NHS Education for Scotland **NES/22/16**

AGENDA FOR THE ONE HUNDRED AND SIXTY-SEVENTH BOARD MEETING

Date: Thursday 24 March 2022

Time: 10:15 – 12:15

Venue: NES is moving into a hybrid approach to work, therefore this Board Meeting will be held remotely using Microsoft Teams and there will be an in-person meeting opportunity at the NES Westport office, Edinburgh.

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

2. **10.16 Apologies for absence**

3. **10.17 Declarations of interest**

4. **10.18 Minutes of the One Hundred and Sixty-Sixth Board Meeting** NES/22/17
    10 February 2022 for approval

5. **10.20 Matters arising from the Minutes and notification of Any Other Business**

6. **10.21 Actions from previous Board Meetings** NES/22/18
    For review

7. **Chair and Chief Executive reports**

    a. **10.25** Chair's Report NES/22/19

    b. **10.40** Chief Executive's Report NES/22/20

8. **Strategic Items**

    a. **11.10** Conclusion of "Governance Light": December 2021 – NES/22/21
    March 2022
    For Approval (D. Thomas)

    b. **11.15** Strategic Update: NHS Scotland Academy NES/22/22
    (K. Kelman)

    c. **11.30** NHS Scotland Academy Joint Strategic Programme Board
    held 22 February 2022 (D. Garbutt, verbal update)

9. **Annual Items**

    None

10. **Performance Items**

    a. **11.33** Month 11 Financial Report   NES/22/23
        For Review and Approval (J. Boyle)

    b. **11:45** Risk Register Report   NES/22/24
        For Review and Approval (J. Boyle)

11. **Governance Items**

    a. **11.50** Significant issues to report from Standing Committees:

        -   **11.50** Audit & Risk Committee held 28 January 2022
            (J. Ford, verbal update)

        -   **11.53** Digital & Information Committee held 28 February
            2022
            (D. Garbutt, verbal update)

        -   **11.56** Education and Quality Committee held 03 March 2022
            (D. Hutchens, verbal update)

    b. **11.59** 2022/23 Draft Board Schedule of Business   NES/22/25
        For Review and Approval (D. Thomas)

12. **Items for Homologation or Noting**

    a. **12.10** NHS Scotland Academy Joint Strategic Programme   NES/22/26
        Board Minutes 30 November 2021 Meeting
        For Homologation

    b. **12.11** NES Standing Committee Minutes
        i.   Education & Quality Committee 09 December 2021   NES/22/27
        ii. Digital & Information Committee 13 December 2021   NES/22/28
        For Homologation

    c. **12.12** NES iMatter Results   NES/22/29
        For Noting (T. Ashworth-Davies)

13. **12.13 Any Other Business**

14. **12.15 Date and Time of Next Meeting**

    26 May 2022 at 10.15 a.m.

NHS Education for Scotland (NES)
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NHS Education for Scotland

DRAFT MINUTES OF THE ONE HUNDRED AND SIXTY-SIXTH BOARD MEETING HELD ON 10 FEBRUARY 2022

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

Present:	Mr David Garbutt (DG) (Chair)
	Mr Jim Boyle (JB), Executive Director of Finance
	Ms Anne Currie (AC), Non-Executive Director
	Mrs Linda Dunion (LD), Non-Executive Director
	Mrs Lynnette Grieve (LG), Non-Executive Director/Employee Director
	Ms Annie Gunner Logan (AGL), Non-Executive Director
	Mr Douglas Hutchens (DH), Non-Executive Director (Vice Chair)
	Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
	Ms Vicki Nairn (VN), Non-Executive Director
	Prof Stewart Irvine (DSI), Executive Director of Medicine
	Ms Karen Reid (KR), Chief Executive
	Ms Sandra Walker (SW), Non-Executive Director
	Mrs Karen Wilson (KW), Executive Director of NMAHP
In attendance:	Ms Tracey Ashworth-Davies (TA-D), Director of Workforce
	Mr Donald Cameron (DC), Director of Planning & Corporate Resources
	Dr David Felix (DF), Postgraduate Dental Dean
	Mr Nick Hay (NH), Public Affairs Manager (to observe)
	Ms Katy Hetherington (KH), NES Equality and Diversity Lead (to observe)
	Ms Michelle Lorimer (ML), Organisational Development, Leadership and Learning Principal Lead (to observe)
	Ms Judy Thomson, Director of Training for Psychology Services
	Prof Anne Watson, Postgraduate Pharmacy Dean
	Mr Christopher Wroath (CW), Director of NES Technology Service (joined the meeting at 11.45, during item 10c)
	Dr Emma Watson (EW), Director of Medicine (designate / to observe)
	Dr Georgina Weatherdon, Scottish Clinical Leadership Fellow (to observe)
	Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)

1.   Chair's Introductory Remarks

1.1.   The Chair welcomed everyone to the meeting. He extended particular welcomes to Jim Boyle, who joined NES as Executive Director of Finance on 1 February 2022 and Dr Emma Watson, who will take up the Executive Director of Medicine post on 1 April 2022.

1.2.   The Chair also welcomed Katy Hetherington, Michelle Lorimer and Georgina Weatherdon who were in attendance to observe, either as a result of new roles in NES or for their own personal development.

2. Apologies for absence

2.1. Apologies for absence were received from Jean Ford (JF), Non-Executive Director, Colin Brown (CB), Head of Strategic Development, Chief Executive's Office and Della Thomas (DT), Board Secretary and Principal Lead, Corporate Governance.

3. Declarations of interest

3.1. Vicki Nairn stated a new declaration of interest. As of 28 February 2022, Vicki Nairn will join the University of the Highlands and Islands as Vice Principal, Operations. The 2021/22 Board Registers of Interest document has been updated accordingly.

4. Minutes of the One Hundred and Sixty-Fifth Board Meeting (NES/22/02)

4.1. The minutes of the Board meeting held on 25 November 2021 were approved.

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

5.1. There were no matters arising in relation to the minutes of the last Board meeting. In relation to the notification of any other business, Gillian Mawdsley raised a query regarding the Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021. The Chair confirmed this item was included as an item on the Private Board meeting agenda, which would follow this Public Board meeting.

6. Actions from previous Board Meetings (NES/22/03)

6.1. The Board received the rolling Board action list for review and agreement. The Board noted that nine out of the ten actions had been marked as complete and one had been closed. It had not been possible to update the 2020-21 Progress against Strategic Outcomes report in relation to Technology Enabled Learning (TEL) as the 2020-21 report covers the period until 31 March 2021, when TEL was not fully established in NES. All future Progress Against Strategic Outcomes reports will include reference to TEL and the impact of the TEL Governance Group.

6.2. The following point was discussed:

  a. 25 November Board meeting, Minute 8.5b: The Board discussed the action relating to the review of the NES Scottish Statutory Instrument (SSI)/NES Order to determine if NES can offer grants or funding to third sector organisations and whether the action should be marked as complete. The Board received a briefing on 23 December 2021 that concluded that NES could enact this power. Accordingly, the Board asked *how* this power might be enacted, as and when appropriate, suggesting that this might be a developmental area as part of the on-going work in relation to the new NES strategy. Karen Reid acknowledged the briefing's positive conclusion. She advised that the processes for NES to allocate third sector grants, linked with the development of key third sector relationships, for the delivery of education and training related business, will be further explored. **Action KR**
  b. 25 November Board meeting, Minute 9.2c: The Board Chair noted that the action relating to the 2020-21 Progress against Strategic Outcomes report and the request to include a stronger reference to Technology Enhanced Learning (TEL) had been closed as TEL was not fully established in NES within the 2020-21 reporting period. All future reports will include reference to TEL and the impact of the TEL Governance Group.

6.3 The Action list was agreed.

7.   Chair & Chief Executive Updates

a.   Chair's Report

7.1.   In the context of NES's current 'Governance Light' arrangements, the Board Chair prepared a paper outlining his recent meetings and activity since the November 2021 Board in his roles as Chair of the NES Board and a member of the NHSS Board Chairs Group (BCG). The paper was circulated to Board Members in advance of this Board meeting.

7.2.   There were no questions regarding the Board Chair's report so the Board moved onto the next item on the agenda.

b.   Chief Executive's Report   (NES/22/04)

7.4.   Karen Reid introduced this report by welcoming Emma Watson and Jim Boyle to their first Board meeting and thanked Janice Sinclair for her work and contribution as interim Director of Finance from August 2021 – January 2022.

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

   a. Gordon Paterson, NES's new Director of Social Care, will join the organisation from 7 March 2022.
   b. As a further update on NES Executive recruitment following Donald Cameron's (Director of Planning & Corporate Resources) announcement that he will retire in Summer 2022, Karen Reid confirmed that NES will recruit a Director of Planning and Performance.
   c. Karen Reid received a letter from Gillian Russell (Director of Health Workforce, Scottish Government/SG) on 25 January 2022 confirming the formal sign-off of NES's updated Remobilisation Plan 4 (RMP4) for 2021-22. The letter is included with the mid-year progress update on RMP4 under item 9 of this Board agenda.
   d. In relation to NES's ongoing engagement with its SG sponsor team, a Commissioning Guide is currently in development and will be used to provide a consistent approach to the commissioning process and use of NES resources.
   e. Karen Reid acknowledged the excellent work being delivered both across NES directorates and in partnership, including the work of the NHS Scotland (NHSS) Academy and NES's results in the most recent NHSS iMatter survey. NES had the highest response rate and overall employment experience score across the whole of NHSS. Karen Reid praised this significant achievement and commended NES Executive Team colleagues and staff for their contributions in achieving this excellent result.
   f. In relation to recent external meetings, Karen Reid advised that she had attended a meeting of the 4-Nation statutory education and training organisation Chief Executives (CEs) and highlighted the development and work of the NHSS Academy. Karen Reid and David Garbutt will meet with the Chair and CE of Health Education and Improvement Wales (HEIW) to further discuss how the NHSS Academy was developed in Scotland. Karen Reid also attended a session for public sector leaders led by the Deputy First Minister to discuss social care resilience and highlighted meetings relating to the National Leadership Delivery Programme, of which Karen Reid is the joint Senior Responsible Owner and NES the joint strategic delivery partner.
   g. Karen Reid and David Garbutt met with Kevin Stewart (Minister for Wellbeing and Social Care) on 13 December 2021. Part of this discussion included reference to the National Care Service consultation.

7.6. The Chair opened up to questions. During discussion, the following points were raised:

    a. The Chair highlighted the NES iMatter results and on behalf of the Board, thanked Karen Reid and the Executive Team for their leadership throughout the pandemic. The Chair also recognised the work of Lynnette Grieve in her Employee Director role and thanked NES staff for their dedication during these challenging times.

    b. In response to a query, Tracey Ashworth-Davies provided further detail on work to support the transition of military veterans into health and social care. Scottish Government (SG) has asked NES to develop two separate workstreams, both of which are currently at the design stage. The first workstream focuses on providing NHSS experience to veterans who held senior leadership roles, with a view to creating a wider talent pool at Executive level. The second is the creation of a pipeline to enable all military service leavers and veterans to work in health and social care in Scotland. NES are reviewing initiatives that are already in place in England, with a view to creating a similar scheme in Scotland. Colleagues at the NHSS Academy recently held a workshop on widening access routes for military service leaders and veterans with interested key stakeholders and three pilot huddles have been established to take this work forward.

    c. A question was raised in relation to the development of volunteering programmes within health and social care. Karen Wilson confirmed that NES's role would be the provision of relevant education and training, with co-ordination being led by SG in consultation with local Third Sector networks. The Board discussed the importance of positive stakeholder engagement as part of the development process.

    d. A query was raised regarding the NES Technology Service's collaboration with NHS Greater Glasgow & Clyde and Public Health Scotland to develop a solution supporting the data capture of patients presenting at Emergency Departments with suspected SARI (Severe and Acute Respiratory Infection) and whether this project includes the monitoring of both adults and children presenting with SARI. As Christopher Wroath was unable to join the meeting until item 10c, it was agreed that a response to this query would be provided by correspondence after the Board meeting. **Action: CW**

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

8. Strategic Items

a. <u>Development of the NES new Strategic Vision: Proposal</u>   (NES/22/05)

8.1. Donald Cameron presented a paper outlining the work being undertaken to develop a new Strategic Vision for NES for the discussion and approval of the Board.

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

    a. The Board welcomed the information provided in the paper, including the proposed timelines and governance structure. It was agreed that the Board's strategic role within the governance section should be strengthened and the reference to 'academia' within the Background section should be replaced with 'education sector'. Appendix 2 (Strategic Vision Governance) will be revised to incorporate the formal governance role of the Board more clearly. **Action: DC**

    b. The Board discussed the importance and value of stakeholder engagement in the development of NES's new strategic vision, particularly in relation to external stakeholders and ensuring they are consulted with at an early stage. Karen Reid confirmed that Third Sector organisations will be commissioned to assist with stakeholder engagement where appropriate. The Board agreed it would be helpful to

see the outputs of the stakeholder mapping exercise once complete and arrangements will be made for this to be circulated via correspondence. **Action: JM**

   c. Karen Reid confirmed that a new strategic plan for NES will be developed by the end of this year and this will include information on future NES resource and organisational responsibilities. Stakeholders' views on draft version of the new strategic plan will be established before publication.
   d. In response to a query, Karen Reid confirmed that NES's new strategic plan will link to the outcomes of the National Performance Framework, including child poverty and Net Zero. Sustainability and environmental issues will be highlighted as cross-cutting themes throughout the plan.
   e. Karen Reid advised that she is leading a strategic vision steering group and consideration will be given in relation to how the work of this group can be communicated effectively.
   f. The Board discussed the proposed timescales for developing NES's new strategic vision and the ability to accommodate changes in policy direction, with particular reference to the development of the National Care Service. Karen Reid confirmed the need for flexibility as NES's strategic plan develops. The Board will receive regular updates on the development of the strategic plan, including requests to incorporate relevant policy changes.
   g. Donald Cameron confirmed that the ongoing discussion and development of NES Key Performance Indicators (KPIs) will link directly with the development of the strategic plan. A KPI Advisory Group has been established in NES and Jean Ford (Non-Executive Director) is a member of this group.
   h. The Chair highlighted the importance of NES's new strategy including strategic workforce and financial plans, that set out future delivery responsibilities and the resource infrastructure required to support this. Karen Reid confirmed these plans would be developed concurrently and link directly with the development of the new NES strategy.

8.2. The Board approved the proposals set out in the development of the NES new Strategic Vision paper.

9. Annual Items

a. <u>Remobilisation Plan 4 (RMP4)</u>   (NES/22/06)

9.1. Donald Cameron presented the NES Phase 4 Remobilisation Plan (RMP4) to the Board for formal approval and highlighted that the Board had received a draft version of RMP4 to review via correspondence in October 2021. As stated within the minute 7.5c, Gillian Russell confirmed Scottish Government's (SG) approval of RMP4 via letter on 25 January 2022. Donald Cameron submitted a mid-year RMP4 progress update to SG on 9 February 2022 and confirmed that this aligned with the data provided in the 2021-22 Quarter 3 Performance Report (item 10c on this Board agenda).

9.2. Donald Cameron highlighted that in previous years the Board would normally consider a draft Annual Operational Plan for the forthcoming year at the February Board meeting. This year SG have requested that Health Boards develop a three-year Operational Delivery Plan (1 April 2022 - 31 March 2025), based on three-year outcomes with annual targets reviewed each year. SG guidance will be issued at the end of March 2022, with draft submissions due by the end of July 2022.

9.3. The Chair thanked Donald Cameron for his work and the Board approved the NES RMP4.

10.   Performance Items

a.   <u>Risk Register Report</u>   (NES/22/07)

10.1. Jim Boyle presented the NES Risk Register and associated COVID-19 Risk Annex as of 3 February 2022 to the Board for review and approval.

10.2 The following points were made during discussion:

   a. Within the Corporate Risk Register, the Board agreed that risk 18 should articulate more clearly the risks and mitigations associated with the resilience of senior NES staff. Karen Reid welcomed this point and advised that along with the Chair and Tracey Ashworth-Davies, she was involved in strategic discussions regarding the resilience and wellbeing of health and social care senior leaders as part of the National Leadership Development Programme.   **Action: JB**
   b. Following on from a discussion at the Audit and Risk Committee on 28 January 2022, the Board asked for the Corporate Risk Register to be updated to include reference to cyber-security risks.   **Action: JB/CW**
   c. The Board also agreed that Risk 6 in the Corporate Risk Register should be developed further by strengthening references to NES's organisational agility and ability to respond quickly to new and existing demands.   **Action: JB**

10.3. The Chair thanked Jim Boyle and the Board approved updates to the NES Corporate Risk Register.

b.   <u>Quarter 3 Finance Report</u>   (NES/22/08)

10.4. Jim Boyle presented the financial results for the first nine months of the 2021-22 year to the Board for review and approval.

10.5. Jim Boyle made some introductory remarks regarding NES's current projected underspend and that work is underway to close off as many programmes of work as possible before the year-end. He highlighted Appendix 2 of the report which sets out a £370k reduction in forecast costs of Medical Training Grade (MTG) salaries as a result of a reduction in the number of filled training posts which has impacted on NES's projected underspend. Jim Boyle also acknowledged issues with converging spending plans into deliverables and the need to create robust processes to ensure increased deliverability in NES.

10.6 The following points were highlighted during discussion:

   a. The Chair highlighted the fluctuations in NES's underspend between this report and the Finance Report submitted to the November 2021 Board. Jim Boyle recognised the need to strengthen internal information flows so that any potential issues can be reported to the Board at an earlier stage.
   b. Finance colleagues are currently liaising with SG to confirm whether 2021-22 funding can be rolled forward into 2022-23.
   c. Stewart Irvine reflected on the MTG salary position and noted that a number of external factors had impacted on the NES budget, included increased requests for Less than Full Time (LTFT) posts, however the majority of the 6,200 training posts had been filled.
   d. Karen Reid noted the need for directorates to strengthen their financial planning going forward in order to balance deliverables associated with recurrent funding alongside more immediate/ad hoc SG requests.

10.7 The Chair thanked Jim Boyle for his work and recognised that NES's current forecast underspend would be monitored closely between now and the March Board meeting. The Board approved the Quarter 3 Finance Report.

c.   Quarter 3 Performance Report   (NES/22/09)

10.8. Donald Cameron presented the Quarter 3 2021-22 performance report to the Board for review and approval. The paper reported performance against the NES Phase 4 Re-mobilisation Plan (RMP4).

10.9. During discussion, the Board noted the need to strengthen performance targets going forward. Karen Reid confirmed that NES is in the process of moving to a new performance methodology and 'balanced scorecard' approach that will clearly articulate the impact, outcome and results of NES's work.

10.10 The Board approved the Quarter 3 2021-22 performance report.

11.   Governance Items

a.   Significant issues to report from Standing Committees

Education & Quality Committee held 9 December 2021

11.1 Douglas Hutchens gave a brief overview of the key issues discussed at the most recent meeting of the Education and Quality Committee:

a. The Committee received its first update on the educational governance of NHSS Academy education and training programmes. The Committee also received assurance on a number of NES educational programmes and received a helpful report on Primary Care complaints. Douglas Hutchens also highlighted Karen Wilson's Lead Officer's Report which provides updates on educational governance work that is taking place across the organisation and provides the Committee with significant assurance.

Digital & Information Committee held 13 December 2021

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

a. The Committee is now working under fully established Terms of Reference and discussed the Scottish Government commissioning process that is used to commission digital work in NES. Christopher Wroath gave an update on the amalgamation of the NES Digital and the NES Digital Service teams into a single NES Technology Service. The Committee also received an update from Paula Baird who is leading on work to support improved digital capability across the NHSS workforce.

Audit & Risk Committee held 28 January 2021

11.3 Jean Ford had submitted apologies to this Board meeting so the Chair moved onto the next item on the agenda. This update will be scheduled for the March 2022 Board meeting instead.

Staff Governance Committee held 4 February 2021

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

a. The Committee received an update on the development of the Centre for Workforce Supply and welcomed the North-South collaboration taking place. The Committee also commended NES's recent iMatter results and agreed to remove the NES Lead Employer model as a Primary 1 risk as it is now fully established. This decision will be kept under review and re-assessed in due course.

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

11.5   Janice Sinclair presented the inaugural annual Corporate Governance Package to the Board for approval. As part of her introductory remarks, Janice Sinclair acknowledged the significant work of Della Thomas in the preparation of this paper and highlighted the planned development of the strategic financial plan which will align with NES's new strategy and connect with the Board and Committee assurance frameworks as appropriate.

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

a. The Board discussed the importance of the Standing Financial Instructions (SFIs) not impeding NES's ability to deliver, whilst also recognising that Board Standing Orders provide a clear framework for decision-making. Janice Sinclair advised that the SFIs had been reviewed at an early stage of the COVID-19 pandemic to ensure that NES could respond in an agile way.
b. The Chair highlighted that NES Standing Committees will complete self-assessments going forward and these findings could help identify any gaps in corporate governance documentation.

11.7   The Chair thanked Della Thomas and Janice Sinclair for their work and the Board approved the Corporate Governance Package.

12.   Items for Noting or Homologation

a.   NHS Scotland Academy Joint Strategic Programme Board Minutes   (NES/22/11)
8 July 2021 Meeting

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

b.   NES Standing Committee Minutes

i.   Education & Quality Committee 19 August 2021   (NES/22/12)

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

ii.   Digital & Information Committee 13 September 2021   (NES/22/13)

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

iii.   Audit & Risk Committee 7 October 2021   (NES/22/14)

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

iv.   Staff Governance Committee 4 November 2021   (NES/22/15)

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

13.   Any Other Business

13.1. The Chair highlighted that NES is moving to a hybrid working approach from 1 March 2022, in line with current Scottish Government COVID-19 guidance. Public Board meetings will be held in a hybrid format from March onward, however it is still expected that the majority of attendees will join via Microsoft Teams. Consideration will also be given as to whether Public Board meetings could be held via a hybrid format at the NES regional offices.

14.   Date and Time of Next Meeting

14.1   The next Public Board meeting will take place on 24 March 2022 at 10.15 a.m.

14.2   The Chair thanked everyone for their attendance and closed the meeting at 12.15pm.

NES
March 2022
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Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 10 February 2022					
6.2a	Rolling Board Action List	Explore processes in relation to how NES could allocate third sector grants for the delivery of education and training related business.	Karen Reid	24 March 2022	**Complete** This will be incorporated as one of the strategic financial principles in the paper scheduled to the 16 June 2022 Audit and Risk Committee. It has already been incorporated into the NES Board Standing Financial Instructions
7.6d	Chief Executive's Report	Confirm whether the solution supporting the data capture of patients presenting at Emergency Departments with suspected SARI (Severe and Acute Respiratory Infection) includes the monitoring of both adults and children.	Christopher Wroath	24 March 2022	**Complete** Email issued to Board for information on 15 March 2022.
8.1a	Development of the new NES Strategic Vision – Proposal	Updates to proposal as per Board discussion: - Replace 'academia' in section 2 (Background) with 'education sector' - strengthen Board's strategic role within section 3 (Governance).	Donald Cameron	24 March 2022	**Complete** Updated paper issued to Board for information on 14 March 2022.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		- Update Appendix 2 (Strategic Governance Structure) to incorporate the formal governance role of the Board more clearly			
8.1b		Circulate output of stakeholder mapping exercise to the Board via correspondence	John MacEachen	May 2022	**In Progress** It is proposed that a paper on Strategic Engagement, including the results of the stakeholder survey is scheduled for discussion at the 26 May 2022 Board.
10.2a 10.2b	Risk Register Report	Updates to Corporate Risk Register as per Board discussion: - Risk 18 - Strengthen references to resilience of senior NES staff - Include reference to cyber-security risks following on from discussion at 28 January Audit & Risk Committee - Risk 6 – strengthen references to NES's organisational agility and ability to respond quickly to new and existing demands.	Jim Boyle Jim Boyle / Christopher Wroath Jim Boyle	24 March 2022 24 March 2022 24 March 2022	**Complete** Risk Register updated and submitted under item 10b of the 24 March Board meeting agenda.

CHAIR'S REPORT

David Garbutt, Chair of NES Board

24 March 2022

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

February / March 2022

1. On behalf of NHS Chairs I met with Gillian Russell, Stephen Lea-Ross and Cat McMeeken at Scottish Government (SG) regarding Workforce and Leadership Development to ensure that the Chairs Group were kept informed about progress in these areas and had an opportunity to make their collective contribution.

2. Joined the CEO in welcoming Conference Of Postgraduate Medical Deans (COPMeD) attendees who were meeting in Scotland for the first time and provided a NES perspective to the group.

3. Attended a meeting of National Board Chairs where we discussed the potential for more collaborative working and informing other boards of the full role of each national board.

4. Attended three meetings, chaired by the Cabinet Secretary for Health and Social care, regarding system pressures.

5. Attended a meeting with Cat McMeeken about Talent Management and Succession Planning and was invited to join the working group on this item as part of the National Leadership Development Programme (NLDP) work.

6. Attended the Board Chairs Group meeting to which I had invited Stephen Lea-Ross and Cat McMeeken, who gave presentations on the new workforce strategy and the proposals for the National Leadership Development Programme and the systems leadership programme for aspiring executives.

7. Chaired the NHS Scotland Academy Joint Strategic Programme Board meeting together with Executive colleagues. The programme of work is gathering pace with NES emphasising its primacy in developing educational programmes.

8. Attended a meeting with other Chairs about the time commitment of Non-Executive Directors. A format for assessment was discussed and further work will be needed on this. Non-Executive remuneration proposals are currently with the Cabinet Secretary.

9. Presented a Remuneration Committee Roadshow to the Board of NHS Golden Jubilee and responded to questions from members.

10. Held a discussion with 'The Union', a company who have been asked to look at Branding for the new NLDP.

11. Held an induction meeting with Emma Watson, the incoming Medical Director, covering a range of issues and particularly outlining the Board role.

12. Attended a meeting of the NLDP Steering Group where the new programme and the Systems Leadership Project were discussed, together with the plans for working groups to develop the modular elements of this programme.

13. Presented a Remuneration Committee Roadshow to the Board of NHS Ayrshire and Arran and responded to questions from members.

14. Attended the NES/SG Sponsorship meeting with CEO and executive colleagues. These continue to be fruitful meetings.

15. Attended a meeting with SG Workforce colleagues on developing a new Talent Management and Succession Planning system.

16. Held an induction meeting with Gordon Paterson our new Director of Social Care, covering a range of issues and particularly outlining the Board role.

17. Held a discussion with David Miller SG Workforce Head of HR re National Performance Management Committee and National Evaluation Committee issues.

18. Attended a meeting with NES and Healthcare Improvement Scotland (HIS) colleagues regarding Active Governance, the Sharing Intelligence for Health and Care Group and Educational Governance. A forward plan was developed and, together with Colin I will meet with John Brown (Chair of NHS Greater Glasgow and Clyde) and SG colleagues to progress this matter.

19. Attended a discussion with the lead consultant on the branding exercise for the NLDP. Explained the current leadership landscape and asked that we remain actively involved in this.

20. Within the next week will meet with the Chair of HIS to discuss the work of the National Board Chair's Group.

21. Will meet with John Brown to discuss Educational Governance.

22. Will attend the National Board Chair's Group.

23. Will attend a meeting about the Senior Systems Leadership programme.

24. Will attend a meeting of the CEO Leadership Development Group.

CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

1. INTRODUCTION

1.1. This Board marks Professor Stewart Irvine's final meeting as NES's Executive Director of Medicine before his retiral on 31 March 2022. Stewart joined NES in 2004 as an Associate Postgraduate Dean with responsibility for the Surgical Specialties, together with Anaesthetics, Emergency Medicine and Obstetrics & Gynaecology, after previously holding roles as College Tutor, Regional College Advisor and Chair of the of the Deanery Specialty Training Committee in Obstetrics and Gynaecology for South East Scotland alongside his clinical responsibilities.

1.2. Stewart was appointed Deputy Director of Medicine in 2008 and then in 2012 was appointed as Medical Director, the most senior position in postgraduate medical education and training in Scotland and the Responsible Officer of the c6,000 Scottish trainees completing training programmes accountable to the General Medical Council. In recent years, he has also acted as Deputy Chief Executive and from December 2019 to January 2021, acted as Chief Executive during one of the most challenging periods for postgraduate education and training since NES was established, steering the organisation through the COVID-19 pandemic.

1.3. Stewart's contribution to postgraduate medical education and training in Scotland cannot be underestimated. He is a highly respected medical leader at both national and international level. Throughout his career at NES Stewart has also engaged and interacted with every professional group and workstream within the organisation. His visible, calm and supportive leadership during the early part of the COVID-19 pandemic ensured that NES played an integral part in the national response and provided reassurance to NES staff during a very challenging period. I would like to thank him for his extremely significant contribution to NES and the wider NHS in Scotland and wish him a fulfilling and memorable retirement.

1.4. I am very pleased to welcome Gordon Paterson to his first Board meeting.as our first ever Director of Social Care. Gordon joined NES on 07 March 2022 and has already started meeting with our stakeholders and Scottish Government to discuss social care education, training and workforce development. Further updates on the work and establishment of the Social Directorate will be provided via future Chief Executive Reports.

1.5. The agenda for our March Board meeting includes a number of strategic items, two of which focus on the ongoing development and work of the NHS Scotland Academy (NHSSA), which as Board Members are already aware, is a partnership between NES and NHS Golden Jubilee (NHS GJ). Kevin Kelman, Director of the NHSSA, will present a strategic progress update and our Board Chair will provide an update on the business considered at the most recent meeting of the NHSSA Joint Strategic Programme Board which is co-chaired by the NES/NHS GJ Board Chairs.

1.6. The Board will also receive a number of performance and governance items for review and approval, including the Month 11 Finance Report and the 2022-23 Draft Board Schedule of Business.

2.   ANNOUNCEMENTS

2.1 **NES Deputy Chief Executive Officers**
I am delighted to announce the appointment of two Deputy Chief Executive Officers (DCEOs) within NES from 1 April 2022. Karen Wilson, Director of NMAHP will have DCEO responsibility in relation to clinical matters. Tracey Ashworth-Davies, Director of Workforce will have DCEO responsibility in relation to corporate matters. As the range of NES's activities continues to increase in size and complexity and with the development of our new strategy, I am very pleased to have Karen and Tracey's support in leading NES to deliver our ambitions for education, training and workforce development across all of health and social care.

2.2 **Executive Recruitment Update**
The Director of Planning and Performance recruitment advert closed on 14 March 2022. It is hoped that interviews will take place by the beginning of April 2022.

2.3 **Holyrood Connect Digital Leader of the Year**
I am delighted to announce that David McColl, NES's Chief Technology Officer, was crowned digital leader of the year at Holyrood Connect's fifth annual Digital Health and Care Awards. The awards celebrate digital innovation across health and social care and David's award reflects the key leadership role he has played in developing NES's technology teams to create an environment and culture that has enabled successful large-scale digital transformation projects that have had significant impact within health and social care.

2.4 **Scottish Human Rights Commission SNAP (Scottish National Action Plan)**
Gordon Paterson, Director of Social Care, has been appointed to the Scottish Human Rights Commission (SHRC) Scottish National Action Plan (SNAP) Leadership Panel, on behalf of NES.

2.5 The Scottish Government and SHRC are currently developing the second iteration of Scotland's National Action Plan for human rights and the Leadership Panel will work together to finalise, launch, and oversee SNAP. The Leadership Panel, which will comprise thirteen members with lived experience, six representatives from third sector or community organisations and six from public bodies.

2.6 Gordon's appointment will enable NES's work to be actively promoted at the Leadership Panel and will further ensure that equalities and human rights issues are embedded in all we do.'

3.   STRATEGIC UPDATES

3.1. The Omicron COVID-19 variant continues to place significant pressure on health and social care services and the NHS and social care workforce. NHS Scotland continues to operate on an emergency footing and Board Chairs and Chief Executives continue to meet regularly to discuss and co-ordinate the NHS COVID-19 response.

3.2. **National Workforce Strategy for Health and Social Care**
Scottish Government (SG) and the Convention of Scottish Local Authorities (COSLA) published the [National Workforce Strategy for Health and Social Care](#) on 11 March 2022. The strategy sets out a vision for the health and social care workforce and the work of NES is mentioned throughout the document, particularly in relation to the SG Recovery Plan and workforce planning and development.

3.3 I would also like to acknowledge the work of Derek Lawrie and other colleagues within the NES Corporate Communications team as they led the graphic design of the strategy document and we have received positive feedback from Scottish Government and other stakeholders.

3.3. **A National Care Service (NCS) for Scotland consultation**
An [analysis](#) of the National Care Service consultation responses was published on the Scottish Government website on 10 February 2022.

3.4. **Sponsorship**
On 11 March 2022, the Scottish Government (SG) formally signed off NES's Sponsorship Framework. The revised Framework forms a key part of the governance and accountability arrangements and should be reviewed and updated as appropriate, and in partnership with the SG sponsorship team, at least every two years. The Framework will be published on both the Scottish Parliament Information Centre and NES websites.

3.6 A Commissioning Guide has been developed to provide a consistent approach to support the commissioning process across SG and NES. The team will also seek examples of good practice across other Sponsor teams within SG.

3.7 The sponsor team has also been liaising with the NES Chair and Chief Executive's office to finalise arrangements for the 2020-21 Annual Review, to take place on 28 March.

3.8 **Strategic Communications – NES Stakeholder Survey**
NES's external stakeholder survey was launched on 2 March 2022 and, as of 11 March, has now returned 403 completed questionnaires for the online survey. In addition, as of 11 March, we have had 42 individuals who have stated that they would be willing to take part in a follow-up interview. We envisage the final number will increase as the survey closes on 31 March.

3.9 **NHS Scotland Academy**
As part of the National Endoscopy Training Programme, the assistant practitioner Scottish Vocational Qualification (SVQ) will be presented to the NES Educational Governance Panel on 7 March 2022.

3.10 Cohorts 1 and 2 on the National Treatment Centres' Foundations in Perioperative Practice Programme continue their learning through March. Cohort 3 will commence in July 2022. To date, participants from the following Boards: NHS Ayrshire & Arran; NHS Forth Valley, NHS Golden Jubilee and NHS Highland have participated in the programme.

3.11 The National Treatment Centres' Anaesthetic Assistant Programme development remains on track to commence in June 2022.

3.12 The Senior Educator for the Nursing and Midwifery Council (NMC) Objective Structured Clinical Examination (OSCE) Preparation workstream has visited OSCE Prep Centres and Train the Trainer Events at the University of Ulster, Oxford Brookes University and Yeovil. Development and stakeholder engagement is on-going.

3.13 Exploratory stakeholder meetings have commenced for the Ultrasound and Decontamination workstreams and further updates from these meetings will follow in future Chief Executive's Reports.

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

3.15 Work continues to support widening access routes for military service leavers and veterans. The NES Principal Lead for Project Lift has been instrumental in supporting the work to date and advised that the broader proposal has been taken to the NHS Scotland Human Resources Director's network and was fully supported and approved by this group. The NHS Scotland Academy is going to coordinate three pilot huddles for this workstream: NHS Highlands and Islands; NHS Golden Jubilee and the Scottish Ambulance Service.

3.16 The National Clinical Skills for Pharmacists Programme continues to progress well. Dates are confirmed from March until June 2022, with further dates for the remainder of the year being sought. We continue to work closely with the University of Dundee to successfully deliver this programme.

3.17 Learners continue to access the Preparation for Working in Health and Social Care digital learning programme on TURAS.

3.18 Plans are continuing to create an NHS Scotland Academy Skills and Simulation Centre within NHS Golden Jubilee and an NHSS Scotland Academy faculty development programme is being planned in partnership with the Scottish Centre for Simulation and Clinical Human Factors.

4. DIRECTORATE UPDATES

4.1 Dental (including Healthcare Science and Optometry)

a. **GDC Quality Assurance of Specialty Education and Training**
Since 2019 the General Dental Council (GDC) has been quality assuring specialty training against the Standards for Specialty Education. The GDC holds statutory responsibly for setting the standards for Dental Specialty Training and for the quality assurance of such training.

b. Training standards are set out in the GDC publication *Standards for Specialty Education* and apply to all UK specialty training programmes leading to inclusion on one of the GDC's specialist lists. The GDC's quality assurance responsibility is the overarching activity under which both quality management and quality control sit.

c. NHS Education for Scotland is the first deanery in the UK to have achieved 'Met' status for all 20 requirements relating to the delivery of Specialty Training as defined by the Standards for Specialty Education.

d. **Healthcare Science**
Since the last Chief Executive's Report we have initiated the recruitment of 20 clinical scientist trainees by partner Boards for intake 2022. We have bid internally for additional NES resource to help address the demand for 29 training posts. Scottish Government have mooted a review of healthcare science education and training that may have implications in future for the resource we have to support the trainee workforce.

e. We have also been in dialogue with Scottish Government's Chief Nursing Officer Directorate (CNOD) colleagues regarding confirmation of further training posts specifically for cardiac physiology trainees; a decision to proceed with these is imminent.

f. We ran our trainee/supervisor event online in February - a series of webinars over 3 days. This format is proving to be a popular and inclusive approach and is one we intend to sustain.

g. **Optometry**
The two new workstreams outlined in the previous Chief Executive's report - design and deliver education to support a new service that supports community low vision care and developing proposals for a Scotland specific trainee year for optometry are progressing at pace. We will shortly present an education recommendations and costings paper to Scottish Government supporting the upcoming low vision service. Within development of proposals for the Scottish optometry trainee year, stakeholder groups and implementation groups have been established. These groups will help steer proposals to Scottish Government.

4.2 NES Technology Service (NTS)

a. **Enabling Technology Roadmap (ETB) Engagement**
At the Enabling Technology Roadmap Group on 3 March 2022, NTS colleagues presented initial areas of focus and the following areas were agreed:

- Leverage the ECS (Emergency Care Summary), KIS (Key Information Summary) and IPS (International Patient Summary) data sets and models to deliver national scale, performant, real-time, standards-based data storage, retrieval and integration capability around:
  - Immunisations (life-long record)
  - Medications
  - Allergies and Intolerances
  - Problems and Diagnosis
  - Unstructured data e.g., imagery, DICOM (Digital Imaging and Communications in Medicine)

- Provide the technology capability to securely and appropriately access this data whether you be a clinician, care giver, member of the public, developer or data analyst
- Enable the appropriate interoperability and storage of this data using the FHIR (Fast Healthcare Interoperability Resource) and OpenEHR standards

b. Work is underway collaborating with SG around the delivery plan for the initial areas of focus.

c. **Vaccination Management Tool (VMT) and National Clinical Data Store (NCDS)**
Work has been undertaken by the teams to enable the recording of pneumococcal, shingles and pertussis vaccinations. This work was due to be delivered and go live on 4 April 2022, however NES Technology Service are currently facilitating a request from NHS Scotland Boards to go live with pneumococcal vaccinations earlier than planned. Part of this programme of work involves loading historic vaccination events from GP IT systems into the NCDS, paving the way for further data integration between GP IT systems and the National Digital Platform**.**

i. NES Technology Service have been collating all directorate requests from the 22/23 operational planning to identify areas of common needs and potential risks to delivery i.e. where there is a requirement with the same set delivery date. A workshop is to be arranged with directorate representatives to review the product portfolio to identify what is required to support Education & Training for the Organisation (rather than directorate specific) now and in future.

4.3 Medicine

a. **Recruitment**
Round 1 medical recruitment (for core and run through training) is progressing well and will conclude on 13 April 2022. Round 2 (for higher specialty training) medical recruitment is also progressing well and will close on 5 May. All interviews have been conducted virtually which, once again, is proving to be effective and efficient with good engagement from consultants to sit on the

interview panels. It is hoped that the earlier closing dates for these recruitment rounds will enable us to provide trainee information to the Boards with additional notice to give them additional time to produce rotas for trainees in line with the Code of Practice.

b. Foundation recruitment is also well underway, with the primary allocation results being issued on 10 March. This programme remains oversubscribed, and we continue to anticipate that additional posts will be required in subsequent allocations. This position is being kept under regular review by the four statutory education bodies and the respective administrations.

c. **International Classification of Diseases (ICD-11) Learning Materials**
A request from Scottish Government to produce some national learning materials to raise awareness of ICD-11 codes is being taken forward. There is an agreement to produce an animation to provide additional information for users of mental health services around the changes to the classification codes followed by electronic resources to update all mental health professionals including psychiatrists, Community Psychiatric Nurses, psychologists, Allied Health Professionals, social work Mental Health Officers, and interested GPs. Current discussions are focussing on the exact requirements of e-learning materials and the need to engage and employ a range of suitable personnel to provide subject matter expertise.

4.4   Nursing Midwifery & Allied Health Professions (NMAHP)

a. **Medical Associate Professions (MAPs) Commission**
The NHS Recovery Plan was published on 25 August 2021, within which a key delivery requirement is having the right workforce in place at the right time. Based on this requirement, the Scottish Government Health Directorate Workforce Capacity-building and Recruitment Strategy Unit has appointed NES to undertake a commission to scope current and future demand and opportunities arising for Medical Associate Professions (MAP) roles across Scotland. Workstream activity will be co-chaired by Karen Wilson, Executive Director of NMAHP and Professor Rowan Parks, Deputy Director of Medicine.

b. Work on this programme commenced in February 2022 and we are in the process of establishing at pace. Introductory communications have been issued and plans are in place for stakeholder engagement in early April 2022. Updates on progress are provided via the dedicated Turas page. The findings of this first phase of the workstream will be documented and reported to the commissioning team at Scottish Government. This will inform and contribute to ongoing workforce and service consideration.

c. The MAPs Programme Team comprises of:

- Fiona Fraser, Head of Programme, Acute, NMAHP
- Susan Donaldson, Principal Educator, NMAHP
- June Livey, Administrative Officer, NMAHP

d. **Transgender Care Knowledge and Skills Framework**
The National Gender Identity Healthcare Reference Group has been established to drive improvement in the provision of gender identity healthcare in NHS Scotland. It will aim to achieve this through overseeing implementation of actions in the NHS gender identity services: strategic action framework 2022 – 2024. The inaugural meeting was held on 3 March 2022 and chaired by Dr Nicola Steadman, Deputy Chief Medical Officer. Jane Harris, NMAHP Head of Programme represents NES on the group and in collaboration with other NES directorates will lead the education elements identified within the strategic framework. NES will be commissioned to take forward two actions from the strategic framework;

- complete the development of a Transgender Care Knowledge and Skills Framework
- explore opportunities for staff training and improved resources to support best care of trans people accessing services in the NHS.

e. A meeting has been arranged with the team at Scottish Government to discuss the commission and a more detailed update will be reported to the Board as the work progresses.

f. **AHP Education & Workforce Review Summary Report**
In the 2021 Programme for Government, a commitment was given for a review of AHP Education during 2022. The aim of the review was to consider whether the policy for AHP education provision is congruent with current and future needs of AHP students and the future health needs of the people of Scotland.

g. However, it was subsequently recognised that without an evidence-based understanding of workforce requirements it would be difficult to ensure the right focus, scale and cost of any recommendations and potential implementation. Workforce was therefore added to the remit of the review.

h. A National Strategic Oversight Group has been formed to provide advice, expertise and support to the Chief Allied Health Professions Officer and the Scottish Government AHP Education team and Health Workforce team. The workstreams include the areas set out within the table on the following page.

Workforce and Recruitment	Advancing Practice	Practice Learning	Research, Innovation and Relationships	Education	Funding
Data	Strategic approach to advancing practice job plans	Practice Learning: demand	Joint working between Boards and HEIs	Routes to Registration Bands 2-5	SFC funding and price groups
Workforce planning	Transforming Roles and AHP max	Practice Learning organisation, distribution and allocation	Research, strategy and clinical academic careers	Apprentice/ blended work based models	Funding for students – bursaries and loans
Recruitment across Scotland	Career progression/ framework and trainee roles	Practice Learning: partner relationships	HEI relationships/ joint working	Remote and digital learning routes	Post Graduate courses and Transforming Roles
Attraction, expansion and location of student numbers	Strategic direction for post graduation training	Alternative Placements	Academic recruitment	Increasing opportunity, diversity and equality	Simulation funding
Workload Measurement	In Board Education infrastructure	Practice Education support	Collaboration between Universities		Sustainability of courses

i. Actions taken forward by the Group will help to deliver a national workforce and education plan for AHPs that gives full consideration of all aspects of workforce measurement, planning and education needs for the future. The Group's involvement will ensure that the policy and the strategy surrounding it is collaborative, robust, proportionate, and can be implemented in a meaningful way in the correct settings. It will also ensure that the overarching principles underpinning the policy are consistent with the current operation of the integrated health and social care landscape, taking into consideration the future national care service as well.

j. David Wylie, Associate Director NMAHP, is on the oversight group, and has volunteered to lead the sub groups looking at Workforce and Recruitment and Advancing Practice. The work done by NMAHP AHPs in the workforce and transforming roles papers, together with ongoing work around Workforce Descriptors for AHPs, will provide a solid basis for NES to contribute fully and influentially into this workstream.

4.6 Psychology

a. **National Recruitment Process**
    For the first time, NES are coordinating a **National Recruitment Process** for a range of posts within the Psychology workforce. NHS Boards in Scotland regularly recruit from the same pool of candidates for Psychology Services and it was agreed that having a way to manage the process across Scotland would benefit both employers and candidates in terms of consistency, fairness and transparency. It will also increase efficiency as it will cut duplication of advertising, shortlisting and interview processes, releasing staff time back for clinical work.

b. Over 135 posts went live for applications on 18th February. Advertised posts vary from **Assistant Psychologists**, **Clinical Associates in Applied Psychology**, through to **Clinical Psychologists** and consultant grades, with permanent and fixed term contracts, full and part time roles. For further information, please visit https://www.careers.nhs.scot/psychology-jobs

c. **Update on Enhanced Psychological Practice (EPP) programme**
Following the successful induction of the first cohort of EPP candidates to the Adult programme in August 2021, recruitment is now underway for a new cohort of trainees to commence in April 2022, and now offering a new programme pathway specialising in **Children and Young People** (CYP). With the support of local NHS boards, NES Psychology are facilitating a single, national recruitment process in order to appoint to 34 Assistant Psychologist posts across Scotland who will participate in the EPP programmes as part of their role. A panel of NES programme staff and local NHS Board representatives will be interviewing for these posts week commencing 7th March with the programmes due to begin end of April 2022.

d. **The Enhanced Psychological Practice** (EPP) programme provides comprehensive training in evidence-based interventions for staff working with adults or children, young people and their families who are presenting with common mental health problems, such as depression and anxiety. NES received approval on the 25th August 2021 to provide the **Customised Award, Enhanced Psychological Practice for Adults**. This award has been credit rated by SQA at Level 11 on the **Scottish Credit and Qualifications Framework** (SCQF) with 60 credit points. Progress is now underway to be awarded the same SQA credit rating for our CYP programme.

e. We are grateful to the EPP supervisors and other local NHS board staff who attended a preparation meeting for the upcoming cohort of the Adult programme on 3rd March 2022. A similar session will take place on 30th March 2022 to induct supervisors into the new CYP programme pathway.

4.7   Workforce

a. **Hybrid Working**
NES moved formally into 'Hybrid Working' on 1 March 2022 following the decision taken by the Executive Team in 2021. Line managers are responsible for ensuring working arrangements that are in the best interests of the organisation and their teams whilst taking into account the preferences of individuals. Arrangements will be reviewed at the 12 months point with a staff survey planned for June 2022 to get early feedback. A webinar with Q&As is planned for March 2022.

b. A survey specifically seeking the feedback of NES Staff Network members on pandemic and hybrid working has been issued. These findings will be used to further inform measures to support those with protected characteristics and caring responsibilities.

c.   **Lead employer**
     Trainers in General Dental Practice have been consulted on the proposed lead employer arrangements for Vocational Dental Practitioners which are subject to the required regulatory change. The feedback is being reviewed and will inform a communication plan going forward.

d.   **Recruitment**
     A national campaign for Psychology roles is now live, with coordination and collaboration being provided by NES Psychology and Workforce Teams to NHS Scotland Boards. The NHS Centre for Workforce Supply continues to build networks and develop Once for Scotland approaches to international recruitment, with a focus on working with Boards to share best practice, identification and removal of barriers e.g. access to OSCE test centres, and sharing learning, particularly with the newly appointed International Recruitment Leads across Boards. The Centre is also supporting Boards in providing updates to Scottish Government on progress against the recruitment by Boards of 200 international nurses by March 2022.

e.   **Building Digital Skills and Leadership**
     The Digitally Enabled Workforce (DEW) team, established in mid 2021, is working collaboratively with organisations across the health and care sector to deliver a two-year programme of projects focussed on enabling digital capability within the health and care sector. The programme is on track and delivering strongly across all workstreams. Early achievements include, amongst others, doubling the number of cohort participants on the Digital Leaders Programme, extending disciplines, and offering places to teams as well as individuals; almost tripling the number of Professional Development Awards that can be offered in Technology Enabled Care; developing increased capacity to offer Digital Learning Design programmes and supporting use of 'Near Me', 'Connect Me', and M365 by the NHSS workforce. The group is currently considering emerging priorities from the refreshed Scottish Government Digital Health & Care Strategy (2021) and leading input on workforce capability into the Delivery Plan.

f.   NES is engaging in discussion with Scottish Government regarding long term financing options given the risks relating to fixed term contract resource.

g.   **National Leadership Development Programme (NLDP)**
     The National Leadership Development Programme, for which NES is the strategic delivery partner, is intended to launch in late August 2022. Governance arrangements have been established by Scottish Government and NES and the core workstreams that NES will deliver have been identified. Work is progressing on identifying the key deliverables at one, three and five-year milestones.

h.   **Steps into Health (Military)**
     A proposal to improve connections and employment routes for military leavers and veterans was shared with NHSS HRDs in February, receiving strong support. Work is underway to shape this further and to consider a fellowship scheme for leaders so that attraction of military leavers and veterans at all levels can be actively encouraged. The opportunity has been positively received by military networks. further updates will be provided as work moves forward.

i. **Careers & Employability**
Graduate Career Advantage Scotland (GCAS) is a new initiative which supports recent, eligible graduates living in Scotland to find rewarding employment. As part of Young Person's Guarantee (YPG), it aims to bridge the gap between employers and graduates. GCAS allows employers to recruit graduates, who are unemployed or not on the career path they'd prefer after graduating. Individuals undertake a supportive 6-month internship that provides an impactful opportunity for graduates and bring skills and new talent into the organisation. NES is co-ordinating a national approach to participation, by supporting interested Boards with job profiles and liaising with GCAS. We will also coordinate a programme of personal development sessions for the GCAS cohort to enable and support progression and will lead on the monitoring & evaluation of the programme to ensure learning is captured and discussed to inform future initiatives.

j. NES is contributing to the curriculum development of the School Apprenticeship Pathway (Health) a new qualification that will enable young people in the Senior Phase (S4-6) of secondary education to learn about Health & Care careers, testing their values and attributes against those of the sector when seeking their first employment or deciding on further studies.

k. A virtual learning week for the Support Workforce across health and care in Scotland was held at the beginning of March. The programme for the event took into account findings from the Learning Needs Analysis of the 'Business & Administration' and 'Estates & Facilities' workforces (2021) together with work done on the needs of the clinical Health Care Support workforce. 560 participants registered.

l. **Equality, Diversity and Inclusion**
NES has recently appointed Anne Currie, Non-Executive Director, as Board Equality Champion. It has also secured a place on the SNAP Leadership Panel (Scottish National Action Plan on Human Rights) for the recently appointed NES Director of Social Care.

CALENDAR from 3 February – 17 March 2022

This section of the report provides an overview of the meetings I have attended since 3 February 2022. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

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

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

NHS Board Chief Executives (BCEs) Weekly System Pressures meeting with the Cabinet Secretary for Health and Social Care
As of March 2022, these weekly meetings have now been stood down.

NHS BCEs Operational Response Group (Bronze)
As of March 2022, BCEs meet weekly to discuss operational matters that may require further escalation within Scottish Government.

NHS BCEs + Scottish Government
NHS Board CEs meet monthly for Private, Strategy and Business meetings. All Accountable Officers also meet monthly with Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland).

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

Meetings between 3 February – 17 March 2022

NES meetings
Since the last Board meeting I have been continuing to meet with a range of NES staff and have welcomed visits to the NES offices in Dundee and Edinburgh where I have had the opportunity to meet staff in-person. I have met with colleagues to discuss the programme for the 2022 NES Staff Conference and also recorded a video for NMAHP colleagues in support of the Support Worker Virtual Learning Week which was held from 28 February – 4 March 2022.

NHS Scotland
I have met with a wide range of colleagues across NHS Scotland since the last Board meeting including the Chief Executives and other senior colleagues at NHS Golden Jubilee, Public Health Scotland and Healthcare Improvement Scotland (HIS).

Colin Brown (Head of Strategic Development, CE Office) and I met with Tom Steele, Chair of the Scottish Ambulance Service to discuss innovation across health and social care. The Board Chair, myself and other senior colleagues met with our equivalents at HIS to discuss the recently published Sharing Intelligence for Health & Care Group framework. I have also met with Catherine Calderwood, National Clinical Director of the Centre For Sustainable Delivery (CfSD) and attended a meeting of the CfSD Strategy Board.

In February the Board Chair and I gave presentations on NES and our future vision to the Conference Of Postgraduate Medical Deans (COPMeD) as part of their visit to Scotland.

External Stakeholders
I continue to meet with a wide range of key stakeholders across the health and social care sector. Since the last Board meeting I have met with Chief Executives and senior representatives from the Mental Welfare Commission, Scottish Social Services Council, Digital Health & Care Innovation Centre (DHI), British Medical Association, Convention of Scottish Local Authorities (COSLA), General Medical Council, Central Legal Office, General Optical Council, Scottish Funding Council and the Royal College of Surgeons, Edinburgh (RCSEd)

On 10 March myself and Gordon Paterson gave a presentation to the Coalition of Care and Support Providers in Scotland (CCPS) and talked about the NES's future plans for supporting the social care workforce.

Scottish Government
I have met with a number of SG colleagues since the last Board meeting including Paul Johnston (Director-General Communities), Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing), Hugh McAloon (Deputy Director, Adult Mental Health), Gillian Russell (Director of Health Workforce) and Donna Bell (Director of Mental Health and Social Care). Gordon Paterson and I met with colleagues from the Office of the Chief Social Work Adviser including Iona Colvin (Chief Social Work Adviser) and Joanna MacDonald (Deputy Chief Social Work Adviser)

In terms of wider SG meetings, I have attended meetings of the National Leadership Development Programme (NLDP) Strategy Group, Scottish Leaders Forum (SLF), Place and Wellbeing Steering Group. The National Workforce Forum and an SG Innovation summit. I have also attended a number of meetings involving SG and other key stakeholders including a meeting to discuss the education and training of those working Community and Mental Health and a Scottish Mental Health Law Review looking at scrutiny and accountability in relation to a new human rights accountability framework.

Board Paper

1.   Title of Paper

Conclusion of "Governance Light": December 2021 – March 2022

2.   Author(s) of Paper

Della Thomas, Board Secretary: Principal Lead Corporate Governance

3.   Situation/Purpose of paper

The Board is invited to formally approve the conclusion of the COVID-19 "Governance Light" period which commenced on 20 December 2021.

4.   Background

4.1   The NES Board agreed to adopt "Governance Light" from 20 December 2021. This was in the context of the winter pressures and the new Omicron variant emergency meetings; the letter dated 10 December 2021 from John Burns and the letter dated 11 December 2021 from John Swinney (advising that the NHS will be on emergency footing for the next 3 months).

4.2   The approach taken to this period of NES "Governance Light" is detailed in Appendix I.

4.3   As restrictions have become a bit more relaxed from 1 February 2022 and NES has formally adopted a hybrid approach to working between the office and home locations from 1 March 2022, the NES "Governance Light" period has been drawing to a conclusion.

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

5.1   The adoption of NES "Governance Light" aimed to reduce the routine demands on the Executive Team, the Extended Executive Team, and their supporting staff, to enable them to respond at pace to new emergency requirements and so help mitigate the risk of the organisation not being able to meet any emergency requests from the Scottish Governance in relation to the new wave of the pandemic.

5.2   During this period all formal Board and Committee meetings (including a 30-minute meeting of the Remuneration Committee on 16 February 2022) went ahead as scheduled and the agendas and papers were prioritised by the Chair, the Executive Lead and the Board Secretary.

5.3   The 24 February 2022 Board Development informal session was cancelled. The Remuneration Roadshow informal workshop, scheduled for 16 February 2022, was postponed and has been re-scheduled to 1 June 2022.

5.4   The outstanding business items from the 9 December 2021 Education and Quality Committee (EQC), were progressed by correspondence, as opposed to an additional meeting of the Committee. Noting that the December meeting of this Committee has a full agenda of items that are not able to be re-sequenced, the EQC have approved a 30-minute extension of this meeting for December 2022.

5.5   The NES Annual Review, scheduled for 22 December 2021, has been re-scheduled at the request of Scottish Government, for 28 March 2022.

5.6   The NHS Scotland Academy Joint Strategic Programme Board went ahead as scheduled on 15 February 2022.   The approach to "Governance Light" for this meeting was agreed with NHS Golden Jubilee (NHSGJ).

5.7   Based on learning from the last NES COVID-19 "Governance Light" approach, Board strategic development and work on the Annual Accounts and Annual Report continued to be progressed as follows:

- Work on the Strategic Key Performance Indicators (SKPIs) and the EET 31 January 2022 KPI workshop went ahead as scheduled.
- The work of the Risk Management Group continued and an approach for the development of strategic risk and the development of the Board Assurance Framework has been progressed.
- Stakeholder Communication work and the stakeholder survey has continued to be progressed.
- 2021/22 Annual Accounts and Annual Report work have continued to the pre-COVID-19 timeline.
- Developmental work on SKPIs and risk for the NHS Scotland Academy continued.

5.8   Board governance improvement activities requiring time from executive leads and other senior staff working on COVID-19 priorities, were placed on hold as follows:

- Further adoption of the DL (2021) 31 Model Meeting Paper Template and Guidance was postponed. NES has already implemented the "Situation/Background/Assessment/Recommendations" (SBAR) approach as per the Model Standard.   Further work on refining the report template will progress during spring 2022.
- The implementation of the Committee Self-Assessment process (for Committees other than the ARC) was postponed, as this required an additional report and process involving the executive leads. Work to produce all Committee 2021/22 Annual Reports has continued.   The implementation of the Committee Self-Assessment reports will progress for the 2022/23 period of business and has been scheduled for all Committees accordingly.

- Corporate governance improvement work on the development of a NES standard template and guidance for Memorandum of Understanding (MoU) has been postponed. Existing documents and current headings are being used. A review will be timetabled and prioritised alongside the other corporate governance work

5.9 At the time NES "Governance Light" was adopted, there was a perceived high likelihood that executives may be required to make significant decisions and at pace. However, decision making was able to be conducted within the existing structures and therefore it was not necessary to progress into a phase of "Gold Command". The frequency of Executive Team (ET) and Extended Executive Team (EET) meetings did not require to be increased.

5.10 During the COVID-19 "Governance Light" period the EET held business meetings on a two-weekly basis. From January 2022, a new format to EET meetings was introduced with a monthly business meeting and the agenda and papers were streamlined. The EET also held monthly "COVID updates/hot topics/strategic discussion" meetings. Informal ET meetings continued weekly.

5.11 A record of EET strategic COVID-19 decisions and/or actions is included as Appendix II of this paper.

5.12 During the "Governance Light" period regular meetings took place between the Chief Executive and the Board Chair and the fortnightly meetings with the Board Chair, Committee Chairs and non-executive directors continued.

5.13 During this unprecedented and prolonged pandemic, the importance of the Health and Wellbeing of staff, including those working at senior and Executive level was prioritised. In particular staff were encouraged to take their annual leave and have a break over the Christmas and New Year period. NES also ran an all-staff health and wellbeing webinar using a panel approach to highlight the importance of maintaining their own wellbeing, as well as answering questions on what NES can do to support staff. The national wellbeing hub was promoted, regular Partnership Forum meetings were held and significant staff engagement was undertaken.

6 Recommendations

The Board is invited to formally approve the conclusion of the December 2021 – March 2022 COVID-19 "Governance Light" period.

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
March 2022

NHS Education for Scotland

COVID-19 Pandemic "Governance Light" Process

Further to the winter pressures and the new Omicron variant emergency meetings; the letter dated 10 December 2021 from John Burns and the letter dated 11 December 2021 from John Swinney (advising that the NHS will be on emergency footing for the next 3 months), the NES Board Chair and CEO have advised that the NES Board should move to adopt "Governance Light". This is to reduce the routine demands on the Executive Team, the Extended Executive Team, and their supporting staff, to enable them to respond at pace to new emergency requirements. It should be noted that there has been no requirement for us to move to the "Gold Command" phase at this stage.

NES Board and Committees - effective from 20 December 2021 – 31 March 2022.

During the "Governance Light" period, the formal Board will continue to meet as scheduled, however the planned Board and Committee Development sessions will be cancelled or rescheduled. 16 February 2022 Remuneration Committee Roadshow will be re-scheduled into the spring. The 24 February 2022 Board Development Session will be cancelled, and the Board Model Code of Conduct item dealt with by correspondence if appropriate.

The Standing Committees of "Audit and Risk" (27/01/22), "Staff Governance" (03/02/22), "Digital and Information" (28/02/22) and "Education and Quality" (03/03/22) will continue to meet as scheduled, subject to the changes in approach to business set out below in paragraph 3.   It will be determined if the meeting of the Remuneration Committee (16/02/22) is required or if the business can be dealt with by correspondence.

In order to apply "Governance Light" to these meetings, the following approaches will be progressed:

- Rigorously reviewing agendas and papers by Chairs and executive leads, supported by Board Services, in advance of meetings.
- Prioritising agenda items, carefully considering the need for items considering strategic context and taking only essential items of business. Non-essential items will be deferred to another date, progressed by correspondence, or deleted from the schedule.
- Requiring only short papers, or short presentations, (as SBARs, if appropriate) and confining supplementary material to hyperlinks.
- Taking short verbal updates instead of papers.
- Tightening up on items for "noting" so that these items do not stray inappropriately into items for discussion.

- Using timed agendas to support the prioritisation of business.
- Applying above, aiming for a shorter meeting duration, by prioritising business items.
- Reducing Committee and Board minutes in length during this period, recording just key decisions and significant actions.

The business items for noting from the 9 December 2021 EQC meeting, (that were proposed to be taken during an additional meeting), will be dealt with by correspondence.

The NES Annual Review, scheduled for 22 December 2021, has been postponed until the spring 2022.

The NHS Scotland Academy Joint Strategic Programme Board (15/02/22) will go ahead as planned. The approach to "Governance Light" for this meeting will require to be agreed with the NHSGJ.

Based on learning from the last NES COVID-19 Governance Light approach, Board strategic development and work on the Annual Accounts will continue to be progressed as follows:

- Work on the strategic KPIs (the EET 31 January 2022 KPI workshop will go ahead as planned)
- Work on risk (the work of the Risk Management Group and the EET risk management workshop proposed for February 2022 will continue)
- Stakeholder Comms work will continue to be progressed
- Annual Accounts to continue to pre-COVID-19 timeline

Work on strategic KPIs and risk for the NHS Scotland Academy will continue at present **(if agreed with NHSGJ)**

Board governance improvement activities requiring time from executive leads and other senior staff working on COVID-19 priorities, will be placed on hold as follows:

- Any further adoption of the DL (2021) 31 Model Meeting Paper Template and Guidance will be postponed. It should be noted that NES have already implemented the SBAR approach as per the Model Standard.
- The implementation of the Committee Self-Assessment process (for Committees other than the ARC) will be postponed, as this will require an additional report and process involving the executive leads. All Committee Annual Reports will however continue.
- Corporate governance improvement work on developing a NES standard template and guidance for Memorandum of Understanding (MoU) will be postponed and any existing documents will continue to be used.

Executive Team and Extended Executive Team Meetings effective from 20 December 2021 – 31 March 2022

Projections at this time (16/12/21) are that executives may be required to make significant decisions and at pace.   The below meeting sequencing will be followed and kept under review during the period.

- The frequency of formal Extended Executive Team (EET) Meetings will move to one business meeting per month and the agenda and papers will be streamlined.
- Informal hot topics/strategic items EET meetings will be scheduled for once a month and the COVID-19 Decision Action Log will be re-instated from the 22 December 2021 EET hot topics/strategic items meeting.
- Informal ET meetings will continue to take place weekly.

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

- A record of strategic COVID-19 decisions as part of the CEO Board report to Board meetings February 2022 and March 2022 as appropriate.
- Weekly CEO briefing of Board Chair on major decisions.
- Continuation of the fortnightly meetings with the Board Chair, Committee Chairs and non-executive directors.

Health and Welfare of Staff

During this unprecedented and prolonged pandemic, the importance of the Health and Wellbeing of staff, including those working at senior and Executive level will be prioritised and every effort made to find appropriate ways to offer support.

Della Thomas
Board Secretary
17/12/21

NES Extended Executive Team 2021/22 COVID-19 Actions and Decisions

This document records COVID-19-related actions and decisions taken by the NES Extended Executive Team (EET) between 22 December 2021 and 28 February 2022 during the NES "Governance Light" period.

1. Decisions/Actions relating to Governance & Accountability				
Date	**Area**	**Background & Decision/Action Taken**	**Owner**	**Conclusion/Further Notes**
17/12/21	NES Board	Further to the winter pressures and the new *Omicron* variant emergency meetings; the letter dated 10 December 2021 from John Burns and the letter dated 11 December 2021 from John Swinney (advising that the NHS will be on emergency footing for the next 3 months), the NES Board Chair and CEO have advised that the NES Board should move to adopt "Governance Light". This is to reduce the routine demands on the Executive Team, the Extended Executive Team, and their supporting staff, to enable them to respond at pace to new emergency requirements	Della Thomas	**Complete** Board "Governance Light" arrangements in place until 31 March 2022 and scheduled for review at NES Board meeting on 24 March 2022.

2. Decisions/Actions relating to NES Staff				
Date	**Area**	**Background & Decision/Action Taken**	**Owner**	**Conclusion/Further Notes**
26/01/22	Workforce	A First Minister announcement indicated a move away from homeworking on 1 February 2022. The work on Once for Scotland policies has been paused until April 2022 and terms and conditions need to be approved by STAC. There is a need to communicate to staff. Workforce and Comms have drafted the communication. The draft will be circulated to EET for review and comment before issue to all staff.	John MacEachen/ Tracey Ashworth-Davies	**Complete** Comms were approved by EET and circulated to all staff on 27th January 2022. This was followed up by Karen Reid focussing on this message during the weekly video sent to staff on 28 January 2022.

3. Decisions relating to Education and Training				
Date	Area	Background & Decision/Action Taken	Owner	Conclusion/Further Notes
22/12/21	Pausing face to face training	Comms to work up narrative around the cancellation of all non-essential face to face training for approval by Colin Brow, David Felix and Tracey Ashworth Davies. Comms to be reviewed in first week in January taking into account latest information/guidance.	John MacEachen	**Complete** The Communication was issued to all staff.
12/01/22	Educational Resources to support the Hospital at Home Approach (H@H)	The first Minister has taken a decision not to develop the Louisa Jordan approach to COVID and instead a Hospital at Home approach will be taken	Karen Wilson	**Closed** Discussions are being undertaken regarding the education needs of staff new to H@H. Discussion has taken place with Health Care Improvement Scotland regarding the knowledge and skills framework to support H@H teams. EET agreed action as closed on 23 Feb 2022 EET as the work is now being taken forward.
12/01/22	Be-friending Service	Resources to be developed to support volunteers for telephone be-friending for those with COVID-19.	Karen Wilson	**Closed** On 23 Feb 2022 EET agreed action as closed as resources are in development.

4. Decisions relating to new Digital/Technology				
Date	**Area**	**Background & Decision/Action Taken**	**Owner**	**Conclusion/Further Notes**
	N/A	N/A		

5. Decisions relating to new or existing COVID-19 organisational priorities				
Date	**Area**	**Background & Decision/Action Taken**	**Owner**	**Conclusion/Further Notes**
22/12/21	All Directorates – Vaccination Support	Raised at 24th November EET, there is a priority request from Scottish Government to support Vaccination Volunteering	Karen Wilson	**Closed** A number of NES staff offered to vaccinate, undertook training and were used in local vaccination centres. Two data collection exercises have been undertaken to check uptake by Boards. EET agreed action as closed on 23 Feb 2022.

NES
February 2022

Closed March 2022

Board Paper

1. **Title of Paper**

    Strategic Update - NHS Scotland Academy

2. **Author of Paper**

    Kevin Kelman, Director of NHS Scotland Academy.

3. **Situation/Purpose of paper**

    To provide the Board with a strategic update on the development of NHS Scotland Academy during the initial implementation phase.

4. **Background**

4.1 NHS Education for Scotland and NHS Golden Jubilee have formed NHS Scotland Academy, a national joint venture that will support the implementation of NHS Scotland's Recovery Plan. The official launch of NHS Scotland Academy by the Cabinet Secretary for Health and Social Care took place in October 2021. The initial focus of the venture has been supporting the immediate workforce priority needs of NHS Scotland, including the acceleration of the appointment of at least 1500 additional staff to National Treatment Centres.

4.2 NHS Scotland Academy will provide a critical role in ensuring there is a skilled and sustainable workforce for health and care services in Scotland, working collaboratively with partners, focusing on a once-for-Scotland ethos. NHS Scotland Academy will deliver accelerated training to meet the clinical and care needs of citizens across Scotland at a crucial time of recovery from the pandemic enabling people to live healthier lives.

5. **Assessment/Key Issues**

5.1 This section of the paper provides the Board with a strategic overview of the following features of NHS Scotland Academy:

    - Key objectives of NHS Scotland Academy
    - Governance of NHS Scotland Academy
    - Key milestones achieved in the initial phase of NHS Scotland Academy's establishment (2021-22)

5.2 Some of the key objectives of NHS Scotland Academy are to:
   - Work collaboratively with key partners to identify targeted priorities for developing additional capacity and new capabilities within NHS Scotland
    - Develop a collaborative model of delivery, ensuring key strengths from NHS Scotland Academy parent organisations are optimised

- Provide accelerated learning for specific specialisms identified as priority roles/need to deliver a workforce fit for the future using simulation and recognising the future potential of haptics for training
- Provide engaging and attractive training programmes linked to recruitment and career progression
- Work in partnership with NHS Boards, schools, colleges, universities and industry partners to provide learners with a positive, modern learning experience using a blended education model, combining state of the art physical facilities with technology enhanced learning
- Add to current education and training provision to ensure consistency and efficiency across the system, avoiding duplication
- Support excellence in teaching and education and increase the pace and scale of skills creation to enable sustainability, resilience and innovation in health and social care provision in Scotland
- Accelerate workforce development to support sustainable growth in health and social care through the delivery of suitably trained roles.

5.3 Governance of NHS Scotland Academy:
Governance and accountability arrangements have been agreed through a joint governance structure for the NHS Scotland Academy, through both parent Boards. All of the relevant Committees and Boards have an established rhythm of meetings in place, with representative senior colleagues from both parent Boards in attendance. The NHS Scotland Academy Joint Strategic Programme Board is co-chaired by the NES and NHS Golden Jubilee Board Chairs and meets quarterly. The NHS Scotland Academy Executive Programme Group is co-chaired by NES and NHS Golden Jubilee Chief Executives meets monthly.

The governance structure is shown below:
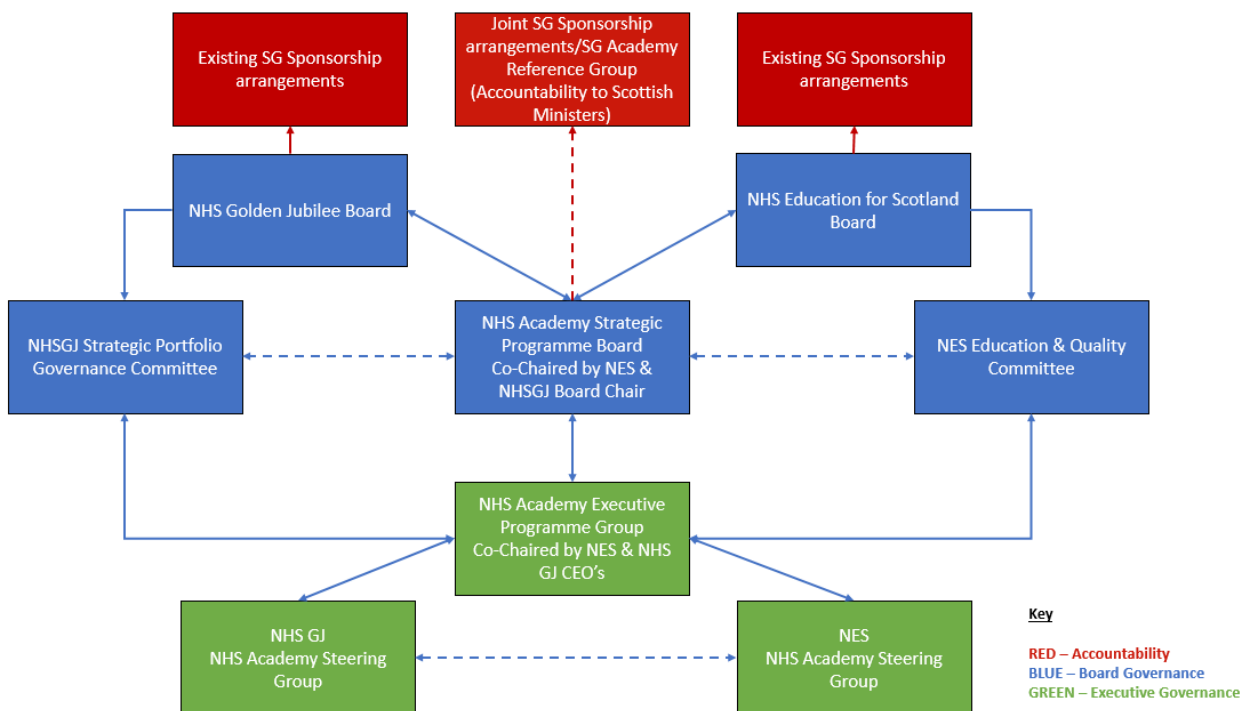
5.4 <u>Key milestones achieved in the initial phase of NHS Scotland Academy's establishment (2021-22):</u>

Establish governance of NHS Scotland Academy
- ✓ Governance agreed and functioning across both parent Boards.
- ✓ Clear sponsorship arrangements have been established with Scottish Government.

Secure core funding for establishment of NHS Scotland Academy
- ✓ Core recurring funding for NHS Scotland Academy was approved by the Scottish Government Health and Social Care Management Board in May 2021.

Recruit team members to establish NHS Scotland Academy core team
- ✓ Core members of the NHS Scotland Academy team have been recruited. NHS Education for Scotland employs education and digital-related roles. NHS Golden Jubilee employs corporate and logistics-related roles.

Establish National Endoscopy Training Programme
- ✓ Chair of National Endoscopy Programme is in place and two medical colleagues share the National Clinical Lead role.
- ✓ Programme Board has been established for National Endoscopy Training Programme and meets monthly to provide the governance structure required to ensure quality assurance and oversight of both delivery and expansion of Endoscopy training in Scotland.
- ✓ Assistant Practitioner Programme (SVQ) development is underway

Deliver National Clinical Skills Programme for Pharmacists
- ✓ First NHS Scotland Academy cohort participated in National Clinical Skills Programme for Pharmacists in September 2021.

Establish National Treatment Centre Workforce Programme
- ✓ First NHS Scotland Academy cohort commenced the accelerated perioperative training programme in autumn 2021.
- ✓ A second cohort of learners selected by the NTC workforce group started in February 2022.
- ✓ Development of anaesthetic assistant work stream commenced in November 2021, with the aim to deliver to first cohort in Summer 2022.

Create learning materials to support those colleagues new to health and social care in Scotland in order to support with winter pressures:
- ✓ Launched the Health and Social Care in Scotland digital learning platform on 17 December 2021 within the projected timescale, there has been wide engagement to date.

6. Recommendations

The Board is asked to note the progress made in the initial phase of the development of NHS Scotland Academy.

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

Kevin Kelman
15 March 2022
NES

Board Paper

1. Title of Paper

Period 11 Financial Report

2. Author(s) of Paper

Jim Boyle, Director of Finance
Paula Tovey, Interim Deputy Director of Finance
Janice Sinclair, Deputy Director of Finance
Margaret Reid, Interim Head of Finance Business partnering

3. Purpose of Paper

The purpose of this paper is to:

a) present the financial results for the first eleven months of the year to 28th February and to report the current forecast outturn as at 31st March 2022, which reflects a managed core (excl. COVID-19) underspend of £2,382k (split £780k Medical Training Grades and £1,602k Rest of NES). This represents approximately 0.42% of the non-COVID related annual budget.

b) present measures that have been considered and implemented to utilise the underspend and highlight potential improvement measures; and

c) provide a summary of the current funding position.

4. Background

Funding

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

4.2 As shown in Table 1 below, we are now reflecting recurring allocations of £483m and £88m in Non-recurring and Earmarked allocations giving a total budget of £571m.

Table 1: Total Anticipated Revenue Funding as at 28th February

Area	Recurrent £000's	Earmarked £000's	Non Recurrent £000's	Total £000's	Total split by: Received £000's	Outstanding £000's
Original budget	**481,814**	**0**	**0**	**481,814**	**480,314**	**1,500**
National Boards	0	0	(1,500)	(1,500)	0	(1,500)
TEL Carried Forward	0	0	(500)	(500)	0	(500)
COVID-19 - main allocation	0	0	(144)	(144)	(144)	0
COVID-19 - Specific Allocations	0	0	3,177	3,177	3,177	0
Sci Diabetes	(854)	0	803	(51)	(51)	0
Other	1,861	21,645	64,163	87,668	87,575	94
Total in-Year allocations	**1,007**	**21,645**	**65,999**	**88,650**	**90,557**	**(1,906)**
Total Revenue Allocation	**482,821**	**21,645**	**65,999**	**570,464**	**570,871**	**(406)**
		87,644				

4.3 Total allocations of £36m were received during January and February, leaving £406k to be returned to SG. We expect these will be confirmed in March. These allocations are built into the NES budget as reported within Table 4 and further details can be found in Appendix 1, Table A1.

4.4 Within this paper we report separately on the impact of COVID-19 from the normal NES business. We also reflect any revenue to capital transfers once they are made. Table 2 below reconciles the different elements to the overall funding available.

Table 2: Budget Analysis

Funding Table reconciliation	£000s
RRL per funding summary (Table 1)	570,464
Total Covid allocation (Table A6)	(2,957)
RRL for Outturn tables (Table 4)	**567,507**

4.5 The anticipated allocations have reduced from Period 9 by £3.5m as a result of ongoing discussions with SG over the last few months to reflect that some of the SG funded outcomes from our original strategic plan are no longer required this year. These changes are summarised below:

Table 3: Budget movements

Anticipated Allocations Hand Back	
	£000s
COVID Main	(1,909)
COVID Dental	(114)
NDS	(219)
Aberdeen Dental School	(184)
ACT additional funding	(130)
MEP funding gap	(58)
IST & IMT Funding	(171)
Primary Care Fund National Boards	(324)
Psychology CAMHS and PT	(406)
Outcome Framework-CNOD Bundle (NMAHP only)	(317)
WF Tech enable workforce	(232)
Other allocations (under £300k)	(195)
Handed back	**(4,259)**
Psychology Mental Health	435
NHS Scotland Academy	276
Received	**711**
Total Movement	**(3,548)**

4.6 We are also in discussion with the SG around the following allocations being returned:

- COVID £600k (agreed in principle after the February reports were run)
- Workforce £242k, under discussion

COVID-19 funding

4.7 The anticipated COVID-19 costs are now £6.4m, with anticipated savings of £3.4m, giving a net requirement of £3m.

4.8 We continue to work with colleagues in SG to ensure that the appropriate level of funding for net COVID-19 costs is received. We have received the allocations based on our Month 9 forecast position. There has been little movement in the net COVID forecast since Period 9. Appendix 3 provides an analysis of the COVID-19 expenditure by Directorate.

5. **Assessment/Key Issues or Strategic Risks**

Forecast Outturn

5.1 As shown in Table 4 below, the Year to Date (YTD) financial position for all of NES as at the end of February reflects an overall underspend of £3.5m being: £0.78m in respect of Medical Training Grades Salary costs (MTGS); and £2.7m underspend across the rest of NES.

Table 4: Corporate Summary Financial Position – Core

Period 11	Core (excluding General and Specific COVID)						
	Year to Date			Full Year			
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance	Monthly Movement in Non Covid Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG Salaries	264,374	263,704	**670**	288,445	287,665	**780**	376
NES	243,973	241,990	**1,983**	279,062	276,332	**2,730**	1,926
Forecast Year end and Total NES	**508,347**	**505,694**	**2,653**	**567,507**	**563,997**	**3,510**	**2,302**
Adjustments:							
Covid funding						**(600)**	
ACT funding						**(528)**	
Forecast Year end and Total NES	**508,347**	**505,694**	**2,653**	**567,507**	**563,997**	**2,382**	
After Adjustments							
Training Programme Management - MTG Salaries						**780**	
NES						**1,602**	
Forecast Year end and Total NES						**2,382**	

5.2 We have agreed a number of mitigating adjustments of £1.1m detailed below to deliver a managed forecast underspend to £2.4m:

- To reduce the COVID-19 funding from SG by £600k as noted in 4.6 above
- To increase funding to Ayrshire and Arran (£226k) and Dumfries and Galloway (£302k) in respect of ACT contributions to support the boards to improve student accommodation.

5.3 Another spend in line with our strategic outcomes has also been identified to utilise the year end underspend:

- Community Pharmacy Service backfill £263k, under discussion.

As it was still under discussion and not agreed at the point period 11 closed, it has not been adjusted above.

5.4 Table A2 in Appendix 2 provides an analysis by Directorate of the forecast outturn and variances against budget and reflects a movement in the forecast outturn of £2.3m. The most significant movements are:

Table 5: Main movements in the forecast since period 9

Main Movements from Period 9	£000s
Period 9 Closing underspend	**781**
Vacancy lag	529
Slit lamps - not delivered in time	348
Approved bids released as no longer required	77
TEL project forecast underspend	175
NMAHP - Midwifery Project slippage	157
Psychology - Movement in student numbers, plus a late budget adjustment	328
Work force - A significant number of projects delayed, plus unused allocations £243k	496
Pharmacy - Reduced placements and recruitment delays, impacting delivery	163
IT Equipment not being delivered this yet	150
Medical Training Grades underspend due to trainee vacancies	439
Other small differences	36
Primary Care allocation adjustment	343
Increased overspends	
Additional IT spend approved	(311)
Medical PD - Allocations not drawn down	(201)
Expected underspend period 11	**3,510**

Underspend Utilisation

5.4 As previously noted, we introduced a process for utilising the underspend in the form of approving bids submitted by directorates. Depending on the nature of the bids, they will be approved by the Director of Finance (DoF) or by the Extended Executive Team (EET). The bids received and approved are summarised by directorate below in Table 6.

5.5 As at period 8, bids totalling £1.27m had been approved using virement rules and seeking EET approval where appropriate. During period 10 further bids valued of £134k were approved. There has been no movement in this position in period 11.

5.6 However, bids approved, prior to period 10, valued at £524k, were identified as no longer being required for a number of reasons, such as being funded from elsewhere, costing less than first budgeted, withdrawn, or due to changes in delivery plans being arranged. This has contributed to the movement in the forecast underspend over the last month as bids dropped overall by £390k (see table 7).

5.7 This means that the total bids approved to date and still required is now only £883k. These are expected to be spent before the year end and are included within the forecast outturn position.

Table 6: Bids approved as at period 11

Directorate	Submissions Received		No longer required		3 Yr Contract - Rejected	Approved up to Period 8		Approved Period 10	
	Revenue	Capital	Revenue	Capital	Revenue	Revenue	Capital	Revenue	Capital
Digital	322,922	-	20,000	-	19,380	237,955	-	45,587	-
Medicine PD	272,346	82,940	93,180	-		145,000	82,940	34,166	-
Medicine QM	100,000	-	100,000	-		-	-	-	-
Medicine TPM	146,023	653,983	79,800	653,983		66,223	-	-	-
Medicine Pharmacy	174,500	-	174,500	-		-	-	-	-
WF	360,129	-	274,916	-		31,213	-	54,000	-
Optometry	-	348,000	-	348,000		-	-	-	-
Dental	186,770	-	-			186,770	-	-	-
Total	1,562,690	1,084,923	742,396	1,001,983	19,380	667,161	82,940	133,753	-
					1,763,759	750,101		133,753	

Table 7: Bid movements

Approved bids no longer required		
Digitalisation of existing Scotland Deanery QM-QI	(90,000)	med QM
Slit lamps delivery mid April	(348,000)	Optometry
Bite Size Video Production	(10,000)	med QM
NHSS Management Training Scheme	(75,483)	workforce
Bids approved, no longer required	**(523,483)**	
Bids Added		
Building Digital Skills & Leadership Programme	54,000	Workforce
Cooling Babies Animation Videos	34,166	
Purchase of eBooks	45,587	Digital
Bids approved period 10	**133,753**	
Decrease in bids during the period	(389,730)	

Strategic Risks

5.8 The outturn position is reliant on a number of factors, some of which could still impact the bottom-line position: table 8 below summarises the current risks, which are then detailed below:

Table 8: Risk Summary

Description	Quantification	Status
Medical Training Grades: recycling of funds stops	£8-18m	**Low**
Medical & Dental Training Grades: Trainee turnover increases, causing in-year underspends	£780k	**High**
Fixed term contract accrual is significantly different to 2020/21	Not yet quantified	**Medium**
IT delivery date pressures	£350k	**High**
NMAHP Budget phasing	Not yet quantified	**Medium**
Annual leave buy back cost	Not yet quantified	**Medium**

5.9 In future years there is a risk around Medical Training Grades Salaries that pressure will build to fill more of the part time posts. This would reduce our ability to recycle the funding to address the current underlying pressures and could increase costs in the range of £8m to £18m over the course of the coming years.

5.10 Following the outcome of the February intake and placement rotations, the outturn for the remainder of the 2021/22 financial year has moved from the £404k at period 10 to £780k as at period 11 and included in this report.

5.11 The provisions figure holds aside an amount to cover the potential implications of redundancy costs which would be due at the end of a fixed term contract. This figure is an annual calculation based on the staff in post as at the 31st March. Any fluctuation from the 2020-21 closing figure will impact on the final outturn. We are currently reviewing all staff on FTCs but the final impact on the year-end position is not yet known.

5.12 The provisions figure holds aside an amount to cover the potential implications of redundancy costs which would be due at the end of a fixed term contract. This figure is an annual calculation based on the staff in post as at the 31st March. Any fluctuation from the 2020-21 closing figure will impact on the final outturn. We are currently reviewing all staff on FTCs but the final impact on the year-end position is not yet known.

5.13 We are still experiencing the effects of supply delays and there is a risk that the IT equipment reflected in Provisions may not be delivered before the 31st March.

5.14 There is a significant element of the NMAHP budget which is phased into Period 12. There is a risk that the budget may not be utilised in full, but we will use the year-end processes for agreeing balances to work with boards to ensure that appropriate costs are captured.

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

Managing the forecast outturn in future years

5.16 Although the forecast underspend position reflects less than 0.5% of the overall NES Budget, the £2.4m underspend is a significant amount and the swing from Period 9 highlights the need for urgent action to address this position on 2022/23.

5.17 Earlier warning of the underspend could have provided the organisation with opportunities to deliver more. We need to undertake a review to ensure that we identify the causes of the underspends, whether it be due to the indirect impacts from the COVID response on the whole NHS Scotland Service leading to reduced demand for the services NES provides; recruitment problems within NES; supply chain delays; unrealistic expectations on deliverables; a result of a cultural cautious approach to avoiding overspending; inflated budget requests; or any other reason.

5.18 We will work with colleagues across NES through the Extended Executive Team and the Senior Operational Leadership Group (SOLG) to build a more robust process for forecasting which will support the organisation to fully deliver against its strategic outcomes and performance.

5.19 It should also be noted that confirmation of carry forward of £0.8M of funding carry forward only came from the Scottish Government in the December allocation letter. Discussions have already commenced with the senior sponsorship team at the Scottish Government to highlight the difficulties caused by late notification of funding or commissions that have not been sufficiently developed prior to being passed to NES.

6.   Recommendation for Decision

The Board is invited to:

- note the financial results for the first eleven months of the year to 28th February 2022; and
- note the anticipated costs of the NES response to the COVID-19 pandemic.

---

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

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

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

    ☒   5. A high performing organisation (NES)

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

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

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

JB/PT/MR/JS
March 2022

APPENDIX 1: ANTICIPATED FUNDING

The table below sets out the total funding anticipated for the year and identifies how much has been received to date, £0.4m is to be returned to SG as of the date of this report.

Table A1: Total Anticipated Revenue Funding

Area	Recurrent £000s	Earmarked £000s	Non Recurrent £000s	Total £000s	Total split by: Received £000s	Outstanding £000s
Baseline budget	461,740			461,740	461,740	0
National Boards	1,500	0	0	1,500	0	1,500
Training grades	3,000			3,000	3,000	0
Project lift	383			383	383	0
PD post	45			45	45	0
Data Group	250			250	250	0
Sci Diabetes	854			854	854	0
Pay inflation above 1%	7,116			7,116	7,116	0
Inflation @1.5% baseline uplift	6,926	0	0	6,926	6,926	0
Original budget	481,814	0	0	481,814	480,314	1,500
National Boards - Return non-recurrently	**0**	**0**	**(1,500)**	**(1,500)**	**0**	**(1,500)**
TEL Carried Forward	0	0	(500)	(500)	0	(500)
COVID Main	0	0	(144)	(144)	(144)	0
COVID Dental	0	0	681	681	681	0
COVID Care	0	0	419	419	419	0
COVID Vax	0	0	1,755	1,755	1,755	0
COVID Medical	0	0	322	322	322	0
NDS SCI Diabetes	(854)	0	803	(51)	(51)	0
NDS	0	0	3,678	3,678	3,678	0
Aberdeen Dental School	0	0	2,884	2,884	2,884	0
Dental Overseas levy	0	0	0	0	0	0
Medical Training Grade Expansions	1,169	13,654	363	15,186	15,186	0
ACT additional funding	0	0	10,889	10,889	10,889	0
MEP funding gap	0	0	9,045	9,045	9,045	0
IST & IMT Funding	0	0	868	868	868	0
Medical Study Leave	0	1,000	0	1,000	1,000	0
Medical Training Grades Salary Funding Gap	0	0	0	0	0	0
Primary Care Fund National Boards	0	0	6,912	6,912	7,236	(323)
Psychology CAMHS and PT	0	0	14,240	14,240	14,240	0
Psychology Mental Health	0	0	2,956	2,956	2,956	0
Pharmacy AEIPC and GMS	0	0	1,214	1,214	1,166	48
Pharmacy PRPS	0	6,096	1,009	7,105	7,105	0
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	3,923	3,923	4,254	(332)
BSc Paramedic Programme	0	0	361	361	361	0
Depreciation	0	0	0	0	0	0
WF Tech enable workforce	0	0	350	350	257	93
Provisions Afc balance	483	0	0	483	483	0
Digital funding NDS Tie in?	0	0	650	650	650	0
Digital funding PharmPress	0	325	0	325	325	0
Provisions 2020-21 Surplus Brought Forward	0	0	844	844	844	0
NHS Scotland Academy	0	0	276	276	276	0
Other allocations (under £300k)	209	570	3,701	4,479	3,872	608
Total in-Year allocations	**1,007**	**21,645**	**65,999**	**88,650**	**90,557**	**(1,906)**
Total Revenue Allocation	**482,821**	**21,645**	**65,999**	**570,464**	**570,871**	**(406)**

APPENDIX 2: DIRECTORATE CORE (NON-COVID) ANALYSIS

NES

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

Table A2: Information by Directorate: CORE Variance Excluding Medical Training Grade Salaries

Period 11	Core (excluding General and Specific COVID)						
	Year to Date			**Full Year**			
Directorate	**Current Budget**	**Outturn**	**Variance**	**Current Budget**	**Outturn**	**Core Variance**	**Movement in Non Covid Variance from Period 9**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Quality Management	88,593	88,638	(45)	98,022	98,059	(37)	(31)
Strategic Planning and Directorate Support	5,789	5,814	(25)	6,283	6,338	(55)	24
Training Programme Management Excl Training Grades	17,852	17,459	393	20,422	20,417	5	29
Professional Development	6,558	6,644	(86)	7,776	7,807	(31)	(15)
Pharmacy	11,841	11,785	56	14,468	14,302	166	159
Medical Total	**130,633**	**130,340**	**293**	**146,971**	**146,923**	**48**	**166**
Digital	10,883	10,918	(35)	12,174	12,150	24	49
NDS	4,088	3,968	120	4,506	4,419	87	(135)
NES Technology Services	**14,971**	**14,886**	**85**	**16,680**	**16,569**	**111**	**(86)**
Dental	42,844	42,675	169	46,838	46,608	230	(23)
NMAHP	9,791	9,878	(87)	15,355	15,140	215	136
Psychology	25,452	24,858	594	29,993	29,414	579	328
Healthcare Sciences	3,294	3,327	(33)	3,608	3,629	(21)	(14)
Optometry	1,152	1,087	65	1,635	1,251	384	358
Workforce	5,872	5,560	312	6,561	6,016	545	496
Finance	2,438	2,434	4	2,707	2,782	(75)	(55)
Planning & Corporate Resources	5,555	5,516	39	6,064	6,052	12	(19)
NHS Scotland Academy	196	166	30	270	235	35	268
Net Provisions	1,775	1,263	512	2,380	1,713	667	746
NES Total (exc MTG)	**243,973**	**241,990**	**1,983**	**279,062**	**276,332**	**2,730**	**2,302**
Adjustments:							
Covid funding						(600)	
Act funding						(528)	
Forecast Year end and Total NES	**243,973**	**241,990**	**1,983**	**279,062**	**276,332**	**1,602**	**2,302**

2. Period 11 Summary

The NES core forecast full year outturn as at period 11 shows an underspend of £2.7m, before mitigations to manage this down to £1.6m. The forecast underspend has increased significantly from £440k at period 9, to £1.6m a movement of £1.16m. The movement in the variance for each directorate, before mitigations, is shown in Table A2 above.

3. Analysis by Directorate

Pharmacy

3.1. The FY underspend in Pharmacy has increased by £159k from Period 9 to £166k at the end of February. Within this net underspend £267k relates to projects funded by SG as follows:

- £107k reduced Experiential Learning (EL) placements and trainer training funded through Pharmacy ACT monies (ACTp);
- £74k due to delays in recruiting Faculty for the simulation training funded from the Achieving Excellence in Pharmaceutical Care (AEiPC) funding;
- £51k for costs relating to recruitment and remedial training for the Foundation Training Year (FTY);
- £30k regional support payments given to the service not required [add a brief description of what the purpose is of the support payments]; and
- £5k below budget on leadership course places

3.2. We will liaise with the Pharmacy Dean as to whether it will be appropriate to redirect the unused SG funding to Community Pharmacy Scotland backfill costs (£263k) which would result in an overspend of £101k for Pharmacy, mainly relating to 80 additional Independent Prescribing and Clinical Skills places delivered.

NES Technology Services (NTS)

3.3. The full year (FY) position is forecast to be an underspend of £11k, £87k of which is from the NDS element of the budget where the underspend has reduced by £135k since Period 9.

3.4. As reported in Period 9, we proposed a reduction of £222k of budget relating to the delivery of Eyecare products to SG which was agreed and reflected in our January allocation letter.

3.5. We are now also reflecting an anticipated underspend in NDS of £87k due to supply chain delays affecting the delivery of specialised IT equipment which will not now be received before the end of March. There is an additional £50k increase in underspend in digital for the same reason.

3.6. Although the Digital element of NTS is showing a small FY variance of £24k, this does not reflect the underspend against funding held in provisions of £162k for the digital infrastructure not yet put in place.

Dental

3.7 The full year forecast is an underspend of £230k. The majority relates to training grades underspends of £244k from 4 fewer core & specialty trainees and 9 fewer therapist vocational trainees from April-November. The core & specialty forecast includes 5 months-worth of assumed late early leavers and late starters to reflect the current recruitment difficulties. This is offset by other small overspends of £14k.

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

NMAHP

3.7.   The FY underspend is forecast to be £215k, a movement of £136k since period 9. The majority of the underspend is due to:

- £77k in staff costs where appointments have been made below budget.
- £120k due to confirmation that work will not be completed due to University and NHS staff not being released to support NES on evaluation and review of projects; and
- £18k due to lack of capacity within NTS to complete work on a number of small projects and no alternative external supplier available to deliver the work.

Psychology

3.8.   The FY underspend for Psychology is £579k. The two largest elements relate to:

- £155k staff cost underspends from staff not being recruited as budgeted
- £240k underspend across Trainee costs from 8 less students being taken on in this year's Masters' cohort and lower Trainee travel expenses being incurred.

3.9.   The remaining underspend relates to:
- £82k coming from funding for Psychology posts within Digital now no longer required. This will be used to off-set some payroll overspends.
- £33k of funding for posts within NMAHP, this will be transferred in period 12.
- £69k of other underspends across the remaining parts of the Directorate such as Paediatric Psychology and Educational Infrastructure.

3.10.   The movement of £328k from period 9 was made up of 2 larger elements, firstly the £120k due to the full impact of 8 less Masters' students in this year's cohort, with higher reduced costs related to salaries, fees and expenses than previously expected. Secondly a late confirmation of a £141k allocation adding to the underspend position, previously reported. There were a number of smaller movements which accounts for the remaining £67k.

Optometry

3.11.   The FY forecast is of an underspend of £384k, a movement of £358k since December. The majority of the movement is due to supply chain delays relating to the Optometry bid to utilise the corporate underspend through the purchase of 2 slit lamp simulators valued at £348k. These were originally due to be delivered before

the 31st March but are now expected to arrive in mid-April and will be accounted for in 2022-23.

Workforce

3.12. The FY core position is £545k underspent, a movement of £496k since period 9. However, discussions are underway with SG to hand back £242k relating to a number of allocations not required either because the work will not be completed, or the funding received was in excess of need. Some of the allocations were received in December, including £136k from Winter Pressures funding relating to Coaching for Wellbeing and £48k for developing Nurse Directors. £38k in relation to the Once for Scotland policy development will also be returned as the SG decided to pause the programme.

3.13. Once agreed, this will bring the outturn position down to an underspend of £302k, a net movement of £253k from Period 9. Among the reasons for the movement are:
- £43k pay underspends
- £21k for the delays to the development of the Coaching App
- £20k from training events not required (£10k Executive Training and £10k HCSW)
- £24k across the directorates
- £138k This is made up of 8 small projects that are now delayed due to either recruitment issues or late notification of funding.

Provisions

3.17 The provisions budget holds corporate costs and savings on behalf of the whole of NES including the budget for approved projects to allow spending plans to be fully developed.

3.18 The full year forecast underspend is £667k, a movement of £747k since period 9. The increases in the underspend are driven by:

- £529k from the vacancy lag which has now risen to £2.9m against a budget of £2m.
- £390k in relation to underspend bids no longer required
- £343k in respect of a budget adjustment which will be required due to late notification that a Primary Care Fund allocation cannot be returned to SG, although reflected in Table A2.
- £148k underspend against the TEL budget set-aside as reflected in Table A3 below.

3.19 These have been offset by:
- £400k set aside in respect of new orders for IT equipment and other bids
- £107k Increased Depreciation
- £144k in respect of COVID-19 Allocation adjustment

4. Technology Enhanced Learning (TEL)

4.1. The TEL programme continues to forecast £175k less spend than its total budget for the year, as we see the impact of recruitment starting later in the year than was factored into the business case, see table A3.

4.2. Similarly, less will be spent on Advanced Technology work this financial year as we see time pressures now attendant to implement technology before year end.

4.3. The table below also shows where the projects are taking place across NES.

Table A3: Summary of TEL outturn

Technology Enhanced Learning (TEL)	YTD			Full Year		
	Budget £000s	Costs £000s	Variance £000s	Budget £000s	Forecast £000s	Variance £000s
TEL	235	211	24	500	325	175
Total	235	211	24	500	325	175
Digital	146	136	10	182	166	16
Medical PD	82	74	7	154	150	4
Medical Pharmacy	7	7	(0)	9	9	0
NMAHP	0	0	0	7	7	0
Workforce	0	(6)	6	0	(6)	6
Non-Directorate Specific	(0)	0	(0)	148	0	148
TOTAL	235	211	24	500	325	175

5. Medical Training Grades Salary (MTGS) Costs

Table A4: MTG Forecast outturn

Period 11							
	Year to Date			Full Year			
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance	Core Movement from P9
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management -	264,374	263,704	670	288,445	287,665	780	376
NES Total MTG	264,374	263,704	670	288,445	287,665	780	376

5.1. The full year forecast for Core MTGS is an underspend of £780k driven by lower number of paid GP Practice trainees as more trainees taking career breaks, working less than full time and deferring start dates to 22/23.

5.2. Following February rotations there are now more vacancies in baseline posts which means fewer Expansion posts require to be paid. This is partly offset by fewer GP in Hospital posts paid at lower vacancy rate due to higher recruitment fill rates.

5.3. Movement in positions since period 9 Movement of £376k is mainly down to 79 fewer SG funded Expansion posts paid in February and March (£353k) as more vacancies in baseline posts have arisen following February rotations.

5.4   Vacancies have arisen due to multiple factors such as Post CCT trainees securing consultant roles prior to end of 6-month grace period, split of GP trainees between practice and Hospital means more vacant baseline posts in Hospital. This can be used to offset GP100 Expansion posts, as payment rules dictate, we do not pay for a vacant post and an expansion post. Some Feb22 intake trainees have withdrawn late in process or deferred start until 22/23.

Table A5: Current estimated funding position:

Medical Training Grades	Full Year SG Funding Gap
Period 11	**£000s**
Opening Funding Gap as at 1st April 2021	**(67)**
Consolidated Movement April- March forecast	
Covid - Lower GP travel and relocation expenses	(58)
Higher number of paid Core/ST Expansion posts (1 wte)	(537)
Lower number of posts (41) paid at vacancy rate	606
Lower number of filled wte GP posts (15 wte) (mainly ST3 career breaks & less maternity leave)	516
Higher number of trainees LTFT (10 wte)	271
Fewer Extensions to Training due to derogations (5 wte)	49
Revised Budget Position (Exc Covid)	**780**
COVID Related CCT Extensions	**(36)**
Training Grade Year End Forecast	**744**

APPENDIX 3: COVID-19 Full Year Outturn position

1. Table A6 below reflects the COVID-19 impact between increased costs and anticipated savings as well as showing the cost incurred to date.

2. The full year COVID-19 net cost position as at period 11 is a forecast full year outturn of £3.0m, a fall in the expected net costs from period 9 of £100k.

Table A6: COVID-19 Costs and savings by Directorate

COVID Costs	Year to Date			Full Year			Total Full Year inc specific Covid allocations	
Directorate	TOTAL COVID YTD Costs	General COVID YTD Savings	COVID YTD Net	General COVID FY Costs	General COVID FY Savings	General COVID FY Net	Specific COVID Allocations	Total COVID COSTS
Period 11	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Quality Management	0	36	36	0	42	42	0	42
Strategic Planning and Directorate	(12)	241	229	(16)	250	234	0	234
Training Programme Management Excl Training Grades	(52)	530	478	(60)	496	436	0	436
Professional Development	(35)	747	712	(27)	732	705	0	705
Pharmacy	(283)	0	(283)	(286)	0	(286)	0	(286)
Medical Total	**(382)**	**1,554**	**1,172**	**(389)**	**1,520**	**1,131**	**0**	**1,131**
Digital	(2,639)	29	(2,610)	(868)	31	(837)	(2,111)	(2,948)
NDS	(617)	0	(617)	(658)	0	(658)	0	(658)
NES Technology Services	**(3,256)**	**29**	**(3,227)**	**(1,526)**	**31**	**(1,495)**	**(2,111)**	**(3,606)**
Dental	(1,209)	1,169	(40)	(700)	1,328	628	(681)	(53)
NMAHP	(122)	27	(95)	(194)	48	(146)	0	(146)
Psychology	(195)	54	(141)	(207)	54	(153)	0	(153)
Healthcare Sciences	0	69	69	(19)	75	56	0	56
Optometry	0	28	28	0	28	28	0	28
Workforce	(29)	0	(29)	(40)	37	(3)	0	(3)
Finance	0	10	10	0	12	12	0	12
Planning & Corporate Resources	(25)	116	91	(47)	123	76	0	76
NHS Scotland Academy	0	0	0	0	0	0	0	0
Net Provisions	0	0	0	0	0	0	0	0
Grades)	**(5,218)**	**3,056**	**(2,162)**	**(3,122)**	**3,256**	**134**	**(2,792)**	**(2,658)**
Medical training Grades	(425)	61	(364)	(103)	67	(36)	(322)	(358)
NES Total	**(5,643)**	**3,117**	**(2,526)**	**(3,225)**	**3,323**	**98**	**(3,114)**	**(3,016)**

A*dditional costs are shown (red), savings shown in black*

3. We have now received allocations of £3m and have received in principle agreement from SG to reduce the requirement by £600k, given the indirect impact on NES activities from COVID related pressures across NHS Scotland.

Appendix 4: Draft Allocation letter February 2022

Health Finance
Alasdair Black, Interim Deputy Director, Health Finance

E: Alasdair.Black@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

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

08 March 2022

Dear Ms Reid

Financial Allocations 2021-22 (April 2021 - February 2022)

I am writing to advise you of your Board's resource limits, adjusted to reflect additional allocations advised by Scottish Government policy colleagues for 2021-22.

	Baseline Recurring £	Earmarked Recurring £	Non-Recurring £	Total £
Core Revenue Resource Limit	481,290,065	38,036,118	51,546,138	570,872,321
Cash Requirement	-	-	-	555,825,000

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

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

Yours sincerely

Alasdair Black

Interim Deputy Director, Health Finance

NHS Education for Scotland
Core Revenue Allocations 2021-22

Scottish Government
Riaghaltas na h-Alba
gov.scot

Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non-Recurring £	Total £
January								
733	Shape of Training	Alan Young	John Harvey	Workforce Planning & Development	-	-	868,000	868,000
737	NHS Scotland Academy	Rhona Wilson	Laura Tait	Workforce Planning & Development	-	-	276,000	276,000
739	Medical Education Package	Alan Young	John Harvey	Workforce Planning & Development	-	-	9,044,573	9,044,573
740	Medical School Places	Alan Young	John Harvey	Workforce Planning & Development	-	-	7,889,000	7,889,000
741	Centre for Workforce Supply	Pamela Renwick	Karen Fraser	Workforce Planning & Development	-	-	91,416	91,416
742	Building Digital Skills and Leadership Programme	Paula Baird	Isabel Hinds	Digital Reform & Service Engagement	-	-	256,867	256,867
744	Digital Health and Care	Heather Kilfara	Isabel Hinds	Digital Reform & Service Engagement	-	-	1,929,310	1,929,310
745	Type 2 Diabetes and Adult Weight Management	Christopher Wroath	Craig Hewitt	Health Improvement	-	-	(191,000)	(191,000)
757	Hospital Eye Services Electronic Patient Record	Christopher Wroath	Gordon Frame	Elective & Unscheduled Care	-	-	644,000	644,000
763	Third allocation - various programmes - 2021/22	Robert Farley	Deirdre O'Flynn	Chief Nursing Officer	-	-	47,527	47,527
781	Further 2021-22 Covid-19 Funding	Jim Boyle	Stephanie Knight	Health Finance	-	-	(1,909,000)	(1,909,000)
					-	-	18,946,693	18,946,693
					481,290,065	21,511,768	51,040,194	553,842,027

NHS Education for Scotland
Core Revenue Allocations 2021-22

Scottish Government
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Ref	Description	Board Contact	SGHSCD Contact	SGHSCD Division	Baseline Recurring £	Earmarked Recurring £	Non-Recurring £	Total £
February								
826	Mental Health Core Workforce Development Programme	Judy Thomson	Gordon Mason	Mental Health & Protection of Rights	-	15,553,015	-	15,553,015
830	Mental Health R&R Fund - Psychology and AHP Workforce	Judy Thomson	Gordon Mason	Mental Health & Protection of Rights	-	837,724	-	837,724
833	Distinction Awards for NHS Consultants	Jim Boyle	Chris Kowalski	Workforce Pay, Practice and Engagement	-	133,611	-	133,611
843	Optometry Support	Charlie Brownlee	Elizabeth Mclear	Chief Dental Officer & Dentistry	-	-	8,804	8,804
847	Additional staffing support for dental students	Charlie Brownlee	Elizabeth Mclear	Chief Dental Officer & Dentistry	-	-	681,140	681,140
907	Aberdeen Dental School	Charlie Brownlee	Elizabeth Mclear	Chief Dental Officer & Dentistry	-	-	(184,000)	(184,000)
					-	16,524,350	505,944	17,030,294
					481,290,065	38,036,118	51,546,138	570,872,321

Board Paper

1.   **Title of Paper**

      Risk Update including Corporate & COVID-19 Risk Registers

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

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

3.   **Situation/Purpose of paper**

      The purpose of this paper is to present the NES Risk Register and COVID-19 Risk Annex as at 17 March 2022.

4.   **Background**

4.1   The paper presents the NES Corporate Risk Register as at 17 March 2022 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks.

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

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

5.1   Corporate Risk Register and COVID-19 Risk Register

      The Corporate Risk Register remains largely unchanged from the version presented at the February Board meeting. It has been updated to incorporate the suggestions made by Board members at the February meeting (as marked in blue text). The most significant change is the inclusion of a new risk relating to cyber security as recommended by the Board and reflecting the outcomes of the internal audit of NES cyber security as discussed at the February Audit and Risk Committee meeting.

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

      Board members are asked to note that the Risk Management Group continues to meet on a monthly basis to consider the risk management policy and practice. At the February RMG meeting it was agreed that a process of rolling peer review of directorate risk registers will be instituted. The purpose of the review is to check that risk records are accurate, clear and support effective management, and there is consistency in risk identification and scoring. A review of the Finance risk register was undertaken at the February RMG meeting with a review of the Medicine register scheduled for the March meeting.

6.   Recommendations

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

Author to complete

a) Have Educational implications been considered?

☒   Yes
☐   No

b) Is there a budget allocated for this work?

☐   Yes
☐   No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

☒   Yes
☐   No

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

☒   Yes
☐   No

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

☐   Yes
☐   No

JS/RC
NES
March 2022

NES Corporate Risk Register - March 2022

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 Scores					**Previous Residual Score**	
	STRATEGIC POLICY RISKS									
R1	Pressures on the system result in education and training being considered as less important than service delivery priorities, including as a result of COVID-19 impact.	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	4 x 4	**Primary 1**	1. NES Board to advocate and promote the importance of education and training. 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received. 3. The residual scoring of this risk remains as Primary 1 and now reflects the risk associated, across the professional groups, with the disruption to educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register. 4. NES Remobilisation Plan focuses on recovery of priority areas of core business, acknowledging the continuing uncertainty and service pressures which may affect capacity within the workplace- based learning environment.	**OPEN (Score Range 10-12)**	4 x 4	**Primary 1**
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure against expected funding and is unable to deliver its strategic outcomes.	NES Executive Team (Jim Boyle)	5 x 5	**Primary 1**	4 x 3	**Primary 2**	1. The Annual Operational Planning process within NES gives Directorates indicative budgets to plan their own activities and expenditure and identifies cost pressures and potential savings across NES. 2. The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings. 3. This process enables decisions to be taken by the EET on prioritisation measures needed to deliver a balanced budget to the Board to be based on the impact of the planned activities. 4. NES Board approves the annual budget, including the measures suggested by the EET to reach a balanced position. 5. Close working with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position on MTG's. 6. Discussions with SG are ongoing to identify the longer term (recurrent) impact of COVID. 7. The NES budget is now managed and reported in two separate elements which highlights the underlying recurrent deficit on Medical training grade salaries which is underwritten by SG.	**OPEN (Score Range 10-12)**	4 x 4	**Primary 1**
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression.	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	4 x 3	**Primary 2**	1. NES Directors maintain strong engagement with relevant leads at Scottish Government. 2. NES to maintain an evidence bank to support ability to influence policy decisions. 3. Chief Executive and NES Directors to maintain links with other UK organisations. 4. The ability to agree decisions on a 4 nation basis has been key during the COVID response. The detail of these decisions is included in the COVID appendix.	**OPEN (Score Range 10-12)**	3 x 3	**Contingency**
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	3 x 4	**Primary 2**	1. Maintain clarity in relation to NES's role and influence - through regular engagement with SG sponsor team, and relevant executive director groups, including SAMD, SEND and HRDs. 2. Work with Boards to ensure optimal deployment of staff.	**OPEN (Score Range 10-12)**	3 x 4	**Primary 2**

R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	3 x 4	**Primary 2**	1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs. 3. Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at EET are communicated to staff through regular staff video and Intranet updates.	**OPEN (Score Range 10-12)**		3 x 4	**Primary 2**
R16	The UK is no longer a member of the EU: potential negative impact on recruitment, and reciprocal recognition of qualifications.	NES Chief Executive Karen Reid	4 X 5	**Primary 1**	3 x 4	**Primary 2**	1. Systems and processes have been updated to reflect the points-based system for NES recruitment and for NES employees, and more widely for the national immigration (formerly Tier 2) services provided to Health Boards by NES for trainees (doctors and dentists in training). 2. Regular communications have been provided to colleagues across Boards and affected employees and trainees. Changes to immigration regulations led to a 25% increase in unique applications in 2020/21 and a further increase in 2021/22. The 2020/21 increase in applications resulted in improved fill rates to training programmes across the medical specialties and this is expected to continue in the 2021/22 recruitment round.	**OPEN (Score Range 10-12)**		3 x 5	**Primary 1**
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	**Primary 2**	4 X 3	**Primary 2**	1. New Director to review structures and deliverables and identify necessary changes to ensure resources are focused on delivery of the agreed outcomes from the Digital Health & Care Strategy (and take account of any changes when SG refresh the Strategy later in 2021). 2. Continued engagement with key stakeholders. 3. Performance Monitoring will be included in the remit of the reconstituted Digital and Information Board Committee. 4. New Director to ensure all NES Technology Service work has clinical safety and medical device regulations embedded into all developments.	**OPEN Score Range 10-12)**		4 x 3	**Primary 2**
	OPERATIONAL/SERVICE DELIVERY RISKS										
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Chief Executive Karen Reid	5 x 5	**Primary 1**	3 x 4	**Primary 2**	1. As part of operational planning all activities are linked to a NES strategic objective. 2. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. 3. At a Strategic Level argument to be made about requirement to invest in workforce organisation. 4. Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. 5. Executive-led digital structure enables prioritisation of NES digital activity, 6. Strong focus on continuing to build on innovations in delivery in response to COVID. 7. Workforce planning approach approved by Executive Team to develop and implement NES whole system workforce planning covering 2022 -2025. Action Plan to be published by July 2022, linking workforce planning to operational planning, and incorporating prioritised actions informed by Directorate-level discussions. The Action Plan to include specific actions covering: recruitment, attraction and branding, succession planning, identification of skills gaps, and diversity. 8. Discussions are ongoing with the Scottish Government sponsorship team to ensure that commissions land at NES with clear policy aims and objectives, to minimise the time spent forming delivery proposals, and with full resource implications outlined. The NES Executive Team will also continue to monitor the resources required to deliver the Strategic Plan, and measures will be put in place to improve recruitment timescales, which are currently causing resource pressures.	**OPEN (Score Range 10-12)**		3 x 4	**Primary 2**

Commented [RC1]: The Board suggested that we 'strengthen to references to NES's organisational agility and ability to respond quickly to new and existing demands'. Do we have any further guidance on this point?

R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance.	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 3**	**Contingency**	1. Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans. 2. Key focus has been applied to planning the onboarding of new executive recruits: Medical Director, Director of Social Care, Director of Finance. Deputising arrangements for the NES CEO are aimed to be in place by February 2022 to align with the retirement of the current Deputy CEO in March 2022.	**OPEN (Score Range 10-12)**		**3 x 3**	**Contingency**
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 3**	**Contingency**	1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. 2. Communication plan to be a key focus on all organisational change projects. 3. Strong focus on communication and visibility, both at a corporate and directorate level through, for example, weekly executive led corporate videos. 4. Use of employee voice tools, for example Trickle to monitor the pulse on organisational sentiment. Further focus needed on the implementation of Trickle if license is to be extended.	**OPEN (Score Range 10-12)**		**3 x 3**	**Contingency**
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	**Primary 1**	**2 x 4**	**Housekeeping**	1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. • The plans were tested in a desk top exercise and recommendations were considered by the ET and incorporated into the current version of the plans. • How these plans have been implemented is reflected in the COVID Annex. • Update of BCP will be considered post-Covid recovery since currently still in full deployment of the Plan.	**OPEN (Score Range 10-12)**		**2 x 4**	**Housekeeping**
	FINANCE RISKS										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded or not delivering its planned objectives.	NES Executive Team (Jim Boyle)	4 x 5	**Primary 1**	**3 x 3**	**Contingency**	1. Monthly management accounts show actual performance against budget projections ahead of year-end are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend. 2. Requests from SG for NES to undertake additional work are only agreed if appropriate funding is provided at the outset and recognises what can be delivered in-year. 3. Discussions with SG are underway to reclassify more non-recurring funding to recurring which should encourage the early commitment to programmes, reducing underspends caused by recruitment delays.	**AVERSE (Score Range 1 - 3)**		**3 x 3**	**Contingency**
R11	NES is unable to deliver in year savings required to balance budget and therefore has year-end overspend which is in breach of its statutory financial targets	NES Executive Team (Jim Boyle)	4 x 5	**Primary 1**	**3 x 3**	**Contingency**	1. Monthly Financial reporting includes performance against savings targets to provide an early indication of any potential under-achievement of the targets. 2. Additional measures identified during Operational Planning could be implemented part-way through the year if required. 3. Improvement plans to support an ongoing programme of identifying efficiency savings will be developed 4. Savings captured from innovations in delivery in response to COVID. 5. SG have agreed to review the status of non-recurring allocations with a view to changing them to recurring where possible which will generate efficiencies from the stability created from longer-term planning.	**AVERSE (Score Range 1 - 3)**		**3 x 3**	**Contingency**

	REPUTATIONAL/CREDIBILITY RISKS										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Chief Executive Karen Reid	4 x 5	Primary 1	3 x 4	Primary 2	1. Directorates have focused on contingency planning and arrangements for paused work. 2. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. 3. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. 4. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 5. NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider 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. 9. The implications for NES from the Adult Social Care Review and the establishment of the National Care Service are discussed with our Sponsor Directorate and Mental Health & Social Care Directorate to allow for forward Planning. 10. NES Director of Social Care appointed to lead the social care work programme in NES. 11. The implications for NES from the Adult Social Care Review and the establishment of the National Care Service are discussed with our Sponsor Directorate and Mental Health & Social Care Directorate to allow for forward Planning.	CAUTIOUS (Score Range 4 - 9)	3 x 3	Contingency

	ACCOUNTABILITY/GOVERNANCE RISKS										
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1.Standing committees responsible for each governance domain supported by Executive Groups. 2. Each committee provides an annual report to Audit Committee detailing how it has discharged its remit. 3.Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook 5. Whistleblowing arrangements are in place with information, training and resources available to staff via the Intranet including Whistleblowing standards, policy and process. 6. During the pandemic we have maintained a 'Governance Light' approach for implementation if required to support secure governance at times of particular service pressure. 7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies.	AVERSE (Score Range 1 - 3)	2 x 2	Housekeeping
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices (based on ISO27001) have been put in place to ensure robust security applies to the TURAS platform and the being developed National Digital Platform. 3. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process.	AVERSE (Score Range 1 - 3)	4 x 2	Contingency
R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Chief Executive Karen Reid	5 x 5	Primary 1	4 x 5	Primary 1	1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, COVID-19 Contingency Plan, Re-mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments. 2. NES Resilience Co-ordinating Team in place. 3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home 4. Reporting protocols agreed and implemented. 5. Dissemination and cascade of organisation-wide communications across key platforms. 6. Fortnightly meetings of the Recovery and Renewal Steering Group actively reviewing Covid recovery status and current staff arrangements, making necessary decisions to adapt or escalate as appropriate. 7. Future working arrangements for NES agreed by the Executive as 'hybrid'. Directorates have responsibility for their own implementations plan which will be triggered at the appropriate point of Covid recovery on a corporate basis. 8. NES CEO, Chair and Director of Workforce taking forward strategic discussions regarding the resilience and wellbeing of health and social care senior leaders as part of the National Leadership Development Programme	AVERSE (Score Range 1 - 3)	4 x 5	Primary 1

| R19 | Breach of cyber security resulting in unauthorised access to NES digital systems and data | | | 5 x 4 | **Primary 1** | **5 x 3** | **Primary 1** | 1. Senior Management and Executive level involvement and oversight of Cyber security related risk through updates in the Digital and Information Committee and Audit Committee meetings.
2. The standard build for end user Windows devices and servers has been documented in the Windows 10 Endpoint Security Standards and in the VMWare tool for servers.
3. Staff awareness of Cyber security matters is raised through information security webinars provided by the Information Security Manager, which includes phishing emails and security regarding the use of public Wi-fi, reporting security breaches and determining key NES contacts, password guidance, information / data management under GDPR as well as analysing key current trends in Cyber crime.
4. A penetration test of the NES internal network by an external CHECK-accredited organisation will be scoped and scheduled before the end of August 2022.
5. Digital team ensures firewall logs, including changes to the firewall rule base, are added to the SIEM tool in use and continues to be monitored frequently.
6. The suite of Information Security Policies and Procedures will be reviewed annually.
7. NES Senior Management will ensure a skills and capability matrix for cyber security is completed and updated annually. | | | |

Operational/Service Delivery Risks

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

1. / Cont'd	**NES Clinical Directorates:** • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology **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. • Negative impact on Dental Training across the undergraduate postgraduate continuum. • Potential impact on Dental workforce pipeline. **Cont'd over/**	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	Glasgow and the course for all cohorts of students would be extended by one year. Current restrictions continue to impact on delivery of Dental Care. Student progression is currently being monitored. A total of 19 students in the BDS programme at the University of Aberdeen graduated in December 2021. This cohort of students will graduate out of sequence with the normal recruitment cycle for dental vocational training. We identified career opportunities for this group of graduates and 12 have taken up assistant posts until they are able to commence VT in August 2022. **Control (2)** Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion. **Control (3)** Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs. **Action (1)** Adjust existing students' training plans. (On-going) **Action (2)** Review the teaching and assessment schedules. (On-going) **Action (3)** Delay commencement of new Dental Care Professionals (DCP) programmes (On-going) **Action (3)** Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. (On-going) **Action: (4)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. (On-going) **Control (1)** Current Dental Vocational Trainees have been offered a contract extension to July 2022. **Control (2)** Regular discussions at a UK level with all stakeholders including the other Statutory Education Bodies to develop recruitment plans for Core and Specialty Training. There will also be increased flexibility for Specialty training start dates. **Control: (3)** Trainee progression is monitored through existing processes **Control (4)** Mandatory training for new entrants to NHS Scotland dental workforce has been moved to online delivery. **Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees** **Control (1)** Continuing to support the 2019/20 Prov-Registrant Trainee group until the registration assessment re-arranged GPhC examination with one resit option (currently the June 2022 assessment, with results known in July 2022). This group (known as Prov-registrant or provisionally registered pharmacist) were offered a range of supports to be ready for assessment. At February 2022, a remaining 3 provisionally registered pharmacists are being educationally supported to the June 2022 sitting. **Control (2)** There was a financial impact 2020/21 with additional SG funding. NES Covid Funding secured for this group for budget year 2021/2022. At February 2022, a remaining 2 provisionally registered pharmacists are being educationally supported to the June 2022 sitting. **Optometry: Service delivery impact due to reduction in training and support** **Control (1)** Sourcing/using as many online and/or simulation skills training resources as possible. **Control (2)** Regular touching base with the team, with a focus on staff well-being and team support. **Healthcare Science: Slippage to recruitment** **Action (1):** Measures being put in place to facilitate virtual recruitment selection for September 2021 Clinical Science trainee intake **Completed.** **Healthcare Science: Slippage to Training Plans** **Action (1):** Discussions with training leads to be progressed. **Completed** **Action (1):** Financial implication for employment/SLA (Service Level Agreement) extensions - worst case scenario modelled and submitted to Finance. **Completed** **Control (2)** Ongoing monitoring of training plans as routine (business as usual).	**OPEN** **(Score Range 10 – 12)**

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

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	**NES Clinical Directorates**: • Medical • Dental • Optometry • Psychology • NMAHP **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)** Additional Simulation training is being implemented for a number of specialties to ensure trainees can get relevant experience to meet clinical competencies **Control (4)** Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects, including the availability of clinical placements for undergraduate teaching. **Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce** **Action (1)** Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. (On-going). **Action (2)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. (On-going). **Control (1)** Delivery of most CPD is currently online, which has enabled greater access to key CPD topics by a large proportion of the dental team. **Control (2)** Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors. **Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce** **Control (1):** The risk around failure to deliver NES Glaucoma Award Training (NESGAT) in 2021/22 is mitigated by increased use of remote supervision and recovery related community work. **Control (2):** Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan. **Psychology: Training and education delivery compromised** **Control (1)** Continue to adjust method of delivery to Digital webinars and virtual training environments where practical. **Control (2)** Work closely with Board colleagues and offer flexible support to mitigate effect.	**OPEN** **(Score Range 10 – 12)**

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

Operational/ Service Delivery Risks (cont'd)

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

			the new services already delivered.		█	█	

Operational/ Service Delivery Risks (cont'd)

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

Operational/ Service Delivery Risks (cont'd)								
8.	**Workforce** **Risk Owner (Lead Director):** Tracey-Ashworth-Davies	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**
17.	**NMAPH** **Risk Owner (Lead Director)**: Karen Wilson	Lack of NMAHP capacity and resource to meet all the fast-moving requests of the NHS Scotland Academy and associated winter pressure work within the context of the on-going pandemic.	• National Treatment Centre (NTC) planning was paused in Spring 2020, which has subsequently delayed activity for staff development and education. There are now confirmed training needs in level 4 and 5 perioperative roles, recently agreed at March Elective Care Board. • NHS Scotland Academy, governance routes and accompanying budget for priority role development is still to be finalised and effective collaboration developed with NTCs and Scottish Access Collaborative • The Academy is being suggested by Scottish Government, Centre for Sustainable Delivery, territorial Boards to support new workforce developments – at	• Incomplete/low volume delivery of required priority educational programmes as the Academy gets underway. • Inability to suitably engage with core stakeholders (NHS Boards) due to COVID-19 related staff absence and surge capacity. • Altered priorities and requirements to change track, at short notice as a result of COVID and winter pressures, could impact volume of output. • The extended loan period of the NMAHP Head of Programme role supporting educational leadership within the NHS Academy will have impact on progression of core NMAHP objectives without access to	**Primary 1** **4 x 4**	**Primary 1** **4 x 4**	**Control (1)** Mutually agreed prioritisation of required education. **Control (2)** Strategic engagement with key partners regarding potential educational options to maximise flexibility for these urgent workforce needs **Action (1)** Confirmation from Workforce Directorate regarding priority allocation and funding. **Action Owner:** Karen Wilson **Action Due Date:** August 2021. **Complete** **Action (2)** Recruitment of Senior Educator to support NES NMAHP post registration acute workstream objectives. **Action Owner:** Fiona Fraser **Action Due Date:** July 2021. **Complete** **Action (3)** Funding from NHS Scotland Academy in lieu of ongoing work carried out by NES Head of Programme who will be in post until at least 31 December 2021 – this will aid flexibility of approach and support additional capacity for the programme. **Action Owner:** Karen Wilson **Action Due Date:** October 2021. **Complete** **Action (4)** On-going involvement with National Treatment Centres Programme, Unscheduled Care Programme, Centre for Sustainable Delivery and Winter Pressures System Response Group to increase awareness of priorities that will or may come to the Academy as requests/commissions. **Action Owner**: Karen Wilson **Action Due Date**: on going until March 2022. **Cont'd over/**	**OPEN** **(Score Range 10 – 12**

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

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

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

Reputational/Credibility Risks

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

No.								
12.	**NES Technology**	(ii)Vaccination Programmes **Risk Owner (Lead Director):** Christopher Wroath	• The current Vaccination programmes require multiple stakeholders to agree and implement a solution. NES Technology Service involved in developing different aspects of the enabling technology to support this programme.	• Wider challenges in respect of this high-profile vaccination programmes may adversely impact the reputation of NES, given NES's role in supporting the technology.	**Primary 1** **4 x 4**	**Primary 1** **4 x 4**	**Action (1)** Ensure clear communication about the contribution which NES is making and the elements which are completely within our control. **Control (1)** NES engagement of SG Vaccination programme at Silver Command and via multiple operational level forums to lead understanding of programme outcomes and delivery roles. **Control (2)** Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme. **Control (3)** Delivery by NES digital group on time and to spec of first-cut architecture to meet go live in early December 2020 - **Achieved**.	**CAUTIOUS** **(Score Range 4 - 9)**
18.	**NES Clinical Directorates**	Failure to meet health and safety obligations for trainees in NES employment **Risk Owner**: Karen Reid	• Pressures in the healthcare system, as boards continue to respond to the pandemic, impact on the workload of trainees, the time available to study, training and progression.	• Excessive and sustained workload demands and career development anxieties adversely impact trainees physical and mental health and well-being • Stakeholders' perception of NES duty of care responsibility negatively impacted • Legal and reputational risk.	**Primary 2** **3 x 4**	**Contingency** **3 x 2**	**Control (1)** Directorates' ongoing monitoring of trainee health and well-being **Control (2)** Careful monitoring of trainee sickness with concerns followed up and documented timeously **Control (3)** Workload concerns raised with directorates followed up and documented timeously **Control (4)** Professional support and guidance provided to trainees through existing BAU channels	**CAUTIOUS** **(Score Range 4 - 9)**

Accountability/Governance Risks over/

Accountability/Governance Risks

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

| 14. | **Planning and Corporate Resources** | Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space

Risk Owner (Lead Director):
Donald Cameron | • NES will be unable to provide training, 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.
Control (3) The development of 'remote friendly' workstyles supported by a new 'cloud based' facilities management system to manage site capacity safely in line with ever changing national guidance for 'non-clinical' NHS sites.

Action (1) Maintain all NES property transactions 'on hold' and put in place a short-term extension to the Phase 1 lease at CfHS to coincide with the Phase 2 lease expiry. This is to give us time to consider post-COVID property requirements and ensure our total property needs in Inverness are considered together when it becomes clearer (post COVID-19**).** Action Owner: Nicola Todd
10/12/21 Update: The Phase 1 lease has now been extended (with full NES Board and SG approval) until the Phase 2 lease expiry in 2023. Property use during COVID is being monitored through the new 'Booker' facilities management system. Current data shows no space pressure and data will be collected once SG guidance changes from WfH (if you can) and remote friendly working has been fully implemented and in operation for 100 days. This will help indicate what changes are required to NES sites e.g. if more training space and less desk space is required when existing leases start to expire in 2023.

Action (2) Compile common standards for all NES sites in line with post COVID-19 national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical so that NES sites are prepared and signed off as COVID-19 secure in line with a Facilities Recovery Plan.
Action Owner: various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side.
10/12/21 Update: National NES 'Safe Office Working' guidance has been developed based on SG guidance along with local site guidance for those currently working in NES sites. This will be more formally rolled out when our new 'Remote Friendly' workstyles are launched (when SG WfH message changes). All NES sites are being maintained as COVID-19 secure in line with available national guidance. | **AVERSE**

(Score Range 1 – 3) |

Accountability/Governance Risks cont'd over/

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

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

Risk Owner (Lead Director):
Tracey Ashworth-Davies | | • Inadequate staff governance and reporting.

• Failure to deliver the Directorate's operational plan. | **Primary 2**
4 x 3 | **Contingency**
3 x 3 | <u>Involved in decisions which affect them</u>: continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Mechanisms to gather feedback from staff on impact of Covid19 on work life. <u>Dignity and respect</u>: promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues.
 <u>Health, safety and wellbeing</u>: updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Group Campaigns.
Control (5) Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2025 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year.

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

(Score Range 1 - 3) |

Closed Risks - Summary

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

Board Paper

1.   Title of Paper

Draft 2022-23 Board Schedule of Business

2.   Author(s) of Paper

Della Thomas, Board Secretary, Corporate Governance Principal Lead

3.   Situation/Purpose of paper

This paper brings the 2022-23 Board Schedule of Business to the Board for review and approval.

4.   Background

4.1   The Board approved the 2022-23 dates for the public and private formal Board meetings and the dates for the informal Board Development sessions at the 25 November 2021 Board Meeting. The Board then approved the Board Standing Orders at the 10 February 2022 meeting.

4.2   The 2022-23 Board Schedule of Business flows on from these two governance processes and once approved by the Board, the Schedule of Business will be used to prepare the Board agendas for the 2022-23 business year.

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

5.1   The Board Schedule of Business mitigates the risk of any items of business being missed and assists the Extended Executive Team (EET) and the Board maintain a corporate overview of all the key governance reports required throughout the business year.

5.2   The Board Schedule of Business (SoB) is split into items for Public Formal Board; Private Formal Board; items for noting and items for Informal Board Development.

5.3   The SoB has been prepared using the 2021-22 SoB and developed in line with any new items that have emerged during the 2021-22 period that require to be sequenced through the Board.

5.4   The main items that have been added or revised are as follows:

a.   The Board has agreed that there will be quarterly financial reports to public Board for the 2022-23 business period. Therefore, the frequency of financial reporting has been decreased from appearing as an item at each public Board meeting. This scheduling has also been applied to the risk reports. Delivery reports were already sequenced on a quarterly basis.

b.   In line with Scottish Governance guidance, three-year financial, operational and workforce plans will be prepared. The NES draft three-year plan has been scheduled for 30 June 2022 Private Board.

c.   It is proposed that quarterly workforce reports should also be brought to the Board given the alignment of workforce, operational delivery and financial planning through the three-year plan. Therefore, a new item for Quarterly Workforce Reports has been added to the SoB starting from 18 August Public Board Meeting. This report will cover the Quarter 1 2022/23 period.

d.   The Public Board quarterly performance dates for Financial, Delivery, Risk and Workforce reports are:
     26 May 2022 – Quarter 4 (Finance, Risk and Delivery)
     18 August 2022 – Quarter 1
     29 September 2022 – No performance reports
     24 November 2022 – Quarter 2
     23 January 2023 – Quarter 3
     23 March 2023 - No performance reports

e.   A new item, "Corporate Governance Strategic Developments – Update" has been added to the Public Board SoB. This paper will flow through the 25 May 2022 Board meeting as an individual item after it has been reviewed at the 28 April 2022 Audit and Risk Committee meeting.

f.   A paper on Financial Strategic Principles has been added as a new item. Financial Strategic Principles set out the strategic financial assumptions and approaches from which the draft budget will be developed.   This paper scheduled through the 16 June 2022 Audit and Risk Committee meeting and onwards to the 18 August 2022 Public Board Meeting.

g.   The Board Code of Conduct (new Model Standard, Once for NHS Scotland) has been scheduled for discussion at the 30 June 2022 Board Development session. Following this it has been sequenced through the 6 October 2022 Audit and Risk Committee meeting and then to 24 November 2022 Public Board.

h.   NHS Boards Collaborative Property and Asset Management Strategy (PAMS) has been included as a potential annual item. This paper is

developed in partnership with the other national Board and a timeline for its production is not as yet available.

i. As per the Whistleblowing Standards, the Executive Lead Annual Whistleblowing Report 2021/22 has been added to the Board SoB for the 25 May 2022 Board meeting following the 5 May 2022 Staff Governance Committee Meeting.

j. The Non-Executive Director Whistleblowing Champion Report 2021/22 has been scheduled as a new annual item for the 25 May 2022 Board meeting.

k. The appointment of a new Vice Chair of the Board has been added as an individual item to align with the retirement of the current Vice Chair. The two-year review of the Vice Chair appointment will not be required this financial year.

l. The Board requested the results of the Stakeholder Engagement survey at the 10 February 2022 Board meeting. Strategic stakeholder engagement was also suggested as a Board Development topic. It is proposed that a new item will be added to the SoB on Strategic Engagement: Stakeholder Survey Results and this will be sequenced through the 25 May 2022 public Board meeting.

m. It was hoped to cover Active Governance at the 21 April 2022 Board Development session. However, the Active Governance facilitators already have another session scheduled for that date. It is therefore proposed that the full day 21 April Board Development session is reduced to half a day and a further half day Board Development date identified for Active Governance.

n. Other items for Board Development are proposed as part of the SoB. A degree of flexibility is required with the identification and scheduling Board Development topics in line with new priorities emerge and evolving business.

6. Recommendations

The Board is asked to review and approve the 2022-23 Board Schedule of Business.

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a) Have Educational implications been considered?

☒ Yes

☐ No

b) Is there a budget allocated for this work?

☒ Yes

☐ No

c) Alignment with NES Strategy 2019-2024

☐ 1. A high-quality learning and employment environment

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

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

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

☒ 5. A high performing organisation (NES)

d) Alignment with NHS Scotland Quality Ambition(s)

☒ Safe

☒ Effective

☒ Person-Centred

e) Have key risks and mitigation measures been identified?

☒ Yes

☐ No

f) Have Equality and Diversity issues been considered?

☒ Yes

☐ No

g) Is a Communications Plan required?

☐ Yes

☒ No

DT
NES
March 2022

NES Draft Public Board Schedule 22/23

Item	Recurrence	Owner	Board 26/05/22	Board 18/08/22	Board 29/09/22	24/11/2022	Board 26/01/23	Board 23/03/23	
Chair's introductory remarks	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Apologies for absence	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Declarations of interest	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Minutes of previous Board Meeting	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Matters arising from the minutes and notification of any other business	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Actions from previous Board Meetings	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Chair's report	Standing item	Board Chair	▉	▉	▉	▉	▉	▉	
Chief Executive's report	Standing item	CEO	▉	▉	▉	▉	▉	▉	
Strategic Items									
Strategic Engagement: Stakeholder Survey Results	Individual Item	Head of Communications	▉						
Governance Items									
Significant issues to report from recent Standing Committees	Standing item	All Committee Chairs	▉	▉	▉	▉	▉	▉	
Corporate Governance Strategic Developments - Update	Individual Item	Director of Finance / Board Secretary	▉						new item
Corporate Governance Package - Board Standing Orders, Standing Financial Instructions, Board Scheme of Delegation & Committee Terms of Reference	Annual Item	Board Secretary / Director of Finance					▉		
Board and Committee meeting dates - 2023-24	Annual Item	CEO / Board Secretary				▉			
2023-24 draft Board schedule of business	Annual Item	CEO / Board Secretary						▉	
Board Assurance Framework	Annual Item	Director of Finance and Director of Planning & Corporate Resources				▉			
Appointment of new Vice Chair	Individual item	Board Chair					▉		new item
Board Code of Conduct (new Model Standard, Once for NHS Scotland)	Individual item	Board Secretary				▉			
Vice Chair Biennial review of appointment	Every 2 years	Board Chair	▩	▩	▩	▩	▩	▩	Not required for 2022-23 period
Corporate Governance Blueprint Self-Assessment Action Plan	Currently suspended	Board Secretary / DoF	▩	▩	▩	▩	▩	▩	
Annual Items									
Whistleblowing Executive Lead Annual Whistleblowing Report 2021/22	Annual Item	Director of Planning & Corporate Resources	▉						
Non-Executive Director Whistleblowing Champion Report 2021/22	Annual Item	Non-executive whistleblowing champion	▉						new item
Financial Strategic Principles	Annual Item	Director of Finance		▉					new item
Caldicott Guardian: Annual Report 2021-22	Annual Item	Postgraduate Dental Dean as CG.		▉					
Feedback, Comments, Concerns and Complaints Annual Report (including Participation Standard & Annual Stakeholder report) for noting	Annual Item	Director of Planning & Corporate Resources		▉					
Draft Annual Self-Assessment Document 2021-22	Annual Item	Director of Planning & Corporate Resources		▉					
Strategic Risk Appetite	Annual Item	Director of Finance							
Progress against Strategic Outcomes for the Year 2021/22	Annual Item	Director of Planning & Corporate Resources / CEO			▉				
NHS Scotland Annual Report	Annual Item	CEO			▉				
2021-22 Equality Outcomes and Mainstreaming Annual Report	Annual Item	E&D Principal Lead	▉						
i.Matter Report	Annual Item	Director of Workforce					▉		
NHS Boards Collaborative Property and Asset Management Strategy (PAMS)	Potential Annual Item	Director of Planning & Corporate Resources							
Performance Items									
Quarterly Financial Report	Quarterly	Director of Finance	▉	▉		▉	▉		
Quartlery Risk Register Report	Quarterly	Director of Finance	▉	▉		▉	▉		
Quarterly Performance Report	Quarterly	Director of Planning & Corporate Resources	▉	▉		▉	▉		
Quarterly Workforce Report	Quarterly	Director of Workforce		▉		▉	▉		

KEY

Item Scheduled	▉
Item not Scheduled	
Item Suspended	▩

NES Public Board Schedule 22/23 - For Noting or via Correspondence

Item	Recurrence	Owner	Board 26/05/22	Board 18/08/22	Board 29/09/22	24/11/2022	Board 26/01/23	Board 23/3/23
NES/Scottish Government Sponsor Agreement for noting	Every 2 years	CEO	▓ (gray)					
Approved Standing Committee minutes for Board to note	Standing item	Board Secretary and Principal Lead Corporate Governance	▓ (orange)	▓ (orange)	▓ (orange)	▓ (orange)	▓ (orange)	▓ (orange)
2020-21 Annual Review – Response Letter from Minister for noting	Annual Item	Chief Executive					▓ (orange)	
Virtual/E-Learning Training and Development Opportunities for Board	Quarterly - via email	Board Secretary	▓ (gray)	▓ (gray)	▓ (gray)	▓ (gray)	▓ (gray)	▓ (gray)
Annual Report of the Board for noting	Annual Item	Board Secretary and Principal Lead Corporate Governance		▓ (orange)				
Final 2022 3 year Plan for noting	Annual Item	Director of Planning & Corporate Resources		▓ (orange)				

NES Formal Private Meetings 22/23					
Item	**Recurrence**	**Owner**	**30/06/2022**	**16/02/2022**	**23/03/2023**
Chair's introductory remarks	Standing Item	Board Chair	▨	▨	▨
Apologies for absence	Standing Item	Board Chair	▨	▨	▨
Declarations of interest	Standing Item	Board Chair	▨	▨	▨
Minutes of previous Private Board Meeting	Standing Item	Board Chair	▨	▨	▨
Actions from previous Private Board Meeting	Standing Item	Board Chair	▨	▨	▨
NES Annual Report & Accounts 21/22	Annual Item	Director of Finance	▨		
Board Annual Report	Annual Item	CEO	▨		
Annual Report of the Board	Annual Item	Board Secretary and Principal Lead Corproate Governance	▨		
Property Transactions (if required)	Individual Item	Director of Finance			
Draft 3 yr operational; workforce & financial plan	Annual Item	Directors of Planning & Corporate Resources; Workforce and Finance	▨		
Draft 2023/24 NES Budget/Financial Plan	Annual Item	Director of Finance		▨	▨

KEY

Item Scheduled	▨
Item not Scheduled	
Item Suspended	▨

NES Informal Development Sessions 22/23

Item	Recurrence	Owner	21/04/2022	30/06/2022	25/08/2022	25/10/2022	16/02/2023	
IJBs	Individual Item	Director Social Care	▨					
Active Governance	Individual Item	NES Board Development						Additional date to be confirmed
Speciality training for doctors and dentists	Individual Item	Associate Postgraduate Dean	▨					
Corporate Parenting	Individual Item	Director Training Psychology		▨				
New Model Code for Board Members	Individual Item	Board Secretary		▨				
Equality, Diversity and Human Rights	Individual Item	E&D Lead		▨				
COP 22 Climate Change Briefing	Individual Item	Non-executive director		▨				
National Care Service (as/when approporiate)	Individual Item	Director Social Care						

KEY	
Item Scheduled	▨
Item not Scheduled	
Item Suspended	▨

NHS Scotland Academy Joint Strategic Programme Board
Approved Minutes
30 November 2021, 10am
Microsoft Teams

Members

Susan Douglas-Scott	Board Chair, NHS GJ
David Garbutt	Board Chair, NES
Linda Semple	Non-Executive Director, NHS GJ
Douglas Hutchens	Non-Executive Director, NES

In attendance

Jann Gardner	Chief Executive, NHS GJ
Karen Reid	Chief Executive, NES
Anne Marie Cavanagh	Director of Nursing and AHP's, NHS GJ
Della Thomas	Board Secretary & Principle Lead Corporate Governance, NES
Janice Sinclair	Head of Finance, NES
Jeanette Stevenson	Associate Director NHS Scotland Academy
Kevin Kelman	Director of NHS Scotland Academy
Nicki Hamer	Deputy Head of Corporate Governance, NHS GJ

Apologies

Colin Neil	Director of Finance, NHS GJ
Gerard Gardiner	Head of Corporate Governance, NHS GJ

Minutes

Theo Richardson	Corporate Administrator, NHS GJ

1   Welcome and Apologies

Susan Douglas-Scott opened the meeting by welcoming all attendees.

The Joint Programme Board were informed of its importance to oversee the work and activities of the Academy while holding it to account when appropriate and also how to fulfil its role into the future.

Apologies were noted as above.

2   Declarations of interest

No declarations of interest were noted.

3. Updates from last meeting

3.1 Unapproved Minutes and Action Log

The minutes of the previous meeting were agreed as an accurate record.

The Joint Programme Board reviewed the Action Log and agreed action numbers 5.5 and 7.2 would be covered under Agenda items 4.3 and 4.4 respectively.

3.2 Matters arising

There were no matters arising noted.

4 Strategic Items

4.1 NHS Scotland Academy Launch

Kevin Kelman presented video footage to the Joint Programme Board about the NHS Scotland Academy Launch in July 2021.

The Joint Programme Board noted the recognition expressed by the Cabinet Secretary, acknowledged the good work that Communications had undertaken to create the suit of films to capture the NHS Scotland Academy Launch and feedback was positive.

Douglas Hutchens asked if there could be wider sharing on all media channels to ensure the message is widely seen. Kevin Kelman agreed and explained that this was in progress.

The Joint Programme Board noted the NHS Scotland Academy Launch.

4.2 Programme Update

Kevin Kelman provided a Programme Update presentation wherein he displayed the NHS Scotland Academy Meeting Diagram followed by the Start-Up Phase Strategy.

The presentation highlighted updates for 7 Key Programmes:

7 Key Programmes

1. **National Endoscopy Training Programme**
   a. Three board meetings were held.
   b. Train the Colonoscopy Trainer will occur on 15-17 November 2021
   c. Upper GI Train the Trainer course will be scoped
   d. Stakeholder group working on programme for assistant practitioners.

2. **National Clinical Skills for Pharmacists Programme**
   a. To be delivered with Dundee Institute for Healthcare Simulation.
   b. Learners attend 4 clinical skills sessions (delegate days).
   c. Backlog of 450 delegate days.
   d. 109 delegate days delivered and aim to deliver 230 days by Christmas.
   e. Actors obtained for patient and faculty simulations.

3. **National Treatment Centre Accelerated Workforce Programme**
   a. The Group meets every 6 weeks.
   b. First cohort of learns from NHS Golden Jubilee and NHS Highland
      i. Block 1: 26-28 October 2021
      ii. Block 2: 7-9 December 2021
      iii. Block 3: 8-10 March 2022
   c. Second cohort for additional Boards
      i. Block 1: 1-3 February 2021
   d. Anaesthetic Assistant Stakeholder Group
   e. Surgical First Assistants

4. **Widening Access Routes for NHS Scotland Youth Academy**
   a. Golden Jubilee Huddle
   b. Highland Huddle
   c. Tayside Huddle
   d. Grampian Huddle
   e. Dumfries and Galloway Huddle
   f. Military Service Leavers Development day on 1 December 2021
   g. Refugees
   h. Women returners
   i. Career changers
   j. Recruit to Widening Access Team using £250,000 from Scottish Government National Treatment Centre funding.

5. **Winter Planning**
   a. Rapid Development
   b. Preparation for working in health and social care in Scotland.
   c. Once-for-Scotland National Education Programme developed by NHS Scotland Academy in partnership with Boards.
   d. Identifying elements of programmes already in place locally that can be adapted for national use.
   e. Scottish Social Services Council (SSSC) working in partnership to support development.
   f. Developing a national model, which delivers a blended programme and reduces current pressures on health and social care system.

6. **Physical Learning Environment**
   a. Short-long term requirements identified. Plan for implementation to be established.
   b. Interdependency to wider NHS Golden Jubilee facilities developments.
   c. Proposal to NHS Golden Jubilee Executive Group and December meeting of NHS Scotland Academy Executive Programme Group.

7. **Digital Learning Environment**
    a. National Education Service recruiting new posts:
        i. Learning Resources Manager
        ii. Educational Resource Developer
        iii. Senior Product Manager.
    b. Collaboration with Clinical Skills Managed Education Network for Senior Educator Posts:
        i. North (0.2 WTE)
        ii. East (0.2 WTE)
        iii. West (0.2 WTE)
        iv. Inter-professional learning (0.4 WTE)
    c. Foundations of perioperative practice learning material on TURAS for first cohort.
    d. Preparation for working in health and social care in Scotland will be on TURAS.
    e. Website and social media channels are now live.

NHS Scotland Academy Emerging Opportunities
- Imaging (Sonography)
- Endoscopic Vessel Harvesting
- Bands 2,3 and 4 – NES Commission
- Medical Associate Professions – NES Commission
- Ophthalmology – RAF to Dec EPG
- Bronchoscopy – RAD to Dec EPG
- NMC OSCE pre centre – working group
- Healthcare Scientists – CHSO – 22 November 2021
- AR/VR/MR/Robotics – working group
- Healthcare Built Environment (currently on hold)

David Garbutt asked whether NHS Scotland Academy had the legal requirement and support to deliver to people out with the health service. Karen Reid advised she will ask the NES Board Secretary, Della Thomas, to pick this up as they had a similar issue with another aspect of the NES' role. Karen Reid will confirm with the Sponsor team and provide an update at the next meeting.

Action Number	Action	Responsible	Deadline
30112021/01	Seek clarification from Sponsor team about legitimacy to deliver outwith the health service.	Karen Reid	At the next meeting.

The Joint Programme Board discussed how NHS Scotland Academy would capture service outcomes and record Key Performance Indicators.

The Joint Programme Board were informed about the NHS Scotland Academy involvement in apprenticeship design for students who can work towards an apprenticeship, be in supporting roles or undertake further academic studies. The Joint Programme Board agreed it is important to record long-term outcomes of service delivery.

The Joint Programme Board noted the Programme Update.

4.3   Board Development Session for Board Members

Kevin Kelman welcomed Jeanette Stevenson and detailed the NHS Scotland Academy's approach to implement policies, frameworks, annual plans and key performance indicators to address key issues, which were identified to enhance development. The suggestion was to start working on these to share with the Board at the February meeting.

Karen Reid advised Section 5 outlines the Academy Executive Programme Group are looking at these issues but we will need to look at synergies as the Academy is not a body in its own right and we need to make sure we maximise the existing policies.

Jann Gardner felt this was not about duplicating what is held by the parent organisations and that the Academy and CfSD should look at aligning to ensure time is committed to improve value-measured contributions to outcomes.

Kevin Kelman informed the Joint Programme Board that NHS Scotland Academy would undertake a development session in February 2022.

The Joint Programme Board noted the Board Development Session for Board Members.

4.4   Initiation Process for New Workstreams

Kevin Kelman invited Jeanette to take the members through this paper on the Initiation Process for new Workstreams.

The purpose of discussion was to confirm whether the new workstreams were proportionate and met the requirements of NHS Golden Jubilee and NHS Education for Scotland.

The Board agreed the context of the 3-year Strategy Plan would support its decision-making and the importance of accountability. Assurance work will be important to obtain information to measure contributions of schemes and its appropriateness to meet organisational, NHS Scotland/Scottish Government priorities.

The Joint Programme Board noted the Initiation Process for New Workstreams.

5   Performance Update

5.1   Overview Financial Report

Janice Sinclair presented the Overview Financial Report and thanked Elizabeth O'Brien for preparing the paper.

The report provided an update on the financial performance for financial year 2021/22 against prior business case approval in June 2021. The forecast for National Education for Scotland was £0.276 million and £0.791 million for NHS Golden Jubilee. The total funding requirement in 2021/22 is £1.067m.

Joint monthly finance meetings are in place. Further reports will be provided on NHS Scotland Academy development, which will contain information on planned access to the deferred capital building refurbishment funding and highlight any risks identified.

The Joint Programme Board noted the Overview Financial Report.

5.2   Recruitment Update

Kevin Kelman presented the Recruitment Update providing progress on where new posts have been filled and more posts that will be advertised in the future. The NHS Scotland Academy Organisational Chart highlighted the posts in further detail.

The Joint Programme Board suggested highlighting risks and concerns against service pressures. Kevin Kelman advised there is a 3-month notice period, which affects recruitment timescales and completion dates will be clarified when the annual operational plan is in place. He also advised that an Annual Operating Plan would help to show any risks in the coming months.

The Joint Programme Board noted the Recruitment Update.

6   Any Other Competent Business

No further business were noted.

6.1   Date and Time of Next Meeting

The next scheduled meeting of the NHS Academy Joint Strategic Programme Board is 15 February 2022 at 10am.

The meeting closed at 11:06am

Theo Richardson
Corporate Administrator, NHS GJ
TR/JG/SDS

NHS Education for Scotland

EDUCATION & QUALITY COMMITTEE

Approved minutes of the fifth meeting of the Educational & Quality Committee EQC) (which is the forty-fourth meeting of the Educational and Research Governance Committee) held on Thursday 9 December 2021 via Microsoft Teams

Present:	Douglas Hutchens, Chair, Non-Executive Director
	Sandra Walker, Non-Executive Director
	Annie Gunner Logan, Non-Executive Director
	Gillian Mawdsley, Non-Executive Director
	Vicki Nairn, Non-Executive Director
In attendance:	David Garbutt, Chair of NES Board
	Karen Reid, Chief Executive
	Karen Wilson, Director of Nursing Midwifery & Allied Health Professionals (NMAHP) and EQC Executive Lead
	Kevin Kelman, Director of NHS Scotland Academy
	Della Thomas, Board Secretary/Principal Lead Corporate Governance
	Rob Coward, Principal Educator/Executive Secretary
	Stewart Irvine, Medical Director
	Amjad Khan, Postgraduate GP Dean (For Items 13 and 18)
	Alastair McLellan, Postgraduate Dean (For Items 19-21)
	Chris Duffy, Senior Admin Officer/Committee Secretary

1. Welcome and introductions

1.1 The Committee Chair welcomed everyone to the meeting. He remarked that it was a very full agenda and that a process will be considered to review the medical papers further to today's meeting. The Board Chair highlighted that there was nothing on the agenda about leadership (National Leadership, Project Lift) and asked when this aspect would come to the EQC, as he felt it should be a regular standing item. Karen Wilson clarified that some issues have been covered in the Lead Executive report, standalone agenda items will come to Committee when papers are available.

The Committee Chair welcomed Annie Gunner Logan to her first meeting and also noted that this would be Stewart Irvine's last meeting before he retires, Stewart Irvine was thanked for his invaluable contributions to the Committee.

2. Apologies for absence

2.1 No apologies were received for this meeting.

3. Notification of any other business

3.1   There were no notifications of any other business.

4.   Declarations of interest
4.1   Vicki Nairn declared that she will be changing roles next year, moving to the University of Highlands and Islands. Annie Gunner Logan also raised personal involvement in Leadership Development as part of her role with the Coalition of Care and Support Providers in Scotland (CCPS).

5.   Minutes of the meeting held on 19th August 2021
5.1   A change was required on page 4, under the NHS Scotland Academy item, a sentence should be updated to read "Committee members noted that clear and unambiguous governance of the NHS Scotland Academy is vital to avoid duplication and to ensure full Governance coverage."

5.2   The minutes were then accepted as an accurate record of the meeting.

6.   Action Status Report and other matters arising
6.1   The following points were raised in relation to outstanding actions;
   - Enhanced Monitoring/Board Chairs Group – The Board Chair provided an update that drew attention to a piece of work around NHS Board educational governance, as part of the work of the Corporate Governance Blueprint Steering Group. This item has been added to the 3 March EQC agenda when the Board Chair will provide a further update.   **Action: David Garbutt**

   - Board Visioning Day/Key Performance Indicators (KPIs) – The Committee requested an update on progress made with the development of the new Strategy further to the Board Visioning session and asked what the timeline will be. Karen Reid confirmed that the timeline for the development of the new Strategy will be reported at the 10 February 2022 Board meeting. **Action: Karen Reid**

6.2   The Committee approved the completed actions, and these will now be removed from the report.

7.   Education & Quality Executive Lead Report
7.1   Karen Wilson introduced this report and drew the Committee's attention to the following key items in the report. On page 5 and appendix, the governance and current NES accountability arrangements, she requested Committee feedback on this document.

7.2   On page 8 Medical credentialing, Stewart Irvine was invited to provide a verbal update. He outlined that it has been three years since the 2017 David Greenaway review (that recommended credentials), was endorsed. He outlined that we are awaiting the publication of the General Medical Council (GMC) Credentialing report and that it has been through a process of development involving the GMC and the 4-nations group. He advised that we expect the document to be published early next year.

7.3   Karen Wilson also raised the following areas of the report. Page 9 the Healthcare Support Worker vaccination education, page 10 the successful and important work completed around dental nurse trainees, page 13 the Turas Learn update and the appointment of Clair Graham as Head of Programme in the NHS Scotland Academy. This brings the NHS Scotland Academy senior team to its full complement.

        The Committee Chair invited Committee members to raise any questions.

7.4   Regarding the vaccinator programme, the Committee asked if there was scope to compress the time taken to train potential vaccinators. Karen Wilson advised that NES are keen to provide clarity that a set of resourses have been provided and it is then down to the vaccinator and assessor to decide when competence has been achieved. She went on to note that trainees/staff new to vaccination are taking 6-8 weeks to train, however for experienced practitioners this training only requires a number of days.

7.5   The Committee raised a point in relation to the 24 % attrition rate, questioning if there is any previous information on attrition rates and have steps been taken to deal with this. Karen Wilson outlined that the particular statistic is for supervisors, and it is quite a high percentage. A detailed explanation cannot be given at the moment, but it will be explored further.
                                                                Action: Karen Wilson

7.6   The Committee commented that it was positive to see such strong NES involvement and encouraging to see the extension to social care in relation to leadership development. The Committee raised a question around the ASPIRE programme and asked if it could be confirmed that this relates to the whole system. Karen Reid responded to say the first cohort was circa 20 places and senior staff ensured that it included the third and independent sectors. It is likely there will be more places in social care than health care and this is an important message for the sector.

7.7   Regarding TURAS Learn, it was noted that according to the risk register there appeared to be no mitigations or controls in place. Karen Wilson thanked the Committee for these comments and proposed to bring something more comprehensive to the Committee on TURAS Learn Development. The risk register will also be reviewed as an action. Karen Reid also confirmed that members of the executive team will be bringing forward a project management approach to TURAS Learn and part of that will focus on risk.
                                                                Action: Karen Wilson

7.8   The Committee confirmed they were content with the assurance provided in this report and the format it was presented in and thanked Karen for this.

8.   NHS Scotland Academy Educational Governance Update
8.1   Karen Wilson introduced this paper. She commented that this is a new partnership and NES are responsible for educational governance and quality of the educational offerings delivered through NHS Scotland

Academy. Working to ensure every student has a consistent standard of experience, the commissioning process has been included. She remarked that it has been a complex piece of work and the Committee are invited to give their views on how the process has developed so far.

8.2   The Committee highlighted the National Endoscopy Programme Board and questioned if further Programme Boards will be established and the need to be clear about the governance terminology used. Karen Reid confirmed that there needs to be more clarity on the terminology used to describe these groups and that they are clinical groups rather than a board. The decision for any additional programme groups will sit with the NHS Scotland Academy Joint Strategic Programme Board and the NHS Scotland Academy Joint Executive Programme Group. The National Endoscopy Training Programme Board, is better described as a clinical delivery group. Della Thomas offered to work with the authors of the paper to develop the document slightly, making it clear on the roles of the boards/groups and how they report to the NHS Scotland Academy Joint Strategic Programme Board and NES Committees.

Action: Della Thomas/Maria Pollard

8.3   Karen Reid also informed the Committee that as NES begin to develop their new KPIs NES staff will also be speaking to the NHS Scotland Academy team to support evidencing performance and will also be looking at an internal audit review in 2022/23. Both organisations (NES and NHS Golden Jubilee) will report on the NHS Scotland Academy as part of their Annual Review.

8.4   The Committee highlighted that some of the language might be developed in the context of Health and Social Care. The NHS Scotland Academy has a key role in acknowledging prior knowledge and experience, and this should be included in the framework. The importance of including the intended learning outcomes, ensuring success criteria is measurable was also raised. Karen Wilson thanked members for their comments. It was agreed that any further points or expansion on the points already made would be forwarded to Karen Wilson and she would consider these more fully for inclusion.

Action: Karen Wilson/Committee Members

8.5   The Committee noted the NHS Scotland Academy Educational Governance update with the amendments discussed to be made.

9.   Quality management of externally commissioned education
9.1   Karen Wilson introduced this paper and asked Committee members if the paper provided appropriate assurance to the Committee.

9.2   The Committee discussed the calibre of the organisation that is providing the externally commissioned education and raised a question about the standards of culture and behaviour in that organisation and the approach taken to ethical commissioning. Karen Wilson confirmed that work is underway with The Institute for Research and Innovation in Social Services (IRISS) on an ethical commissioning educational resource. This will be

incorporated into NMAHP commissioning and then will be discussed more widely within NES. Karen Reid added that the work with IRISS has the potential to be really exciting and fruitful as it provides NES with a real opportunity to embed Fair Work principles at the time of tendering. She stated that that it would be ideal to also include this as part of community wealth building.

9.3   The Committee reviewed the draft agreement in the document and queried if this was a standard government document or a bespoke NES document. If it was a bespoke NES document the Committee asked if there was a potential for text to be added on whistleblowing standards. Stewart Irvine confirmed that it is a NES bespoke Service Level Agreement (SLA). The SLA underpins working relationships in NES and territorial boards. He advised that there isn't a refresh planned in the near future, but the comments from the Committee will be considered when the SLA is next reviewed.

9.4   The Committee confirmed they were content with the assurance the paper provided. Committee members were encouraged to watch the video link in the paper - 5.2.

10.   Thematic Review – Carer Support
10.1   Rob Coward introduced this review and highlighted that it is seeking to provide the committee with the assurance that the sharing of practice and learning has been effective. The practice review was in relation to the Educational Leadership Group. The report describes the process of collecting and discussing evidence and culminates in recommended actions which will be taken forward.

10.2   The Committee discussed the report and asked how unpaid carers could be identified and included in the review. Karen Wilson advised that there has been a focus on educationalists to include carers (including unpaid carers) and to make sure the educational resources are suitable. She commented that there was a need to continue to raise the profile so that everybody considers carers when developing resources.

10.3   The Committee were content to approve the report and the assurance it provided.

11.   Nursing & Midwifery pre-registration performance management report
11.1   Karen Wilson introduced this report and outlined that it is the first time for this topic to be brought to the Committee. She went on to state that there is a significant amount of Scottish Government (SG) budget spent on Undergraduate training, NES carry out a quality assurance (QA) function for SG in this regard, have a comprehensive process for doing this QA and wanted to bring this to the Committee's attention. The Committee Chair opened this item up for questions.

11.2   Committee members welcomed the report and asked if it is known what happens to the 20-22% who don't complete the training satisfactorily and is

there any mechanism to try to retain such significant numbers? Karen Wilson replied that this is an area that staff are in the process of developing data collection to better understand this. She went on to remark that there is a large focus on students who do succeed confirming the positive investment made.

11.3   The Committee focused on the recommendations at the end of the report and asked how do they manifest in the ongoing work. Karen Wilson confirmed the recommendations have gone to Scottish Government, and NES are now anticipating that some of them will become workstreams in NMAHP.

11.4   The Committee asked about the length of the paramedic courses and noted that they are 3 year ordinary degrees although there is still some lobbying for a 4 year Honours programme the same as other AHP professions.

11.5   The Committee raised the recommendations which suggested exploration of the impact on student wellbeing, and that it was surprising that this hasn't already been happening through iMatter and pulse surveys. Karen Wilson confirmed that a survey hadn't been commissioned by the Scottish Government, but the Council of Deans for Health have now completed a survey and the results were awaited.

11.6   The Committee also noted that data and information on wellbeing might be sought as part of the COVID-19 recovery committee and enquiry into the pandemic (and Care Homes). Karen Wilson assured the Committee that preparation for enquiries had begun and teams were making sure that all the evidence required would be available.

11.7   The Committee thanked Karen Wilson for this report and recommended that the full report comes as a paper next year also. This will be added to the 2022/23 EQC Schedule of Business.
Action: Chris Duffy

12.   Annual report on regulated education activities
12.1   Rob Coward introduced this paper and highlighted that this is the second time the Committee have seen the report in this format. He added that it gives visibility to the work that is subject to external scrutiny and regulation and contains linked reports for members. He suggested that it generally reflects a very positive position.

12.2   The Committee noted the report and confirmed it provided the required governance assurance.

13   Primary Care Complaints Report
13.1   The Committee Chair welcomed Amjad Khan to the meeting. He outlined that it had been proposed at the start of the meeting that the Medical papers would be scrutinised using a process outwith this meeting.

13.2

However, he advised that time would allow for this report to be considered and he opened up the meeting for questions.

13.3

The Committee questioned why complaints to NES staff aren't included in the Feedback, Comments, Complaints and Concerns report. Stewart Irvine confirmed that as they are not complaints to NES, they are complaints to the organisation the member of staff is working in they are not included in this report.

13.4

The Committee discussed the strategic approach to primary care complaints and asked if complains and compliments were being considered as learning tools? Stewart Irvine confirmed that NES takes this approach as part of the NES corporate complaints and feedback process.

13.5

The Committee queried what could be done to reduce the number of complaints. Amjad Khan responded, to state that there has been a big change in the way services are delivered in primary care, moving from 80% face to face to 80% virtual. This raises challenges and that communication is key. Complaints are still generally in line with pre-Covid numbers. He advised that most complaints received are of low risk and linked to communication/attitude.

13.6

The Committee chair confirmed there would be a further opportunity for members to ask questions in correspondence relating to this paper if required following the meeting.

14.

Risk Report and identification of any new risks emerging from this
14.1 **meeting**
Rob Coward introduced this report and highlighted that it now contains the addition of the National Leadership Development Programme. He also informed the Committee that the Risk Management Group is now up and running.

14.2

The Committee asked if the health and safety of frontline staff is contained on a risk register, and should it come to this Committee? Karen Reid confirmed that discussions and changes have been made to the risk register through the Extended Executive Team to include this. Thought has been given to how best support colleagues and all staff through winter/restrictions. It was noted that the executive team are doing all they can to support colleagues.

14.3

The Committee referenced the pharmacy risk with a date of May 2021 and asked if a more recent update could be provided.

14.4

The Committee enquired about the risks and mitigations of risk 1 and risk 2 and asked for further clarity on specific risks and mitigations.

14.5

Rob Coward will action the comments raised by the Committee.

Action: Rob Coward

14.6

The Committee noted the risk register.

15. Annual review of EQC Terms of Reference
15.1 Della Thomas introduced this item and highlighted that all Committees now review their Terms of Reference (ToRs) on an annual basis. She went on to explain that the proposed revisions were highlighted relating to the new delegated educational governance remit of the NHS Scotland Academy

15.2 The Committee approved the changes to the ToRs and discussed how the 2022/23 Schedule of Business would be developed in line with the ToRs. Members commented that the volume of papers coming to the December meeting was too high to allow members to be focused on key issues and that consideration could be given to distribution of papers differently across the four meetings of the Committee. Stewart Irvine advised that there wasn't much, if any, flexibility in terms of all the medical papers.

15.3 Della Thomas commented that there may be a requirement to extend the timing of the December 2022 meeting slightly and agreed to consider the sequencing of items across the four meetings as part of the development of the 2022/23 Schedule of Business, which will be brought to the 3 March 2022 EQC meeting for comment and approval.   **Action: Della Thomas**

15.4 The Committee Chair advised that due to time available, items 16-21 would be taken as a group of collective items. He suggested an additional process outwith the meeting might be added to further enable the governance and the scrutiny of the reports, for example a separate specific meeting or through a process of correspondence.   **Action: Chris Duffy**

22. Consultations Log and Parliamentary business update
22.1 Committee members noted the consultation log.

23. Scottish Government and NES Educational policies
23.1 There were no new policies to report.

Review of Effectiveness of Meeting
The Committee members commented on the length of the meeting and asked if future scheduling could be improved upon in terms of the volume of business at the December meeting.

24. Any other business
24.1 Stewart Irvine was again thanked for his contributions to the NES Education and Quality Committee and the previous Educational and Research Governance committee.

25. Date and time of next meeting
25.1 The next meeting of the Education and Quality Committee will be held on Thursday 3 March 2022, 10:15 a.m.

CD/DT/DH/KW
January 2022

V.03

DIGITAL AND INFORMATION COMMITTEE   **NES/DI/21/24**

Minutes of the Third NES Digital and Information Committee held on Monday 13 December 2021 09.30 – 11:45 via Microsoft Teams.

Present: David Garbutt (Chair)
                        Jean Ford
                        Douglas Hutchens
                        Angus McCann

In attendance: Jenn Allison, Senior Officer, Board / CEO Office
                        Paula Baird, Principal Lead, Workforce (for item 8)
                        David Felix, Director of Dental and Caldicott Guardian
                        Lorna Gibbs, Deputy Director of Data and Digital Division of the Mental Health and Social Care Directorate, Scottish Government (until 11:30)
                        Heath Kilfara, Senior Finance Manager
                        Karen Reid, Chief Executive (until 10:30)
                        Janice Sinclair, Interim Director of Finance (until 11:30)
                        Della Thomas, Board Secretary
                        Marisa Wedderspoon, Manager, Digital
                        Christopher Wroath, Director of Digital

1.   Welcome and introductions

1.1   The Chair welcomed everyone to the meeting and thanked everyone for agreeing to an earlier than usual start time for the meeting. He gave particular welcome to Lorna Gibbs, Deputy Director of Data and Digital Division of the Mental Health and Social Care Directorate at Scottish Government (SG). Lorna was in attendance to develop her understanding of how the digital aspects of NES' work are governed, and to provide the Committee with a short update on data and digital developments associated with the National Care Service.

2.   Apologies for absence

2.1   Apologies were received from Vicki Nairn and Tracey Ashworth-Davies. Karen Reid left the meeting at 10:30 and Lorna Gibbs and Janice Sinclair left the meeting at 11:30.

3.   Declarations of interest

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

4.   Notification of Any other business

4.1   There was no other business raised for discussion.

5.   Minutes of the meeting 13 September 2021   (NES/DI/21/18)

5.1   The minutes were approved as a correct record following the minor correction of a spelling error.

6.   Committee Rolling Action Log   (NES/DI/21/19)

6.1   The Committee noted that of the 6 actions, 4 are complete. 1 has been paused and 1 is in progress.

6.2   The Committee noted that the action to update the Assurance Framework to further align with the Digital and Information Committee (DIC) Terms of Reference (ToRs) has been paused as the revised NES Board/Committee Assurance Framework will be required to be developed alongside the visioning, risk and Key Performance Indicator (KPI) work.

6.3   In relation to the action to contact SG regarding the need to develop a National Information Governance Agreement, the Chair informed the Committee that he had spoken with Caroline Lamb, Chief Executive of NHS Scotland, and advised that a National approach to Information Governance with a National data sharing agreement would be vital to the success of the National Data Platform. He also highlighted the potential difficulties regarding the ease of sharing data, if this was not in place. The Committee noted their frustration that this has not yet been progressed by SG and that this is a necessary requirement to meet the aspirations of domain B of the Digital Health and Care Strategy.

6.4   In terms of the action associated with improving the format of the Executive Lead report, some feedback has been offered by three members of the Committee. The report format has been updated and subsequently been submitted to the meeting. The Chair request that members provide any further feedback regarding the updated format of the report during item 08.

7.   Data and Digital in the development of the National Care Service

7.1   The Chair invited Lorna Gibbs   to update the Committee on data and digital developments associated with the National Care Service.

7.2   Lorna Gibbs thanked the Committee for their welcome and informed the Committee that the Data and Digital Division of the Mental Health and Social Care Directorate was set up in August 2020 to support the National Care Service. There are currently six members of staff in the team and recruitment is expected to be completed by January 2022.

7.3   The consultation for the National Care Service closed in November 2021. Results of the consultation will help to shape decisions regarding the service which are expected to be made by Ministers in early 2022.

7.4   One of the key ambitions is to improve user experience across the Care sector with integrated systems, and the creation of a National Care record. The division will also progress work in relation to commissioning; research; and local, regional, and national improvements.

7.5 She outlined an immediate priority to identify the data needs and discussions have started to take place with key stakeholders, such as the Information Commissioners Office.

7.6 The Committee asked about timescales for progressing the legislation for the National Care Service. Lorna Gibbs advised that further pre-liminary work is required before timescales could be specified. She also emphasised the importance of user engagement to ensure that the service developed will meet user requirements.

7.7 Karen Reid advised that that NES have the capacity and capability to assist with the Integrated Health and Social Care Record.

7.8 The Committee noted the overlap between the work of the SG Data and Digital Division and NES and highlighted the importance of communication and information sharing. The Committee emphasised NES' commitment to working in partnership with SG colleagues.

7.9 Lorna Gibbs agreed that building strong working relationships with all key stakeholders was important. She advised the Committee that developments will be in partnership with stakeholders and that a NES representative will be invited to join the Steering Group once the full team is in place.

8. Executive Lead Officer's Report (NES/DI/21/21)

8.1 Christopher Wroath introduced the paper to provide the Committee with an overview of progress on delivery; an update on the status of SG Commissions; a highlight of key areas of risk; a summary of expenditure to date; and a current forecast of the end of year anticipated financial position.

8.2 The Committee noted that formal Organisational Change to bring NES Digital and NES Digital Services into one Directorate, under the working title of NES Technology Service (NTS), is ongoing. Christopher Wroath informed the Committee that there has been excellent engagement with staff during phase one of the change management process. The Change Management Programme Board have recently approved the post of Deputy Director, which is expected to be recruited to in January 2022.

8.3 A query was raised regarding change management in relation to the proposed organisational structure. Christopher Wroath explained that teams have already been making improvements to ways of working which have helped to create efficiencies and increase outputs within the existing teams. The new Organisational structure will help to implement further improvements to ways of working which should help to further increase outcomes.

8.4 Christopher explained that recruitment to Digital posts continues to be a significant challenge across the Public Sector. He added that the effects of COVID-19 have further impacted the job market due to the increased demand for technical expertise and the competitive salaries offered in the Private Sector.

8.5 A question was raised regarding recruitment focusing wider than the central belt of Scotland. Christopher Wroath advised the Committee that recruitment was open to candidates across the country.

8.6 The Committee noted that discussions with SG, to agree a more sustainable approach to funding and commissioning are ongoing. They also noted that NTS are currently reviewing priority areas of NES Digital developments with colleagues across NES Directorates as part of the Operational Planning process.

8.7 The Committee noted that Greater Glasgow and Clyde (GGC) will be continuing the development of the Cancer Treatment summary work hosted on Turas. Further developments will include work to improve the consistency of data captured. The Committee noted their satisfaction that NES have completed the original Commission for the Cancer Treatment Summary work and that NES will continue to support GGC with further improvements as required.

8.8 Christopher Wroath informed the Committee that the Digital Health and Care Enabling Technology Board (DHCETB) met recently. The Board, which is made up of representatives across Health and Care, have committed to prioritising work in relation the National Digital Health and Care Platform.

8.9 The Committee raised a query regarding the progress of discussions in relation to the enterprise architecture for Scotland. Christopher Wroath commented that the aim of the DHCETB is to set the strategic direction for areas such as the enterprise architecture. He added that "Identity Management" is a vital element of the enterprise architecture and discussions regarding this continue at the DHCETB. He went on to advise that the DHCETB report to the SG Digital Health and Care Strategic Portfolio Board (DHCSPB) and that some strategic decisions may require to be escalated to this Board for approval.

8.10 The Committee asked if the noted underspend in relation to NDS will be utilised elsewhere in the Directorate and what was being done to address the overspend in relation to Microsoft Azure. Christopher Wroath explained that NTS colleagues are working closely with Finance to monitor underspend. Janice Sinclair added that 500k of earmarked funding may require to be returned to SG. Christopher Wroath commented that actions were being taken to reduce the costs associated with Azure and added that much of the increase to costs has been due to the impact of COVID-19.

8.11 The Committee noted there is an outstanding bid for £73k to further develop Turas Appraisal and asked if this had been granted by SG. Christopher Wroath clarified that we are still awaiting confirmation from SG if this piece of work will be required.

8.12 The Chair welcomed Paula Baird to the meeting to provide an update regarding the Digital Capabilities Programme. She advised that the first meeting of the Programme Board took place on 17 September 2021. The Programme Board includes representation from COSLA and SG and will meet every four months to monitor progress.

8.13 The Committee noted that workstreams for the Digital Capabilities Programme were on track and that an underspend of £59k, due to recruitment lag, is likely to be carried over into financial year 2022-23. Paula Baird explained that if the carry-over is approved by SG this may be used to fund a Digital Master Class available to Executive level staff across the Health and Care Service.

8.14 A query was raised regarding the extent of influence on Digital education with undergraduate professions such as Nursing and it was noted that influence of changes to regulated professional programmes is limited. Paula Baird informed the Committee that the Digital Health and Care Innovation Centre (DHI) has recently submitted a bid to SG to address Digital skills within professional training programmes. The Committee noted the importance of engagement with professional regulatory bodies and the role of NES in this regard. Paula Baird advised the Committee that SG have not yet approved the proposal from DHI. It was agreed that she would discuss the detail of the proposal with Karen Reid.
Action: PB/KR

8.15 Discussion took place regarding NES priority areas of work. Christopher noted that the Technology Executive Group (TEG) have been tasked with setting delivery priorities and ensuring that business requirements for current and future strategic digital programmes are set collaboratively by Directorates.

8.16 Discussion took place regarding the work to develop "My Turas" as a Learning Management Platform. Christopher Wroath explained that NES' ambitions for delivering training will underpinning the technology therefore it is vital that this direction is set by the business.

8.17 The Committee welcomed the improvements made to the format of the report. Discussion took place regarding striking the right balance between reporting detail and providing the strategic overview. It was agreed that cluster reporting would be helpful, aggregating up to make links with the NES strategy and workforce strategy and the Digital Health and Care Strategy. The importance of defining the minimum viable product and clarifying when a programme has started and completed was highlighted. Christopher Wroath agreed to work on developing the report further. The report narrative and project table will continue to be presented in the main body of the report and the list of deliverables will be included as an appendix for information. **Action: CW**

9. Annual Inherent Primary 1 Risks (NES/DI/21/22)

9.1 Christopher Wroath presented the paper to provide the Committee with a visibility of risk included in the NES Technology Services (NTS) Directorate risk register where the inherent risk level has been scored as a Primary 1 Inherent risk.

9.2 The Committee noted that Primary 1 Inherent risks from NES Directorate risk registers are submitted annually to the relevant Board Committee, based on their remit, to provide assurance that appropriate controls and required actions are in place to mitigate the risk to the reported residual level.

9.3 Christopher Wroath highlighted that some work is required to refine the NTS Directorate risks since the NDS and NES Digital risk registers were consolidated. NTS colleagues will work with the Risk Management Group (RMG) to refine this further, and an updated risk register will be submitted to the February 2022 Committee meeting. **Action: CW**

9.4 Janice Sinclair added that the RMG, which is a cross-directorate group, will be working to ensure consistency to risk reporting is implemented across all business areas.

9.5 The Committee requested that future risk reporting include a narrative summary. Della Thomas agreed that a narrative summary would be helpful for the NES Board and Committees and suggested that the RMG look at consistency and format of reporting to Board and Committees as part of their risk review.

Action: JS/DT

10. Technical Environment Overview

10.1 It was agreed that item 10 Technical Environment Overview would be taken at the end of the meeting to ensure that other items of DIC business requiring quorate approval were covered. The Chair therefore moved the committee on to item 11.

11. Annual Review of the DIC ToRs (NES/DI/21/23)

11.1 Della Thomas introduced the review of the DIC ToRs which were being presented to the Committee for their approval as part of the annual sequencing of review of all NES Committee ToRs.

11.2 The Committee noted that at a meeting held on 29 October 2021 the DIC and Audit and Risk Committee (ARC) Chairs, the DIC and ARC Executive Leads and the Board Secretary, agreed that information governance reporting will be brought to the DIC for active scrutiny and would no longer be required to be submitted to the ARC. The DIC ToRs have been amended in paragraph 1.3 to reflect this**.**

11.3 The Committee noted and approved the amendments to the DIC ToRs.

12. Identification of any new risks emerging from this meeting

12.1 There were no new risks identified from the items discussed at the meeting.

13. Any Other Business

13.1 There was no other business discussed.

14. Review of Effectiveness of Meeting

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

15. Date and time of next meeting

15.1 The next meeting of the Digital and Information Committee will be held on Monday 28th February 2022 via Microsoft Teams.

15.2 The Chair invited Christopher Wroath to take the meeting through the Technical Environment Overview presentation. Christopher Wroath provided the DIC with an overview of the current technical environment in which NTS are operating to assist them in developing a greater understanding of the necessary technical aspects of discussions.

15.3 The Committee thanked Christopher for an informative presentation and requested that an update is provided to a future Committee meeting in around nine months' time. A copy of the presentation will be distributed to the Committee for their information and the DIC Schedule of Business for 2022-23 will include a Technology Environment presentation to the September 2022 meeting. **Action: JA**

NES
December 2021
JA/DT

Board Paper

1. **Title of Paper**

   NES iMatter Results - Update on the 2021 iMatter Health and Social Care Staff Experience Report

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

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3. **Situation/Purpose of paper**

   To provide an update and reassurance to the NES Board on the results from the 2021 iMatter Staff experience continuous improvement tool roll out and to highlight key areas of interest.

4. **Background**

4.1 iMatter is the staff experience continuous improvement tool designed with staff in NHSScotland to help individuals, teams and Health Boards understand and improve staff experience. The tool was first implemented in NES in 2015.

4.2 In response to the pandemic, the 2020 survey was paused and a Pulse Survey was conducted in its place with the results published in December 2020. The normal survey cycle was reinstated for 2021.

4.3 This update was noted by the Staff Governance Committee on 3rd February 2022.

5. **Assessment/Key Issues**

5.1 **NES results for 2021**

   Our 2021 Employee Engagement Index (EEI) score, which measures staff engagement, is our **highest ever**, at **84** (82 in previous 2019 survey). Our response rate is also our **highest ever**, at **92%** (87% in previous 2019 survey). Both scores are the highest achieved across NHS Scotland.

5.2 **Areas of Strength**

   The survey is made up of 28 questions, which respondents score on a scale (1-10). Each question corresponds to a Staff Employee Engagement Component.

   Since 2017, 25 out of the 28 components (see Appendix 1) have improved with NES showing particular strength in areas such as:

   - 'Visible and consistent leadership' (first component)

- 'Assessing risk and monitoring work stress and workload' (second component)
- 'Confidence and trust in management' (third component)

5.3 The overall increase in scores is very positive. Why they have increased is less clear because there is no directly attributable data. Given that is the case, we have speculated that the following reasons may be valid:

- During the pandemic, NES has contributed to the overall health and social care system in several ways visible to employees. We think this will be a source of pride both for those individuals who have made the contributions and also their colleagues.
- NES has adopted a proactive, wellbeing focus to supporting our staff throughout the pandemic. A very positive approach has been taken to working from home, with lots of practical and psychological support, and clear messages around looking after self and others. We continue to provide a high level of support and flexibility around home working. During lockdown this was especially beneficial in enabling people to balance caring commitments and NES work. We have set up staff networks for various groups to ensure that specific concerns are understood with learning shared both between members and with NES so that our decisions are informed. In the survey, NES scored highest as a 'Good Place to Work' with a score of 87.
- NES has continued to provide a consistent "work from home if you can" message. We have kept our main offices open for essential business needs, and complex personal situations, and this has allowed staff to have appropriate, safe access to offices. We continue to be cautious about initiating our safe return to office strategy and have consulted with staff to get their views.

5.4 **Areas of development**

These are the areas that either stayed the same or did not increase:

- 'Role clarity' (component 10), has gone down by a point (87 to 86)
- 'Job satisfaction' (component 19) and 'learning and growth' (component 23), have both stayed the same (84 and 80 respectively)
- Our lowest indicator over the four years is 'partnership working' (component 28) but this has also increased from 61 to 69, thus going from yellow to green in 2021

5.5 Our Recovery & Renewal Steering Committee meets fortnightly to maintain focus on staff engagement issues as we work through the pandemic and plan implementation of hybrid working arrangements, as approved by the NES Extended Executive Team in 2021, at an appropriate point taking into account pandemic related factors.

5.6 **Action plan completion rate**
After teams received their iMatter report, an 8-week window action planning opened. At the end of this window, 165 out of 199 action plans had been uploaded to the iMatter portal, which equates to 83%. Directorates are accountable for taking the actions defined within the action plan forward.

5.7 The last time iMatter was run, in 2019, the completion rate was 99 out of 102 teams, which equates to 97%.

5.8 A key difference between 2019 and 2020, which may have resulted in the reduction in action plan completion, is that in 2021 there were nearly twice as many teams: 199 compared to 102. This was due to iMatter teams being more closely aligned with the eESS line management structure. This was a very positive development because it meant that iMatter feedback went more directly to those who needed to hear it, rather than being diluted in aggregated teams. However, it also meant that there was greater potential for action planning to have been impacted by factors such as sickness absence. NES has large numbers of 'small' teams (in iMatter terms), meaning 1-4 members, so one individual being off sick can have a significant impact on completion of action plans measured as at the closing date across the NHSS. An example of this is in the Workforce Directorate, where one person who was on long term sickness absence was both part of one small team (two team members) and managed another small team (also two team members). In both cases it was agreed that it would be best to wait until that individual returned before action planning could be carried out.

6. Recommendations

The NES Board is invited to note the results of the iMatter survey and follow up activity on action planning.

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March 2022

Appendix 1

No.	iMatter question	Staff Employee Engagement Component	2017	2018	2019	2021
1	My direct line manager is sufficiently approachable	Visible and consistent leadership	90	91	91	94
2	I feel my direct line manager cares about my health and well-being	Assessing risk and monitoring work stress and workload	89	90	91	94
3	I have confidence and trust in my direct line manager	Confidence and trust in management	87	88	89	93
4	I am treated with dignity and respect as an individual	Valued as an individual	88	89	89	92
5	I am treated fairly and consistently	Consistent application of employment policies and procedures	86	87	88	91
6	I would recommend my team as a good one to be a part of	Additional Question	85	86	87	91
7	My team works well together	Effective team working	84	85	86	89
8	I would be happy for a friend or relative to access services within my organisation	Additional Question	83	84	85	88
9	I would recommend my organisation as a Good place to work	Additional Question	81	83	84	87
10	I am clear about my duties and responsibilities	Role Clarity	85	86	87	86
11	I am confident my ideas and suggestions are listened to	Listened to and acted upon	82	81	84	86
12	I feel involved in decisions relating to my team	Empowered to influence	81	82	82	86
13	I am confident performance is managed well within my team	Performance management	80	81	82	86
14	I understand how my role contributes to the goals of my organisation	Sense of vision, purpose and values	83	83	84	85
15	I feel appreciated for the work I do	Recognition and reward	80	81	82	85
16	I feel my organisation cares about my health and wellbeing	Heath and well being support	77	79	81	85
17	I have sufficient support to do my job well	Access to time and resources	81	82	82	84
18	I get enough helpful feedback on how well I do my work	Performance development and review	80	81	81	84
19	My work gives me a sense of achievement	Job satisfaction	82	83	84	84
20	I get the information I need to do my job well	Clear, appropriate and timeously communication	81	82	82	83
21	I am confident my ideas and suggestion are acted upon	Listened to and acted upon	77	77	79	81
22	I feel involved in decisions relating to my job	Empowered to influence	77	77	79	81
23	I am given the time and resources to support my learning growth	Learning & growth	78	77	80	80
24	I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours and supportive relationships	75	75	76	80
25	I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	73	73	73	76
26	I am confident performance is managed well within my organisation	Performance management	67	68	69	73
27	I feel that board members who are responsible for my organisation are sufficiently visible	Visible and consistent leadership	69	68	70	72
28	I feel sufficiently involved in decisions relating to my organisation	Partnership working	61	62	63	69

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

Nick Frew & Pamela Renwick
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