatly reduced demand. Further development of a technology enhanced learning course has taken place with the aim of delivering blended training in Q1 of 2021-22.
Dental - Continue to support Oral Health and Health Improvement Teams and third sector organisations to implement the Mouth Matters national oral health initiative for residents in prison. To support and facilitate the development of flexible models of educational delivery in the prison setting. In Q1 of 21/22, deliver one educational event planned for up to 60 with a minimum expected uptake of 70%. (TAR0003551)	COVID Delay. Implementation of the programme has been disrupted because of redeployment of our partners in health boards. NES have successfully recruited to an Oral Health Tutor 3rd sector post which commences on 1 April 2021 and will help support work with this oral health initiative and priority group. Established short-life working group including terms of reference. The planned educational event did not take place due to staff redeployment in health boards due to COVID.
Dental - To support and facilitate the delivery of the SCQF level 6 oral health qualification for early years practitioners (nursery nurses) in partnership with health boards, education and local authority. 11 colleges within 9 health board areas will offer the qualification with flexible delivery using a variety of educational models. (TAR0003553)	COVID Delay. Restrictions have resulted in schools, nurseries and colleges being closed for a large part of the year. The Oral Health Improvement tutor post was vacant until January 2021. For these reasons, progress on the SCQF Level 6 qualification has had to be paused. Other related work has been possible and a flyer on the new toothbrushing standards, including guidance on COVID has been produced and distributed to all early years establishments. In the planning stages of producing online learning to support this. Work will continue in Q1 of 2021/2022 to develop online resources to support boards during remobilisation.

Table 5.3 – Red non-priority targets Q4 2020/21 (COVID 19 impacted targets highlighted in BLUE)

Target	Update
Digital - Improve the discovery of resources on Turas Learn through improvements to search and development of browse functionality by March 2021. (TAR0003443)	The improvement to the search and browse was delayed due to competing pressures of implementing the Payment App and the further development of the Learning Record Store to accommodate NHS Highland historic data and NHS Borders implementing the linkage Learn and LearnPro. The Search improvements are now planned for the 1st Quarter 2021-22 i.e. April to June 2021.

Target	Update
Digital - Implementation of an automated service desk response system chat bot, utilising existing knowledge base archives to supplement the support provision provided by Service Desk staff. First year target implement the cloud-based infrastructure to support the bot technology and pilot a limited scope chatbot service Q4. (TAR0003593)	No progress on this due to COVID support requirements. This work will take place during 21/22.
Finance - Budget letters detailing 3-year budgets are issued by End of October 2020, based on re-mobilisation plans. (TAR0003318)	COVID - This was not achieved this year. Budget letters were not issued to directorates given the impact of additional funding required to support the COVID response. Monthly reports to directorates have included the movements on budgets and the focus has been on one-year budget recognising the need to respond to remobilisation plans in future years.
Finance - A balanced 3-year financial plan is approved by Board in March 2021 and submitted to SG in line with published timescales. (TAR0003316)	COVID- The board signed off a balanced budget for the year 2021/22 on 25th March 21 as per the revised SG approach to planning. 3-year plans were not required by SG to reflect the uncertainty caused by COVID.
Finance - Develop an internal SLA for the MIS function for use with other parts of Finance and the wider NES. (TAR0003328)	COVID- No plans to complete this in this financial year due to conflicting COVID priorities.
Finance - Re-run Customer satisfaction questionnaire to review and compare satisfaction levels from 2019/20 (TAR0003296)	COVID - Due to conflicting COVID priorities this will not be completed this year.
Finance - Complete a review of reporting needs within Finance. (TAR0003326)	COVID - Some reports have been developed as per Target 3327, however, the original scope of the project has not been met, nor will it be completed by end of March 21 due to conflicting COVID priorities
Finance - Facilitate the roll out of tableau to all Budget holders within NES by end of financial year. (TAR0003325)	COVID- No plans to complete this in this financial year due to COVID priorities
NMAHP - Subject to funding, by March 2021 the AHP Careers Fellowship application data for 2018 - 2020 will be analysed to identify if it reflects the national profile of the AHP workforce. (TAR0003357)	As a result of the impact of COVID19, this work was not undertaken or completed as capacity and timescales did not allow access to the data analysis support required. No plans to do this work in 21/22 due to ongoing lack of capacity.
NMAHP - By March 2021, we will develop career and educational pathways and resources to enable assistant practitioner radiographers to take on roles which will help free up Advanced Radiographers. (TAR0003355)	Scottish Government's Chief Allied Health Professions Officer has agreed to AHP Transforming Roles being relaunched from April 2021. We continue to feed into the Scottish Radiology Transformation Programme Board work on Advanced Practice which recognises the need for the development of Radiography Assistant Practitioners to free-up registered staff for more complex work. Pilot work is being undertaken to explore the training and development needs of Radiography Assistant Practitioners to authorise

Target	Update
	requests under strict guidelines which has potential to free up registered staff and improve patient throughput.
Psychology - Subject to funding, following consultation with key stakeholders and the initial production of the revised Matrix in 2019-2020, publish and circulate the Matrix in 2020-21. (TAR0003652)	The contextual chapter review is ongoing, NES digital is supporting a process of procuring a platform to publish this on. The first evidence reviews on the use of digital/technology enabled psychological therapies and interventions is nearly complete and at stage of final consultation. Full prioritisation is complete but ongoing process of literature review has been delayed by lack of uptake in recent procurement process but initial membership of SLWGs to support this have been agreed and will progress as soon as provider is in place. There is a parallel process happening in Wales and there are ongoing discussions about opportunities for collaboration.
Psychology - Work with NES Digital colleagues to finalise reporting functionality within the Trainee Survey. Once this is available, we will present a review of the first year of implementation to stakeholders and agree process for publication of results from year 2 onwards. (TAR0003716)	Progress on Trainee Survey has been paused due to ill health of lead and impact of COVID. It won't be finalised by end of March 2021.
Psychology - Subject to funding, continue to deliver Cognitive Stimulation Therapy (CST) workshops to health and social care staff. This will be via 2 remote workshops using an online platform, with each workshop consisting of 3 morning sessions. Train a maximum 120 health and social care staff by March 2021. Adjustments will be made if required to deliver remotely. (TAR0003680)	A further remote delivery CST workshop was held on 23/24 Mar with 28 attendees bringing the total number of H&SC staff trained to 89 by end Mar 2021.
Psychology - By March 2021 a) carry out the development phase* to produce a foundation level leadership development resource; and b) pilot the materials and delivery methods with a multidisciplinary group in the North Region. (4 sessions of GR time) *The development phase includes scoping, mapping of internal and external resources, stakeholder engagement and a learning needs analysis. (TAR0003720)	Due to the impact of COVID this work on the development phase of producing a foundation level leadership development resource and pilot of materials has continued to be delayed. A working group has been formed to take forward 'Leadership in practice Scotland (LipS)'. A vision has been agreed and the resource will build on the Leadership Foundations e-learning modules accessible via the Leadership and Management Zone in Turas Learn. A new target has been created for 2021/22 which will see a pilot of the on-line materials and delivery methods with two multidisciplinary groups across the Health & Care System.
Psychology - Embed and consolidate previous Essentials in Psychological Care - Dementia Trainer for Trainer programmes with the addition of Coaching workshops and the launch of the Essentials e-learning module (developed in 19/20). Two Training for Trainer events will be delivered to 30 health and social care staff. Two coaching workshops will be delivered to 40 Essential Trainers to support further implementation of the Essentials	Further pilot of Essentials practitioner training with NHS Lothian (20 staff from care homes). Agreement to pilot this training in ward settings in NHS Lothian to 25 staff by the end of April 2021. Essentials in Psychological Care TFT will be adapted and piloted with a group of 12 trainers in the first quarter of 2021/22.

Target	Update
programme by March 2021. Promotion of the Essentials e-learning module will be targeted at all Essential Trainers to support implementation of the programme in local areas. Guidance for the use of the module will be developed. (TAR0003675)	
Psychology - Continue to use TURAS Learn to disseminate and link our work on health behaviours with other specialisms within NES including clinical skills by March 2021. Continue to contribute perspectives from behavioural science to the NES Patient Safety Network. (TAR0003668)	COVID has interrupted links with Patient safety teams who have been deployed elsewhere. Carried over to next year.
Psychology - Facilitators guides for Informed Level workshops will be developed by August 2020 and we will support the delivery of 2 virtual leaning events by March 2020. (NMAHP Ref TAR0003255) (TAR0003706)	Due to the COVID-19 crisis, this target will not be completed and can be 'closed'.
Psychology - Redesign the advanced TiPS-PH modules to suit online/remote deliver. Offer 2 remote/online training events (40 module places) on each of the advanced TiPS-PH training on: "Improving Adherence/Concordance; Advanced Communication and MI Skills"; "Significant Conversations, Life Limiting Conditions and Palliative care" and "Understanding Persistent Physical Symptoms in Paediatric Healthcare" to paediatric healthcare staff across Scotland by the end of March 2021. (TAR0003660)	Target has not been met. One locally planned event was cancelled in Q1 due to COVID-19. It has not been possible to offer any further events in Q4 due to the impact of the second lockdown on healthcare services and our training network's availability to offer training, and due to the difficulties of offering longer training events remotely. Over the year, we have instead prioritised the core modules and focused on fast-tracking our bitesize modules and training trainers to deliver these remotely.
Psychology - Review and updating of existing NES materials for PBS ("Improving Practice" and "Positive Behavioral Support: person focused training") and for psychological interventions ("Thinking About Me"). Revised versions will each be piloted with at least one health board area to confirm fitness for purpose in NHS and social care settings. (TAR0003674)	This has been impacted by staff retiral and subsequent failure to recruit and re-advertisement.
Psychology - Provision of 'Train the Trainers' training for 12 psychological therapists in the LD adapted version of Safety & Stabilisation. Support and review of implementation of this with specialist learning disability staff in at least 5 health board areas (n = 60 staff). (TAR0003673)	This has been impacted by staff retiral and subsequent failure to recruit and re-advertisement. The package has been adapted for LD workforce and for digital delivery, but no training has been offered. Second staff recruitment round is underway
Psychology - Subject to funding, continue with the delivery of Psychological Interventions in Response to Stress and Distress in Dementia Training for Trainers programme. Deliver 1 Stress and Distress Training for Trainers programme to 20 health and social care staff using the revised Stress and Distress training programme by March 2021. Continue to maintain and	Delivered one S&D TFT training workshop remotely in January 2021. 15 staff attended.

Target	Update
update the Stress and Distress Trainer register. Adjustments will be made if required to deliver remotely. (TAR0003677)	
Psychology - To disseminate the e-module on supervising psychological interventions. 50 further e-module completions by March 2021. (TAR0003624)	13 people accessed the module in Q4. Across Q1-Q4, 31 people accessed the module.
Psychology - Redesign the TIPS-PH modules (communication, motivational interviewing, promoting positive behaviour, reducing distress, Pain, and neonatology: communication and reducing distress) to allow for remote/online delivery. A 'flipped classroom' approach will be used which will include the production of supporting reading materials (and/or digital content but this is unlikely to be possible before the end of March 2021). As time will be needed to develop a new form of delivery (and priorities have changed), we would now aim to offer at least 3 training events (60 places) remotely. (TAR0003659)	Target only partially met due to COVID. All five core modules have been adapted to be delivered remotely and 4 training events have been offered, but only for 38 places in total. In Q4, the remaining two of five core modules (excluding the Neonatology modules which are delivered by external facilitators) have been adapted (in a first iteration) to enable remote delivery. Due to the extended lockdown and resulting demands on healthcare, it has not been possible or timely to offer this training to paediatric healthcare staff who would struggle to be released for non-compulsory or non-COVID related training. The new bitesize modules have instead been prioritised. However, three training events (MI) were delivered in GGC in Q4. As these events were delivered face-to-face for hospital staff, places offered were restricted to 6, due to social distancing restrictions. Overall, 38 places in MI have therefore been offered and 29 have attended (with 18 being offered in Q4 and and 18 attending).
Psychology - Continue Leadership development support for Lead Clinicians in CAMHS by offering coaching and support up to 4 times a year. Adjustments to be made to support remote delivery. (TAR0003699)	CAMHS lead clinician coaching has been paused due to impact of Covid-19 and resulting urgent priorities within services.
Psychology - Support the roll out of coaching sessions: "Putting it Into Practice Sessions" (PIPS), in at least 2 local areas. This will now have to be managed remotely and will require additional support for our network of trainers in online/remote delivery of these sessions (TAR0003664)	Target only partially met and completion by the end of June 2021 cannot be guaranteed. Further training in remote facilitation for our training network took place in Q4 and trainers were encouraged to offer PIPS sessions, with the support of NES staff if necessary. Due to the second lockdown and impact of COVID-19 on Q4, it was not possible to rearrange one local event (Fife) as education slots were postponed. A second event to be arranged in Forth Valley for the local diabetes team, also had to be postponed due to additional demands on the team (the exceptional rise in CYP being diagnosed with Type-1 diabetes, as seen across the UK and thought to be linked to Covid-19). The roll out of PIPS sessions therefore continues to be supported and encouraged but has not yet been able to take place.
PCR - Produce a comprehensive Educational Governance schedule for 2021-2024 based on a triennial risk-profiling exercise. (TAR0003779)	The planned approach to risk profiling and educational governance reporting was discontinued following the Board's decision to move to a quality Assurance model.
PCR - Complete an Educational Governance review of the Nursing, Midwifery and Allied Health Professions (NMAHP) directorate by January 2021. (TAR0003781)	The NMAHP Directorate Review will be rescheduled for 2021 using a revised process.

Target	Update
NMAHP - By March 2021, we will review, update and make accessible via Turas Learn the Advanced Practice Toolkit to reflect national developments in Nursing, Midwifery and Health Professions' Advanced Practice education and practice. (TAR0003319)	Owing to the impact of COVID, lack of capacity has meant that this work will be delayed into the next financial year (2021/2022). We only have had capacity to maintain the Advanced Practice Toolkit's current content and check existing web links.
NMAHP - Work with The Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN) and Midwifery Education Group Scotland (MEGS) to provide programme enhancement and development for the new Future Nurse/Midwife Programmes across Scotland though the funding of at least 2 projects to be completed by end March 2021. (TAR0003244)	COVID delay: Supported a total of 4 SCEPRN meetings and 3 MEGS meetings. Literature reviews complete and themes for funded projects agreed (Alternative placements: discovering new horizons and newly qualified practitioners). Projects did not progress due to the demands on university colleagues during the December 2020- March 2021 wave of COVID.
NMAHP - Subject to funding, by March 2021, we will test and evaluate a minimum of 8 general practice pre-registration nurse placements in general practice to inform an increase in establishing future student placements in general practice across Scotland. (TAR0003349)	COVID delay. This work did not go ahead. NHS Lanarkshire were facing challenges with this project owing to the current climate. There was insufficient uptake on practice supervisors/assessors and with GPNs working to full capacity they are delaying the project until next year.
NMAHP - Subject to funding, by March 2021 we will progress, and complete outputs agreed in conjunction with the Scottish Access Collaborative/Elective Care Centres national plan relating to NMAHP perioperative priority roles. (TAR0003310)	National Treatment Centres (NTC) planning was paused in spring 2020, which has subsequently delayed activity. We now have confirmed needs in level 4 and 5 roles, recently agreed at March Elective Care Board. Clarity regarding the NHS Scotland Academy, governance routes and accompanying budget for priority role development is still required and collaboration with NTCs and Scottish Access Collaborative. Delayed NTC timeline may now enable existing Operating Department Practitioners programme to provide some of the perioperative skills in volume required. This is currently under review with significant associated work activity including development of the business case: NHS Scotland Academy. We have progressed career promotion and recruitment targets with a 'meet the expert' careers session held on 25.03.21 in conjunction with Skills Development Scotland targeting school leavers and focussing on Healthcare Support Worker (HCSW) and Operating Department Practitioner (ODP) careers. Role profiles, HCSW careers guidance document and videos produced to promote the HCSW role as a career. The resources are available on Turas Learn. The national Perioperative NMaHP events continue to develop networking opportunities across Perioperative teams and highlight career opportunity alongside service development
Medical - Deliver 4 cohorts of the Scottish Improvement Leader Programme for 120 participants per year, for the next 3 years, for staff working across the Public Sector; this includes Health and Social Care, Scottish Government and Partners, as well as third sector organisations. (TAR0003835)	COVID DELAY: Deliver 4 cohorts of the Scottish Improvement Leader Programme for 120 participants. Due to further impact of COVID two cohorts commenced in Oct 20 and Dec 20 as per previous update however the remaining two cohorts will not commence until 2021/22 financial year. All four cohorts will be completed in 2021/22.

Target	Update
Medical - Deliver the Practice Managers Vocational Training Scheme commencing in September 2020 for a minimum of 15 and a maximum of 20 new and aspiring Practice Managers. (TAR0003861)	COVID Delay - Due to the COVID-19 crisis, cohort 15 was suspended in March 2020, this programme has now restarted and will continue until March 2021. Cohort 16 has been delayed due to educational facilitator capacity and to allow the programme to be redesigned as a blended learning programme and will now commence later in 2021 with recruitment taking place now.
Medical - By July 2020 develop and pilot a formal evaluation for the new ROT process. The formal evaluation will be conducted between July and December 2020 and a report prepared for MDET by the end of March 2021. (TAR0003804)	Progress with the development of an evaluation process for RoT has been slow due to staff redeployment and other work pressures. It will be some time before this evaluation is complete.
Medical - Establish a multi-disciplinary integrated CPD delivery progress map of simulation-based education for the NHSS workforce by February 2021. Emphasis in year 1 will be the development of resources which support teamwork (i.e. implementing HECTOR- silver trauma) and working with stakeholders such as the Scottish Trauma Network, this work should be completed by November 2021. (TAR0003819)	COVID Delay: Draft list of core skills identified. Team working has been a focus of face-to-face teaching at the NHS Louisa Jordan between June-December 2020. Work is underway with Digital team to develop supportive software which will provide individual skills progress.
Medical - Deliver 4 cohorts of the Scottish Coaching and Leading for Improvement Programme for 120 participants per year, for the next 3 years for staff aligned to the Chief Nursing Officer's Excellence in Care programme. (TAR0003829)	COVID delay: Cohorts 16,18,19 were completed by 31st March 2021 as participants were able to continue the programme despite COVID challenges; this was done through virtual delivery of the programme. Four cohorts were due to be delivered over 2020/2021 however it was only possible to deliver three cohorts. Three cohorts are commissioned for 2021/22. 1.
Medical - Review the experience of Training Practices hosting GP Returners from a support and workload perspective to inform future development of the programme. Undertake qualitative research of Supervisors and Practice managers who have hosted GP Returners. Aim to produce a report and medical literature publication. (TAR0003856)	It has not been possible to take this work forward due to COVID-19. It was to have been completed by a GP Medical Education Fellow, but none were appointed in August 2020. It was not possible to interact with practices due to service pressures. We continue to engage with host practices and doctors on the programme on an ongoing basis ensuring high quality training takes place. We will explore alternative ways of undertaking this work perhaps by using a short exit interview. It may be possible to resume this work as new GP Medical Education Fellows will be appointed in August 2021.
Medical - Deliver the LaMP programme to a minimum of 440 medical and dental trainees and a minimum of 2 cohorts of SAS doctors/GPs and Consultants by the end of March 2021, utilising new and existing faculty. (TAR0003806)	Due to COVID, face-to-face delivery of the LaMP programme has been suspended since March 2020. Course content has now been reformatted and virtual delivery of a modified (one-day) LaMP programme has been rolled out for trainees since the beginning of February. 43 trainees have completed this new course and another 8 have places booked on a course due to be delivered before the end of March. The non-trainee LaMP programme has also been paused due to COVID and will recommence in the new virtual format from May.

Target	Update
Medical - Deliver 1 cohort of the Scottish Quality & Safety Fellowship per year for the next 3 years, with each cohort commencing in September of the relevant year. Per cohort there will be 30 total places available 18 places for Scottish Fellows and 12 places for International Fellows. (TAR0003827)	COVID delay: Cohort 12 will have their final residential in September 2021, which has been pushed back 16 months due to the COVID pandemic. Cohort 12 will go on their study trips from September to March 2022. Recruitment for Cohort 13 is currently open, with interviews being held in June and the cohort commencing with their first residential in October.
Dental - Supporting the DCP Workstream in the delivery of the HND Module in Decontamination (2-3 courses per annum offering up to 10-12 places on each) as part of the SVQ post-qualification delivery for DCP Education. Deliver up to 125-150 sessions of in-practice Infection Control Training with the optional inclusion of content to support the reduction of antibiotic prescribing. (TAR0003562)	COVID Delay - Courses were paused during COVID-19 and work has commenced on how to deliver these either online or in a blended learning format.
Dental - 20/21 review (in 3yr cycle) of guidance on Oral Health Assessment, Prevention and Treatment of Periodontal Diseases in Primary Care, Drug Prescribing for Dentistry and publish full or interim updates in accordance with SDCEP's updating process by March 2021. (TAR0003554)	COVID Delay - This work was paused to allow the team to focus on preparing the documentation related to COVID-19 remobilisation for dental practices.
Dental - Provide support and evaluation, where required to the following work projects within other workstreams of the Directorate. Priority Groups - evaluate the roll out of the SQA oral health (toothbrushing) qualification which was developed by us for early years practitioners (nursery nurses) and the ongoing evaluation of the Domiciliary Care programme for CPD. (TAR0003560)	COVID Delay - Due to the COVID-19 crisis, work for this team diverted to supporting the SG guidance for remobilising dental practices.
Dental - From Q4, provide review support to Infection Control audit/QI projects as they arise until SG changes to current situation are to be implemented. (TAR0003570)	COVID Delay - Due to the COVID-19 crisis, dental practices have been closed and there has been no research audit/QI activity undertaken.
Dental - Provide access and support Continuing Professional Development (CPD), for all Dental Care Professional tutors to ensure that they remain up to date in their role and maintain accreditation as Assessors and Verifiers. (TAR0003531)	COVID Delay - Due to the COVID-19 crisis, it was not possible to deliver on this, it remains in the OP 2021-22.
Dental - From Q4, evaluate at least one QI initiative in relation to a guidance topic, (Reduction of antibiotic prescribing/MRONJ/OHAR) by March 2021. This work will continue into 21/22. (TAR0003555)	COVID Delay - Due to the COVID crisis, work here was paused to ensure delivery of the remobilisation plans for Dental practice on behalf of the SG, as well as guidance on ventilation.
Dental - By March 2021 a) carry out the development phase* to produce a foundation level leadership development resource; and b) pilot the materials and delivery methods with a multidisciplinary group in the North Region. *The development phase includes scoping, mapping of internal and external	Due to the impact of COVID this work has been delayed. A working group has been formed to take forward 'Leadership in practice Scotland (LipS)'. A vision has been agreed and the resource will build on the Leadership Foundations e-learning modules accessible via the Leadership and Management Zone in Turas Learn.

Target	Update
resources, stakeholder engagement and a learning needs analysis. (TAR0003721)	A new target has been created for 2021/22 which will see a pilot of the on-line materials and delivery methods with two multidisciplinary groups across the Health & Care System. Awaiting further information from the working group.
Dental - By March 2021 a) carry out the development phase* to produce a foundation level leadership development resource; and b) pilot the materials and delivery methods with a multidisciplinary group in the North Region. *The development phase includes scoping, mapping of internal and external resources, stakeholder engagement and a learning needs analysis. (TAR0003602)	Due to the impact of COVID this work has been delayed. A working group has been formed to take forward 'Leadership in practice Scotland (LipS)'. A vision has been agreed and the resource will build on the Leadership Foundations e-learning modules accessible via the Leadership and Management Zone in Turas Learn. A new target has been created for 2021/22 which will see a pilot of the on-line materials and delivery methods with two multidisciplinary groups across the Health & Care System.
Workforce - Deploy Phase 1 of the 'Once For Scotland' Workforce Policies portal with 6 core policies and 125 supporting documents ensuring that they meet content development guidelines by April 2020. Subject to resources, through the course of 2020/21 design and deploy phase 2 policies which include 34 policies (17 PIN policies) and approximately 715 supporting documents by April 2021 which is in line with the OFS Policies Programme Board timelines. Delivering phase 2 policies involves providing content and user experience expertise and providing the website infrastructure to host these policies and the resources to migrate policy content onto the website. (TAR0003168)	'Once For Scotland' Workforce Policies work has currently been put on hold by Scottish Government and a revised timetable for Phase 2 starting in April 2021 has been issued by the Programme Board (subject to review). NES is providing Digital solution for this piece of work and is instructed by SG on timeline of the programme.
Workforce - Subject to National Boards' Programme Board approval, implement a joint approach to provision of OD services to help increase and enhance collaboration between National Boards, and establish viability of a single system approach to OD, Leadership and Workforce Development support by these Boards to the wider health and care system. (TAR0003501)	The work with the National Boards Collaborative to develop priorities for OD work to support collaboration was paused as the pandemic impacted in March 2020. Remains on hold awaiting a steer from the NBC Steering Group.
Workforce - Subject to resources, development of integrated careers and recruitment portal including and applicant tracking system to deliver a talent pipeline from inquiry, education, recruitment and on-boarding. (TAR0003171)	Funding for this objective was not agreed and a national recruitment portal (Jobtrain) has been implemented across NHS Scotland. This target should be closed as it will not be delivered.

Table 5.4 – All non-priority amber targets Q4 due to COVID-19 (COVID 19 impacted targets highlighted in BLUE)

Target	Update
Workforce - Subject to funding, develop and deliver a model for building sustainable national and local capacity to support collective and collaborative leadership in integration settings in partnership with Scottish Social Services Council and Royal College of GPs. (TAR0003499)	COVID delay - Planned delivery for You as a Collaborative Leader impacted by further COVID Lockdown measures introduced January 21. Applicants contacted and fed back workshop participation would be challenging (due to home working with caring responsibilities etc). Decision taken to re-schedule into new financial year April-July Recruitment underway, places due to be confirmed by 7/4 with Peer Thinking 1 scheduled for w/c 26/4. Programme will be completed by end of June 2021
Workforce - Lead the development of national learning resources to increase workforce planning capability across health and social care in conjunction with key stakeholders and representatives of appropriate regional and national planning networks and national bodies. (TAR0003385)	Within NES, we completed a series of CIPD run workshops on workforce planning. These were well attended. No national events were offered due to COVID restrictions and capacity issues.
Workforce - Develop and deliver national programmes including completing active cohorts Leading for the Future, Scottish Coaching & Leading for Improvement, Human Factors) that support collaborative and compassionate leadership and management via high quality resources, contributing to the growth of Project Lift leadership communities across health and care. (TAR0003494)	Leading for the Future: Masterclasses have resumed for Cohort 10. Recruitment is underway for Cohort 11, engaging all stakeholder groups across the health and care system. COVID has significantly impacted this programme, pausing Cohort 10-part way through delivery and delaying Cohort 11 recruitment by a full 12 months. Scottish Coaching & Leading for Improvement (SCLIP): Delivered Leadership Sessions input to SCLIP 16, 18 and 19 Human Factors - continued support to UK wide webinar programmes. Commissioning and testing of a "Just Culture" resource for use in NHS Scotland is underway
Workforce - With partners, continue to implement the Project Lift core components of leadership development, talent management and performance appraisal, supporting the growth of leadership communities across the health and care workforce, including commissioning and delivery of 2 cohorts of Leadership Cubed for 30 participants, and up to 35 Career Conversations with high potential individuals and delivery of a series of digital events to support engagement with social care. (TAR0003498)	COVID Delay - means that Leadership cubed cohort 3 are continuing with shorter more frequent sessions (check in's and action learning) during January – March 2021. End date for cohort 3 extended to June 2021. Cohort 4's sessions are also shorter and more frequent in line with system demands. Cohort members also continue to connect in small groups between these sessions as part of the getting to know you process. Q4 Learning events and live collaborative work suspended and will resume in Q1 of FY 2021-22. Due to the impact of COVID-19, a total of 28 Career Conversations (7 less than projected) will be delivered by 1st April 2021.
Workforce - 1. Work with the Lead Employers Core Steering Group to establish and implement reasonable adjustment passport arrangements for doctors and dentists in training by September 2020. 2. Evaluate the effectiveness of reasonable adjustment passport for	The work on a reasonable adjustments passport for doctors in training was delayed in 2020/21 as a result of the pandemic, discussions have restarted latterly in 2021/22. Short Life Working Groups are looking at transfer of information at rotations and return from extended period of leave, reasonable adjustments will feed into these discussions.

Target	Update
trainees, identifying any required improvements and establishing a plan for implementation by March 2021. (TAR0003370)	The Systems Group are also discussing how eESS may be able to support information flows across Boards in relation to reasonable adjustment.
Workforce - Subject to funding, support the development of an NHS Scotland Finance Academy, using agile development methods, Turas Learn and Project Lift to enable this as appropriate. (TAR0003802)	The second wave of COVID delayed the work planned for Q4 but this will be restarted in Q1 with an initial session with a small group of DoF's who have volunteered to support moving this work forward.
Workforce - Deliver and further develop established early careers programmes for high potential individuals (16 places for Scottish Clinical Leadership Fellowships, 4 places for Graduate Management Training Scheme, 16 places for New Horizons, 16 places for Peer thinking) aligned to Project Lift and leadership and management development framework. (TAR0003496)	SCLF: All planned elements completed according to Programme Plan, and succesfully deliverd on-line.Recruitment to Cohort 11 for Medical & Dental Fellows complete. COVID Delay: MTS 2021 Recruitment opened for applications on 2 March for 8 General and Finance Manager positions. Cohort 2019: two trainees started their 2nd placements, three to complete by June. COVID Delay: NH: Cohort 3 started incl 3 MTS 2020 trainees COVID Delay: PT: Cohort 3 started incl 5 MTS 2019 trainees
Psychology - Coordinate and quality assure 1220 trainee placements, complete 1553 site visits and 1220 end of placement reviews by the end of March 2024 (subject to funding). In 20/21, coordinate and quality assure 405 placements, including intensive support for supervisors and trainees, liaising with local tutors (organisers of placements) in each health board area. Complete 517 site visits; complete 405 end of placement reviews to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision. (TAR0003714)	ALL PROCESSES DELIVERED REMOTELY. Q1: Site visits =28; end of placement reviews = 145: Q2 site visit = 169 (197); end of placement review = 37 (182) (revised): Q3 site visit = 174 (368); end of placement review = 104 (296)(revised): Q4 site visit = 151 (519); end of placement reviews = 90 (386). Small number of end of placement reviews delayed due to placement adjustments in light of current pandemic.
Psychology - A strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide will be produced over 2021. (NMAHP target ref TAR0003257) (TAR0003826)	The Strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide has been paused due to COVID-19. An outline plan to be drafted in Q1 2021-22.
Psychology - Subject to funding, Psychological Therapies workforce data analysis and reporting is being finalised by NSS for publication on the NSS website. (TAR0003713)	Progress made: NES owned databases currently held within NSS/PHS are in the process of being moved to be housed in NES by the Digital Team. Security clearance has now been granted from NSS. Once the databases have been moved to NES, work will begin on updating and enhancing the wider Psychological Therapies workforce across NHSScotland. Initial delays due to COVID.
Psychology - Subject to funding, continue to involve service users in the range of education and training deliverables, including involvement at stages from scoping, development, and delivery. (TAR0003654)	The continued involvement of service users has been paused due to the impacts of COVID and will be resumed in Q1 2021-22.

Target	Update
PCR - By March 2021, all scheduled education programmes are subject to rigorous Educational Governance scrutiny. (TAR0003780)	Programmatic Quality Monitoring was discontinued from March 2020. The new Education and Quality approach is being implemented in 2021.
NMAHP - A strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide will be produced over 2021. (ref Psychology TAR0003826) (TAR0003257)	The Strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide has been paused due to COVID-19. An outline plan to be drafted in Q1 2021-22.
NMAHP - By March 2021 we will develop an educational and career pathway to support the first cohort (12 students) of the post-graduate certificate and a mentor/supervisor network, with at least one new mentor/supervisor per relevant health board. We will scope and establish potential routes into spiritual care and healthcare chaplaincy, establish a short life working group to develop a plan to ensure a sustainable workforce and continue to provide CPD and practice education opportunities in Spiritual Care. A total of 15 events are planned. (TAR0003274)	COVID-related delay. All training suspended in January. Practice Placement Assessor training is designed, cohort recruited and course set up for online delivery. Not yet delivered because of suspension of training during second wave of COVID. New academic pathway ready to be awarded to HEI through tendering process. SLWG activity suspended due to COVID. Mental Healthcare Chaplains study days delivered online. Research Methods course suspended due to COVID. Spiritual Care Matter resource has been reviewed.
NMAHP - Subject to funding, by March 2021, we will adopt an anticipatory approach to inclusive education for the wider NMAHP workforce, focussing on reasonable adjustment for supervisors and assessors and underperforming student guidance for practice educators aligned to NES's inclusive education policy. This guidance will inform the development and content of 2 online modules in the future. (TAR0003288)	A short life working group are finalising the content of the guidance for NMAHP student supervisors to support the underperforming student. Due to competing priorities as a consequence of the COVID pandemic this work is ongoing and not finalised, Boards have been unable to release staff to join the second working group therefore the reasonable adjustments work has not progressed as planned.
NMAHP - By March 2021, we will continue to build the evidence base for Associate Practice Educator roles to become embedded across NHSScotland by: reviewing the findings of the AHP Assistant Practice Educator pilot role and working with NHS Grampian Associate Practice Educator Network to measure the impact of the role in supporting the education and training of healthcare support workers. (TAR0003248)	COVID DELAY - The role of Associate Practice Educators has changed during pandemic to support rapid induction of HCSWs therefore measuring impact has not been a priority activity. A new Associate Practice Educator post has been established in NHS Taysde AHP service. A meeting will be held in Q1 2021/22 to explore the growing evidence base for the role. The final AHP Career Fellowship pilot report is complete.
NMAHP - By end March 2021, we wil host HCSW Advisory Group and the HCSW Education Network on MS Teams until we can hold face to face meetings. We will hold one national event in 2021, reducing numbers to 80 and we will develop a suite of Webinars collaboratively with colleagues in GP Nursing, AHP, Post-reg Careers to replace face-to-face learning events. (TAR0003250)	COVID DELAY - Healthcare Support Worker (HCSW) Advisory Group and HCSW Education Network both met virtually in March 2021 following previous meetings in Q2 and Q3. HCSW newsletter produced and circulated March 2021 following earlier editions in August and November 2020. Webinar held in August 2020. Webinar planning paused due to availability of presenters from service and stakeholder feedback indicating release to attend educational sessions was limited before early April 2021 due to ongoing impact of the pandemic. As a result, all webinars and virtual events were paused until Q1 of 2021/22 at the earliest.

Target	Update
NMAHP - By March 2021 we will deliver a range of skills and knowledge training across health and social care staff - Values Based Reflective Practice® (VBRP®) training to 9 cohorts (126 participants), Community Chaplaincy Listening (CCL) training to enable delivery within primary and community settings to 2 cohorts (24 participants), 1 cohort (6 participants) of CCL train-the-trainers and learning training for 180 participants. We will support Alternative Augmentative Communication through evaluation and monitoring of access to communication education, during 2020/21 with a minimum of 3 education reports for the range of learners from multi-agency settings. (TAR0003272)	COVID-related delay. Delivery rescheduled for first half of 2021. VBRP and CCL online training modules ready to be delivered. Trainers ready to deliver this training. Training was suspended in January, due to second wave of COVID. Alternative and Augmentative Communication (AAC) education resources have been developed with 6 modules uploaded to Turas and a further 5 modules in progress. Work is ongoing with NES Digital and Scottish Government to generate Turas learning reports for AAC Exec leads.
NMAHP - By March 2021, we will support learning relating to: the 'openness and learning' agenda, in partnership with Mediation Scotland and Citizen's Advice Scotland, to the NHS Complaints Personnel Association Scotland and Patient Advice and Support Service staff; in partnership with Healthcare Improvement Scotland (HIS) to the Care Experience Network members and integration focusing on the wider workforce in partnership with HIS and Scottish Social Services Council. (TAR0003277)	COVID delayed appointment of Principal Educator for person centred care meant postholder started on 16th November 2021. We have successfully supported learning relating to the openness and learning agenda in partnership with HIS to the Care Experience Network members. This had been re-envisaged due to COVID restrictions with a virtual focus group for trainees around learning needs and planning for e-learning train the trainer resource relating to the Care Experience Improvement Model (CEIM).
NMAHP - By March 2021 we will increase uptake of Flying Start by 10% (baseline figures from April 2018 to March 2019 = 2,328 enrolled) supported by Flying Start Leads. (TAR0003343)	COVID has had a negative impact on the numbers registering and completing Flying Start NHS. Current numbers are 1954 (down 181 on this point last year). Meetings with the Digital team are ongoing looking at developing the registration process in order to gain data that is meaningful for stakeholders. Literature on impact of structured development programmes has been sought and will be circulated and discussed with the stakeholder sub-group. This should assist in promotion and evidencing return of investment and support the stakeholders in the promotion of the benefits of Flying Start NHS. The resource hub development will be commenced in between April and June 2021 with two members of the team now upskilled in TURAS administration.
NMAHP - By March 2021, we will establish the newly commissioned nurse endoscopy programme and recruit to funded places (one cohort of a minimum of 12 places). (TAR0003305)	COVID DELAY - The programme commenced 05.10.20 with 12 funded places allocated and one withdrawal. Pandemic related endoscopy reduced national activity is impacting learner progression. Currently all basic skills education is halted nationally (UK). The university partner is supporting nurse endoscopy learners to meet requirements with an agreed altered sign off route. Such staff will undertake retrospective basic skills course as a priority once delivery live again (expected June 2021). From 2019 cohort of 8: anticipate 4 staff qualifying by May 2021. From 2020 cohort of 11: anticipate 3 completing by June 2021, 1 by August 2021 and further 5 by December 2021. Acknowledging national increasing waiting times,NES SLWG debating how to progress in

Target	Update
	line with JAG expectations; options to accelerate nurse endoscopy learners progression including sourcing access to alternate training lists where local/in-house access is challenging. NMAHP are a member of the new Endoscopy and Urology Diagnostic Elective Care Group (EUDECG) which is an increasingly valuable link to highlight educational adaptation to meet national need as well as contribute to national response. This includes NMAHP contributing to development of the National Endoscopy Training Centre business case. NMAHP were part of the panel reviewing competitive tenders for endoscopy simulators - 4 fixed and 2 mobile units were purchased by NES and NMAHP expects nurses to participate in and support delivery of related education within Boards and across regions. An SBAR regarding nurse endoscopy urgent considerations was issued to Scottish Executive Nurse Directors (SEND) in late March 2021.
NMAHP - We will continue to develop our HCSW (Healthcare Support Worker) Masterclass model, and trial virtual delivery with three health boards who are able to engage with us in the delivery of HCSW role development virtual workshops by March 2021. (TAR0003249)	COVID DELAY - Masterclass model has been successfully adapted to a virtual/blended learning model via MS Teams. NHS Fife OT Children and Young People's service have met their original aims. The learning experience of delegates was rated as very positive. We have been unable to meet our original target of three health boards, due to lack of capacity in NHS boards to engage with this work.
NDS - Working with NHS Grampian and other partners, NDS will deploy and implement OpenEyes to support glaucoma care in NHS Grampian by March 2021, with work to follow on cataract and medical retina, as well as to implement the approach across all other Boards. (TAR0003920)	COVID Delay - NHS Grampian went live with their Cataract service on OpenEyes. Further technical work is progressing to support the integration of NHS Grampian systems.
Medical - Organise the evaluation, review and revision of course content for Part 2 and Update training by September 2020 and the development of new e-learning resources as required. (TAR0003821)	Due to COVID face-to-face teaching has been limited in the past year. Development of a virtual AMP Part 2 course is complete as is a virtual Update training course for Core & Capacity. Development of online modules for AMP Part 1 is in the final stages of development and development has started on a blended learning programme for CAMHS and Forensic Update training. The progress of this work has been limited by the availability of expert input.
Medical - Complete the pilot and evaluation of a multi-disciplinary LaMP programme for clinical staff working in NHS Dumfries and Galloway and provide a report for the NES Leadership & Management Forum by September 2020. In collaboration with the Leadership & Management Forum; by March 2021 a) carry out the development phase* to produce a foundation level leadership development resource; and b) pilot the materials and delivery methods with a multidisciplinary group in the North Region. *The	Work is ongoing to develop a multi-professional entry-level programme with core e-learning options being considered and a follow-up virtual session Multi-professional LaMP has been paused due to COVID.

Target	Update
development phase includes scoping, mapping of internal and external resources, stakeholder engagement and a learning needs analysis. (TAR0003807)	
Medical - Design and delivery of 20 priority rural community educational programmes for 300+ attendees including 15 VC network sessions to increase workforce access to relevant ongoing education, training and knowledge exchange opportunities for remote, rural and island staff across Scotland by March 2021. (TAR0003846)	COVID Delay reduced number of sessions have been delivered from September 2020 - December 2020 and February - March 2021.Intention is to continue to deliver until end June 2021 in different format at distance.
Medical - Delivery and evaluation of training for trainers at an entry and CPD level as determined by the FDSU course review and course feedback. (TAR0003809)	Delayed due to COVID. Reformatted Trainer Workshops are now being delivered and a good number of the backlog of prospective trainers have either completed training or have courses booked. SPESC has also been reformatted and one full cohort prospective have completed the course. There have been delays in the development of CPD for trainers and these courses will not be delivered in this financial year.
Medical - Deliver full programme of education for General Practice Nurses based on feedback and demand, fully utilising the final year of funding for CPD activity by 31st March 2021, continuing to maximise attendance rates and increasing GPN PBSGL membership by 2.5% (from 397 to 407 members) by March 2021. (TAR0003360)	359 GPN memberships as at 31st March 2021. This is -9.5% on last year, we think due to COVID and people not renewing their memberships because of the pandemic despite them being funded for Scottish GPNs. Although this target is technically amber, it is important to recognise the success story behind these figures. PBSGL is a membership service that normally sees professional come together face to face to learn together with a self-selecting group of peers. Research has shown that this not only fulfils educational requirements of CPD but also provides peer support. During the first 4-5 months of the covid-19 pandemic, the PBSGL team suspended memberships to ensure that no undue pressure was placed on individuals. Despite this, many groups continued to meet online, and after speaking to a number of individuals it became clear that they were seeking out their group for peer support during the pandemic and were keen to discuss something other than COVID. These meetings are usually in their own time in the evenings and despite this groups continued to meet by choice. It is important to note that despite the amber coding on this target, the reduction in numbers is miniscule in comparison to what it could have been, and speaks to how valued the service is to the members, and the hard work of the PBSGL team during the pandemic. The team also were able to produce 10 new modules during 2020-21 despite the pandemic, because the writing team were also keen to continue to work with us. GPN education has been ongoing during the pandemic, with many additional webinars being delivered. The team are now redesigning Learning Programmes in COPD, Asthma

Target	Update
	and Cervical Screening and a new Diabetes one, to recommence delivery in April 2021 - these required a major redesign to ensble delivery at distance. In the meantime, the team have also been delivering courses in Menopause, Contraception etc. A total of 4206 attendances at GPN/CPD Connect courses and webinars in 2020-21. This is a major increase on last year, which can also be attributed to COVID, as the new online delivery mode has a far greater reach.
Medical - Support the digital delivery of additional functionality in Turas TPM for study leave monitoring and reporting; by August 2020. Monitoring and oversight of use of study leave funding by monthly Study Leave Operational Group to ensure adherence to policy. Integration of medical and dental study leave administration by September 2020. Additional allocations subject to funding. (TAR0003787)	Further delays in delivery of an on-line study leave application and payment system are a risk to clear and transparent financial reporting and organisational reputation. Estimated date for delivery from Digital team to be agreed. Due to cancelation of courses and conferences due to COVID-19 we have used innovative approaches to ensure continued educational delivery.
Medical - Ensure the main CSMEN delivery units (for pre-hospital care, surgical skill simulation-based education and the MSU) provide adequate, relevant clinical skills and simulation training in accordance with the new CS Strategy; reports will be provided every quarter and disseminated more widely using an integrated communication strategy. (TAR0003817)	Due to COVID. BASICS and SCSCHF have adapted training to cope with the pandemic. DIHS have only run one course. As a consequence, £54,000 was allocated to Endoscopy training in 5 territorial Boards and one Special Health Board.
Medical - Commission a `Collaborative` of experts in clinical skills training to deliver the required Advanced Clinical Skills courses for pharmacist Independent Prescribers and report on the outcomes of pharmacists commencing and completing Advanced clinical skills courses and implementation within the Boards, for the year 20/21. Clinical skills delivery will be subject to distancing protocols relevant at the delivery period with current courses due August/ September 2020 using a blend of online and face to face training. Delivery to continue through to March 2021. (TAR0003600)	COVID DELAY. Delivery of commissioned face to face clinical skills reduced due to COVID. However, 22 courses delivered, and all consultation skills moved to online delivery and 125 courses now delivered. Further dates (confirmed and filled) will be delivered in Quarter 1 of 21/22 with cooperation of the Collaborative and in line with the expected targets.
Medical - Develop, pilot, roll-out and evaluate simulation-based training for years 1-3 of the Core Psychiatry Training programme. By August 2020, pilot a year 1 Apex course and develop resources for year 2 & 3 by March 2021. (TAR0003822)	Progress with this target is delayed due to COVID. A Psychiatric emergencies course was piloted in December 2020. Funding will be met by the medical directorate budget and added to the operational plan for future years.
Medical - Co-design with at least two primary care teams of educational resource for structured handover training in primary care teams by March 2021. (TAR0003739)	COVID delay - we have gained practical experience in use of this approach in primary care and provided training and implemented in several setting (NHS24, Scottish Ambulance Service, Nursing homes and COVID hubs). Educational resource development had been delayed due to redeployment of staff. An introductory resource will be developed by end June 21.

Target	Update
Medical - Provide quality improvement coaching support to NES organisational improvement projects over 2020/2021. This will include capacity building interventions for staff involved and will comprise of 2 foundation skills cohorts open to staff from all levels across the organisation, and 2 coaching and leading for improvement cohorts targeted at core managers. (TAR0003832)	COVID delay: SIFS Cohort 3 was completed successfully. The remaining cohorts of SCLIP and SIFS were postponed due to the second lockdown. These are due to recommence in Quarter 1 of 2021/22.
Medical - The FDSU will carry out a strategic review of the training provided for medical trainers and report by June 2020. This report will influence further development of resources for the remainder of 20/21. (TAR0003808)	Due to the COVID-19 restrictions no face-to-face FDA courses have been delivered since March. A review of the Trainer Workshop content for virtual delivery has been completed and virtual courses are now being delivered. The SPESC course has also been revised for virtual delivery and one cohort of SPESC has now completed training. Work is ongoing to develop the Advanced Medical Educator Course and Supporting Trainees with Difficulties course content for virtual delivery. Other FDA courses and course development is on hold at present due to workload.
Medical - Deliver 2 cohorts of Technology Enhanced Learning (TEL) for Learning & Development staff Programme and 2 cohorts of TEL Train the Trainer Programme commencing April 2020 with establishment of a knowledge sharing network to support skills maintenance. (TAR0003849)	COVID Delay- Delay in rolling out TEL for L&D cohort 4 to frontline staff and Train the Trainer version. Hope to deliver by June 2021.Have delivered NES TEL L&D Pilot as planned, evaluated and established new NES TEL for L&D Network with over 300 members and ongoing weekly sessions since May 2020.
Medical - Deliver the annual SMEC, working with the events team, within agreed budgets. Trainee attendance (linked to recruitment) to be maintained or increased. This supports retention of trained doctors through continuing professional development activity and points. (TAR0003757)	Due to COVID this year's conference cannot be fully delivered and will take place virtually, with over 1700 registrants. Whilst still beneficial many of the advantages of the full 'face to face' event will be lost.
Medical - Grow the PBSGL programme membership by 2.5% (from 2693 to 2761 members) and / or (from 407 to 417 groups) and increase multi-professional membership by the same rate (currently have 765 interprofessional members) to at least 31%. (TAR0003361)	Current active membership figures are as follows: 2541 active members (plus 947 GPSTs which aren't counted in these measurements) This is a 5.6% decrease on last year. 394 active groups (plus 118 GPST groups) This is a 3% decrease on last year. 800 non GP members including GPNs, Pharmacists and Pharmacy Technicians This is a 4.6% increase on last year. 31.5% of members are interprofessional (excluding GPSTs) This target has been exceeded. Although this target is technically amber, it is important to recognise the success story behind these figures. PBSGL is a membership service that normally sees professional come together face to face to learn together with a self-selecting group of peers. Research has shown that this not only fulfils educational requirements of CPD but also provides peer support. During the first 4-5 months of the COVID-19 pandemic, the

Target	Update
	PBSGL team suspended memberships to ensure that no undue pressure was placed on individuals. Despite this, many groups continued to meet online, and after speaking to several individuals it became clear that they were seeking out their group for peer support during the pandemic and were keen to discuss something other than COVID. These meetings are usually in their own time in the evenings and despite this groups continued to meet by choice. It is important to note that despite the amber coding on this target, the reduction in numbers is miniscule in comparison to what it could have been and speaks to how valued the service is to the members, and the hard work of the PBSGL team during the pandemic. The team also were able to produce 10 new modules during 2020-21 despite the pandemic, because the writing team were also keen to continue to work with us. Slight reduction in GP memberships over the course of this year may be due to the pandemic, as some may have asked to pause as they are too busy to engage with PBSGL. We anticipate that this will increase again by the end of the financial year. It should also be noted that Pharmacists and GPNs have had funded memberships, which may explain why their numbers are not affected in the same way as GPs. Memberships will be monitored closely over 2021-22, and the team will engage with lapsed members to encourage them to renew.
Finance - Produce internal and external timetables and guidance to the finance team and organisation before the Operational Planning window opens. (TAR0003311)	COVID- Timetables were issued on time but due to the impact of COVID on the availability of SG planning assumptions, key messages covering the wider op planning process were issued to Directorates, rather than specific finance guidance.
Finance - Department will provide a variety of training events for all staff to develop their skills and understanding of the role of the finance and procurement functions. This will be achieved in part from the I Want to Know More about sessions which will be held at least 8 times each year. (TAR0003332)	COVID- Due to working from home, the IWTKMA sessions have not happened as frequently as intended. However, Team meetings are still going ahead where staff receive regular updates. Additional team training events are also being delivered using Microsoft Teams, and Finance business Partnering Training has been completed alongside representatives from other Boards.
Finance - Completion of skill mix review as part of Single NHS Competency matrix. (TAR0003342)	COVID - Achievement of this target relies to a significant extent on the NHB Heads of Procurement agreeing the common format of the specific roles and responsibilities. Due to the COVID-19 crisis the planned meetings have not taken place and resources have been diverted to urgent operational requirements. In NES, procurement efforts have also been devoted to the CARP programme, urgent operational requirements (digital online C19 requirements) and TEL and online education delivery. It is anticipated that the NHB forum and meetings will reconvene in Q1. It could therefore be possible to recover some of this activity over the next six months with a more NES-centric approach

Target	Update
Finance - Support the review of ACT to ensure a framework and associated guidance is agreed by NES and territorial Boards. (TAR0003307)	COVID - work has slowed due to clinician availability but is still progressing and will be finalised in 21/22.
Finance - Support directorates to compile appropriate activities, targets and budgets for upload into MiTracker during October. (TAR0003313)	COVID - This activity was completed in the first week of November due to annual leave and COVID related pressures in directorates and the finance team.
Digital - 3 YEAR TARGET Deliver efficiencies and improve accessibility to appraiser training by introducing remote learning and online application form in the Scottish Online Appraisal Resource (SOAR) system - the on-line tool that supports the appraisal process for doctors working Scotland by December 2020. (TAR0003424)	This work has been delayed by COVID priorities. The plan is for the work to begin in 21/22.
Dental - To provide an educational study day programme for Vocational Dental Practitioners for academic year 2020-21. 25 study days for each of the 17 schemes for 10-12 VTs per scheme. (TAR0003526)	COVID Delay - No face to face training has taken place since January 2021 although some sessions delivered via Go To. Postponed sessions will be mitigated by extension to training and sessions and completed in the 2021-22 training year.
Dental - Deliver two national workshops to increase dental healthcare professionals' knowledge and skills for improving healthcare quality. (PG Training day) Including a joint event with the CPD workstream offering up to 120 places at each with attendance of at least 90%. (TAR0003557)	COVID Delay - Only one event was able to take place online, this was held on Thursday 18th with 19 participants following an online programme.
Dental - NES contribute to funding of 4 -year BSc Hygiene Therapists course provided by Edinburgh University. NES fund in partnership with Edinburgh University and NHS Lothian. (TAR0003506)	Quarter 4 position unchanged from that reported in Q3. Programme is operating on revised basis due to COVID restrictions. Cost overspend has already been identified for current year and indications suggest that funding deficit may continue or increase in future years which is potential concern for NES as co-funder.
Dental - To develop a framework for the Specified Practitioner Ongoing Training (SPOT) programme for supported training for practitioners, identified by eg. a territorial board, to have a specific training need. To include clear process objectives, stages and defined roles and responsibilities along with the implementation of at least one supporting generic online resource by Q4. (TAR0003391)	Work on this has been delayed by COVID. Framework is still in production. However, a short life working group to review the framework and process has been established.
Dental - Continue the development and implementation of processes to review the quality of Core and Specialty training in Scotland. Implementation of a minimum of 3 one-day quality visits to training sites per annum. (TAR0003513)	Visits paused due to COVID however action has been taken by the relevant Core Training Advisor when concerns have been raised.
Dental - Maintain the ePortfolio which allows each GDP to collate and submit the evidence of their training to their Health Board and further develop it as required. (TAR0003546)	The portfolio continues to be maintained with completion date for training extended because of current enforced pause in training.

Target	Update
Dental - Provide access to training and development for educator staff in Vocational Training to ensure they have the necessary up to date skills to continue to deliver learning activities. 19 educator staff for 3 events per year. (TAR0003572)	COVID Delay - Face to face Training and Development sessions for educator staff have not been possible due to COVID restrictions. Face to face or online sessions will be arranged for staff during 2021.

Board Paper

1.   **Title of Paper**

      Board Standing Orders

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

      Della Thomas, Board Secretary and Principal Lead (Corporate Governance)

3.   **Situation/Purpose of paper**

      The NES Board Standing Orders have been amended. The Board are asked to approve these amendments.

4.   **Background**

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

4.2   The generic Terms of Reference applicable to all Board Standing Committees were approved by the Board at the November 2020 meeting and used as the basis for the preparation of Committee specific Terms of Reference (ToRs) for Audit and Risk Committee, Staff Governance Committee, Remuneration Sub-Committee and the Education and Quality Committee. These were approved by the Board at the 11 February 2021 meeting.

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

5.1   There is a risk that if the Board Standing Orders are not reviewed on an annual basis then changes or improvements in governance elsewhere in the organisation or the wider system are not implemented as appropriate.

5.2   One such change is the increase in number of the quorate for the NES Standing Committees as per the generic ToRs and the changes to the frequency of Committee meetings which are now detailed in the Committee specific ToRs.

5.3   Therefore, an amendment has been made to section 9.1b to reflect the increase in Committee quorate numbers from two to three and section 9.1c that read, "Each Standing Committee shall normally meet four times per year" has been removed.

5.4   The Audit and Risk Committee reviewed and approved these changes at their 29 April 2021 meeting and recommended that the Board Standing Orders were progressed to full Board for overall approval.

5.5   The Board are asked to note that, as per the Board Standing Orders Implementation Action Plan, it remains the ambition to bring the whole corporate governance

package (the Board Standing Orders, the Standing Financial Instructions, the Board Scheme of Delegation, the Board member Code of Conduct and the Committee Terms of Reference) annually through January Audit and Risk Committee and onwards for final approval to February Board.

6.   Recommendations

The Board is invited to approve the amendments to the Board Standing Orders.

Author to complete

a) Have Educational implications been considered?
 ☒ Yes
 ☐ No

b) Is there a budget allocated for this work?
 ☒ Yes
 ☐ No

c) Alignment with NES Strategy 2019-2024
 ☐ 1. A high-quality learning and employment environment
 ☐ 2. National infrastructure to improve attraction, recruitment, training and retention
 ☐ 3. Education and training for a skilled, adaptable and compassionate workforce
 ☐ 4. A national digital platform, analysis, intelligence and modelling
 ☒ 5. A high performing organisation (NES)

d) Have key risks and mitigation measures been identified?
 ☒ Yes
 ☐ No

e) Have Equality and Diversity and health inequality issues been considered?
 ☒ Yes
 ☐ No

f) Have you considered a staff and external stakeholder engagement plan?
 ☒ Yes
 ☐ No

Della Thomas, Board Secretary
May 2021
NES

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

Version 8

May 2021

Contents Page

1 General

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

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:
- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

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

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

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

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

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

also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.6   Members have a personal responsibility to comply with the Code of Conduct for Members of NHS Education for Scotland.   The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

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

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

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

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

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

2   Chair

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

3 Vice-Chair

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

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

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Chief Executive and Accountable Officer should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim Chair in the period until the appointment of a new Chair, or the return of the appointed Chair. Where the Chair is absent for a short period due to leave (for whatever reason). the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

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

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

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which

meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

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

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

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

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

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

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

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

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

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

5   Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

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

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

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

5.4   In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

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

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

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

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

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

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

5.11   When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one.

The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

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

Business of the Meeting

The Agenda

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

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

Decision-Making

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

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

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

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

5.19   Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the

decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

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

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

Board Meeting in Private Session

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

- The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

- The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.

- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

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

Minutes

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

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

6 Matters Reserved for the Board

<u>Introduction</u>

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

6.2 This section summarises the matters reserved to the Board:

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

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

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

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

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

7   Delegation of Authority by the Board

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

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

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

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

8   Execution of Documents

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

satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

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

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

9   Committees

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

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

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

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

9.2   The Board shall appoint the Chairs of all Committees. The Board shall approve the Terms of Reference and membership of the Committees. The Board shall review these as and when required and shall review the terms within 2 years of their approval, if there has not been a review.

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

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

9.5   The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to Committee meetings where the Committee's membership consist of or include all the Board members. Where the Committee's members includes some of the Board's members, the Committee's meetings shall not be held in public and the associated Committee papers shall not be placed on the

Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a Committee may attend a Committee meeting and have access to the meeting papers. However, if the Committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that Committee. The person presiding the Committee meeting may agree to share the meeting papers for restricted business papers with others.

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

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

NHS Education for Scotland
May 2021
DT

These minutes have been prepared using a 'Governance Light' approach

NHS Education for Scotland   **NES/AR/21/11**

AUDIT AND RISK COMMITTEE

Minutes of the second Audit and Risk Committee held on Thursday 28 January 2021 via Microsoft Teams

Present: Doreen Steele (Chair until item 09a)
                    Anne Currie (Chair from item 09b)
                    Linda Dunion
                    Jean Ford
                    Sandra Walker

In attendance: Jenn Allison, Senior Officer (minute taker)
                    Joanne Brown, External Audit, Grant Thornton (until end of item 11)
                    Rob Coward, Principal Educator (for item 12)
                    David Garbutt, NES Chair (joined during item 11)
                    Fraser Hoggan, External Audit, Grant Thornton
                    Stewart Irvine, Acting Chief Executive
                    James Lucas, KPMG
                    Audrey McColl, Director of Finance
                    Janice Sinclair, Head of Finance
                    Della Thomas, Board Secretary
                    Christopher Wroath, Director of Digital (up to item 09a)

1. **Welcome and introductions**

1.1 The Chair welcomed everyone to the meeting.

2. **Apologies for absence**

2.1 Apologies were received from Neil Thomas, Internal Audit. David Garbutt joined the meeting at 10:15 during item 11. Joanne Brown, External Audit, left the meeting at 10:30 after item 11.

2.2 Doreen Steele experienced technical difficulties that she was unable to resolve and left the meeting during item 09a and was only able to re-join intermittently, therefore Anne Currie took over as Chair from item 09b.

3. **Declarations of interest**

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

4. **Any other business**

4.1 There was no other business raised for discussion.

5. **Minutes of the Audit and Risk Committee, 03 November 2020**

(NES/AR/20/50)

5.1 The minutes of the Audit and Risk Committee were approved as a correct record, subject to minor agreed amendment.

6.   Action list of the Audit Committee   (NES/AR/20/51)

6.1 Members noted that the actions were complete or in hand.

7.   Matters arising

7.1 There were no matters arising from the minutes.

8.   External Audit Reports

a) External Audit Planning Overview

8.1 Joanne Brown introduced the External Audit Planning Overview for financial year ending 31st March 2021 to provide the Committee with an update on initial planning considerations.

8.2 Planning work is anticipated to be concluded in February 2021. Delays to completion of planning work were due to the delayed issuing of Audit Scotland guidance, which was issued in November 2020.

8.3 The Committee noted that planning materiality has been calculated at £10.8m, which is 2% of expenditure based on month 7 forecasted financial outturn. Performance materiality remains unchanged at 75% of planning materiality (£8.1m).

8.4 Joanne Brown assured the Committee that external auditors had not identified any additional financial risk factors as the impact of COVID19 had been considered for the 2019/20 accounts and would remain a risk for consideration during the 2020/21 audit.

8.5 Members also noted that External Auditors are on track towards the June 2021 completion date for 2020/21 Annual Accounts.

8.6 The Audit and Risk Committee noted and were satisfied with external audit planning overview and noted that the final plan will be submitted to the April Audit and Risk Committee.

8.7 The Committee noted that External Audit have determined that NES no longer meets the smaller body exemption within the Code of Audit Practice. Members were assured that as Financial sustainability has always been considered in previous audits this should have little impact on the time required by management to support the Audit.

b) External Audit Fee for 2021/22

1.1 Joanne Brown informed the Committee that the External Audit Fee for 2021/22 has been set at the base level available as recommended by Audit Scotland.

1.2 The Committee noted that NES no longer meeting the smaller body exemption within the Code of Audit Practice would have no impact on the level of the audit fee.

c) Follow up on Audit Recommendation – nil

1.3 The Audit and Risk Committee noted that there were no open External Audit Recommendations.

2.   Internal Audit Reports

a)   IT Risk Universe

2.1 Due to "Governance Light" James Lucas made brief introductory comments and highlighted that the process had used facilitated workshops to review IT risk and NES exposure to that risk with members of the senior IT teams (NES Digital and NDS). The Director of Finance, as the Executive with lead responsibility for Risk, also attended. The aims were to review the IT risk landscape and understand NES exposure to specific risks identified so that they can be appropriately managed and mitigated. The identification of the key risks for NES would also inform future planning for internal audits.

2.2 The report identified the following key risk areas for NES: cyber security; IT resource (capability and capacity); digital strategy; remote working; data governance and GDPR.

2.3 Due to technical difficulties Doreen Steele left the meeting with the aim of re-joining.

2.4 Christopher Wroath noted the review was a useful exercise and assured members that the results of the review align with NES Digital risk register.

2.5 Discussion took place regarding Cyber Security and Christopher Wroath assured the Committee that NES has recently passed the Network of Information Systems (NIS) audit. He added that cloud-based technology has helped to add an additional layer of security and that cyber security is tightly managed and monitored in NES.

2.6 Discussion took place regarding IT resource and capacity. Members noted that NES are in discussions with the NES sponsor team at Scottish

Government regarding the nature of funding for Digital projects as often this is provided on a non-recurrent basis. This causes difficulties in being able to recruit permanent staff and leads to reliance on a more expensive contractor workforce. It is also recognised that once development work has taken place it creates Digital Infrastructure which requires on-going maintenance and support.

2.7 Della Thomas informed the Committee that having spoken with Doreen Steele, she was still having technical difficulties and may only be able to re-join in listening mode. It was noted that the Committee remained quorate despite this and was therefore able to continue with the business of the meeting, with a non-executive Committee member taking over as the Chair. Anne Currie volunteered to take on the role of Chair.

2.8 The Audit and Risk Committee confirmed that they were content to note the report and the assurance provided.

b) Purchase to Pay

2.9 James Lucas introduced the report which reviewed NES's Purchase to Pay (P2P) process and associated controls.

2.10 The report found that overall the P2P process in NES is effective. Three minor improvements were recommended in relation to: the creation of short-life working group to review the P2P process for GP practices; increased delegation of due diligence carried out on new suppliers; and creation of a standardised due diligence checklist.

2.11 The Audit and Risk Committee noted the report and the assurance provided.

c) Property Transaction Monitoring

2.12 James Lucas informed the Committee that there have been continued delays in the completion of the Property Transaction Monitoring report due to difficulty obtaining the final signatures required from stakeholders in relation to the 2019/20 lease extension of the Bayes Centre for NES Digital Services (NDS) to October 2020. The delay has been due to stakeholders who were on furlough in 2020 due to the COIVD19 pandemic.

2.13 The Committee noted the delay.

d) Status Update and Follow up Summary

2.14 James Lucas noted excellent progress, there were 28 open management actions, 11 were closed leaving 17 open actions.

2.15 The Audit and Risk Committee noted the report and were satisfied that NES continues to make good progress in implementing outstanding audit recommendations and noted the planned Audits for the remainder of financial year 2020/21.

   e) Draft Annual Audit Plan 2021/22

2.16 James Lucas presented an extract of the strategic internal audit three-year plan and advised the Committee that in light of the operational pressures facing the NHS, there had been a significant degree of disruption to the audits planned for 2020/21. As this is likely to continue, KPMG have taken the decision to approach the internal audit planning process for 2021/22 differently. A meeting will take place with the NES Executive Team in February to capture the key risk areas for potential audit in 2021/22.

2.17 James added that it will be important to maintain a level of flexibility with the plan to enable NES management and internal auditors to respond to the potentially changing risk areas throughout the year, as NES continue to support the response to the COVID19 pandemic.

2.18 The Audit and Risk Committee noted the change in approach and noted that an updated draft internal audit plan for 2021/22 will be submitted to the April committee.

3. Finance Update (NES/AR/21/02)

3.1 Audrey McColl took the paper as read and made the following additional remarks:
   - Although we are aiming for a year-end outturn of a £500k underspend, or less, this will fluctuate as we approach the end of the financial year as the current uncertainty in Boards means they are sometimes unable to carry out planned activity, reducing the amount of funding they require from NES e.g. Additional cost of Teaching (ACT).
   - Discussions continue with both the NES Sponsor team and SG Finance to resolve the £1.5m additional contribution to the National Board saving target.

3.2 The Committee noted that internal Directorate bids to utilise underspend have been approved. Additional measures, including the acceleration of a capital replacement programme in Dental Outreach centres are under consideration.

3.3 Having reviewed the financial results for the first 9 months of the year to 31st December 2020 the Committee confirmed that they were content for this

report to go forward to the Board. The Committee noted the current forecast outturn as at 31ˢᵗ March 2021.

4.   2020/21 Financial Plan Progress – update   (NES/AR/21/03)

4.1 Janice Sinclair took the paper as read and updated the Committee that since the meeting papers were issued, NES have met with Scottish Government (SG) to discuss the Medical Training Grade position and SG have agreed to continue the arrangement in place to underwrite the in year impact of the recurrent deficit on the Medical Training Grade budget. She added that discussions are taking place with SG in relation to key areas of work in NES that have historically been funded on a non-recurrent basis, to identify potential areas to be consolidated into the recurring baseline.

4.2 The Committee asked if SG had confirmed the allocation for the Technology Enhanced Learning (TEL) project Audrey McColl informed the Committee that there will be an expectation for NES to fund this and that discussions are taking place with SG to carry forward £0.5m of this year's budget into financial year 2021/22. Janice Sinclair assured the Committee that further information regarding the TEL budget will be included in the Finance report to the February Board.   **Action: JS**

4.3 It was noted that Directorates have scenario plans in place, identifying the impact of a 10% reduction to non-pay budgets should the SG budget allocation be less than expected. Stewart Irvine noted that this could impact core NES business and Audrey McColl informed the Committee that a meeting was taking place with SG later that day (28ᵗʰ January) to confirm budget allocation for financial year 2021/22.

4.4 The Committee raised a query regarding budget planning for new or developing items of business. It was confirmed that depending on the amount required, Directorates can make bids to the NES baseline or to SG. Audrey McColl informed the Committee that the NES budget submission to SG includes information regarding horizon scanning, to highlight the areas of work that may develop during the new financial year, that have not yet been agreed.

4.5 The Audit and Risk Committee noted the progress of the NES Financial Plan for 2021/22 and noted that an updated paper would be submitted to the NES Private Board meeting on 11ᵗʰ February.   **Action: AMcC**

5.   Risk Management – Corporate/COVID19 Risk Register

                                                        (NES/AR/21/04)

5.1 The papers were taken as read and the Committee moved on to questions and discussion.

5.2 The Committee raised a question in relation to risk 10 on the COVID19 Risk Register, regarding to what extent SG can hold NES to account in relation to student placements. It was clarified that SG have been reminded that accountability for placements rests with higher education and the local Boards not with NES.

5.3 The Committee raised a question regarding risk 7 on the COVID19 Risk Register, the COVID19 Accelerated Recruitment Portal (CARP). It was agreed that the risk could be closed, however, it was also noted that a risk remains in relation to the perception of CARP within the service.

Action: AMcC

5.4 The Committee asked how the work of the Risk Management Group was progressing and it was confirmed that due to "Governance Light" the work of this group had been paused.

5.5 The Audit and Risk Committee noted and were satisfied with the changes made to the NES Corporate and COVID19 Risk Register with the inclusion of the discussed changes to risk 7 on the COVID19 Risk Register.

6.   Counter Fraud Update

a) Counter Fraud Update   (NES/AR/21/05)

6.1 The Committee noted the report. Members also noted that the report was in a shortened format and agreed that future Counter Fraud Update reports should be submitted to the Audit and Risk Committee in this new format.

Action: JS

b) Self-Assessment tool review   (NES/AR/20/06)

6.2 Janice Sinclair took the report as read and confirmed that the scoring has not been updated from last year and that minor amendments have been made to some of the wording of actions.

6.3 The Audit and Risk Committee reviewed the updated Self-Assessment tool and confirmed their agreement that the levels were accurate and that they were content to submit the actions proposed to Counter Fraud Services.   **Action: JS**

7.   Standing Financial Instruction Review

7.1 The Committee noted that the Standing Financial Instructions (SFI) were last updated in April 2020 to reflect changes in governance required as part of the Board's response to the COVID19 pandemic. The SFIs were approved by the Audit Committee in April 2020 and the Board in May 2020. The Committee noted that no further changes have since been made.

7.2 The Audit and Risk Committee discussed the SFIs and agreed that a paragraph should be amended to further clarify details in relation to the reporting of early retirals to the Remuneration Committee. Amendments to submitted to the February Board for approval. **Action: JS/AMcC**

8.   Board Standing Orders Implementation Acton Plan   (NES/AR/21/08)

8.1 Della Thomas introduced the Board Standing Orders Implementation Plan and highlighted that due to "Governance Light" arrangements, some of the actions have been paused.

8.2 The Audit and Risk Committee noted the completed actions and agreed to the actions marked as paused.

9.   Board Committees Terms of Reference   (NES/AR/21/09)

9.1 Della Thomas updated the Committee on some work that had been progressed since the paper had been submitted to the Committee. This included a proposal from the Audit and Risk Committee Chair to include details relating to the role of the Committee in terms of financial risk as it was suggested that this was missing.

9.2 Della Thomas also updated the Committee that the SGC Chair had considered the potential gaps in the SGC ToRs relating to staff engagement and organisational change management and has since advised that these aspects are covered within the SGC ToRs.

9.3 Discussion took place regarding further suggested amendments to the Audit and Risk Committee ToRs in relation to risk and it was agreed that section 9.2.3 would be amended to detail the five areas of risk which would include Financial risk. An amended version will be circulated to the Audit and Risk Committee and this will include the correction of two typographical errors.
Action: DT

9.4 The Audit and Risk Committee confirmed that they were satisfactorily assured that there were no significant gaps or areas of duplication across the set of Committee ToRs and agreed to recommend the ToRs for progression for Board approval, following the change to the Audit and Risk Committee.
Action: DT

These minutes have been prepared using a 'Governance Light' approach

10.   Date and time of next meeting

10.1   The next meeting of the Audit and Risk Committee will be held on Thursday 29th April 2021.

10.2   A private meeting was held between the Auditors and the non-executive Audit Committee members.

Items for Noting

The following papers were also noted by the Audit and Risk Committee.

11.   Procurement update report

12.   Assurance Framework

13.   Audit Scotland reports:
   a) COVID19 Strategic Scrutiny Group
   b) The 2019/20 audit of the Scottish Government consolidated accounts
   c) COVID19: Going concern in the Public Sector.

Items considered by Correspondence

It was noted that the Annual Review of Audit and Risk Committee Effectiveness will be submitted to the Audit and Risk Committee for approval via correspondence in due course. The approved version will be submitted to the April Committee for noting.

NES
February 2021
JA/DT/AMc/DS
Approved at 29 April Audit & Risk Committee

These minutes have been prepared using a 'Governance Light' approach

NHS Education for Scotland   **NES/SGC/21/15**

Minutes of the Seventy-first Meeting of the Staff Governance Committee held on Thursday 04ᵗʰ February 2021 via Microsoft Teams

Present:	Linda Dunion, Committee Chair, Non-executive Director
	Anne Currie, Non-executive Director
	Jean Ford, Non-executive Director
	Gillian Mawdsley, Non-executive Whistleblowing Champion
	Lynnette Grieve, Non-executive Employee Director
	David Cunningham, Ex-Officio member, Staff Side (BMA) (joined during Item 8)
	James McCann, Ex-Officio member, Staff Side (Unison)
In attendance:	Tracey Ashworth-Davies, Director of Workforce/Executive Lead
	David Garbutt, Board Chair
	Karen Reid, Chief Executive
	Stewart Irvine, Director of Medicine
	Donald Cameron, Director of Planning & Corporate Resources
	Morag McElhinney, Principal Lead HR
	Della Thomas, Board Secretary and Principal Lead Governance
	Ameet Bellad, Senior Specialist Lead, Workforce Infrastructure (for Item 12)
	Graham Paxton, Head of Programme (for Item 11)
	Kristi Long, Senior Specialist Manager, Workforce (for Item 13)
	Colin Brown, Head of Strategic Development
	Chris Duffy, Senior Admin Officer

1.   Chair's welcome and introduction

1.1   Linda Dunion welcomed all to the Committee. Linda introduced Karen Reid, who was attending her first Committee as Chief Executive and James McCann, who was attending his first Committee as an Ex-Officio member. Colin Brown was welcomed as an observer.

1.2   Linda Dunion informed the Committee that all papers will be taken as read.

2.   Apologies for absence

2.1   No apologies were received.

3.   Notification of any other business

3.1   There were no notifications of any other business.

4.   Declaration of interests

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

5. **Minutes of the Staff Governance Committee meeting held on 5ᵗʰ November 2020** (NES/SGC/21/02)

5.1 One correction was highlighted in the minutes. Under item 15 Health and Safety Annual Report 19/20, it was agreed to update a sentence to read, "The Committee members came to a consensus that the paper was not fit for the Committee in its current format".

5.2 The Committee then approved the minutes as an accurate record of the meeting.

6. **Action Status Report** (NES/SGC/21/03)

6.1 Committee members were content with the completed actions. One action remains open and an update was provided, it is anticipated this action will be closed at the next meeting. This action is regarding the remitting of homeworking as a potential risk in the context of the Health & Safety Annual report to the Managing Health, Safety & Wellbeing Committee (MHSWC).

6. **Matters arising from the minutes**

6.1 There were no matters arising from the minutes.

Lead Executive Report

7. **Director of Workforce Update** (NES/SGC/21/04)

7.1 In addition to the information in her report, Tracey Ashworth Davies highlighted that one member of NES staff had been deployed to the front line and any re-deployment is on a voluntary basis.

7.2 On redeployment of NES Staff – Lynnette Grieve asked that if any further Communications are released regarding redeployment it should be clarified to staff that redeployment will be on a voluntary basis.

Action: Tracey Ashworth-Davies

7.3 The Committee discussed the number of Band 2 staff working within NES and the opportunities to enhance job roles, bring in modern apprentices and succession planning.

7.4 The Committee highlighted that scenario planning included returning to "normal" and was linked to National planning.

7.5 The Committee noted the report.

Strategic Items

8. **NES People & OD Strategy** (NES/SGC/21/05)

8.1   The Committee were invited to approve this strategy and recommend it to the Board for noting. The Committee highlighted positive aspects to the Strategy, - however, through discussion, it became clear that some further work is required before the Committee can approve. This might take into account such factors as the Independent Review of Adult Social Care in Scotland; the alignment of the People and OD Strategy with the overall NES Strategy and key performance indicator timelines.

- David Garbutt will provide detailed feedback to Tracey Ashworth-Davies.
- Karen Reid will be given the opportunity to review the strategy.
- Depending on the timescales the updated strategy will then be approved by the Committee through correspondence or brought back to the next Committee meeting.

Action: Tracey Ashworth-Davies

Governance Items

9.   2021/22 Committee Schedule of Business   (NES/SGC/21/06)

9.1   Della Thomas introduced this paper and highlighted the key point that Committee members are being asked to take a flexible approach to the schedule of business throughout 2021/22.

9.2   Committee members approved the draft schedule of business, noting that a flexible approach is required for the next year.

10.   Whistleblowing Update

10.1   Gillian Mawdsley provided a verbal update on the following areas;

- It is key that the understanding of the Non-executive Whistleblowing Champion role is clarified and better understood. She described it as a "hands on" scrutiny role with accountability to both the NES Board and to Scottish Government. As such it is likely that in time this will include her preparing papers for the Board.
- We are aware that the Whistleblowing Standards are due 1st April 2021 and from this there will be a bigger piece of work required of the Non-executive Whistleblowing Champion. In NES this will include the NES third parties. Gillian is keen to map out and plan for this in due course.
- However due the Pandemic and winter pressures, the NHS Board Chairs Group have highlighted to Scottish Government that the 1 April is not a realistic or achievable date.   This means that NES will require a "holding statement",
- It was noted that the Whistleblowing awareness training was now available on TURAS

10.2 The Committee discussed the complexities of this work and the importance of clarifying the reporting and accountability governance line of sight and the distinctions in terms of line management roles; managing a grievance; responding to the duty of candour and being clear on what constitutes bribery or fraud.

10.3 It was agreed that the Board Chair will continue to take the issues associated with the 1 April implementation date forward with Scottish Government; that a NES holding statement will be developed based on the letter from Gillian Mawdsley to Scottish Government that was sent before Christmas in response to a request from Scottish Government to all Whistleblowing Champions for a report on the readiness of their NHS Boards for the implementation of the Whistleblowing Standards from 1 April.

10.4 It was proposed that Karen Reid will be involved in the discussions for progressing the NES Non-Executive Whistleblowing Champion role and the NES whistleblowing process.

10.5 Linda Dunion thanked Gillian Mawdsley for the update. Whistleblowing will remain as a standing item and a further update will be provided at the next Committee meeting.

Annual Assurance Items

11.   Everyone Matters Pulse Survey Results   (NES/SGC/21/07)

11.1 The Committee were asked to approve this report and endorse the next steps within the report. Committee members and executive colleagues were very pleased with the excellent results and response rates contained within the report and asked that their congratulations were passed on to all involved.

11.2 The Committee approved the report and endorsed the next steps.

Performance Items

12.   People & OD Dashboard   (NES/SGC/21/08)

12.1 The Committee were invited to confirm if this report provides assurance on the progress made during the last quarter against the NES People and OD strategy.

12.2 David Garbutt enquired if Talent Management should be part of the dashboard under staff development. Tracey Ashworth-Davies confirmed that a Talent Management paper is going to the Executive Team in February and an update will be included in the Director of Workforce report at the next Committee.

Action: Tracey Ashworth-Davies

12.3 Committee members confirmed they are content with the assurance provided within the report and it was noted that the Committee welcomed the new format of the report and were pleased to see the improvement in the stats for PDPs.

13.   Equality Reports and Plans   (NES/SGC/21/09)

13.1 The Committee were invited to approve four aspects of the equality reports.

13.2 The **Quadrennial equality outcomes and mainstreaming progress report** that relate to Staff Governance Committee business. The Committee approved these for progression for overall Board approval followed by publication.

13.3 The **Proposed Equality Outcomes 2021-25** that relate to Staff Governance Committee business were approved. However, the Committee clarified that once approved these outcomes still remain flexible and subject to on-going review. This was noted as important as the recent publication of the Independent Review of Adult Social Care in Scotland may well have implications for our work as it is strong on such aspects as advocacy and inclusivity and diversity. The Committee asked that the proposed 2021-25 Equality Outcomes are cross checked against the findings and recommendations of the Independent Review and any amendments or additions could be brought through the relevant Board Committee and to Board in due course. It was noted that this report is also going through the Education and Quality Committee for outcomes relating to their business. It was noted that outcomes can be added to the report post publication, should that be required. The final report will come through the March Board meeting for approval.

Action: Kristi Long/Tracey Ashworth-Davies

13.4 The Annual Workforce Equality Data was approved for publication.

13.5 The Quadrennial Equal Pay Statement was approved for publication.

14.   Risk Register   (NES/SGC/21/10)

14.1 The Committee members confirmed that the risk register provides the necessary assurance.

Items for Noting

15.   Employment Tribunals   (NES/SGC/21/11)

15.1 The Employment Tribunals update was noted. It was noted that the names of any people involved must always be redacted.

These minutes have been prepared using a 'Governance Light' approach

16.   Scottish Government Directive Letters (DL) with strategic relevance to the Staff Governance Committee (SGC)   (NES/SGC/21/12)

16.1   The DL update was noted. It was highlighted that a DL issued 2021/2 may be missing. It was confirmed that HR had seen this one.

17.   Remuneration Committee business dealt with by correspondence
                                                                              (NES/SGC/21/13)

17.1   The Remuneration Committee update was noted.

18.   Change Management Programme Board minutes   (NES/SGC/21/13)

18.1   The Change Management Programme Board minutes were noted.

19.   Managing Health, Safety and Wellbeing Committee minutes
                                                                              (NES/SGC/21/13)

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

20.   Any other business

20.1   There was no other business to discuss.

21.   Date and time of next meeting

21.1   6th May 2021, 10:15 via Microsoft Teams

NES
February 2021
CD/DT/LD
Approved at 6 May SGC

Board Paper

1.   Title of Paper

NHS Education for Scotland Framework Document

2.   Author(s) of Paper

Karen Reid, Chief Executive

3.   Situation/Purpose of paper

The Board are invited to note the revised NHS Education for Scotland Framework Document.

4.   Background

4.1   All NHS Boards have a Framework Document, sometimes referred to as the "sponsorship agreement". This Document sets out the broad framework within which the NHS Board will operate and defines key roles and responsibilities which underpin the relationship between the NHS Board and the Scottish Government (SG).

4.2   The NES Framework Document required to be updated to reflect the new format SG are using for all NHS Board Framework Documents and to include alignment with the Blueprint for Good Governance DL (2019) 02.

4.2   Opportunities for NES to comment on the document have presented themselves during the regular sponsorship meetings with SG and the Executive Team formally discussed a draft of the Framework Document at their meeting on Monday 18 January 2021. Feedback was collated and shared with SG.

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

5.1 SG have reviewed the Framework via their own internal processes and the attached version is ready for formal signoff by the Deputy Director of Health Workforce'

5.2 In order to comply with Section 3 of the Framework Document, "Copies of the document shall be placed in the Scottish Parliament Information Centre. It shall also be published on the NES website." The Framework Document will be published on the NES website as part of the suite of papers for this Board meeting.

6.   Recommendations

The Board are asked to note the NHS Education for Scotland Framework Document.

Author to complete

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

☒Yes
☐No

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

☒Yes
☐No

c) **Alignment with NES Strategy 2019-2024**

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

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

☒Yes
☐No

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

☒Yes
☐No

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

☒Yes
☐No

Karen Reid
May 2021
NES

NHS EDUCATION FOR SCOTLAND FRAMEWORK DOCUMENT

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES

[May 2021]

Contents

INTRODUCTION

1.   This framework document has been drawn up by the Scottish Government (SG) in consultation with NHS Education for Scotland (NES), constituted as a Special Health Board under section 2 of the National Health Service (Scotland) Act 1978 ("the Act"). It sets out the broad framework within which NES will operate and defines key roles and responsibilities which underpin the relationship between NES and the SG. While this document does not confer any legal powers or responsibilities, it forms a key part of the accountability and governance framework and should be reviewed and updated as necessary, and at least every 2 years. Any proposals to amend the framework document either by the SG or NES will be taken forward in consultation and in the light of SG priorities and policy aims. Any question regarding the interpretation of the document shall be determined by the SG after consultation with NES. Legislative provisions shall take precedence over any part of the document.

2.   References to NES include any subsidiaries and joint ventures owned or controlled by NES. NES shall not establish subsidiaries or enter into joint ventures without the express approval of the SG.

3.   Copies of the document shall be placed in the Scottish Parliament Information Centre. It shall also be published on the NES website.

Purpose

4.   NES is to contribute to the achievement of the SG's purpose which is to:

- create a more successful country
- give opportunities to all people living in Scotland
- increase the wellbeing of people living in Scotland
- create sustainable and inclusive growth
- reduce inequalities and give equal importance to economic, environmental and social progress

5.   In pursuing this, NES will contribute to the National Outcome that *people are healthy and active*. Activity to deliver this outcome will align with the NHS Scotland 2020 vision for health and social care.

6.   NES was established as a Special Health Board under section 2 of the Act by the NHS Education for Scotland Order 2002 (SSI No.103/2002). It exercises functions on behalf of the Scottish Ministers and is responsible to them through the Scottish Government Health and Social Care Directorates. For policy/administrative purposes NES is a Non Departmental Public Body (NDPB), classified as a Health Body.

7.   The affairs of NES are managed by the NES Board which is in turn supported by the following committees:

- Audit and Risk
- Digital and Information
- Education and Quality
- Staff Governance
- Remuneration (subcommittee)

8.   As a Special Health Board, it is the statutory duty of NES to promote the improvement of the physical and mental health of the people of Scotland under section 2A of the Act. Further statutory functions of NES are broadly defined in the NHS Education for Scotland Order 2002 (as amended by SSI No. 79/2006). These are set out in summary as follows:

- Functions in relation to the education and training relating to the health service including making available facilities for education, research and training;
- The provision of assistance to any voluntary organisations whose activities include the provision of a service similar or related to a service provided by NES under the Act:
- The provision of funding to voluntary organisations limited to assistance to such organisations whose activities consist of or include the provision of services similar to services provided by NES for the purpose of co-ordinating, developing and advising on education and training;
- The leasing and purchase of moveable property and land for NES purposes; and

- Administrative functions in relation to the payment of remuneration and allowances to NES members.

9.   NES also acts as the General Medical Council's (GMC) agent in Scotland in terms of quality assurance and oversight of medical education and training, ensuring such training is delivered in line with established regulatory standards. NES performs some similar quality assurance functions for professions including dentistry and pharmacy on behalf of the relevant regulatory bodies. Further, the NES Medical Director holds the "Responsible Officer" role under The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012 and so is accountable for making recommendations to the GMC for trainee doctor revalidation.

10.   The NES Strategy 2019-24 (as approved by the Scottish Ministers) details the body's mission of "enabling excellence in health and care through education, workforce development and support" in order to deliver the vision of "a skilled and sustainable workforce for a healthier Scotland". The Strategy sets out five key areas of focus to support NES in delivering its mission.

11.   The NES annual operational plan (AOP) represents NES's agreement with the Scottish Government on the key work to be undertaken in a given financial year and the subsequent two years. It focuses on key strategic policy areas and is accompanied by a Financial Plan which enables its delivery. Alongside the AOP, NES will produce detailed operational and financial plans covering the full range of its activity, their desired outcomes, performance targets and budgets.

Relationship between Scottish Government and NES

12.   Effective strategic engagement between the SG and NES is essential in order that they work together as effectively as possible to maintain and improve public services and deliver improved outcomes. Both the SG and NES will take all necessary steps to ensure that their relationship is developed and supported in line with the jointly agreed principles set out in the statement on 'Strategic engagement between the Scottish Government and Scotland's NDPB's'. In order to facilitate this, a rolling programme of engagement will be maintained, the purpose of which will be to:

- ensure effective co-ordination and communication of the range of policy interests in SG which are relevant to NES business;
- ensure NES is kept apprised of key policy and strategy developments, forthcoming consultations, new guidance, legislation etc.;
- support delivery of strategic planning and reporting activity within NES, ensuring necessary alignment with Ministerial priorities;
- recognise the role of NES working as part of the UK regulatory environment within which much health professional education must operate;
- discuss the overall performance of NES in relation to delivery of its Annual Operational Plan
- horizon scan and review the wider strategic engagement in the Scottish and UK contexts by both SG and NES to ensure congruence of approach;
- highlight any emerging corporate risks impacting on the effective functioning of NES and delivery of its 5-year strategy and Annual Operational Plan;
- consider the organisational (including financial and workforce) implications associated with any additional activity (i.e. beyond that contained in the Annual Operational Plan) being commissioned from NES;
- discuss the relative prioritisation of activity being taken forward by NES with reference to Ministerial commitments and priorities;
- consider any other matters relevant to the SG and NES sponsorship relationship and associated engagement arrangements.

13.   Discussions on the above issues will be taken forward through monthly sponsorship meetings involving, where reasonably possible:

- Director of Health Workforce, Leadership, and Service Reform;
- Deputy Director for Health and Social Care Workforce Planning and Development ;
- Representatives of the SG NES sponsor team (representation depending on agenda);
- NES Chair;
- NES Chief Executive;
- NES Executive Team Members (as required by the agenda).

14.   There may also be a requirement on occasion to extend an invitation to other Scottish Government officials and/or NES representatives.

15.   The outcome of the meetings will be an agreed minute and a note of rolling actions which will be reviewed at the next meeting. These should be used to keep internal interests in SG informed of issues arising from these discussions. Likewise, the agreed minutes and actions can be used to ensure the NES Board, its Committees and Executive Team are updated on a regular basis. Any confidential matters will be handled separately as necessary.

GOVERNANCE AND ACCOUNTABILITY

Legal origins of powers and duties

16.   NES was constituted as a Special Health Board under section 2 of the Act by the NHS Education for Scotland Order 2002, and established on 31 March 2002. NES does not carry out its functions on behalf of the Crown.

Ministerial responsibilities

17.   The Scottish Ministers are ultimately accountable to the Scottish Parliament for the activities of NES and its use of resources. They are not however responsible for day to day operational matters. Their responsibilities include:

- agreeing NES's strategic aims and objectives and performance targets as part of the AOP process;
- providing information to the Scottish Parliament about the performance of NES;
- approving the Revenue and Capital Resource Limits and the associated cash funding requirement to be paid to NES, and securing the necessary Parliamentary approval;
- carrying out responsibilities specified in the Act, including appointments to the NES Board, approving the terms and conditions of members, approval of terms and conditions of staff, and laying of the annual accounts before Parliament.

NES Board Responsibilities

18.   The NES Board, including the Chair, normally consists of non-executives and executives appointed by the Scottish Ministers in line with the Code of Practice for Ministerial Public Appointments in Scotland. The role of the NES Board is to provide leadership, direction, support and guidance to ensure NES delivers and is committed to delivering its functions effectively and efficiently and in accordance with the aims, policies and priorities of the Scottish Ministers. It has corporate responsibility, under the leadership of the Chair, for those activities listed under section 3 of the NHS Scotland Blueprint for Good Governance (January 2019), and:

- setting up an audit committee chaired by a non-executive member to provide independent advice and assurance on the effectiveness of the internal control and risk management systems;
- (in reaching decisions) taking into account relevant guidance issued by the Scottish Ministers;
- approving the annual accounts and ensuring Scottish Ministers are provided with the annual report and accounts to be laid before the Scottish Parliament. The Chief Executive as the Accountable Officer of the public body is responsible for signing the accounts and ultimately responsible to the Scottish Parliament for their actions;
- ensuring that the board receives and reviews regular financial information concerning the management and performance of the NDPB and is informed in a timely manner about any concerns regarding the activities of the NDPB;
- Awarding a contract of employment to the NES Chief Executive following their appointment by the Scottish Ministers. New contracts for Chief Executives should include a notice period of no more than 3 months. Where a business case can be made, the notice period may be set at a maximum of 6 months. In consultation with the SG, appropriate performance objectives should be set which give due weight to the proper management and use of resources within the stewardship of NES and the delivery of outcomes.

19. Further guidance on how the NES Board should discharge its duties is provided in appointment letters and in On Board – A Guide for Members of Statutory Boards.

The Chair's Responsibilities

20. The Chair is accountable to the Scottish Ministers and, in common with any individual with responsibility for devolved functions, may also be held to account by the Scottish Parliament. Communications between the NES Board and the Scottish Ministers should normally be through the Chair. He or she is responsible for ensuring that NES's policies and actions support the Scottish Ministers' wider strategic policies and that its affairs are conducted with probity.

21. The Chair has the following responsibilities:

- Leadership of the NES Board, ensuring that it effectively delivers its functions in accordance with the organisation's corporate governance arrangements;
- Appointing Board Members to Standing Committees, Integration Joint Boards and other roles within the NHS Board and partner organisations;
- keeping the organisation's governance arrangements and the NES Board's effectiveness under review;
- Setting the agenda, format and tone of NES Board activities to promote effective decision making and constructive debate;
- developing the capability and capacity of the NES Board by advising on the appointment of NES Board Members; appraisal and reporting on their performance; identifying appropriate training and development opportunities; and ensuring effective succession planning is in place;
- ensuring the NES Board, in accordance with recognised good practice in corporate governance, is diverse both in terms of relevant skills, experience and knowledge appropriate to directing its business, and in terms of protected characteristics under the Equality Act and the Gender Representation on Public Boards Act and Guidance, where these apply;
- providing performance management and development opportunities for the Chief Executive.
- Representing the organisation in links with Ministers, the Scottish Parliament and other key stakeholders. (Dual responsibility with the Chief Executive.);
- ensuring that the NES Board, in reaching decisions, takes proper account of guidance issued by the Scottish Ministers.

Individual Board Members' Responsibilities

22. Individual NES Board members should act in accordance with the responsibilities of the NES Board as a whole, complying at all times with the Code of Conduct adopted by NES and with the rules relating to the use of public funds and to conflicts of interest. In this context "public funds" means not only any funds provided to NES by the Scottish Ministers but also any other funds falling within the stewardship of the NES, including trading and investment income, gifts, bequests and donations. General guidance on NES Board members' responsibilities is summarised in their appointment letters and is also provided in On Board and the NHS Scotland Blueprint for Good Governance.

NES Chief Executive responsibilities

23. The NES Chief Executive is employed by the NES Board following their appointment by the Scottish Ministers. He/she is the NES Board's principal adviser on the discharge of its functions and is accountable to the NES Board. His/her role is to provide operational leadership to NES, ensuring that the NES Board's aims and objectives are met, functions delivered and targets met through effective and properly controlled executive action.

24. His/her general responsibilities include the performance, management and staffing of NES. General guidance on the role and responsibilities of the Chief Executive is contained in On Board. Specific responsibilities include:

- advising the NES Board on the discharge of its responsibilities - as set out in this document, in the founding legislation and in any other relevant instructions and guidance issued by or on behalf of the Scottish Ministers - and implementing the decisions of the NES Board;

- ensuring that financial considerations are taken fully into account by the NES Board at all stages in reaching and executing its decisions, and that appropriate financial appraisal and evaluation techniques, consistent with the Appraisal and Evaluation section of the Scottish Public Finance Manual (SPFM), are followed;
- ensuring that NES adheres, where appropriate, to the SG's Programme and Project Management (PPM) Principles;
- having robust performance and risk management arrangements - consistent with the Risk Management section of the SPFM - in place that support the achievement of NES's aims and objectives and that facilitate comprehensive reporting to the NES Board, the SG and the wider public. Risk management arrangements should include full consideration of organisational resilience to physical, personnel and cyber risks/threats/hazards;
- ensuring that adequate systems of internal control are maintained by NES, including effective measures against fraud and theft consistent with the Fraud section of the SPFM;
- establishing appropriate documented internal delegated authority arrangements consistent with the Delegated Authority section of the SPFM;
- advising the NES Board on the performance of NES compared with its aim (or mission) and objectives
- establishing, in agreement with the SG, NES's operational plans in the light of the strategic aims and objectives agreed by the Scottish Ministers;
- ensuring effective relationships with SG officials;
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the SG; that the SG is notified promptly if over or under spends are likely and that corrective action is taken; and that any significant problems whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the SG in a timely fashion.

NES Accountable Officer responsibilities

25.   The Principal Accountable Officer for the Scottish Administration (the Permanent Secretary of the SG) will designate the Chief Executive as the Accountable Officer for NES. Accountable Officers are personally answerable to the Scottish Parliament for the exercise of their functions, as set out in the Memorandum to Accountable Officers for Other Public Bodies. These include:

- ensuring the propriety and regularity of NES's finances and that there are sound and effective arrangements for internal control and risk management;
- ensuring that the resources of the body are used economically, efficiently and effectively, and that arrangements are in place to secure Best Value and deliver Value for Money for the public sector as a whole;
- ensuring compliance with relevant guidance issued by the Scottish Ministers, in particular the SPFM;
- signing the annual accounts and associated governance statements;
- a statutory duty to obtain written authority from the NES Board/Chair before taking any action which they considered would be inconsistent with the proper performance of the Accountable Officer functions. The Accountable Officer should also notify the relevant Portfolio Accountable Officer.

26.   It is incumbent on the Chief Executive to combine his/her Accountable Officer responsibilities to the Scottish Parliament with his/her wider responsibilities to the NES Board. The NES Board/Chair should be fully aware of, and have regard to, the Accountable Officer responsibilities placed upon the Chief Executive, including the statutory duty described above.

Portfolio Accountable Officer responsibilities

27.   The Principal Accountable Officer for the Scottish Administration will designate the Director-General for Health and Social Care as the Accountable Officer for the SG portfolio budget for NES. The responsibilities of a Portfolio Accountable Officer are set out in detail in the Memorandum to Accountable Officers for Parts of the Scottish Administration. He/she is personally answerable to the Scottish Parliament for ensuring that:

- the financial and other management controls applied by the SG are appropriate and sufficient to safeguard public funds and, more generally, that those being applied by NES conform to the requirements both of propriety and of good financial management. ("Public funds" include not only any funds provided to NES by the Scottish Ministers but also any other funds falling within

the stewardship of NES, including trading and investment income, gifts, bequests and donations);

- the key roles and responsibilities which underpin the relationship between the SG and NES are set out in a framework document - and that this document is regularly reviewed;
- compliance with this framework document is effectively monitored by the sponsor unit;
- effective relationships are in place at Director and Deputy Director level between the SG and NES;
- there is effective continuous assessment and appraisal of the performance of the Chair of NES in line with the requirements of the Code of Practice for Ministerial Public Appointments in Scotland.

Scottish Government Director and Deputy Director

28.   The Director for Health Workforce, Leadership and Service Reform and Deputy Director for Health Workforce Planning and Development have responsibility for overseeing and ensuring effective relationships between the SG and NES which support alignment of NES's business to the SG's Purpose and National Outcomes while also ensuring high performance by NES overall. They will work closely with the NES Chief Executive and be answerable to the Portfolio Accountable Officer for maintaining and developing positive relationships with NES characterised by openness, trust, respect and mutual support. They will be supported by a sponsor unit in discharging these functions. The Director shall be responsible for assessing the performance of the NES Chair at least annually.

Sponsor unit responsibilities

29.   The SG sponsor unit for NES forms part of the Health and Social Care Workforce Planning and Development Division within the Health Workforce, Leadership and Service Reform Directorate. The unit is the normal point of contact for NES in dealing with the SG and, under the direction of the Director and Deputy Director, is the primary source of advice to the Scottish Ministers on the discharge of their responsibilities in respect of NES. The unit undertakes the responsibilities of the Portfolio Accountable Officer on his/her behalf, working in conjunction with other parts of the Scottish Government, as appropriate.

30.   Specific responsibilities include:

- discharging sponsorship responsibilities in line with the principles and framework set out in the document 'Strategic Engagement between the Scottish Government and Scotland's NDPBs' and ensuring that sponsorship is suitably flexible, proportionate and responsive to the needs of the Scottish Ministers and NES;
- ensuring that appointments to the NES Board are made timeously and, where appropriate, in accordance with the Code of Practice for Ministerial Appointments to Public Bodies in Scotland;
- proportionate monitoring of NES's activities through an adequate and timely flow of appropriate information (agreed with NES) on performance, budgeting, control and risk management;
- addressing in a timely manner any significant problems arising in NES, alerting the Portfolio Accountable Officer and the responsible Minister(s) where considered appropriate;
- ensuring that the objectives of NES and the risks to them are properly and appropriately taken into account in the SG's risk assessment and management systems;
- informing NES of relevant SG policy in a timely manner.

Internal audit

31.   NES shall:

- establish and maintain arrangements for internal audit in accordance with the Public Sector Internal Audit Standards and the Internal Audit section of the SPFM;
- set up an audit committee of its Board, in accordance with the Audit Committees section of the SPFM, to advise both the NES Board and the Chief Executive in his/her capacity as the NES Accountable Officer;
- forward timeously to the SG the audit charter, strategy, periodic audit plans and annual audit assurance report, including the NES Head of Internal Audit opinion on risk management, control and governance and other relevant reports as requested;

- keep records of, and prepare and forward timeously to the SG an annual report on fraud and theft suffered by NES and notify the SG at the earliest opportunity of any unusual or major incidents.

32.   The SG's Internal Audit Directorate has a right of access to all documents held by the NES internal auditor, including where the service is contracted out. The SG has a right of access to all NES records and personnel for any purpose.

External audit

33.   The Auditor General for Scotland (AGS) audits, or appoints auditors to audit, NES's annual accounts and passes them to the Scottish Ministers who shall lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AGS. For the purpose of audit the auditors have a statutory right of access to documents and information held by relevant persons. NES shall instruct its auditors to send copies of all management reports (and correspondence relating to those reports) and responses to the SG.

34.   The AGS, or examiners appointed by the AGS, may carry out examinations into the economy, efficiency and effectiveness with which NES has used its resources in discharging its functions. The AGS may also carry out examinations into the arrangements made by NES to secure Best Value. For the purpose of these examinations the examiners have a statutory right of access to documents and information held by relevant persons. In addition, NES shall provide, in contracts and any conditions to grants, for the AGS to exercise such access to documents held by contractors and sub-contractors and grant recipients as may be required for these examinations; and shall use its best endeavours to secure access for the AGS to any other documents required by the AGS which are held by other bodies.

Annual report and accounts

35.   NES must publish an annual report of its activities together with its audited accounts after the end of each financial year. The annual report must cover the activities of any corporate, subsidiary or joint ventures under the control of NES. It should comply with the Government Financial Reporting Manual (FReM) and outline NES's main activities and performance against agreed objectives and targets for the previous financial year.

36.   The accounts must be prepared in accordance with relevant statutes and the specific accounts direction (including compliance with the FReM) and other relevant guidance issued by the Scottish Ministers. Any financial objectives or targets set by the Scottish Ministers should be reported on in the accounts and will therefore be within the scope of the audit. Any subsidiary or joint venture owned or controlled by NES shall be consolidated in its accounts in accordance with International Financial Reporting Standards as adapted and interpreted for the public sector context.

37.   The draft report should be submitted to the SG for comment by 1 June of each year, and the draft accounts for information, by 31 May of each year. The final version should be available for laying before the Scottish Parliament by the Scottish Ministers by 30 June following receipt of the draft report. Whilst the statutory date for laying and publishing accounts audited by the AGS is by 31 December following the close of the previous financial year, there is an expectation on the part of the Scottish Ministers that accounts will be laid and published as early as possible. The accounts must not be laid before they have been formally sent by the AGS to the Scottish Ministers and must not be published before they have been laid. NES shall be responsible for the publication of the annual report and accounts e.g. on the NES website.

MANAGEMENT RESPONSIBILITIES

Annual Operational Plan (AOP)

38.   NES must ensure an AOP, agreed with the Scottish Ministers, is in place and published on the NES website. The plan represents NES's agreement with the Scottish Government on the key work to be undertaken in the coming financial year and the subsequent two years, and will be accompanied by a financial plan to support its delivery. The content of the plan and the timetable for its preparation and review will be agreed with the SG. The plan must reflect the statutory duties of NES and detail key activity planned by the Board to support the delivery of safe and accessible treatment and care in line

with ministerial priorities. The Plan will demonstrate how NES contributes to the achievement of the SG's purpose and supports the realisation of those outcomes contained in Scotland's National Performance Framework (NPF). The AOP should include:

- the purpose and principal aims (or mission) of NES;
- an analysis of the environment in which NES operates;
- key objectives and associated key performance targets for the period of the plan, the strategy for achieving those objectives and how these will contribute towards the achievement of the SG's purpose and realisation of the outcomes contained in Scotland's National Performance Framework (NPF);
- details of any planned efficiencies, describing how NES proposes to achieve better value for money, including through collaboration and shared services;
- other matters as agreed with the SG Health and Social Care Directorates.

39. Alongside the NES AOP which describes **key** planned activity, NES will produce detailed operational and financial plans covering the full range of its activity, their desired outcomes, performance targets and budgets. Again, NES shall agree with the SG the issues to be addressed in the plans and the timetable for its preparation and review. NES's annual planning will take account both of its approved budgetary provision and of any forecast income, and will include a budget of estimated payments and receipts together with a profile of expected expenditure/consumption of resources and of draw-down and other income over the year.

40. The NES AOP, detailed operational plan and financial plans will be underpinned by a 5 year Strategy setting out the strategic ambitions and key areas of focus for the organisation. The content of the Strategy will be agreed with SG to ensure it properly reflects Scotland's National Performance Framework and wider ministerial priorities. A copy of the agreed Strategy should be published on the NES website.

Budget management

41. Each year, in light of decisions by the Scottish Ministers on the allocation of budgets for the forthcoming financial year, the SG will send to NES a formal statement of its budgetary provision, and a note of any related matters and details of the budget monitoring information required by the SG. The terms of that letter, referred to as the Budget Allocation and Monitoring letter, should be viewed as complementing the content of this document. Monthly monitoring is the primary means of in-year budgetary control across the SG. As such, bodies must comply with the format and timing of the monitoring together with any requests for further information. The statement of budgetary provision will set out the budget within the classifications of resource Departmental Expenditure Limits (RDEL), capital DEL (CDEL) and Ring-fenced (non-cash) (RfDEL). NES will inform the sponsor unit at the earliest opportunity if a requirement for Annually Managed Expenditure (AME) budget is identified. The SG should also be advised in the event that estimated net expenditure is forecast to be lower than budget provision. Transfers of budgetary provision between the different classifications require the prior approval of the SG Finance Directorate. Any proposals for such transfers should therefore be submitted to the sponsor unit. Transfers of provision within the classifications may be undertaken without reference to the SG, subject to any constraints on specific areas of expenditure e.g. the approved pay remit.

42. If the trading and other resource income realised (including profit or loss on disposal of non-current assets) – scored as negative RDEL, or the net book value of disposals of non-current assets – scored as negative CDEL, is less than included in the agreed budget, NES shall (unless otherwise agreed with the SG) ensure a corresponding reduction in its gross expenditure. The extent to which NES exceeds agreed budgets shall normally be met by a corresponding reduction in the budgets for the following financial year. If income realised is more than included in the agreed budgets NES must consult and obtain the prior approval of the SG before using any excess to fund additional expenditure or to meet existing pressures. Failure to obtain prior approval for the use of excess income to fund additional expenditure may result in corresponding reductions in budgets for the following financial year. The only exception is where the income is from gifts, bequests and donations but this must be spent within the same financial year as the receipt, otherwise additional budget allocation will be required. In any event, income from all sources and all planned expenditure should be reflected in the monthly budget monitoring statement.

Cash management

43.	Any grant in aid (i.e. the cash provided to NES by the SG to support the allocated budget) for the year in question must be authorised by the Scottish Parliament in the annual Budget Act. Grant in aid will normally be made available to NES in monthly instalments on the basis of updated profiles and information contained with the Monthly Monitoring Return ('MMR'). Payment will not be made in advance of need, as determined by the level of unrestricted cash reserves and planned expenditure. Unrestricted cash reserves held during the course of the year should be kept to the minimum level consistent with the efficient operation of NES and the level of funds required to meet any relevant liabilities at the year-end. Grant in aid not drawn down by the end of the financial year shall lapse. Grant in aid shall not be paid into any restricted reserve held by NES.

44.	The banking arrangements adopted by NES must comply with the Banking section of the SPFM.

Risk management

45.	NES shall ensure that the risks that it faces are dealt with in an appropriate manner in accordance with relevant aspects of generally recognised best practice in corporate governance, and shall develop an approach to risk management consistent with the Risk Management section of the SPFM

46.	Reporting arrangements should ensure that the sponsor unit is made aware of relevant risks and how they are being managed. The NES audit committee is also required, at the earliest opportunity, to notify the relevant SG Audit and Risk Committee if it considers that it has identified a significant problem which may have wider implications.

Organisational security and resilience

47.	As part of risk management arrangements, NES shall ensure that it has a clear understanding at NES Board level of the key risks, threats and hazards it may face in the personnel, physical and cyber domains, and take action to ensure appropriate organisational resilience to those risks/threats/hazards. It should have particular regard to the following key sources of information to help guide its approach:

- Having and Promoting Business Resilience (part of the Preparing Scotland suite of guidance)
- The Scottish Public Sector Action Plan on Cyber Resilience and associated guidance

Counter fraud arrangements

48.	NES should adopt and implement policies and practices to safeguard itself against fraud and theft, in accordance with the Fraud section of the SPFM. Application of these processes must be monitored actively, supported by a fraud action plan and robust reporting arrangements. This includes the establishment of avenues to report any suspicions of fraud. In addition NES should take risk-based and proportionate steps to appraise the financial standing of any supplier or other body with which it intends to enter into a contract or to provide funding.

Performance management

49.	NES shall operate management information and accounting systems that enable it to review, in a timely and effective manner, its financial and non-financial performance against the strategic outcomes, objectives, targets and milestones set out in its operational and financial plans. The results of such reviews should be reported on a regular basis to the NES Board and copied to the SG. The SG shall assess NES's performance in helping to deliver Ministers' policies, including the achievement of agreed key objectives, supported by the submission of reports in accordance with a timetable to be agreed with the sponsor unit.

50.	NES's performance in assisting delivery of Ministers' policies shall be formally reviewed each year at the "Annual Review" of NES. Ministerial attendance at the NES Board's Annual Reviews will occur periodically and in these instances the Review shall be Chaired by the appropriate Cabinet Secretary/Minister. In addition, the performance of NES will be reviewed at official level (led by either the Director for Health Workforce, Leadership and Service Reform or Deputy Director for Health and Social Care Workforce Planning and Development) in the form of an annual "Mid-Year Review".

NES staff management

Broad responsibilities for NES staff

51.   NES will have responsibility for the recruitment, retention and motivation of its staff. The NES Board will ensure that:

- it complies with its duty in relation to the governance of staff as set out in the NHS Reform (Scotland) Act 2004 and complies with the Staff Governance Standard http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/ and all other relevant legislation;
- in complying with the Staff Governance Standard the NES Board establishes a Staff Governance Committee and a Remuneration Committee as standing committees of the NES Board;
- it complies with requirements set out in national workforce policies including the extant Partnership Information Network (PIN) policies http://www.staffgovernance.scot.nhs.uk/partnership/partnership-information-network/, and the and the Once for Scotland Workforce Policies 'Once for Scotland' Workforce Policies — NHS Scotland Staff Governance;
- the performance of its staff at all levels is satisfactorily appraised and NES's performance measurement systems are reviewed from time to time;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve NES's objectives;
- proper consultation with staff takes place on key issues affecting them;
- grievance and disciplinary procedures set out in the national Once for Scotland Grievance Policy and Conduct Policy are in place;
- it complies with the requirements of the national Whistleblowing Standards (National Whistleblowing Standards | SPSO) that are referred to in the Once for Scotland Whistleblowing policy and these are clearly communicated and available to staff to encourage and support them to speak up;
- a Code of Conduct for staff is in place.

Pay and conditions of service

52.   As part of NHS Scotland, NES shall employ its staff on the NHS terms and conditions packages which apply to each staff group in line with UK or Scottish agreements. Pay for its staff will be determined under Ministerial direction through the relevant NHS circulars. In addition, NES will comply fully with any process set up to determine appropriate pay for senior managers. The performance of staff at all levels will be appraised in line with the appraisal arrangements set out in that staff group's terms and conditions.

Pensions, redundancy and compensation

53.   As part of NHS Scotland, NES staff are eligible to join the NHS Scotland Superannuation Scheme. Staff may, however, opt out of the NHS Scotland Superannuation Scheme at any time.

54.   Proposals on compensation payments must comply with the Settlement Agreements, Severance, Early Retirement and Redundancy Terms section of the SPFM. This includes referral to the SG of any proposed severance scheme (for example, a scheme for voluntary exit), business case for a settlement agreement being considered for an individual, or proposal to make any other compensation payment. In all instances, a body should engage with the SG prior to proceeding with proposed severance options, and prior to making any offer either orally or in writing.

Asset and property management

55.   NES shall comply with CEL (35) 2010 "A Policy for Property and Asset Management in NHS Scotland" and its' successors. NES will maintain an accurate and up-to-date record of its current and non-current assets consistent with the Management of Assets Property: Acquisition, Disposal & Management section of the SPFM. Non-current assets should be disposed of in accordance with the Disposal of Property, Plant & Equipment section of the SPFM. The SG's Property Advice Division should be consulted about relevant proposed disposals of property that NES holds for operational purposes

(rather than investment) at the earliest opportunity so it may be advertised internally. An Internal Advertisement form must be completed and submitted at least one month prior to property being advertised on the open market. Any proposal to acquire land, buildings or other rights in property for accommodation / operational purposes should comply with the Acquisition of Property section of the SPFM. NES is also subject to the SG Asset Management Policy, including the requirement for acquisition of a new lease, continuation of an existing lease, decision not to exercise a break option in a lease or purchase of property for accommodation/operational purposes, to be approved in advance by the Scottish Ministers. The Property Controls Team should be consulted as early as possible in this process. All assets (property, plant and equipment) are to be properly recorded and updated as necessary by NES on the Cabinet Office electronic Property Information Mapping System (e-PIMS).

SPECIFIC FINANCIAL PROVISIONS

Delegated authorities

56. NES's specific delegated financial authorities are set out in its Standing Financial Instructions (SFI) and the attached **Appendix**. NES shall obtain the SG's prior written approval before entering into any undertaking to incur any expenditure that falls outside these delegations or which is not provided for in NES's annual budget as allocated by Scottish Ministers. NES shall also comply with any requirements for prior SG approval included in the SPFM and/or this document. Prior SG approval must always be obtained before incurring expenditure for any purpose that is or might be considered novel, contentious or repercussive or which has or could have significant future cost implications.

Income generation

57. NES shall seek to optimise income - grant in aid does not qualify as income - from all sources, and ensure that the SG is kept informed. Novel or contentious proposals for new sources of income or methods of fundraising must be approved by the SG. Fees or charges for any services supplied by NES shall be determined in accordance with the Fees & Charges section of the SPFM.

58. Gifts, bequests or donations received by NES score as income and should be provided for in the agreed resource DEL and capital DEL budgets, updated as necessary in consultation with the SG. However, NES should be able to demonstrate that expenditure funded by gifts etc is additional to expenditure normally supported by grant in aid (i.e. SG core funding) or by trading and other income. Before accepting such gifts etc NES shall consider if there are any associated costs in doing so or any conflicts of interests arising. NES shall keep a written record of any such gifts etc and what happened to them.

Financial investments

59. Unless covered by a specific delegated authority NES shall not make any financial investments without the prior approval of the SG. That would include equity shares in ventures which further the objectives of NES. NES shall not invest in any venture of a speculative nature.

Borrowing

60. Borrowing cannot be used to increase NES's spending power. All borrowing by NES - excluding agreed overdrafts - shall be from the Scottish Ministers in accordance with guidance in the Borrowing, Lending & Investment section of the SPFM.

Lease arrangements

61. Unless covered by a specific delegated authority NES shall not enter into any finance, property or accommodation related lease arrangement – including the extension of an existing lease or the non-exercise of a tenant's lease break – without the SG's prior approval. Before entering/ continuing such arrangements NES must be able to demonstrate that the lease offers better value for money than purchase and that all options of sharing existing public sector space have been explored. Non-property/ accommodation related operating leases are subject to a specific delegated authority. NES must have capital DEL provision for finance leases and other transactions which are in substance borrowing.

Tax arrangements

62.   Non-standard tax management arrangements should always be regarded as novel and/or contentious and must therefore be approved in advance by the SG. Relevant guidance is provided in the Tax Planning and Tax Avoidance section of the SPFM. NES must comply with all relevant rules on taxation, including VAT. All individuals who would qualify as employees for tax purposes should be paid through the payroll system with tax deducted at source. It is the responsibility of NES to observe VAT legislation and recover input tax where it is entitled to do so. The implications of VAT in relation to procurement and shared services should be considered at an early stage to ensure that financial efficiency is achieved. NES must also ensure that it accounts properly for any output tax on sales or disposals.

Lending and guarantees

63.   Any lending by NES must adhere to the guidance in the Borrowing, Lending & Investment section of the SPFM on undertaking due diligence and seeking to establish a security. Unless covered by a specific delegated limit NES shall not, without the SG's prior approval, lend money, charge any asset, give any guarantee or indemnity or letter of comfort, or incur any other contingent liability (as defined in the Contingent Liabilities section of the SPFM)*,* whether or not in a legally binding form. Guarantees, indemnities and letters of comfort of a standard type given in the normal course of business are excluded from this requirement.

Third party grants

64.   Unless covered by a specific delegated authority NES shall not, without the SG's prior agreement, provide grant funding to a third party. Such funding would be subject to the guidance in the Subsidy Control section of the SPFM. Guidance on a framework for the control of third party grants is provided as an annex to the Grant & Grant in Aid section of the SPFM.

Impairments, provisions and write-offs

65.   Assets should be recorded on the balance sheet at the appropriate valuation basis in accordance with the FReM. Where an asset - and that includes investments - suffers impairment it is important that the prospective impairment and background is communicated to the SG at the earliest possible point in the financial year to determine the implications for NES's budget. Similarly any significant movement in existing provisions or the creation of new provisions should be discussed in advance with the SG. Write-off of bad debt and/or losses scores against NES's resource DEL budget classification and is subject to a specific delegated limit.

Insurance

66.   The Clinical Negligence and Other Risks Scheme (CNORIS) has been in operation since 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland. The schemes allows for risk pooling of legal claims in relation to clinical negligence and other risks and works in a similar manner to an insurance scheme. CNORIS provides indemnity to Member organisations in relation to Employer's Liability, Public / Product Liability and Professional Indemnity type risks (inter alia). The level of cover provided is at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. The Scheme will provide "Indemnity to Principal" where required. CNORIS also provides cover in relation to Clinical Negligence.

67.   Commercial insurance must however be taken out where there is a legal requirement to do so and may also be taken out in the circumstances described in the Insurance section of the SPFM - where required with the prior approval of the SG. In the event of uninsured losses being incurred the SG shall consider, on a case by case basis, whether or not it should make any additional resources available to NES. The SG will provide NES with a Certificate of Exemption for Employer's Liability Insurance.

Procurement and payment

68.   NES's procurement policies shall reflect relevant guidance in the Procurement section of the SPFM and relevant guidance issued by the SG's Procurement and Commercial Directorate.

Procurement should be undertaken by appropriately trained and authorised staff and treated as a key component of achieving the NES's objectives consistent with the principles of Best Value , the highest professional standards and any legal requirements. All external consultancy contracts over the value of £100,000 or any proposal to award a contract without competition (non-competitive action) over the value of £100,000 must be endorsed in advance by the Chief Executive.

69.   Any major investment programmes or projects undertaken by NES shall be subject to the guidance in the Major Investment Projects section of the SPFM and is also subject to a specific delegated authority. The sponsor unit must be kept informed of progress on such programmes and projects and Ministers must be alerted to any developments that could undermine their viability. ICT investment plans must be reported to the SG's Office of the Chief Information Officer.

70.   NES shall pay all matured and properly authorised invoices relating to transactions with suppliers in accordance with the Expenditure and Payments section of the SPFM and in doing so shall seek wherever possible and appropriate to meet the SG's target for the payment of invoices within 10 working days of their receipt.

Gifts made, special payments and losses

71.   Unless covered by a specific delegated authority NES shall not, without the SG's prior approval, make gifts or special payments or write-off of losses. Special payments and losses are subject the guidance in the Losses and Special Payments section of the SPFM. Gifts by management to staff are subject to the guidance in the Non-Salary Rewards section of the SPFM.

Clawback

72.   Where NES has financed expenditure on assets by a third party, NES shall make appropriate arrangements to ensure that any such assets above an agreed value are not disposed of by the third party without the NES' prior consent. NES shall put in place arrangements sufficient to secure the repayment of its due share of the proceeds - or an appropriate proportion of them if NES contributed less than the whole cost of acquisition or improvement. NES shall also ensure that if assets financed by NES cease to be used by the third party for the intended purpose an appropriate proportion of the value of the asset shall be repaid to the NES.

Subsidy Control

73.   The EU State aid regime was effectively revoked from UK law from 1 January 2021 and subsidy control provisions are now covered by the UK-EU Trade and Cooperation Agreement (TCA) and the UK's international obligations including various Free Trade Agreements and those arising as a consequence of World Trade Organisation membership. This position may be subject if the UK Government establishing its own domestic subsidies control regime: a UK wide consultation on this is set to take place in the first half of 2021. Currently any activity that NES undertakes itself, or funds other bodies to undertake, that can be offered on a commercial market for goods and services is subject to the TCA subsidy rules. A full assessment is therefore required prior to disbursing any funding and would be subject to the guidance in the subsidy regime section of the SPFM.

Board expenses

74.   Remuneration (daily fees), allowances and expenses paid to board members and any pension arrangements must comply with the SG Pay Policy for Senior Appointments and any specific guidance on such matters issued by the Scottish Ministers.

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES

NHS EDUCATION FOR SCOTLAND FRAMEWORK DOCUMENT

SPECIFIC DELEGATED FINANCIAL AUTHORITIES

Further information on NES' specific delegated financial authorities are as follows:

Item No.	Category	Delegated Authority per case (£)
	Theft / Arson / Wilful Damage	
1	Cash	10,000
2	Stores / procurement	20,000
3	Equipment	10,000
4	Contracts	10,000
5	Payroll	10,000
6	Buildings & Fixtures	20,000
7	Other	10,000
	Fraud, Embezzlement & other irregularities (including attempted fraud)	
8	Cash	10,000
9	Stores / procurement	20,000
10	Equipment	10,000
11	Contracts	10,000
12	Payroll	10,000
13	Other	10,000
14	**Nugatory & Fruitless Payments**	10,000
	Claims Abandoned	
15(a)	Private Accommodation	10,000
15(b)	Road Traffic Acts	20,000
15(c)	Other	10,000
	Stores Losses	
	Incidents of the Service –	
16	- Fire	20,000
	- Flood	20,000
	- Accident	20,000
17	Deterioration in Store	20,000
18	Stocktaking Discrepancies	20,000
19	Other Causes	20,000
	Losses of Furniture & Equipment and Bedding & Linen in circulation	
20	Incidents of the Service -	
	- Fire	10,000

	- Flood	10,000
	- Accident	10,000
21	Disclosed at physical check	10,000
22	Other Causes	10,000
	Compensation Payments - legal obligation	
23	Clinical *	250,000
24	Non-clinical *	100,000
	Ex-gratia payments	
25	Extra-contractual Payments	10,000
26	Compensation Payments - Ex-gratia - Clinical *	250,000
27	Compensation Payments - Ex-gratia - Non Clinical *	100,000
28	Compensation Payments - Ex-gratia - Financial Loss *	25,000
29	Other Payments	2,500
	Damage to Buildings and Fixtures	
	Incidents of the Service	
	- Fire	20,000
30	- Flood	20,000
	- Accident	20,000
	- Other Causes	20,000
31	**Extra-Statutory & Extra-regulationary Payments**	Nil
32	**Gifts in cash or in kind**	10,000
33	**Other Losses**	10,000

The NES Standing Financial Instructions can be found at:
https://www.nes.scot.nhs.uk/media/rvbdmig0/standing-financial-instructions-1.pdf

* This delegated limit was revised as at 1st August 2001 HDL (2001)65.
+ those losses which do not broadly fall within the definitions of theft, arson, wilful damage, fraud, embezzlement and attempted fraud and would have fallen within the previous item 2 "Cash Losses – overpayments of salaries, wages and allowances" and the previous item 3 "Cash Losses – Other" should be included within this heading

Board Paper

1.   **Title of Paper**

       2021-22 COVID-19 Contingency Plan (CCP)

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

       Donald Cameron, Director of Planning and Corporate Resources

3.   **Situation/Purpose of paper**

       The CCP provides a high-level framework for NES COVID-19 resilience in terms of decision making, incident management and communication.

4.   **Background**

       This CCP was first pulled together in late March 2020 and has since been updated twice. It is designed to help NES prepare for, respond to, and recover from disruption caused by COVID-19 by maintaining structures and a framework for delivery of our core business and to deal with issues as they arise.

5.   **Assessment/Key Issues**

5.1   This CCP largely remains active (although the emergency Board governance arrangements were stood down in September 2020) and continues to demonstrate the effectiveness of our resilience arrangements and our ability to continue delivery of our core services in an emergency.

5.2   The CCP has been used to enact the existing NES Business Continuity Plan (BCP) in response to COVID-19 and has been in place since late March 2020. Due to the unprecedented and prolonged nature of the COVID-19 emergency the NES BCP will be reviewed and updated when this CCP is no longer active and required. Timescales for this are unknown at present.

5.3   The NES Audit & Risk Committee reviewed the updated CCP on 29 April 2021 and agreed that this document currently represents the NES BCP. The updated CCP has been submitted to the May Board for noting.

6.   **Recommendations**

       The Board are asked to note the enclosed COVID-19 Contingency Plan.

Author to complete

   a) Have Educational implications been considered?
      ☒   Yes
      ☐   No

b) Is there a budget allocated for this work?

☒ Yes

☐ No

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

☒ 1. A high-quality learning and employment environment

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

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

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

☒ 5. A high performing organisation (NES)

d) Have key risks and mitigation measures been identified?

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

Donald Cameron
May 2021
NES

COVID 19: NES Contingency Plan (second update: April 2021)

1. Introduction

1.1 During the first wave of COVID 19, much routine NHS Education for Scotland (NES) business was paused in response to changed clinical activity and to release NES staff, learners, and other resources to support frontline services. In addition, we activated our Business Continuity Plan (BCP) to move the organisation to a remote delivery and working model, enabled by already established 'Smarter' working principles and cloud-based digital technology. While continuing to deliver/work remotely, as 'lockdown' restrictions ease we are currently focused on NES Re-mobilisation Plans (RMPs) to provide the workforce supply 'pipelines' which are crucial to mitigating the risks associated with future workforce shortfalls. Key dependencies for re-mobilising NES business include the recovery of clinical services, commissioned activity in HEIs and undergraduate activity in the university sector.

1.2 As we continue to live with COVID 19, further waves of the virus in Scotland are occurring. This COVID 19 Contingency Plan (CCP) provides a broad corporate framework for continuing to respond to COVID 19 which may result in the implementation of emergency governance arrangements and/or disruption to, and/or the suspension/adaptation of, NES core business delivery. This CCP also covers arrangements to 'stand up' Executive Team **'Gold Command'** with delegated strategic authority and primacy for real time decisions.

2. Key Guidance

2.1 General information and advice are available on the NHS Inform website, which is being continually updated, and on the Public Health Scotland website.

2.2 Resources and guidance for staff are also available on the Health Protection Scotland (HPS) website, and on the NES Intranet.

2.3 In the event of a COVID 19 outbreak at a NES site we will follow the HPS COVID 19 - guidance for non-healthcare settings.

2.4 We will also refer to the Scottish Government's guidance (October 2020) for the five-tier alert system of COVID 19 restrictions.

3. Principles and Scope

3.1 This CCP works on the principle that, in line with Scottish Government guidance, access to NES facilities remains strictly controlled, while our staff continue to work from home, and we develop and deliver education and training remotely wherever possible. In very specific circumstances, staff and stakeholders may access NES facilities if they are in an essential

role, they need to deliver critical face to face training or they have extenuating personal circumstances. These requests are subject to risk assessments and 'Return to Workplace' checklist processes for the individual, directorate or organisation making the request. These measures are in place to protect people and resources and minimise inconvenience while ensuring also that the health and wellbeing of our staff and the public remains the principal consideration in dealing with COVID 19.

3.2 In terms of scope, this CCP provides a framework for COVID 19 decision making, incident management and communication to prepare for, respond to, and recover from disruption caused by COVID 19. It is designed to put structures in place to prepare for and act on issues as they arise.

3.3 This Contingency Plan identifies and links to the following plans for ensuring people and resources are protected and inconvenience minimised (Note: these will be reviewed and updated when the current Contingency Plan arrangements are no longer required).
   a.   NES Business Continuity Plan (BCP)
   b.   NES Incident Management Plan (IMP)
   c.   NES Directorate Business Impact Assessments (BIAs)

3.4 To manage the impact on NES properties and facilities, we will refer to the published Health Protection Scotland COVID 19 - guidance for non-healthcare settings as a key reference document for advice to staff and related actions. This guidance covers a range of situations appropriate for NES sites and will be referenced for a corporate position when required.

4.   Corporate Governance

4.1 This Contingency Plan applies in the following circumstances.
   a.   An instruction/decision to suspend/adapt (or disruption to) one or more areas of NES core business and take on COVID 19 emergency delivery and duties.
   b.   A decision to step up to Gold, Silver and Bronze Command and step down to core Board governance arrangements.

4.2 As part of the BCP, IMP and BIA process, during the first wave of COVID 19, NES put in place contingency management structures to support our corporate response. These included the establishment of the NES Extended Executive Team (EET) ('**Silver Command'**) and the NES Internal Coordinating Group - COVID-19 (**Annex 2**). The latter group acts as the overall 'Incident Management Team' (IMT) from which Recovery Teams (RTs) have been drawn (e.g., the People and Facilities Recovery Teams and Steering Group). In addition,

emergency Board governance arrangements were implemented to free up capacity, while maintaining essential scrutiny and assurance at a reduced level. These groups use remote technology to aid communication and work with NES directorates to recover and maintain business-critical systems and processes.

4.3 While many CCP arrangements currently remain in place, full Board governance was reinstated in September 2020. The NES Board retains the authority to stand up Executive Gold, Silver and Bronze Command and reduce Board governance to core requirements if required. These arrangements will be accommodated within existing legislation; the Board's Standing Orders and Standing Financial Instructions and will embrace any additional directives issued by Scottish Government.

4.4 As part of our recovery from COVID 19, NES has completed a review of governance, leadership, and management structures to examine what worked well, and less well. In restarting Board governance arrangements in September 2020, a new structure for standing committees was agreed and alongside these developments, the Executive Team revised the corporate management structures.   From an Executive perspective the revised structure sets out the basis for COVID 19 contingency planning and has been based on lessons learned from the executive decision making and management of the first wave. Executive Team (Gold command); Extended Executive Team (Silver Command) and Senior Operational Leadership Group (Bronze command), linking with the NES internal coordinating group.
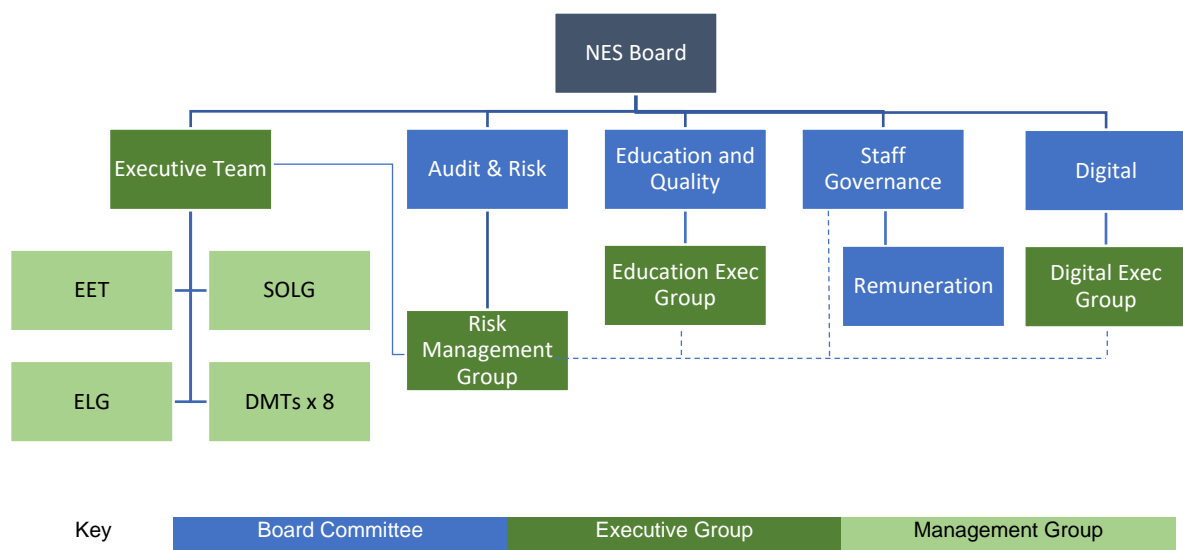
1

---

[1] Risk continues to be managed at Executive Level until the Risk Management Group has been formally established.

4.5 The roles and responsibilities of the Executive Team (ET) and the groups reporting to ET (**Annex 1**) are key to this CCP and are summarised as follows.

    a. **Executive Team (ET):** Reports to the NES Board through the Chief Executive and Executive Directors to; support the Chief Executive in discharging her/his responsibilities as Accountable Officer; ensure the NES Board has the information it needs to fulfil the functions which are reserved to it; provide collective leadership for NES including management and governance and; in the event of activation of emergency governance arrangements, act as designated **'Gold Command'** (overall strategic command with ultimate responsibility and accountability for NES's response to COVID 19).

    b. **Extended Executive Team (EET):** Reports to ET to; enable strong communication links between the ET, NES corporate management structures, directorates and individual professional groups; provide collective leadership and management across NES for the development and implementation of NES strategic priorities, including ensuring delivery against operational targets and strategic objectives; ensure implementation of health, education and regulatory policy across the organisation and to act as designated **'Silver Command'** (tactical command to manage implementation of the strategic direction from 'Gold Command' by setting appropriate actions to manage the impact of COVID 19).

    c. **Senior Operational Leadership Group (SOLG):** Reports to ET to; provide collective operational leadership across NES for the development and implementation of NES strategic priorities; identify, develop and implement improvements that will secure increased collaboration, effectiveness and efficiency in the delivery of NES business; foster and advance cross directorate working and; in the event of activation of emergency governance arrangements, act as designated **'Bronze Command'** (direct operational control of resources to implement the COVID 19 actions set by 'Silver Command', working through and with the Incident Management Team (IMT) and Recovery Teams (RTs)).

4.6 During the first COVID 19 wave the Board moved to governance arrangements as follows:

- Board met as scheduled
- SGC met as scheduled
- Audit Committee met as scheduled with additional meetings if required
- FPMC, Digital and Education Committee were suspended

4.7 As part of lessons learnt from the first COVID 19 wave, when governance arrangements were re-instated, the Board took the decision not to continue the Finance and Performance Management Committee and have reviewed and revised the roles and responsibilities of the other Standing Committees and the Sub Committee (see 4.4).

4.8 Further to a request from Scottish Government in December 2020, NES developed a 'Governance Light' approach. Although full Board governance has now been reinstated many of the principles and good practice of 'Governance Light' have been retained while this CCP remains active. Examples are.

- Review and prioritisation of agendas/papers focused on essential business.
- Short papers with hyperlinks to relevant information.
- Short verbal updates instead of papers.
- Tightening up on items for 'noting'.
- Timed agendas and shorter meetings to support the prioritisation of business.
- Recording of key decisions and significant actions only.
- Regular review of COVID risk register

5. Mobilisation Planning

5.1 This section outlines the principles for how NES can support the health and care system when required while CCP arrangements remain active. This represents our contribution to maintaining frontline services as effectively as possible with reference to Scottish Government COVID 19 guidance and requests to the 'non-patient facing boards', to review and pause areas of our business and to assess where our clinically qualified staff and educational infrastructure could be deployed to support patient care.

5.2 This CCP works on the principle that we deploy our resources as effectively as possible and if required 'stand down' NES activity and infrastructure, to help ensure frontline services are as well staffed as possible. We are focusing action on NES educational infrastructure; NES workforce; education and training resources; digital resources and NES training programmes, conferences and events.

5.3 In mobilising to support patient-facing services, account will be taken of the fact that the core business of NES (education and training of the health and care workforce) is pivotal to the future medium and long-term supply of trained staff for health and care in Scotland, and that disruption to education and training will impact negatively on future workforce supply. In

mobilising, we will therefore seek to sustain education and training activity to the maximum extent possible.

5.4 **NES Educational Infrastructure** is based on a network of clinically qualified staff who work on a full time or sessional basis across NHS Boards and in care homes. These staff manage training programmes, facilitate placements, support practice education, and provide an infrastructure to ensure training meets regulatory requirements. In principle, and with the appropriate agreement we will release service based clinically qualified staff from their educational roles to support frontline services. In addition, we will work with territorial NHS Boards and the Scottish Government to consider how training for the healthcare professions will operate if a 'trigger point' is reached where training is no longer sustainable within NHS Boards. We will use relevant guidance issued by the UK statutory education and training bodies for healthcare professions to guide our approach to minimising the impact of COVID 19 on education and training while supporting frontline clinical care in an appropriate way.

5.5 **The NES Workforce** adapted quickly and effectively to remote working when we activated our BCP, supported by already well established 'Smarter' working practices and our use of cloud-based digital technology. The NES workforce includes a wide range of clinically qualified staff working in education and training roles. Subject to partnership agreement, we will offer to work with our stakeholders across health and social care on the potential redeployment of clinically qualified staff from their educational roles to support frontline services in duties that are appropriate to their experience, skills and qualifications. To enable this, we will consider the areas of NES business that could be suspended, and if required we will provide the number, type and location of clinically qualified staff who can be released for frontline clinical care. In addition, we will consider the redeployment of our administrative staff (subject to partnership agreement), internally into priority areas of NES business that will enable the organisation to maintain daily operations as effectively as possible and return to normal as quickly as possible. We will also consider how our administrative staff could be deployed to support frontline services as appropriate.

5.6 **NES Education and Training Resources** to support health and care staff working through the pandemic will be made available through the TURAS Learn platform with signposting to other education and training as appropriate. NES also has a mobile clinical skills unit to support training in remote and rural locations as well as supporting specialist clinical skills centres in Dundee and Larbert. If appropriate, we will consider how these resources could be deployed, as appropriate, to support frontline services. In addition, NES Digital and the NES Digital Service (NDS) are important national assets available for the development and

deployment of **Digital Resources** to support the service response. For example, as well as making education and training resources widely available, the TURAS platform is available for communication with trainees, learners and other key stakeholders and is supporting the vaccination programme.

5.7 **NES Conferences, Training and Events** will be reviewed and adapted as appropriate in accordance with Scottish Government guidance. This may lead to the postponement of meetings, conferences, events and training courses/programmes which have the potential to take healthcare staff away from frontline services. We will continue to provide the full functionality of the NES TURAS platform while acknowledging that events may be postponed and educational programmes for trainee healthcare professionals suspended if educational capacity is redeployed to support frontline services.

6.   Incident Management

6.1 The BCP provides the overarching approach and structure for business continuity, with the supporting framework for incident management detailed in the IMP. In accordance with the BCP, throughout the pandemic and/or in response to a specific incident e.g. an outbreak connected to a NES site, **'Gold Command'** (ET) has responsibility for strategic management and overall control of any incidents. **'Silver Command' (**EET) sets actions and provides the priorities for recovery of services as defined in the [NES Directorate Business Impact Assessments](#) and **'Bronze Command'** implements these actions through the Incident Management Team (IMT) and Recovery Teams (RTs).

6.2 The now well established [NES Internal Coordinating Group - COVID-19](#) (linking with **'Bronze Command'**), will continue to operate as a core communication group and Incident Management Team (IMT), co-led by the Director of Digital and the Director of Planning and Corporate Resources. The IMT has responsibility for putting in place 'Recovery Teams' (RTs), e.g., the existing 'Facilities' and 'People' RTs and Steering Group. These RTs include relevant members of the IMT dependant on the business impact and services lost, plus staff with responsibility for the daily operation of affected staff, business systems or facilities. [Scenario planning](#) has also been developed to inform RT decision making and where appropriate, the RTs will include a designated, authorised individual (and a deputy), identified by the IMT to act as Incident Controller (IC). Depending on the site or services impacted, the RT may also include individuals from the 'BCP – Key Contacts List' for local NES sites (**Annex 3**).

6.3 For the purposes of this Contingency Plan, a 'suspected' COVID 19 case amongst NES staff would not normally be considered as an incident. In situations where COVID 19 is suspected NES will follow the UK Government guidance contained within the COVID-19: guidance for employers and businesses.

6.4 Management of a range of possible scenarios such as confirmed COVID 19 outbreaks linked to a NES site; a requirement to completely close facilities; a requirement to redeploy NES staff and/or trainees/learners and the loss of critical NES functions which would pose a threat to NHS Scotland service provision (not an exhaustive list), will follow the IMP process summarised by the following stages.

   a. **Stage 1: Evaluation** - Identification of the type and severity of the developing or actual incident. Immediate management of the of the incident, spanning the first 48 hours following the occurrence of events, and mobilisation of the Incident Management Team(s) (IMT).

   b. **Stage 2: Mitigation and Recovery** - Enabling access to/recovery of core Cloud services (Office 365 in particular) to allow NES staff to resume as near to normal services as is possible. This will be done remotely, identifying the availability of business-critical members of staff and triggering appropriate responses.

   c. **Stage 3: Post incident actions and plans**; evaluation of short-term impact to NES, immediate remedial actions to protect NES services, formal lessons learnt process and evaluation of possible long-term impact to NES.

6.5 At various points within the Stage1-3 IMP process **'Silver Command'** (EET), will consider what actions to set guided by the up-to-date information on the NES Intranet, the latest COVID-19: guidance for employers and businesses from the UK Government, the Health Protection Scotland 'COVID Information and guidance for Non healthcare settings' and the latest information on the Scottish Government's Coronavirus in Scotland webpages.

7.   Communications

7.1 NES will continue to use cloud-based systems to support remote working for our staff using MS Teams sites for effective (remote) communication and decision making for the key contingency planning groups (**'Gold'**, **'Silver'** and **'Bronze'** command, IMT and RTs).

7.2 The NES communications team has also developed a dedicated COVID 19 Communications Plan. The objectives of the plan are to:

   a.   Communicate latest personal health advice to NES staff, to support their health and reduce the spread of COVID 19.

b. Support the continued business effectiveness of NES by communicating business continuity advice to NES staff.

c. Direct the wider NHS workforce to the location of relevant COVID 19 educational materials.

d. Communicate decisions about the provision and handling of education and training across Scotland.

The principal audiences for these communications are NES 'core' staff, trainees and those involved in their training and wider health and social care staff.

7.3 When this CCP is active, communications actions are set by **'Silver Command'** (EET), who will inform the Board and will direct communication as the situation develops. In summary this involves communication in four distinct areas:

a. Internal staff messaging

b. Key stakeholders

c. Client and third-party messaging

d. Media Messaging

7.4 Internal messaging will be through regular updates for staff, coming principally from corporate communications – through the Intranet, Yammer, regular videos and by email bulletins. Individual members of **'Silver'** (EET) and **'Bronze'** (SOLG) command and the IMT will also be responsible for cascading information and the Workforce directorate will use the Line Managers' briefing as appropriate. We may also display advice posters online and/or in common areas around the NES estate. NES will ensure that all staff are kept informed of the actions being taken and the actions that they are required to take. All further updates and decisions made will be through these means and provided at regular intervals or as the situation changes.

7.5 External messaging to health and social care staff and trainees will be set by corporate communications as directed by **'Silver Command'** (EET) and requested by stakeholders, principally Scottish Government and Health Protection Scotland. We will also use the existing networks available to directorates to contact relevant stakeholder groups. In addition, we will use TURAS to signpost advice and resources. Should there be a need to create new educational resources, these will be hosted on TURAS and staff/trainees directed to it.

7.6 If a client or third party is impacted, communications will be coordinated by the communication team. In addition, a communication will be forwarded to other NHS Scotland Boards, Scottish Government, clients and third party's advising them of the impact on NES operations.

Annex 1

NES Executive Team (Gold Command) Membership

Chief Executive (Chair)
Director of Finance and Deputy Chief Executive (Deputy Chair)
Director of Medicine
Director of NMAHP
Postgraduate Dental Dean
Director of Workforce
Director of NES Digital
Director of the NES Digital Service (NDS)
Director of Planning and Corporate Resources

NES Extended Executive Team (Silver Command) Membership
Chief Executive (Chair)
Director of Finance and Deputy Chief Executive (Deputy Chair)
Director of Medicine
Director of NMAHP
Postgraduate Dental Dean
Director of Workforce
Director of NES Digital
Director of the NES Digital Service (NDS)
Director of Planning and Corporate Resources
Director of Training for Psychology
Associate Director Pharmacy
Programme Director Optometry
Programme Director HCS
Head of Service – Communications
Board Secretary and Principal Lead – Corporate Governance

NES Senior Operational Leadership Group (Bronze Command) Membership
Director of Planning and Corporate Resources (Chair)
General Manager – NMAHP (Deputy Chair)
Employee Director
General Manager – Dental x2
Associate Director – Medicine
General Manager – Medicine
Principal Lead – QI
Principal Educator – Medicine
Head of Programme – Pharmacy
Manager – Pharmacy
Manager – Psychology
Principal Lead– Performance Improvement
Principal Lead – Properties and Facilities Management
Head of Finance
Principal Lead – Finance
Principal Lead – HR, Workforce
Senior Specialist Lead – Infrastructure, Workforce
Senior Specialist Lead – E&D, Workforce
Principal Lead – OLL&D, Workforce
Associate Director - Digital
Principal Lead – Digital

Senior Information Analyst – Digital
General Manager - NDS
Head of Service - Communications

Annex 2

NES Internal Coordinating Group: COVID-19 (IMT) – MS Team Core Membership
Co-Chairs
- Director of Digital
- Director of Planning and Corporate Resource

Corporate Governance/CEO Office
- Board Services Manger
- Manager
- Senior Officer

Communications
- Head of Communication
- Associate Manager
- Communications Manager

Workforce
- Head of Service, HR
- Senior Specialist Manager (Equality and Diversity lead)
- Lead Business Partner, HR
- Senior Specialist Manager (Infrastructure)
- Head of Programme

Staff Side
- Employee Director Grieve
- Manager, PCR

Medicine
- Deputy Director of Medicine
- General Manager, (SDPS/Quality)
- Lead Business Partner
- Business Support Manager

Pharmacy
- Associate Director, PCC
- Manager
- Head of Programme, PCC

Dental
- Director of Dental
- General Manager
- Business Manager

Optometry
- Programme Director
- Programme Director

NMAHP
- Associate Director
- Programme Director, Midwifery & AHP
- Senior Mangere

Psychology
- Director of Training for Psychology Services
- Associate Director, PCC
- Manger

Finance
- Head of Programme

- Principle Lead
- Senior Manager
- Head of Procurement

NES Digital
- Associate Director
- Principal Lead
- Manger
- Principle Lead
- Senior Information Analyst

NES Digital Service
- Associate Director

Organisational Performance Improvement (OPIP)
- Senior Manager
- Manger

Property and Facilities Management (PFM)
- Principal Lead
- Manager
- Manager
- Senior Officer
- Senior Officer
- Business Partner (Health and Safety lead)

---

[3] Names and contact details have been redacted.

Annex 3

NES BCP (Incident Management): Key Contacts List (Updated)*
NB: Also included in Co-ordinating Group MS Team

Resilience Co-lead:	Director of Digital
Resilience Co-lead:	Director of Planning and Corporate Resources
Communications:	Head of Communication
Communications:	Communications Manager
Communications:	Associate Manager, Communications
Workforce:	Head of Service, HR
Finance:	Head of Programme, Finance
EDEC:	Business Manager, Dental
EDEC:	Senior Admin Officer, Dental
2CQ:	Manager, PFM
2CQ:	Manager, PFM
GDEC:	Business Manager, Dental
GDEC:	General Manager, Dental
CfHS:	Senior Admin Officer, Dental
CfHS:	Senior Admin Officer, Dental
Ninewells:	Manager, Medical
Ninewells:	Post Graduate Dean, Medical
DDEC:	Senior Admin Officer, Dental
FGH:	Manager, Medical
FGH:	Senior Officer, Medical
ADEC:	Senior Admin Officer, Dental
WP:	Principal Lead, PFM
WP:	Senior Officer, PFM
NDS:	Associate Director, NDS

---

[4] Names and contact details have been redacted.